

PAKISTAN NATIONAL HEART ASSOCIATION



PANAH INTERNATIONAL CONFERENCE ON “NON-COMMUNICABLE DISEASES, A THREAT TO NATIONAL DEVELOPMENT” 10TH -11TH JULY 2021 (PIC-NCD- 2021).

At RIPHAH International University, Al-Meezan Campus Islamabad

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ACKNOWLEDGEMENTS

The “PANAHA International Conference on Non-Communicable Diseases, A Threat to National Development (PIC-NCD-2021), July 10 – 11, 2021” was organized and successfully completed with the efforts of numerous organizations and individuals at different stages of the conference. Through this conference, PANAHA has been able to gain support of eminent stakeholders and partners in its struggle and has achieved a lot of things in a very short time.

First of all, we are grateful to Lt. Gen. Nigar Johar; HI(M), Surgeon General/DGMS (IS) for sparing time and joining the event to support for the cause.

PANAHA is very proud to hold this conference which has great impact on our health delivery system. We are obliged and thankful to Pakistan Science Foundation for sponsoring this conference and to RIPHAH International University& Islamic International Medical College (IIMC) for hosting us and giving all the administrative and IT support.

We are thankful to Armed Forces institute of Cardiology Rawalpindi, Health Services Academy, Global Health Advocacy Incubators (GHAI), Zohra Institute of Health Sciences, Heart International Hospital, Pakistan Academy of Family Physicians and Campaign For Tobacco Free Kids (CTFK) for supporting in this process.

We would like to acknowledge the contributions of Mr. Munawar Hussain, who supported in international coordination and as member of the advisory committee in organizing this conference. We acknowledge Lt Gen Azhar Rashid; HI(M), Ex-Surgeon General Pakistan Army, Principal Islamic International College (IIMC), who was Chairman of Organizing Committee and needs special commendation and so are the efforts of our Chief Scientific Advisor and Chairman Scientific Committee Prof. Dr. Wajid Ali along with the Co-Chairman and lead technical expert, Professor Shakeel Mirza.

We would also like to express our sincere thanks to all the participants, researchers, presenters, audience and speakers (International/National) who spared time and participated in the conference.

Last but not the least, holding of this conference on a very short notice may not have been possible without the hectic and valiant efforts of my “single man army” namely our General Secretary, Mr. Sana Ullah Ghumman.

Maj. Gen. Masud Ur Rehman Kiani (Retd)
HI(M); SI; T.Bt
President Pakistan National Heart Association

EXECUTIVE SUMMARY

Pakistan National Heart Association (PANAHA), which was established in 1984 at AFIC/NIHD for the purpose of public advocacy for prevention of heart diseases and training people in Cardio Pulmonary Resuscitation (CPR). The President of Islamic Republic of Pakistan, honorable Dr. Arif Ur Rehman Alvi is our Patron-in-Chief.

A two days “PANAHA International Conference on Non-Communicable Diseases, A Threat to National Development (PIC-NCD-2021)” was organized on 10 – 11th July, 2021 at Al- Meezan Campus, RIPHAH International University, Rawalpindi, Pakistan.

The overall all objectives of the conference was to provide a shared platform to local and international researchers, clinicians, academicians and policy makers to share knowledge, promote research and formulate evidence based policy recommendations for Pakistan based on the global best practices.

The conference was inaugurated by Surgeon General of Pakistan and attended by large number of policy makers, health professionals, Civil Society Representatives, senior academicians, media personals, National and International researchers, health professionals and students. The Conference was addressed by more than 10 international speakers from different renowned Universities across the world. The conference was organized in collaboration with various organizations like Pakistan Science Foundation, Riphah International University, Health Services Academy, Global Health Advocacy Incubators, Armed Forces institute of Cardiology Rawalpindi, Zohra Institute of Health Sciences, Heart International Hospital, Pakistan Academy of Family Physicians and Campaign For Tobacco Free Kids (CTFK). The Vice Chancellor, Health Service Academy Islamabad was the Chief Guest of the closing ceremony.

