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Khan, Muhammad Mushtaq

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Behavioral and Environmental Health Problems in Pakistan

Muhammad Mushtaq Khan, Jitse P. van Dijk and Wim van den Heuvel
Health Policy, submitted.

Abstract

This article describes increasing health problems such as HIV/AIDS, cancer, diabetes, accidents, and drug addiction in Pakistan. It highlights the incidence and contributing factors to these health problems. The analysis shows that socio-cultural, environmental and infra-structural factors are directly and indirectly responsible for the spread of these problems. The article particularly discusses how far the National Health Policy (NHP) 2001 of Pakistan has responded to these problems. It is concluded that in formulating NHP 2001, the policy makers have ignored the variety of complex, complicated and interwoven causes of the mentioned health problems and have ultimately failed to develop appropriate, effective and feasible policy interventions to prevent disease and promote health. The article suggests that Pakistan needs to upgrade its national health policy by introducing policy interventions that can address complex, complicated and interwoven causes of behavioral and environmental health problems by considering all important determinants of health in accordance with Health For All (HFA) strategy.

Key words: Health Policy, health problems, policy interventions, HFA

Introduction

Compared to its neighboring countries, Pakistan's major health indicator such as life expectancy is lower, and the related health indicators like infant mortality and mortality under-five are higher. Furthermore, health conditions are poor in Pakistan (Pakistan, 1995; 2000; 2005; World Bank, 2005). Infectious diseases (malaria, tuberculosis, diarrhea etc) are uncontrolled; furthermore behavioral health problems (HIV/AIDS, some cancer types, diabetes, and drug abuse) as well as environmental health problems such as accidents, are constantly increasing (Pakistan, 2004a). Pakistan's government introduced its first National Health Policy in 1990 in order to solve health problems and improve health conditions (Pakistan, 1990). The government introduced the second National Health Policy in 1997. These policy documents stated that the purpose of formulating a new health policy is to reform the health system, combat health problems and to improve health conditions by paying more attention to prevention of disease and promotion of health in accordance with the principles of public health (Pakistan, 1990; 1997)

The present government declared the third National Health Policy (NHP) in 2001. NHP 2001 has stated that the basic purpose of formulating a new health policy is to address health problems by following comprehensive strategies of disease prevention and health promotion in accordance with the World Health Organization's Health For All (HFA) strategy. The HFA intends to attain a level of health that will permit all people to lead socially and economically productive lives. It also aims to enable people to protect their environment to attain a healthy lifestyle in order to prevent disease and promote health (WHO, 1997a). The HFA is a comprehensive concept that creates awareness in understanding that the biomedical model of health can not provide proper solutions to the industrial, social and environmental causes of new health problems. So, HFA argues that health policies need to pay attention not only upon health care services but also to the socio-cultural, economic and environmental determinants of health (Brener, 1997; Hancock, 1986; Lalonde, 1974; Naido & Wills, 2000).

According to HFA behavioral or lifestyle factors include the aggregation of decisions by individuals which affect their health and over which they have more or less control. Personal decisions and habits may deteriorate health and create self-imposed risks. Environmental factors include all those matters related to health which are external to the human body and over which the individuals have little or no control. Individuals cannot by themselves ensure that food, drugs, cosmetics, devices, water and noise pollution are controlled; that the spread of communicable diseases is prevented; that effective garbage and sewage disposal is carried out; and that social environment, including the rapid changes in it, do not have harmful effects on health (de Leeuw, 2000; Kickbusch & de Leeuw, 1999; WHO, 1997a; 1997b; 1998a). The infrastructural factors relate to health care system. It includes medical practice, nursing, hospitals, nursing homes, medical drugs, public and community health care services, ambulances, dental treatment and other health services such as optometry, chiropractic and pediatrics.

This article aims to analyze how the NHP 2001 has addressed specific health problems in accordance with the comprehensive strategy of HFA. The article describes the prevalence of diseases and health problems such as HIV/AIDS, cancer, diabetes, accidents, and drug abuse in relation to determining factors of the mentioned health problems such as behavioral, environmental and infra-structural factors. From the selected diseases and health problems it is analyzed which behavioral, environmental and infrastructural factors play a role in the increase of these problems. The article discusses how the NHP 2001 theoretically has addressed these health problems.

