



**Integration of NCDs in PHC using the Family  
Practice Approach  
Mission report  
30 Oct – 2 Nov 2017  
Islamabad, Pakistan**

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## Table of contents

<b>Abbreviations</b> .....	2
<b>Introduction</b> .....	3
Programme of the mission and key activities.....	3
<b>Background</b> .....	4
<b>Key Findings</b> .....	5
Field visits.....	5
Visit to RHC Barakhoua .....	5
Visit to PIMS.....	5
Visit to private pharmacies / dispensaries.....	6
Meeting with federal level representatives from the Ministry of National Health Services, Regulation and Coordination .....	6
Consultative meeting.....	7
Stakeholder workshop .....	8
<b>Next steps</b> .....	9
Strategic recommendation I .....	9
<i>Establish a national level governance structure for NCD prevention and control</i> .....	9
<i>Action points</i> .....	9
Strategic recommendation II .....	9
Conduct a nation-wide assessment of NCDs preparedness at the PHC level.....	9
<i>Action points (for the assessment phase)</i> .....	10
<b>Annexes</b> .....	11
Annex I Concept Note and ToRs for the mission .....	11
Annex II: Mission schedule .....	0
Annex III: Agenda of the consultative meeting.....	0
Annex IV: Agenda and List of participants of the stakeholder workshop.....	1
Annex V: Proposed share point directory and files to be included .....	2
Annex VI: EMRO Framework for NCDs assessment.....	3
Annex VII: Model health facility questionnaire .....	3
Annex VIII: Workshop presentations .....	3

## **Abbreviations**

ICT	Islamabad Capital Territory
MoNHSR&C	Ministry of National Health Services, Regulation and Coordination
NCD	Noncommunicable Diseases
PIMS	Pakistan Institute for Medical Sciences
SDGs	Sustainable Development Goals
WHO PEN	WHO Package of Essential Noncommunicable Disease Interventions for Primary Health Care in Low-resource Settings

## **Introduction**

A WHO mission co-lead by Dr Jamal Nasher, Coordinator for Health System Development and assisted by Mr. Shahzad Alam Khan, WHO NPO NCDs and Mental Health, from WHO Country Office and Dr Slim Slama, Regional Adviser, NCD prevention and management, from WHO Regional Office for the Eastern Mediterranean Region, was carried out from October 30<sup>th</sup> to November 2<sup>nd</sup>, 2017, in Islamabad.

The overall aim of the mission was to carry out a preliminary situation analysis of the situation of noncommunicable diseases integration at primary health care level, prior to the development of a district model of integration based on a Family Practice Approach (as per mission concept note available in the annexes).

The specific objectives of the mission were to:

- Take stock of existing strategies, plans and initiatives developed in the four provinces
- Identify opportunities and challenges for NCD integration at PHC level
- Engaging stakeholders on the concept of NCDs integration in PHC, presenting WHO normative work in this field (WHO PEN, Global HEARTS initiative)
- Present and discuss a phased strategic approach to assess and strengthen NCD integration in PHC based on Family Practice and District model
- Discuss the adaptation of WHO health facility and health system assessment tools to conduct a rapid review of PHC readiness for NCD integration
- Reach consensus on the roadmap for the consequent phases as per suggested phased approach (assessment, implementation and evaluation and scale up)

## **Programme of the mission and key activities**

The four days mission comprised the following key activities as per agreed mission programme (annex 1):

1. A consultative meeting with provincial NCD focal points
2. A meeting with federal level representatives from the Ministry of National Health Services, Regulation and Coordination (MoNHSR&C), headed by Dr Safi Malik
3. Field visits to selected healthcare facilities in the Federal Capital Territory Islamabad
4. A stakeholder consensus workshop

The report highlights the deliberations and the outcome of the mission, presenting a summary of the above-mentioned activities, before making recommendations and suggestions for a way forward.

## Background

NCD are estimated to account for 57% of all deaths in Pakistan<sup>1</sup>. The country records a very high prevalence of NCD risk factors. Almost one third of the population have high blood pressure, 12-13% have diabetes, another third adult men smoke, > ¼ adult female are overweight. While NCD are recognized as posing a considerable socio-economic burden putting a strain on health system and hampering development, the country has not yet been able to make significant strides to curb the epidemic. However, attempt to develop such a comprehensive national response can be traced back to 2004 when Pakistan developed an integrated National Action Plan for the Prevention and Control of Non-communicable diseases, which addressed the four diseases through a common risk factors approach as well as injuries and mental health. The Plan has, however, never been implemented.