It was a hybrid conference in which approximately 200 hundred people participated in person and approximately 800 people attended online and 3200 people attended on facebook. It was also live streamed on radio and was widely covered by electronic and print media.

RECOMMENDATIONS

CARDIOVASCULAR:

1. Heart failure evaluation should be mandatory in all Diabetics of more than 5 years duration.
2. Echocardiograms must include evaluation for both diastolic and systolic failure. (Mandatory in diabetics). To be declared as minimum standard of care.
3. Blood Pressure evaluation once a year for individual 18 years and above as primary prevention.
4. PANAH strongly recommends establishing the proposed NEPCARD adjacent to AFIC at the allocated site at the earliest. This shall start the process of indigenous research and evaluation of local population's cardiovascular and metabolic health state and pathologies. Data thus generated shall be the real source for devising strategies for preventive as well as curative interventions.

TOBACCO CONTROL:

1. Recommend excise duty to be increased to more than 70%.
2. Single tier taxation for all brands.
3. Plain packaging of Cigarette Pack.
4. Package must show
 - a. Nicotine content per stick
 - b. Tar content per stick
 - c. Added substances
5. Smokeless and other forms of tobacco use must be under unified laws for tobacco use.
6. All policies and revenue decision making should be in consultations with relevant health and social sector institutions and organizations.
7. As mandated by WHO there should be a ban on public servants from all ministries to interact with the members of the industry especially those concerned with revenue policies, regulations and enforcement.

METABESITY/DIABESITY:

1. Government should develop a comprehensive school food policy to remove junk foods and sugary drinks from school. The policy should ensure availability of healthy and nutritious food at school level.
2. Sugar Sweetened Beverages are the major dietary risk factor for obesity and related diseases. Federal Excise duty on SSBs should be increased to a minimum of 20 % to discourage its consumption. Government should take emergency measures to reduce consumption of SSBs.
3. The marketing of ultra-processed foods and SSBs should be regulated. Government should introduce regulations to prohibit child directed marketing of ultra-processed foods and SSBs.
4. Packing warning signs should be introduced and enforced for foods and drinks which are high in sugar, salt and fats.
5. Government should bring the legislation to reduce the consumption of Trans fats, salt and sugar.

6. Child and adolescent health and fitness standards to be formulated as per WHO standards and annual school and college evaluation systems to be instituted.
7. School children must undergo 60 minutes physical activity every day.
8. National Exercise Day Yearly.
9. Every pre-prepared food must indicate on the package:
 - a. Total Calories
 - b. Carbohydrate Calories
 - c. Lipid Calories
 - d. Protein Calories
 - e. Declare all additives including salts with exact quantities.
10. Fast food deals marketing practices must be discouraged.
11. Home delivery food orders on phone or other virtual means should be only by individuals 18 years and above to reduce unsupervised use of these products.

GENERAL RECOMMENDATIONS:

1. As per WHO recommendations, PANAHA suggests creation of Multi sectorial coalition for control of NCDs under Ministry of health sponsored by PSF to pursue the goals of NATIONAL ACTION PLAN for NCDs.
2. To create a joint advocacy platform involving all stake holders' for effective shared advocacy communications / connectivity.
3. Ban on industrial TRANSFATS by legislation / Regulation.
4. School / college advocacy and health education programs.
5. Increase duties to maximum on imported and locally manufactured ultra-processed foods.
6. Expedite approval of Health levy on Tobacco and Sugar Sweetened Beverages
7. Tax rates should be based on sugar & fat content rather than volume/weight.
8. Community physical activity areas, sports complexes/grounds and gymnasia availability should be declared mandatory in housing complexes /societies/townships for all housing plans before approval.
9. Active preventive health departments and nutritional advisory centres should be established in large health care institutions. Lack of these facilities should be grounds for non-qualification for full practice licenses.
10. Preventive Health & Lifestyle Medicines should be included in syllabus / exams in medical education.
11. Diabetes prevention and control program should be started at the National Level.
12. Multi dishes service should be discouraged in the country.
13. CPR Awareness & Training should be given in primary education.