Methods

To analyze the National Health Policy 2001 of Pakistan qualitative research methods have been used. These methods include document analysis and interviews of important actors/stakeholders involved in the health policy process in the country. Health data, describing HIV/AIDS, cancer, diabetes, accidents, and drug addiction have been collected from policy documents, health reports and scientific literature from various sources including the Federal Ministry of Health, provincial health ministries, health departments and offices of the health related international agencies. The reviewed policy documents include: reports of the medical reform commissions and health study groups, Peoples Health Schemes 1972 and three national health policies. The governmental reports and documents include the evaluation reports of the Ministry of Health, annual plans, economic surveys manuals for health projects, and reports of the social action program prepared by the Planning and Development Division, Islamabad. International reports include Human Development Reports of the UNDP, World Health Reports of the World Health Organization, UNAIDS Reports, USAIDS Reports, UNDP Reports and UNDCP Reports. Behavioral, environmental determinants and infra-structural factors of the selected health problems have been derived from the national reports, from international health reports and scientific studies. However, reliable data showing exact figures of all the health problems are not always available. In the case of accidents under-reporting and reporting errors are frequent in the country. Policy interventions addressing health problems have been derived from policy documents particularly from the National Health Policy (NHP) 2001 of Pakistan. These policy documents narrate how policy interventions intend to address behavioral, environmental and infra-structural health problems in the country.

Besides the document analysis, open-ended interviews of one hundred forty four actors involved in the health policy process at the district (local), provincial and federal level were conducted in Islamabad, Lahore, Karachi, Peshawar, Quetta, Rawalpindi and Abbottabad during 2003-04. These interviewees included representatives of international organizations (WHO, The World Bank and UNDP), elected representatives related to the Ministry of health and other health related ministries, policy makers, civil servants, health professionals, health managers and representatives of health-related NGOs as well as associations including Pakistan Medical Association, Pakistan Medical and Dental Council and Public Health Association of Pakistan. The interviewees were visited in their offices, homes and public places. Interviewees were assured anonymity of their whereabouts particularly to those who work within ministries and other governmental departments. These interviewees were asked about their opinions and experiences concerning the behavioral and environmental health problems such as HIV/AIDS, cancer, diabetes, accidents and drug and how the NHP 2001 has addressed these problems. The content of the interviewees were analyzed by categorizing their opinions and experiences about the said health problems. It is analyzed how the NHP 2001 has considered these health problems and how policy interventions intend to address behavioral, environmental and infra-structural health problems in the country

Health Problems

Health indicators such as life expectancy, infant mortality and mortality under-five show that health conditions in Pakistan are under the average as compared to other neighboring countries in the South Asian region as shown in the Table 1. Because of its long lasting history of war Afghanistan, having the worst health data, is left out of the table.

Table 1. Health Indicators in the South Asian Region 1995-2005

Country	Life Expectancy			Infant Mortality Rate per 1000			Mortality Rate Under-five per 1000		
	1995	2000	2005	1995	2000	2005	1995	2000	2005
Bangladesh	57	61	62	81	60	46	122	82	69
India	62	63	63	70	69	63	122	88	87
Iran	67	68	69	41	35	30	56	47	41
Pakistan	62	63	64	86	83	74	137	110	98
Sri Lanka	72	73.1	74	18	15	13	21	17.9	15
Average	64	65.62	66.4	59.2	52.44	45.2	91.6	68.92	62

Source: CIA, 2005; Pakistan, 1995; Pakistan, 2000; Pakistan, 2005; World Bank, 2005.

Table 2. indicates that Pakistan has been improving its health indicators, however, the achievement record as compared to other neighboring countries in still low. For example, Bangladesh improved life expectancy from 57 to 62, lowered its infant mortality rate from 81 to 46 and mortality under five from 122 to 69 during 1995-2005. Whereas Pakistan during the same period improved life expectancy from 62 to 64, lowered its infant mortality rate from 86 to 76 and mortality under five from 137 to 98.