The 2011 United Nations Political Declaration on NCDs, the inclusion of NCDs in the framework of the Sustainable Development Goals, and the normative work at WHO (target-setting, NCD Global Action plan; Global Monitoring Framework) has resulted in a renewed policy focus on NCDs at the country level. This renewed interest in NCDs is noted both at the federal and provincial levels. The establishment of a noncommunicable diseases and mental health unit at the federal level in the Ministry of National Health Services, Regulation and Coordination, with similar structures replicated at the provincial levels as well as the nomination of NCD focal persons in each province, are illustrations of the increased political attention to this public health field. In addition, the stepwise survey recently conducted in different provinces has provided the basis for planning and implementation of control and preventive measures for noncommunicable diseases. Subsequent to the 18<sup>th</sup> Constitutional Amendment of Pakistan and the devolution of authority with regards to service provision to the provinces, some provinces such as Punjab, have now developed comprehensive action plans for the prevention and control of NCDs, that include the inclusion of a bundle of NCD services at a primary health care level.

It is against this backdrop, that in concertation with MoNHSR&C, the decision was taken to conduct this first review mission. The mission builds upon a desk review of relevant literature and similar work conducted in the countries of the region aiming at integration of NCDs in PHC service delivery, applying a health system lens as per the EMRO Regional Framework for Action on the Integration and Strengthening of NCD in PHC. Guiding principles were that policy decisions around NCD integration should be informed by a review of country health priorities and experiences, the NCD and PHC service delivery context and the health systems requirements as they relate to NCD care in PHC, followed by an analysis of options for NCD integration appropriate to the specific country setting.

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<sup>1</sup> Global Health Observatory data repository 2017. Geneva: World Health Organization; 2017 <http://apps.who.int/gho/data/node.main.A867?lang=en>, accessed 23 August 2017

Building on current national efforts to strengthen PHC through Family Practice Approach, and action taken to expand universal health coverage offering financial protection to the most vulnerable segments of the population (Prime Minister's National Health Program), a concept note proposal was developed that outlines a phased strategic approach to assess and strengthen NCD integration in PHC based on Family Practice and District model (Annex). The mission covered the preparatory phase I of the proposed approach.

## **Key Findings**

### **Field visits**

In order to better apprehend current service delivery platforms and status of readiness for NCD integration at PHC level, two healthcare facilities within ICT were visited, the rural health center of Barakhoua and Pakistan Institute for Medical Sciences (PIMS) tertiary hospital.

A facility questionnaire developed for WHO Global HEARTS initiative was used to guide the visit and interview with health officers.

**Visit to RHC Barakhoua** The visit took place on the first day of the mission with the gracious support of Dr Muammed Taher, District health officer ICT administration and Dr Inam, DHO ICT the manager of the center. Following the prepared questionnaire, the rapid assessment discussed the following readiness elements: NCD service offered as per service utilization human resource availability and readiness to manage NCDs, management guidelines & training, availability of NCD essential medicines, basic equipment and diagnostics, health promotion and lifestyle education at facility level and health information system for NCD monitoring. While limited in time and scope, this rapid visit highlighted the lack of adaptation of PHC system to address NCD. With no structured programme in place and severe resources gaps, management of people with NCD is currently minimal, the system being almost exclusively geared toward traditional programmes such as maternal and child health and poliomyelitis, with limited provision of drugs for NCD patients.

**Visit to PIMS** the main tertiary hospital in Islamabad was visited on the second day of the mission. Dr Aneeza Jalil, head of medical department was met. She presented the various aspects on NCD management and services provided and accompanied the mission in a tour to different hospital departments, including outpatient consultation for diabetic patients. Here again, no structured NCD programme exist and limited collaboration exist between PIMS and primary health care level. Patients often consult PIMS instead of PHC facilities even for regular follow up. Health information system to monitor the quality of care of NCD patients is extremely limited and no system is in place to regularly track and report on performance.

**Visit to private pharmacies / dispensaries** several sale points were visited to explore the availability of NCD medications and their prices. Most of the essential medicines to treat hypertension, diabetes, hyperlipidemia, COPD and asthma were available, accessible without prescription. Drugs comprised various generics locally produced as well as branded medicines.

Representing only a snapshot of the situation, these visits highlighted current critical health systems gaps for the integration of a bundle of NCD services in PHC and the need for a systematic and phased approach to progressively reorient PHC service delivery platforms to address these conditions, taking into consideration the various health systems constraints.

### **Meeting with federal level representatives from the Ministry of National Health Services, Regulation and Coordination**

Chaired by Dr Safi Malik, MoNHSR&C Programmes Director, a meeting with relevant MoNHSR&C and HSUIC officers was organized on the second day of the mission to review the programme of the mission as well as the agenda of both the consultative meeting and the consensus workshops.

