The best investment for health promotion

Dr. Sania Nishtar
Founder and President, Heartfile
World Conference on Health Promotion
Keynote speech at the opening ceremony

August 25, 2013
Institutionalization of intersectoral action is the best investment for health promotion
- Alma Ata
- Ottawa charter
- International health promotion conferences
- WHO’s NCD ‘best buys’ approach
- Political Declaration of the UN Summit on NCDs, 2011
- Commission on the Social Determinants of Health
- Rio Political Declaration on Social Determinants of Health, 2011
- Health systems declarations
- Health impact assessment approach
- Post 2015 evolving norms
- Broader development norms
Factors outside of health matter most for health promotion
1.8 billion young people in an interconnected world
5 billion people with cell phones
87 countries do not even mention health technology in their country plans.
Supply chains can have great outreach power
Soap operas have potential to change societal norms
We need to Tap new opportunities
Development: from donor to domestic
People awakening to the notion of health rights....
WE CAN END POVERTY 2015
MILLENNIUM DEVELOPMENT GOALS

HEALTH IN THE POST-2015 AGENDA
How do countries generally view intersectoral action

- Social determinants of health
- Intersectoral construct of efforts aimed at prevention and control of NCDs: trade, taxation, advertising, agriculture
- Labor market and social protection
The national anthem on the occasion of oath-taking ceremony of the federal ministers at the Aiwan.
Sania Nishtar. World Congress on Health Promotion; August 25-29, Pattaya, Thailand
Computer Labs for Higher Sec. Schools, Colleges and Libraries in the area:

- Free provision/installation
- No Monthly charges for 1 year
- 5 PCs Lab
- Training of 2 Trainers

Sania Nishtar. World Congress on Health Promotion; August 25-29, Pattaya, Thailand
Pakistan’s deadly cocktail of substandard drugs

On Feb 3, 2012, WHO issued a drug safety alert about pyrimethamine-contaminated isosorbide 5 mononitrate in Pakistan. 125 people have died as a result of fatal bone-marrow suppression after taking the contaminated drug, which was given free of cost to the poor from a public cardiology pharmacy in Lahore, in the province of Punjab (Haroon Jehangir Khan, Director Health Services [Management Information System Cell] Directorate General of Health Services, Government of Punjab, personal communication). These events are linked to the country’s decision to abolish its Ministry of Health last year, which has led to a massive decentralisation in favour of provincial autonomy.2 Despite good intentions, the reforms have decentralised functions that need to be federally (nationally) mandated independently action on the issue in 2006.4 In 2004, WHO estimated that 40–50% of drugs consumed in Pakistan were counterfeit or substandard.5 The reasons for this situation are complex. Pakistan’s Drug Act of 1976 has exploitable covenants and enforcement of the law is additionally weak. Traditional medicines are prescribed by about 130,000 practitioners and remain outside the law’s purview.6 A draft bill on traditional medicines has been in the parliamentary review pipeline for the past 10 years, without action. Drug regulation is also weak. There are 15 federal drug inspectors to oversee more than 500 licensed pharmaceutical manufacturing units (Faraz Malik, Chief) Joint Executive Director Drug Control and Traditional Medicine Division, National Institute of Health, Islamabad, personal.
Handover Papers
Towards Improving Governance

Dr. Sania Nishtar

Establishing the Ministry of Health
Single-sector actions are by far limited
The private sector in health

- Private clinicians
- Private hospitals
- Faith healers
- Pharmacies
- Informal providers
- Social marketing NGOs
- Village health workers

Sania Nishtar. World Congress on Health Promotion; August 25-29, Pattaya, Thailand
One United Nations Programme II
Islamic Republic of Pakistan

World Health Organization
The Humanitarian Health Cluster Response to the Pakistan Floods
World Health Organization, Health Cluster Lead Agency
• Inter-sectoral collaboration
• Multi-sectoral engagement
• Partnerships
• The Health in all polices
• Whole the government
• Joined up government
• Public, private and the civil society as actors
Multi-stakeholder

Inter-sectoral

Agency cooperation

Impact of policies in other sectors on health

Public

Private

Civil Society
Intersectoral action: where is the lever of change

Welfare and wellbeing as a national ........ rather than health and health promotion as sectoral agendas