HIV/AIDS

In Pakistan, HIV was first detected in 1987 (Baqi et al., 1999; Khanani et al., 1988) and since then the number of cases has been increasing (Hyder & Khan, 1998; National Institute of Health, 1998). Due to inadequate information management systems and unreliable data, it is very difficult to determine the exact picture of HIV/AIDS in the country as indicated by interviewees particularly representatives of international organizations and health professionals working at federal provincial and local level. According to governmental documents 2197 HIV cases and 246 AIDS cases were reported in 2003 (Pakistan, 2004b) and till September 2004 the total number of reported cases of HIV was 2612 and AIDS 350 (Pakistan, 2005). According to other sources there are about 80,000 HIV/AIDS infected persons in Pakistan (CHI, 2005; UNAIDS, 2004; USAID, 2005). During interviews representatives of international and professional organizations and health professionals working at provincial level added that the said figure of 80,000 for HIV/AIDS infected persons provided by UNAIDS and USAIDS could be considered more reliable than the governmental figures. The male/female ratio among known HIV/AIDS cases is 5 to 1. This figure may be different due to socio-cultural taboos according to which women are less likely to be tested (Hyder & Khan, 1998; Hyder et al., 1999; Kayani et al., 1994). The risk factors for HIV/AIDS in Pakistan include lack of awareness, illiteracy, unsafe sex, drug addiction, low level of condom use, unsafe blood transfusion, shared needles, exploitation of women and lack of access to health care systems (Baqi et al., 1998; Baqi et al., 1999; Haque et al., 2004; UNAIDS, 2004; UNDP, 2004; USAIDS, 2005). Interviewees particularly health professionals at all levels expressed a similar view regarding the risk factors of HIV/AIDS in the country. According to UNDP gender inequalities, restrictions on the mobility of women to obtain access to health and social services, restricted decision-making power, lack of skill and incapability to negotiate with their partners for safer sexual practices contribute to women's HIV vulnerability (UNDP, 2004). There are no specific regions that can be identified with a high or low incidence of HIV/AIDS. However, the identified risk factors indicate that poor people living in the urban areas can be more vulnerable to HIV/AIDS.

Cancer

There are no population-based cancer registries except the Karachi Cancer Registry (KCR). Consequently, the true magnitude of cancer and its determinants in specific regions is therefore unknown (Malik, 2003), although a lot can be studied with one regional Registry. More than 328,000 cancer patients during the year 2003-04 and 340,000 cancer patients during 2004-05 attended the medical centers and hospitals according to governmental documents (Pakistan, 2004b; 2005). The most frequent type of cancer is lung cancer, clearly having a behavioral origin. Colorectal cancer is the second common cancer in Pakistan like many other countries (Asghar, 2003). Common tumors are those of the oral cavity, pharynx, esophagus, bone, skin, breast, cervix, ovary, and uterus (Bhurgri et al., 2000; Malik, 2003; Rashid et al., 2005). Interviewees particularly health professionals at all levels expressed a similar view regarding the types of cancer in the country.

In women, breast cancer is the most common cancer throughout Pakistan with the age-standardized rate of 56.6 per 100,000 women per year. In men, lung cancer is the most common cancer (Asghar, 2003; Malik, 2003). Gall bladder cancer is the fifth most common cancer in the female population and contributing factors to it include gallstones, diet, infections

and a sedentary lifestyle in this group of patients (Asghar, 2003; Malik, 2003). The major factors responsible for cancer in Pakistan include behavioral factors such as the use of tobacco, pan (a local chewing product), and diet, and furthermore environmental factors, such as occupational exposure to diesel exhaust, and infectious agents (Bhurgri et al., 2000; Elahi et al, 2005; Jaffarey, 1997). Health professionals at all levels mentioned the similar risk factors of cancer.

Facilities for treatment of cancer patients are available in a few larger cities in both public and private hospitals. There are 18 radiotherapy centers with 65 practicing radiation oncologists and 15 medical oncologists practicing in major cities. (Pakistan, 2005). The quality of these centers is extremely variable depending on the expertise of the physician and available equipment. State-of-the-art surgical oncology is practiced in only a few hospitals as indicated by the representatives of international and professionals organizations as well as health professionals at all levels during their interviews. As a result, the majority of patients undergo sub-optimal surgery (Asghar, 2003). Facilities for early diagnosis and institutional arrangements for mass education in combating cancer do not exist in the country (Elahi et al, 2005; Rashid et al, 2005). Furthermore, cancer treatment is so expensive that the majority of the patients cannot afford to pay for it as indicated by most of the interviews at all levels. Good quality hospital care is available to the affluent class, from the private sector (Asghar, 2003; Malik, 2003). For example, colonoscopy is being practiced in a few big cities of Pakistan and is not found in all parts of the country (Asghar, 2003). As a consequence, use of traditional medicine remains high among cancer patients in the country, although patients' perceptions of the overall effectiveness of traditional medicines for treating cancer are low (Asghar, 2003; Malik, 2003; Philip et al, 2005).