INTRODUCTION

Pakistan National Heart Association (PANAHA) was formed in 1984 in AFIC under the Patronship of the President of Pakistan at that time. The main aim & purpose was to disseminate information about spread of ischemic Heart disease, its causative and risk factors, their control & modification so as to prevent, minimize and control the widely progressing cardiovascular diseases and other non-communicable diseases, misery, pain, disabilities and fatalities due to angina, heart failure and heart attack.

Another important aim was to educate the general public and impart training regarding recognition of Cardiac Arrest and to immediately carry out the drill of CPR (Cardio Pulmonary Resuscitation) to save the life at the site of occurrence of Heart Attack. The association has also put in its good share in helping people who suffered in the natural disasters that struck the nation in the past and is also helping poor patients, get expensive cardiac investigations, angioplasty, stents and cardiac surgery at various hospitals.

PANAHA works closely with policy makers, media, researchers and civil societies to advocate for policies to reduce Non Communicable Diseases (NCDs). PANAHA is currently implementing Food Policy Program and Tobacco Control Program in Pakistan to advocate reducing consumption of Sugar Sweetened Beverages and Tobacco products.

The President of Islamic Republic of Pakistan, honorable Dr. Arif Ur Rehman Alvi is the Patron-in-Chief, Major General (Rtd) Masuood Ur Rehman Kiani is the President and Mr. Sana Ullah Ghumman is the Secretary General.

ABOUT THE CONFERENCE:

PANAH works closely with policy makers, media, clinicians, researchers and civil society organizations to advocate for policies to reduce NCDs. In similar endeavor, a 2-days “PANAH International Conference on Non-Communicable Diseases, A Threat to National Development (PIC-NCD-2021)” was organized on **10 – 11th July, 2021** at Al- Meezan Campus, RIPHAH International University, Rawalpindi, Pakistan.

The conference was inaugurated by Surgeon General of Pakistan and attended by large number of policy makers, health professionals, civil society representatives, senior academicians, media personals, National and International researchers, Health professionals and students.

OBJECTIVES OF THE CONFERENCE:

The overall all objectives of this conference was to provide a shared platform to local and international researchers, clinicians, academicians and policy makers to share knowledge, promote research and formulate evidence based policy recommendations for Pakistan based on the global best practices.

The specific objectives were:

1. Provide platform for sharing of latest scientific evidence related to risk factors, policy analysis and identifying gaps, global best practices, and formulate recommendations for prevention of these NCDs.
2. Advocate and mobilize healthy food policy solutions and other measures to reduce NCDs in Pakistan.
3. Provide networking opportunity to students, national and international researchers, academicians, policy makers, government representatives, civil society and media for mutual learning and promotion of evidence based policy solutions for prevention and control of NCDs.
4. The multidisciplinary discussions and thought are expected to process leading to draft a combine commitment and action tracks to encounter the growing burden of NCDs.

PARTICIPANTS & COLLABORATORS:

It was a hybrid conference inaugurated by Surgeon General of Pakistan and attended by large number of policy makers, health professionals, civil society representatives, senior academicians, media personals, Health professionals, students and renowned National and international speakers.

The following were the main collaborators of the conference.

1. Pakistan Science Foundation
2. RIPHAH International University, Islamabad.
3. Armed Forces Institute of Cardiology Rawalpindi
4. Health Services Academy Islamabad
5. Global Health Advocacy Incubators
6. Zohra Institute of Health Sciences
7. Heart International Hospital

8. Pakistan Academy of Family Physicians
9. Campaign For Tobacco Free Kids

PROCEEDINGS OF CONFERENCE:

DAY: 01, SESSION 1: INAUGURAL SESSION:

Chief Guest: **Lt. Gen. Nigar Johar; HI(M), Surgeon General/DGMS (IS)**

Chairperson: **Maj. Gen. [R] Masud Ur Rehman Kiyani, President PANAHA**

Moderator: **Prof. Dr. Shakeel Ahmed Mirza, Lead Technical Advisor on NCD, PANAHA**