Dr. Faisal Rifaq, Technical Director at MoNHSR&C, delivered a presentation on the Prime Minister's National Health Program, a government program for the provision of free of cost health insurance to families living below the poverty line of USD 2 per day to access inpatient health care services, through two hospital benefit packages (a priority and a secondary one). These inpatient packages contain provision for NCD management (Heart diseases, Diabetes complication and insulin provision, dialysis, cancer treatment). Discussions are underway to extend the package to outpatient services.

WHO stressed the need for Pakistan to carve a comprehensive national response that combines population level (preventive) as well as individual level interventions (healthcare) guided by WHO regional framework for action. Ahead of the 3<sup>rd</sup> Global UNGASS High Level Meeting to review the progress made in implementing UNPD on NCDs, an opportunity is given to strengthen overall national NCD response. MoNHSR&C has a critical role to play and should further use its convening power to bring together the various provinces in exchanging their respective experiences and developing provincial plans for the prevention and control of NCDs.

## Consultative meeting

Held on the third day of the mission, the consultative meeting was attended by NCD focal persons for the provinces and MoNHSR&C officials. The meeting was chaired by Dr Safi Malik who introduced the meeting and the agenda of the day as per agreed programme (Annex III).

The main objectives of the meeting were to take stock of existing strategies, plans and initiatives developed in the four provinces and agree on a methodology to conduct a rapid situation analysis on NCD integration in PHC. It was one of the first occasion for NCD focal persons for the four provinces to come together and share their respective experiences.

The meeting started with an orientation on the concept of NCD integration in primary health care and a presentation of WHO normative tools and technical package in this field such as WHO Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care in Low-resource Settings, WHO newly launched Global HEARTS technical package for PHC and WHO EMRO Regional Framework for the Strengthening and Integration of NCD in PHC.

The floor was then given to provincial NCD focal points to present the status of integration of NCD in their provinces. This brief situation analysis highlighted the diversity of approaches and various degree of integration in term of policy formulation and/or provision of NCD services at PHC. From one extreme, Balouchistan province with no plans/services provided while other provinces like Punjab, Khyber Paktunkhwa and to lesser extend Sindh and Gilgit Baltistan, making an explicit reference to NCD as part of their health sector strategies with specific NCD plans (PC-1) with various degree of implementation (Punjab, KP). All participants stressed the need to establish a mechanism to foster sharing of information and coordination between provinces as well as with the federal level.

A health system and health facility tool developed as part of WHO Global HEARTS package was then introduced and methodology to conduct assessments of NCD preparedness at PHC level, at provincial level was discussed.

The programme included a review of next day's stakeholder workshop agenda and presentations.

Outcomes of the meeting:

- Suggestion was made to set up a national taskforce for the prevention & control of NCDs, bringing together representatives for federal government, NCD focal points for the provinces and other identified relevant stakeholders
- WHO in collaboration with MoNHSR&C could coordinate the establishment of this taskforce (precising its scope and mandate)
- In order to maintain communication and regular exchange of information, proposition was made to establish a web-based share point sharing documents and relevant NCD literature



- Agreement that the health facility assessment will be conducted in the target 10 districts in conjugation with the family practice planned health services assessment.

### **Stakeholder workshop**

Held on the fourth day of the mission, a stakeholder workshop was organized bringing together about fifty participants: Federal MONHSR&C representatives, provincial NCD focal points, NGOs, academia, professional NCD societies, and private sector (see annex IV for list of participants).

Dr Safi Malik welcomed the participants and introduced the meeting. Dr Jasher and Dr Slama, presented the scope of the mission and the suggested phased approach to strengthen NCD integration in PHC, based on a Family Practice Approach: I. Preparatory phase (partially covered by current mission), II. Assessment, III. Implementation/ capacity building, including the creation of district models for integration of NCDs in PHC IV. Evaluation and design for expansion.

An elaborated discussion took place again on the assessment methodology, tool to be used, scope, team composition and timeline.

Dr Lamia acting as WHO Office Pakistan representative gave few introductory remarks on behalf of Dr Mohamed Assai Ardakani, absent on duty mission. She indicated that NCD burden can no longer be ignored. NCD affect lives of millions of Pakistanis, pose a considerable strain on health system and hamper development and efforts towards achievement of the Sustainable Development Goals. WHO would work closely with the Ministry of health and key stakeholders to strengthen national response to NCDs.