Diabetes

According to Aga Khan University, Pakistan is amongst the 10 countries in the world that are most affected by diabetes; six of these countries are Asian. (AKU, 2005). Diabetes is constantly increasing and many patients are not aware of the problem like many other countries (Jawaid & Jaffery, 2003; Jawad, 2003). 12% of the inhabitants above 25 years of age is suffering from diabetes and another 10% has an impaired glucose tolerance (Jawad, 2003). The type of diabetes mellitus is mainly non-insulin dependent and is, as well as its complications, found more in elderly population and it is more common in females and in the poor parts of the population. (Jawaid & Jaffery, 2003). As behavioral factors, the unhealthy dietary habits, lack of physical exercise and obesity contribute to the high prevalence of diabetes. (Akhtar, 1999; Basit et al, 2002; Jawad, 2003; Khan et al, 1991). According to a study among the diabetes patients, as a consequence of the not-optimal blood glucose regulation, eye damage (retinopathy) affected 43% of the people, kidney disease (nephropathy) 20%, and nerve damage (neuropathy) 40% (Jawad, 2003). The prevalence of diabetes is increasing but supply of its care is not sufficient (Basit et al, 2002; Jawaid & Jaffery, 2003; Jawad, 2003). During interviews representatives of professionals organizations and NGOs as well as health professionals at all levels express the similar view regarding the types of diabetes, risk factors and age groups of patients.

Accidents

Accidents, poisoning, violence, and occupational accidents form the eleventh most common cause of death in Pakistan (Pakistan, 2003). Deaths and injuries caused by accidents at home, in the workplace, industries, mines, warehouses, and traffic are increasing in the country (Ghaffar et al, 2004; Qureshi et al, 2004). There are problems of underreporting, absence of information management systems, and reporting errors that resulted not only into the absence of the number of accidents but also into the absence of reliable information about deaths, disabilities and injuries due to accidents (Ghaffar et al., 1999; Norton & Matlin, 2004; Razzak, 2005; Razzak & Luby, 1998). Accidents in the workplace are also common, but are likely to be reported only when compensation is expected (Ghaffar et al., 2004; Qureshi et al, 2004). Growing number of morbidity, mortality and disability due to accidents particularly among the youth portends a challenge for the national health system and a huge burden on the economy as well as on the society (Ghaffar et al., 2004; Norton & Matlin, 2004; Razzak, 2005). Interviewees particularly representatives of international and professionals organizations as well as health professionals at all levels expressed the similar concern about increasing number of accidents and its impact upon health system as well as economy.

In case of Road Traffic Accidents (RTAs) data are collected from hospitals and police records. Such data are not reliable and lack basic information such as numbers of deaths, disabilities, location, date, time, type of vehicle, quality of road, health conditions of the drivers, and other aspects (Ghaffar et al., 1999; Razzak, 2005; Razzak & Luby, 1998). Interviewees particularly representatives of international and professionals organizations as well as health professionals at all levels expressed a similar view about the said problems of RTAs data. Police records only the severe injuries and deaths that occurred at the crash scene. People who die on their way to hospital, or a later stage, are not registered by the police (Razzak & Luby, 1998; Qureshi et al., 2004). Unpaved roads, poor quality of paved roads, lack of signposts, lane markings, zebra crossings, footpaths, health conditions of the drivers, faulty vehicles, neglect of safety and traffic rules, unhealthy behavior and lack of awareness are the common causes of accidents (Ghaffar et al., 1999; Razzak, 2005; Razzak & Luby, 1998; Qureshi et al., 2004).

Drug Abuse

It is estimated that approximately 20% of Pakistan's population has been involved in drug abuse, possession of drugs and other drug related offences (UNDCP, 2002; UNDCP, 2003). Tranquillizers, heroin, alcohol, charas (hashish), bang (marijuana), opium and other pharmaceutical or illegal substances are the common drugs used by the addicts (Emmanuel et al., 2004; Shah et al., 2004; UNDCP, 2000; UNDCP, 2003). Tranquillizers, heroin, alcohol, and charas are the most prevalent drug abuse in the country (UNDCP, 2000; UNDCP, 2003). The governmental assessment shows that there are about 500,000 chronic heroin users including 60,000 drug injectors in the age group of 15-45. Among these drug users 40% heroin users fall in the age group of 25-34 (Pakistan, 2005). Many studies have indicated that use of high purity heroin and its related complications have caused several deaths among drug users (Agha et al., 2003; Mufti et al., 2004; Shah et al., 2004; UNDCP, 2002). The addiction to hashish, marijuana and opium, is also posing serious health problems (Agha et al., 2003; Emmanuel et al., 2004; Shah et al., 2004). The problem of drug abuse is also increasing among women.