SESSION 01, SPEAKER 01:

PROF. DR .SHAKEEL AHMED MIRZA:

Topic: Overview on Interventions for control of NCDs

The conference started with the recitation of holy Quran. Prof. Dr Shakeel Ahmed Mirza Lead Technical Advisor PANAHA, Consultant Physicians, introduced the conference. He welcomed the Honorable Chief Guest **Lt Gen Nigar Johar, HI(M) Surgeon General / DGMS (IS)**, Chairperson **Major General (R) Mr. Masud Ur Rehman Kiani** President PANAHA, co-chairperson, respected guests and audiences. Mr. Shakeel shared a brief overview of NCDs. Key points of his presentation were as following:

A non-communicable disease (NCD) is a medical condition or disease that is by definition non-infectious and non-transmissible among people. Major causes of NCDs are

1. **Tobacco use.**
2. **Unhealthy Diet.**
3. **Physical Inactivity.**
4. **Obesity.**
5. **Alcohol**
6. **Malnutrition.**

Being low to middle income country, following are some major causes of increase of NCDs in Pakistan:

1. **Lack of education / awareness.**
2. **Political instability and lack of political will.**
3. **Inadequate policies**
4. **Insufficient Public health Interventions**
5. **COVID-19 has proven the infectious diseases play havoc in the minefield NCDs**
6. More than 60.3% of total deaths in Pakistan is due to NCDs.
7. PANAHA has track record in health education and Advocacy. PANAHA offers to create a platform for expert advisors comprising of national medical professional bodies. Members of these organizations shall constitute specific committees for development of specific advisory guidelines and delivery pathways to achieve the objectives of this initiative.

8. Tobacco consumed in any form, whether smoked or chewed and second-hand tobacco smoke exposures are associated with adverse health effects. It is associated with cardiovascular diseases, cancers, chronic respiratory disease, and other communicable and non-communicable diseases.
9. Consumption of ultra-processed foods and Sugar Sweetened Beverages (SSBs) is a major dietary risk factor and leading to obesity and related NCDs. Government should take measures to reduce consumption of unhealthy foods through adequate policy reforms.
10. The salt intake should be reduced to less than 5 grams per person per day.
11. Monitor trends and determinants of NCDs and evaluate progress for prevention and control. Promote and support national capacity for high-quality research and development for the prevention and control of NCDs

SESSION 01, SPEAKER 2:

PROF. BARRY M POPKIN:

Topic: Sugar Sweetened Beverages & NCDs

The key note address was made by Dr. Barry M Popkin, PhD (economics), Kenan Distinguished Professor of Nutrition Epidemiology from University of North Carolina on “Sugar Sweetened Beverages and NCDs”. The major points of Dr. Barry M Popkin presentation were as following:

1. Dr. Barry discussed about snacking behavior of people to eliminate desire to exertion and use of fast and fatty food instead of using organic food.
2. He highlighted that SSB consumption has huge negative impact on health due to intake of both sugar and excess energy drinks.
3. He highlighted the prominent impact of SSB taxes which would be better for health, potential for reducing health disparities, established a healthy society and increase revenue for governments. A tax on SSB give lower income population’s largest health benefit as low income has the largest SSB consumption.
4. He stressed that taxation is major option that countries and regions used to reduce consumption of SSB and shared that over 45 countries have passed SSB taxes. Unfortunately there is no new taxes on SSBs in Pakistan.
5. He shared case studies from countries reflecting that tax increase is evidence based effective strategy to reduce consumption of SSBs, overweight and obesity and related NCDs.
6. He also suggested that taxation based on the sugar contents proved to be more effective. Higher the sugar content, higher should be the tax on SSBs.