The floor was then open for NCD provincial focal points to present their experiences and express their views on how to better respond to NCD and mental health in their respective jurisdictions, the need for political and technical support for Federal level as well as from WHO. Other representatives from UN agencies (UNICEF), professional associations, NGOs and private sector provided their perspectives on the current situation and possible ways to strengthen the national response to NCD prevention and control. The deliberations concluded with a set of recommendation and actions points as per the below next steps.

## Next steps

Taking into account the experiences shared and inputs received during the two consultations, the following recommendations and actions are proposed for the next steps:

### **Strategic recommendation I**

#### ***Establish a national level governance structure and multi-sectoral plan of action for NCD prevention and control***

All participants expressed the need for more communication and coordination between both Federal level administration and the provinces as well as between provincial NCD focal points. Suggestion was made to create a multi-stakeholder platform bringing together MONHSR&C representatives, provincial NCD focal points, expanded to other relevant stakeholders as deemed appropriate. The suggested structure could take the form of a taskforce with multi-sectoral representation to develop a National Multi-sectoral Plan for NCD prevention and control with focus on the implementation of WHO “Best Buys” which is the most cost effective approach to start with.

WHO and MONHSR&C should facilitate exchanges and communication between various parties

#### ***Action points***

1. Development of a concept note outlining the need to establish a taskforce for NCD
2. Development of terms of reference and composition for the task force based on a stakeholder analysis and interested / potential parties
3. Establishment of a web-based ‘Share point’ for relevant NCDs material, requesting provinces to supply it with their relevant documents as well as academic institutions
4. Maintain regular exchanges to review progress across the country, using opportunities provided by WHO to facilitate national dialogue (e.g. follow up meetings, preparation to EMRO Annual review meeting on NCD)

### **Strategic recommendation II**

#### ***Conduct a nation-wide assessment of NCDs preparedness at the PHC level***

Strengthening integration and management of NCD in PHC requires a systematic approach tailored to country needs and health system development path. WHO wants to build on current national efforts to strengthen PHC through Family Practice Approach, and efforts to offer financial protection to the most vulnerable segments of the population (Prime Minister's National Health Program).

Policy decisions around NCD integration should be informed by a review of country health priorities, the NCD and PHC service delivery context and the health systems building blocks as they relate to NCD care in PHC, followed by an analysis of options for NCD integration appropriate to the specific country setting.

Important considerations discussed include:

- Policy decision on the set of NCD interventions to be integrated as part of essential health service packages at PHC
- Current PHC system delivery models and health system constraints for the delivery of this bundle of NCD services
- Approach and options to identify health systems challenges and progressively address them
- WHO technical assistance and tools to support country endeavor (e.g. Package of Essential

Noncommunicable Disease Interventions for Primary Health Care (WHOPEN) and HEARTS package

**WHO recommends phased approach to strengthening NCD integration in PHC**

During 2018	Phase 1	Preparatory	<ul style="list-style-type: none"> <li>• Situation analysis</li> <li>• Engagement of stakeholders</li> <li>• Develop/ consensus on the assessment tool</li> <li>• Assessment plan/ entity / team composition</li> <li>• Consensus on road map for consequent phases</li> </ul>
	Phase 2	Assessment	Conducting the comprehensive review
2019 onwards	Phase 3	Implementation/ capacity building	Creation of Model districts for integration of NCDs in PHC
	Phase 4	Evaluation and design for expansion	Evaluation of Model districts and scale up to other districts

***Action points (for the assessment phase)***

1. Develop the terms of reference for the assessment
2. Establish a team for the assessment composed of representatives from WHO, provinces focal persons and NGOs. This work could be commissioned to an NGO or academic institution whose role would be to oversee the assessment and its methodology
3. An updated questionnaire will be used based on the Global Hearts tool (combining a health system review as well as facility-based questionnaire)