A number of behavioral factors such as own lifestyle and lack of awareness, environmental factors such as unemployment, poverty, income disparities, and infra-structural factors such as lack of recreational opportunities and urbanization are known to be linked to drug abuse but as yet, little is known about the relationship of these factors to drug abuse problems in Pakistan (UNDCP, 2002; 2003). During interviews representatives of international and professional organizations as well as health professionals at all levels expressed the similar view about the behavioral factors responsible for drug abuse. According to the said interviewees, no ongoing surveillance information is available to monitor trend over time of drug abuse in the country. For example, drug related overdoses or deaths are not recorded in the country nor is there a centralized register on the behavior of treatment attendees (UNDCP, 2000; 2002). Drug problem in Pakistan has a potential to increase rapidly and can seriously affect the population particularly the youth (UNDCP, 2002; 2003). Most of interviewees also expressed that the problem of drug abuse is increasing and affecting mostly the youth. The results of this section are summarized in Table 2 showing the behavioral, environmental and infrastructural factors of selected health problems in Pakistan.

Table 2. Health Problems their Prevalence and Causing Factors in Pakistan

Health Problem	Prevalence	Behavioral Factors	Environmental (physical, socio-cultural and economic) Factors	Infra-structural Factors
HIV/AIDS	80,000	unsafe sex, drug abuse, shared needles	lack of awareness, illiteracy, socio-cultural norms, governmental attitude	lack of health care services, unsafe blood transfusion
Cancer	340,000	tobacco, malnutrition	environmental hazards, lack of awareness, poverty	lack of diagnostic and treatment facilities, delayed treatment
Diabetes	the 10 th most affected country in the world	unhealthy diet, obesity, lack of mobility, lack of physical exercise	lack of awareness, socio-cultural norms	lack of facilities for checking glucose, lack of facilities for physical exercise
Accidents	reliable data is not available	neglect of safety & traffic rules, unhealthy behavior	lack of awareness, corruption, governmental attitude	faulty vehicles, low quality of roads, lack of traffic signs
Drug Abuse	20% of the population is involved	youth, smoking, drug abuse	lack of awareness, unemployment, poverty, income disparities	lack of recreational opportunities, urbanization, governmental attitude

Source: AKU, 2005; HRCP, 2004; Human Rights Watch, 2005; Pakistan, 2005; UNAIDS, 2004; USAID, 2005.

Discussion

Data indicate that the selected health problems are indeed growing problems and may pose a threat to the health of the population. As shown in the table 2., behavioral, environmental and infra-structural factors are directly and indirectly contributing to the prevalence of HIV/AIDS, cancer, diabetes, accidents and drug abuse. Since the determinants of the mentioned health problems are numerous, complex and interdependent it should not make sense to treat a wide range of health conditions in a reductionist way, attributing only one cause (be it for instance,

a bacteria) to a health problem. Combating these problems needs a comprehensive strategy that can prevent disease and promote health by paying attention to all-important determinants of health (de Leeuw, 2000; Kickbusch & de Leeuw, 1999; WHO, 1997a; 1997b; 1998a). WHO argues that its member countries should either formulate new health policies or upgrade the existing policies in accordance with HFA in order to address health problems not only by considering health care services but also other determinants of health including behavior (lifestyle) and environment in accordance with HFA (Brener, 1979; WHO, 1997b; 1997c, 1998a).

The present government of Pakistan acknowledged the need for a comprehensive health policy and declared third National Health Policy (NHP) 2001. The policy makers have stated that the basic purpose of formulating the NHP 2001 is to address new health problems by following the comprehensive principles of disease prevention and health promotion in accordance with HFA strategy (Pakistan, 2001). So, the NHP 2001 is expected to offer comprehensive strategies of disease prevention and health promotion in addressing health problems.