PRESIDENTIAL ADDRESS:

MAJ GEN. (R) MASUD UR REHMAN KIANI, President PANAHA:

The presidential address was delivered by Maj. General (R) Masud ur Rehman Kiyani. He is the president of Pakistan National Heart Association (PANAHA). Maj Gen. (R) Masud Ur Rehman Kiyani paid thanks to the honorable chief guest, guests and audience. He further expressed his gratitude to organizers for arranging the conference. He pointed out that our nation is destroying its health by adopting unhealthy living style and food preferences. Due to this unhealthy behavior there is childhood obesity, growth stunting, metabolic syndrome (expected prevalence 1/4th of total population by 2030), and Tobacco related morbidity / mortality, Increasing Environmental pollution, adulterated food, culture of ultra-processed foods becoming a norm and Cancer prevalence and other NCDs are continuously on the rise.

He stated that PANAHA is working in collaboration with other partners and Ministries to prevent the NCDs and save the future of youth of Pakistan. He shared the policy recommendations made by PANAHA as follows:

1. **Develop comprehensive national policy to regulate Sugar Sweetened Beverages and ultra-processed food and its manufacturing, import, marketing, distribution and sale**
2. **Increase tax on Sugar Sweetened Beverage.**
3. **School health services and healthy food policy & standards**
4. **National campaign to increase physical activity**
5. **Tobacco related regulations, and enforcement oversight**

PANAHA Partnership in Policy/Making:

1. **Local research platform for each indicator. Evidence based policy making**
2. **Stakeholders' advice in policy making. Bring together health professionals and policy makers.**
3. **Stake holder feedback review by policy makers**

ADDRESS BY THE CHIEF-GUEST

LT. GENERAL NIGAR JOHAR; HI(M), SURGEON GENERAL/DGMS (IS)

The Surgeon General of Pakistan, Honorable Lt General Ms. Nigar Johar started her address by thanking the organizers and audience of the conference. She thanked the organizers for inviting and stated that she felt immensely proud to have been standing at the podium of PANAHA and associated with PANAHA since its inception. Discussing about NCDs, she shared that NCDs are a huge burden on the country and individuals and it carries a huge financial impact which has to be addressed. She raised her concerns on the high death rate caused by NCDs and told that this problem needs to be tackled before it further increases. She appreciated the efforts of PANAHA stating that it has surpassed its goals.

She stated that apart from creating public awareness, PANAHA is creating ripples at political landscape in an effort to prevent the spread of NCDs. It is working on policy making, regulation devising and implementations which are an essential part in the prevention of NCDs. She also mentioned success stories of reversal of third tier regarding tobacco tax policy. Talking about Sugar Sweetened Beverages, she stated that a good momentum has already been built by

PANAH to reduce its consumption and I am hopeful that the results of this initiative will be very fruitful to reduce NCDs. She further stated that she is very optimistic and hoped to see increase in taxes on sugary drinks soon. She further added that some rules and regulations need to be initiated to bring a change in policy.

She agreed to the recommendations mentioned by speakers of the session and assured her support to PANAH in its future endeavors regarding NCDs. She disclosed about the launch of NEPCARD which will be working effectively and assured more development in the field of medical sciences. She further shared the restructuring process of NIH which includes the department of Nutrition & health designed to look into the risk factors of NCDs. She stressed that NCDs are preventable & curable but much more efforts of prevention and policy regulations need to be made. She stated that the 2-Day conference is a testimony and she found herself focused towards it. She concluded her address by expressing gratitude towards the organizers guests and speakers. She appreciated all the partner organizations who contributed in organizing this important conference.

SESSION 2: CARDIOVASCULAR DISEASES.

Chair Person: **Maj. Gen. Muhammad Ashraf Khan, Ex-Commandant AFIC & Patron PANAH.**

Co-Chairperson: **Maj. Gen. Farhan Tayyab, Commandant/Executive Director AFIC-NIHD**

Moderator: **Dr. Farah Pervaiz AFIC-NIHD, RWP**

SESSION 02, SPEAKER 01:

MAJ GEN FARHAN TAYYUB, SI(M), COMMANDANT AFIC:

Topic: Primary Prevention of Ischemic Heart Diseases.

Major General Farhan Tayyub thanked the audience for taking keen interest in the conference. He divided his speech in three different parts to make his topic easily understandable. The divisions were Introduction/ magnitude of problem, Risk factors and remedies and Primordial and Primary prevention at national level.