# Annexes

## Annex I Concept Note and ToRs for the mission



Concept note NCDs  
mission 13Sept2017.d

## Annex II: Mission schedule

<b>Time</b>	<b>Day One</b> <b>Monday</b> <b>30<sup>th</sup> of Oct 2017</b>	<b>Day Two</b> <b>Tuesday</b> <b>31<sup>st</sup> of Oct 2017</b>	<b>Day Three</b> <b>Wednesday</b> <b>1<sup>st</sup> of Nov 2017</b>	<b>Day Four</b> <b>Thursday</b> <b>2<sup>nd</sup> of Nov 2017</b>
	<b>Arrival and preparatory meetings</b>	<b>Meeting key officials and potential partners in Islamabad</b>	<b>Review and development of assessment strategy/ tools</b>	<b>Consensus and roadmap workshop</b>
8:00 – 9:00	Arrival to Islamabad			
9:00 – 10:00		Field visits	<b>Working Group Consultation</b>  <u>Objectives:</u> 1) Review and adapt the assessment strategy/ tool 2) Preparations for next day consultation  <u>Participants:</u> 1. Provincial NCD managers / coordinators	<b>Consensus Workshop with key stakeholders</b>  <u>Objectives:</u> 1) Agree on PEN assessment tool 2) Consensus of the assessment action plan and road map  <u>Participants:</u> 1. National authorities 2. NCD coordinators at provincial level 3. NGOs 4. Academia 5. Donors
10:00 – 11:00				
11:00 – 12:00				
12:00 – 13:00	Preparatory meetings with WHO country office	<b>Meeting with MoNHSR&amp;C</b> (Dr Safi Malik and Dr Samra Mazhar)		
13:00 – 14:00				
14:00 – 15:00	Meeting selected stakeholders <i>(tbd)</i>	Meeting with Dr Sania Nashter	<i>(continued)</i>	<i>(continued)</i>
15:00 – 16:00		Heart File	Working Group Consultation	Consensus Workshop with key stakeholders
16:00 – 17:00		Meeting selected stakeholders <i>(tbd)</i>		Debriefing at the WHO country office

## Annex III: Agenda of the consultative meeting

Consultation meeting on the NCDs assessment tool

**Wednesday 1<sup>st</sup> of Nov, 2017 - WHO country office Pakistan**

09:00	Welcome and introduction of participants	
09:15	Objectives and agenda of the consultation meeting	Dr Jamal Nasher
09:30	Introductory on the Package of Essential NCDs interventions (PEN)	Dr Slim Salama
10:15	Progress on NCDs in provinces (Punjab & Sindh)	Provincial focal persons
11:00	Coffee Break	
11:30	Progress on NCDs in provinces (Baluchistan & KP)	Provincial focal persons
12:15	Presentation on the assessment Tool	Dr Slim Salama
13:15	Lunch	
14:00	Adaptation of the assessment tool	Dr Slim Salama
15:00	Strategy for conduction of the assessment	Dr Jamal Nasher
15:30	Preparations for the stakeholders workshop	Dr Slim Salama

## Annex IV: Agenda and List of participants of the stakeholder workshop

### Consensus workshop with key stakeholders

#### on Integration of NCDs in PHC using the Family Practice approach

Thursday 2<sup>nd</sup> of Nov, 2017 – Ramada Hotel, Islamabad

9:00	Registration	
9:30	Recitation from the holy Quran	
9:40	Welcome and introduction of participants	Dr Samra Mazher Deputy Director (Programs-II) MoNHSR&C
10:00	Objectives and agenda of the workshop	Dr Jamal Nasher – HSS Coordinator WHO Pakistan
10:10	Phased approach towards NCDs integration in PHC	Dr Slim Salama – Medical Officer NCDs – EM Regional Office
10:25	Remark by acting WHO representative	Dr Lamia Mahmoud – Cluster Lead, Promoting Health through the Life Course
10:35	Remarks on behalf of MoNHSR&C	Dr Safi Malik – Director Programmes MoNHSR&C
11:00	Coffee Break	
11:20	Summary of collective Provincial progress on NCDs	Provincial focal person
11:40	Presentation on the NCDs assessment tool	Dr Slim Salama
12:00	Facilitated discussion	
12:30	Strategy for conduction of the assessment	Dr Slim Salama / Dr Jamal Nasher
13:00	Facilitated discussion	
13:30	Way forward and assessment action plan	Dr Samra Mazher Deputy Director (Programs-II) MoNHSR&C
13:45	Concluding remarks	Dr Safi Malik – Director Programmes MoNHSR&C
14:00	End of workshop and Lunch	

## **Annex V: Proposed share point directory and files to be included**

### **a) Governance**

- Organization structure and Focal persons
- Partnerships
- Strategic plans and PC1

### **b) Service Delivery**

- NCDs packages by level
- Essential medicine lists
- Specific guidelines

### **c) Health Information**

- a. DHIS data
- b. Model for patient records
- c. Research and scientific papers

### **d) Health Workforce**

- a. Numbers and types
- b. Planned and vacancies

### **e) Essential Drugs & Technology**



## **Annex VI: EMRO Framework for NCDs assessment**



NCD integration in  
PHC - framework &pc

## **Annex VII: Model health facility questionnaire**



Baseline facility  
assessment tool for H

## **Annex VIII: Workshop presentations**

Are available separately due to oversize.