The NHP offers several interventions in order to reduce widespread prevalence of communicable diseases, to address health care inadequacies, to remove professional deficiencies, to promote gender equity, to bridge nutrition gaps, to introduce regulation, to create awareness, to improve drug sector and to reform health monitoring (Pakistan, 2001). However, most of the policy interventions are focused upon increasing health care services in accordance with biomedical model of health rather than comprehensive principles of HFA. For example, in its first key area the NHP 2001 states to reduce the widespread prevalence of communicable diseases such as TB, malaria, hepatitis B and HIV/AIDS by increasing the coverage of immunization. Indeed, immunization is important in combating disease, however, in case of HIV/AIDS, cancer and diabetes immunization cannot control these health problems.

The increasing number of HIV/AIDS and presence of its causing factors such as lack of awareness, illiteracy, unsafe sex, drug addiction, low level of condom use, unsafe blood transfusion, shared needles, exploitation of women and lack of access to health care systems (Baqi et al., 1998; Baqi et al., 1999; Haque et al., 2004; UNAIDS, 2004) manifest that HIV/AIDS is a serious threat in Pakistan. Despite this evidence, NHP 2001 does not offer appropriate strategies to combat the problem of HIV/AIDS. Policy interventions offered by the NHP neither address causing factors of HIV/AIDS nor intend to develop healthy lifestyles and improve infra-structural facilities in order to prevent HIV/AIDS as disclosed by interviews particularly representatives of international organizations and professional organizations and health professionals working at provincial level.

NHP 2001 indeed considered cancer a serious health problem and offered various policy interventions. However, these interventions are mainly focused upon the treatment of cancer patients and treatment facilities are accessible only to the privileged as discussed earlier. Most of the interviewees also expressed a similar view about the expensive treatment and its accessibility only to rich people. The policy document lacks concrete measures of disease prevention and health promotion by addressing the behavioral and environmental factors of cancer such as tobacco use, malnutrition, lack of awareness, lack of education and training, delayed diagnosis and environmental hazards (Elahi et al., 2005; Malik, 2003; Rashid et al., 2005). It is positive that the government has introduced the Prohibition of Smoking Ordinance 2002,

however, in practice this ordinance is not enforced. This ordinance needs to be enforced particularly at public places as disclosed by most of the interviewees working at all levels.

The increasing prevalence of diabetes is a serious problem because it may affect not only the people but also health system for which comprehensive planning focusing upon disease prevention and health promotion need to be initiated as disclosed by the interviewees particularly representatives of international organizations delegated in Pakistan, representatives of professional organizations and NGOs, and health professionals at all levels.

In responding to the problem of accidents the NHP 2001 has also not offered any policy intervention that can address increasing number of injuries and deaths due to accidents at homes, workplace, industry and traffic as disclosed by the interviewees particularly representatives of international organizations delegated in Pakistan, representatives of professional organizations and NGOs.

In spite of its constant rise the incidence of drug abuse has been ignored by the NHP 2001. Authorities admit that they do not have the capacity to properly deal with the problem of drug addicts (UNDCP, 2002; 2003). Most of the measures and actions taken against drug abuse are based upon the legal model that focuses upon increasing punishments to the drug traffickers and addicts as disclosed by the interviewees particularly representatives of international organizations delegated in Pakistan, representatives of professional organizations and NGOs, and health professionals at provincial level. Overall, drug addicts have little access to effective treatment. With a few exceptions the services provided by government-run drug treatment facilities are limited. Specialist training in the management of substance misuse problems is rare (UNDCP, 2000; 2002). There are very few private clinics offering comprehensive treatment packages including rehabilitation and social re-integration services. However, these facilities in the private sector are so expensive that they are beyond access for most of the addicts and their families (UNDCP, 2002).

It may be concluded that behavioral factors and environmental factors contributing to health problems such as HIV/AIDS, cancer, diabetes, accidents and drug abuse are indeed a priority health problem in Pakistan. However, the NHP 2001 has ignored the variety of complex, complicated and interwoven causes of these health problems and has ultimately failed to develop comprehensive, appropriate and effective policy interventions to prevent disease and promote health in accordance with HFA. According to a representative of international organization delegated in Pakistan “ the NHP 2001 has stated that the new health policy intends to reform health sector by following the vision of HFA, however, its main focus is mostly upon the delivery of health care services by following the biomedicine and not disease prevention and health promotion in accordance with HFA.” It is evident that without a comprehensive and appropriate policy approach health problems will aggravate in the country.