The key points of his presentation were as follows:

1. Cardiovascular disease (CVD) is most important cause of death worldwide, causing about 32 % of total world deaths in last 25 years
2. CVDs responsible for 32% of proportion of mortality in the world and Only 25% are aware of their disease and are seeking medical care
3. Factor of CVD which are reversible are increased LDL, decreased HDL, smoking, Hypertension, diabetes, physical inactivity and factors which are irreversible are advance age, male sex, female positive HX, diabetes type A and stress.
4. Higher cholesterol causes some 56% of ischemic heart disease worldwide.
5. Ischemic heart disease causes 35% to 40% of all smoking-related deaths.
6. Approximately 62% of strokes and 49% of CHD cases are attributable to suboptimal BP
7. Similarly other factors have increased risk of CVD.

8. Strategies to prevent CVD are three, First strategy targets those with acute or established CVD, Second targets persons at high risk because of multiple risk factors and Third strategy uses mass education or policy interventions directed at the entire population to reduce the overall level of risk factors-Primordial prevention
9. For Primary Prevention AFIC have following departments namely PANAHA, Preventive Cardiology department, Research and Development department, Surveys/research papers, Educational Lectures, Publications and NEPCARD.

SESSION 02, SPEAKER02:

DR. NICHOLAS PANTAZOPOULOS

Topic: Cardiovascular Fitness and Heart Diseases.

Dr. Nicholas joined the session virtually. He shared his knowledge on cardiovascular fitness and heart diseases. He stressed on the importance of diet and how negligence in this aspect could result in NCDs. He shared that the heart is the main organ of body and it requires proper balanced diet to work efficiently. He shared the following key points to be adopted to avoid cardiovascular diseases:

1. Balance/healthy diet are the most important factor to reduce or eliminate the cardiovascular diseases.
2. Physical inactivity is second major cause. According to a survey more than 36% women only in England are physical inactive then what about third world countries like Pakistan.
3. Physical inactivity and unhealthy diet result in obesity. Child obesity is on rise in Pakistan.
4. In 2014 global disease estimates showed that Pakistan stood at number 8 among the top 10 countries hosting half the obese individuals in the world and 25% of adults were overweight or obese. Similarly overweight prevalence was highest for women in 35-44.
5. WHO ranks physical inactivity among the top 10 causes of death worldwide and regular physical activity can reduce the risk of death from coronary heart disease and stroke by almost 35%.
6. Exercise and physical activity lower cardiovascular risk by weight reduction leads to lower blood pressure, Exercise lowers LDL and raises HDL, Lower weight reduces insulin requirement, improves the capacity of blood vessels and Heart attack patients who participated in formal exercise programs have been found to have 20-25% lower death rates
7. He also emphasis that Running and cycling to reduces heart disease and death from cardiovascular causes.

SESSION 02, SPEAKER 03:

MAJOR GENERAL NASEER SAMORE.

Topic: DM and IHD Impact on Heart Failure

Maj Gen Naseer Samore started his presentation after thanking PANAHA for arranging such a wonderful conference and an amazing platform to educate and communicate about NCDs. Topic of Gen. Samore's speech was Diabetes Mellitus (DM) and IHD impact on Heart Failure. He described heart failure as "a clinical syndrome that results from any structural or functional

impairment of ventricular filling or ejection of blood”. Highlights of Gen Samore’s speech were as follows:

1. There were 415 million people with diabetes aged 20-79years causing global health expenditure of 673 billion US dollars and the prevalence of diabetes in Pakistan was revealed 14.62%.
2. Well-established association between diabetes mellitus (DM) and HF mainly due to coronary heart disease and hypertension. DM and HF (Heart Failure) often occur concomitantly.
3. Even after adjustment for other cardiovascular risk factors DM was associated with^s 2-fold increase in the risk of incidence of HF in men and 4-fold increase in women.
4. Patients with type 2 diabetes are two times more likely to develop Coronary Heart Disease (CHD) as compared to age matched controls after adjusting other risk factors.
5. Some diabetic patients have a blunted appreciation of ischemic pain, which may result in atypical anginal symptoms, silent ischemia, or even silent infarction and caused by autonomic neuropathy of the heart.
6. A systemic review of 9 studies of metformin in heart failure patients showed that metformin reduced mortality in HF diabetic patients by 20% as compared to patients without metformin
7. Insulin usage in high-risk patients does not lead to adverse cardiovascular outcomes or to increased HF.
8. Take home message for audience is DM Increases the risk of HF development, Diabetes is relatively more prevalent in heart failure patients, Diabetes increases the risk of mortality and hospitalization in heart failure patients, The management of HF in Diabetes is the same as management of HF without Diabetes and most importantly Prevention is better than cure.

SESSION 02, SPEAKER 04:

BRIG ABDUL HAMEED SADDIQUI, SI(M)

Topic: Hypertensive Heart Disease Prevention & Control.

Brig. Abdul Hameed Saddiqui talked about how Hypertension causes heart problems and other fatal diseases. He defined Hypertension as “Hypertension—or elevated blood pressure – a serious medical condition that significantly increases the risks of heart, brain, kidney and other diseases. He shared that an estimated **1.13 billion** people worldwide have hypertension, most (two-thirds) living in **low- and middle-**income countries. Main highlights of his presentation are as follows:

1. **1 in 4** men and **1 in 5** women had hypertension. Fewer than 1 in 5 people with hypertension have the problem under control.
2. According to a research work burden of diseases in Pakistan, the overall pooled prevalence of hypertension was 26.34% and higher urban prevalence 26.61% than the rural dwellers 21.03%.
3. Following are the major types of hypertension
 - a) Essential hypertension.
 - b) Secondary hypertension.
 - c) Malignant hypertension.
 - d) Gestational hypertension.

e) White-coat hypertension.

A 10mm Hg reduction in hypertension had a tremendous impact on heart diseases and stroke. According to a survey heart failure reduced by 28%, stroke reduced by 27%, Coronary heart diseases by 17% and premature deaths by 13%. He further added,

1. Hypertension can be managed by Educate, Exercise 30 min/day, diet, reduce sodium intake in diet <1.5 gm/day, stop smoking if smokes, stop drinking alcohol if drinks > 2 units/day
2. Prevention strategy can be adopted to control hypertension. Prevention strategy should be primarily a mass disease, mass approach and focus mainly on control of risk factors.
3. A secondary prevention strategy should be communicated to mass public with elimination of tobacco use, regular exercise, dietary changes and reduction in sodium intake.
4. To support governments in strengthening the prevention and control of cardiovascular disease, WHO and the United States Centers for Disease Control and Prevention (U.S. CDC) launched **the Global Hearts Initiative** in September 2016, which includes the HEARTS technical package.
5. Conclusion of his speech was **Hypertension** is a silent invisible killer, Increasing public awareness is key as it access to early detection. Secondly countries as ours need **systems & services** in place to promote universal health coverage and support healthy lifestyles. Access to good quality and inexpensive **medicines** is vital to reduce complications

SESSION 02, CHAIRPERSON ADDRESS:

MAJ GEN [R]MUHAMMAD ASHRAF KHAN.

Maj. Gen. Ashraf started his speech by thanking the organizers of the conference and appreciated their efforts. He stated that the dedication in the implementation of the 2-day conference was commendable as it consisted of very stimulating speeches by the speakers and experts. He further stated that the speakers had covered very important topics for the audience to benefit. He had drafted a few take-home messages that he shared with the participants. He stressed that every individual must exercise (cycling) to prevent NCDs such as cardiovascular diseases, diabetes, cancers etc. and must abstain from smoking.

He stated that students must not smoke because it's one of the leading causes of many NCDs. He further stated that nowadays, girls are also smoking which is an alarming situation. He stressed that one must have the courage to quit smoking and urge his/her family members to quit it as well. He concluded his session by thanking the audience.