Pakistan needs to reformulate its national health policy by introducing policy interventions that can address complex, complicated and interwoven causes of behavioral and environmental health problems by considering not only the health services but also other important determinants of health particularly environment and lifestyle in accordance with the principles of HFA as believed by the interviewees particularly representatives of international organizations delegated in Pakistan, representatives of professional organizations and NGOs, and health professionals at provincial level. During interviews 75% of the interviewees expressed their concern about the lifestyle and 69% about environment and recommended that these two

important determinants of health need to be considered by the policy makers in reformulating the national health policy.

In addressing HIV/AIDS health authorities need to offer policy intervention that can assure a collaboration among health ministries, departments, academic institutes, religious leaders, local leaders, NGOs and community elders in addressing risk factors of HIV/AIDS and in developing healthy lifestyles as recommended by interviewees. Such a participation and collaboration can initiate HIV/AIDS awareness campaigns that can be socio-culturally desirable and technically feasible as believed by most of the interviewees. Interviewees also added that in collaboration with these individuals and groups awareness can be created particularly among youth and risk groups can be targeted effectively. Such a collaboration and participation can avoid unsafe sex, shared needles, drug abuse and unsafe blood transfusion as disclosed by the interviewees. According to representatives of professional organizations and health professionals at provincial and local level the country has a network of lady health workers, family planning workers, and community health workers that deliver health care services and family planning services. This network can be improved and upgraded in order to play a role in preventing HIV/AIDS as believed by interviewees.

In controlling and preventing cancer health policy needs to offer policy interventions that can help in developing institutional arrangements at all levels in order to develop a wider participation and collaboration among health and other health related sectors, NGOs, community leaders, religious leaders, and communities in order to create mass awareness against health risks of using tobacco and to control smoking in public places particularly in public transport, workplaces, academic institutions and hospitals as disclosed by the interviewees particularly representatives of international organizations delegated in Pakistan, representatives of professional organizations and NGOs, and health professionals at local level. These interviewees believe that decentralization of health system, wider community participation and collaboration can help in developing healthy lifestyles, protecting environment and improving treatment as well as diagnosis facilities. According to a representative of a professional organization “generally, health programs such as nutrition, immunization and mother child health are neither decentralized nor offer any space for wider participation. Consequently, people can not find any place to participate and to play their role in these programs.”

Wider participation and collaboration is important in creating mass awareness about diabetes, early diagnosis, assuring effective treatment and developing healthy lifestyle as recommended by the interviewees. Furthermore, policy makers need to introduce policy interventions that can assure availability and accessibility of facilities for physical sports, exercise and fitness to people particularly the youth. It is also important to assure the availability of sugar free food items in market as recommended by the interviewees. In most of the developed world, now nurses are playing an important role in the care of diabetics. A diabetic nurse can prove to be a common thread between various members of the diabetic care team. Introducing training opportunities to produce diabetic nurses can also be a useful policy intervention. A package of diabetic education can be added in the curriculum of the existing training institutes. Furthermore, short training programs for the nurses working in the hospitals can also be arranged within the hospitals.

In controlling accidents health policy makers need to develop comprehensive policy measures that can offer mass awareness about safety measures and assure that safety measures at work, homes and roads are followed particularly by youth. There is also a need to develop a collabo-

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ration between health and other development sectors in improving safety conditions at work places, industries and roads as recommended by most of the interviewees. Interviewees also stated that it is important to improve quality of roads, ensuring signposts and lane markings upon roads, introducing footpaths and zebra crossings in order to prevent accidents. Involving law enforcement agencies is also important in inter-sectoral collaboration in order to ensure a regular control system that can keep an eye upon the health conditions of the industrial workers, working conditions at work, drivers, traffic and safety rules, use of seat belts, and healthy behavior of the drivers and pedestrians as believed by the interviewees.

In controlling drug abuse health policy makers need to introduce policy measures that can increase the treatment facilities, improve the existing facilities for drug users and to develop health lifestyles in order to combat the drug abuse. It is also important to create mass awareness against drug abuse its health risks, causing factors, types, origin and supply and risk groups through wider participation particularly by media, religious leaders, teachers and community leaders as recommended by interviewees. Most of the interviewees at local level recommended in creating mass awareness health authorities need to introduce public health related programs upon TV and should provide free TV sets to community centers and youth centers in the rural areas where people can watch healthy TV programs and films. It can create not only mass awareness but also help in providing a positive recreation to the youth that will certainly keep them away from unhealthy practices such as smoking, drug abuse, crime and violence.

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