SESSION 3: DIABETES AND METABOLIC SYNDROME:

Chair Person: **Lt. Gen. Azhar Rasheed, HI(M), Principal IIMC/ RIPHAH University, Rwp.**

Co-Chairperson: **Dr. Manzoor Ahmed, President Pakistan Family Physicians**

Moderator: **Col [R] Junaid Saleem, Consultant Physician, Hearts International Hospital, Rwp.**

SESSION 03, SPEAKER 01:

DR. SHAHID AHMED

Topic: Metabolic Diseases and Obesity:

Dr. Shahid Ahmed is a renowned Endocrinologist and has a strong grip on topic related to NCDs. He started his session by thanking the audience for their presence. There are many causes of diabetes and he highlighted a significant impact of Obesity on health and causes of diabetes. Main highlights of his speech were as under:

1. Obesity is a complex disorder of multiple aetiologies characterized by excess body fat that threatens or affects socio-economic, mental or physical health.
2. Three different way to assess obesity namely Body Mass Index (BMI), Waist Circumference, Waist to Hip Ratio.
3. Obesity is one of the major causes of diabetes and other NCDs. Usually people relate it with family problem as well said “obesity is not because it runs in the family. It is because no one runs in the family”.
4. The fundamental cause of obesity and overweight is an energy imbalance between calories consumed and calories expended. Globally, there has been:
 - a) An increased intake of energy-rich foods that are high in fat and sugars; and
 - b) An increase in physical inactivity due to the increasingly sedentary lifestyle, changing modes of transportation, and increasing urbanization.
5. **Pakistan is among the top ten countries in terms of obesity**, with individuals at a higher risk of metabolic disorders or metabesity.
6. **“Metabesity”** is a relatively newer terminology in Medicine, defined to cover different metabolic diseases under one caption. It includes obesity, metabolic syndrome, diabetes, cardiovascular diseases, neurodegenerative disorders and accelerated aging.
7. Treatment of metabesity can be done through lifestyle modification, drugs treatment and Bariatric Surgery.
8. To control obesity in children Nutritional Recommendations are
 - a) Balanced dietary calories with physical activity.
 - b) Daily consumption of vegetables and fruits and limited consumption of juice
 - c) Reduced consumption of sugary drinks and ultra-processed foods
 - d) Avoid high energy fast foods and snacks
 - e) Increased consumption of oily fish
 - f) Reduced salt intake

SESSION 03, SPEAKER 02:

DR. AYOUB AL-JAWALDEH

Topic: Dietary Risk Factor for NCDs, WHO’s Perspective.

Dr. Ayoub is a renowned health professional in the field of Nutrition. He is working as Regional Adviser for nutrition, with WHO EMRO region at Department of Universal Health Coverage & Non-communicable diseases. Dr. Ayoub thanked the organizers for arranging the conference and

engaging him as a speaker. He welcomed the audience and started his session with the following key points:

1. NCDs kill 41 million people each year, equivalent to 71% of all deaths globally. Each year, 15 million people between the age of 30 to 69 years died from a NCD. Over 85% of these deaths occur in LMICs.
2. NCDs are estimated to account for 62 % of all EMR deaths
3. Some important risk factors which cause NCDs are, air pollution, tobacco use, unhealthy diets and physical inactivity.
4. Top human risk for NCDs is malnutrition and unhealthy diet.
5. WHO set a goal that by 2030 reduce by one-third premature mortality from NCDs through prevention and treatment, and to promote mental health and wellbeing.
6. WHO Global Monitoring Framework on NCDs set the goals such as a 25% relative reduction in risk of premature mortality from cardiovascular disease, cancer, diabetes or chronic respiratory diseases. Secondly At least a 10% relative reduction in the harmful use of alcohol and others.
7. Proposed policy priorities for preventing obesity and diabetes in Countries like Pakistan should be:
 - a) restricting marketing of unhealthy foods to children
 - b) reformulating processed foods
 - c) taxing sugary drinks
 - d) subsidizing fruit and vegetables
 - e) legislating to ban the use of industrial trans fats
 - f) improving food in public institutions
 - g) implementing front-of-pack labeling
 - h) promoting breastfeeding
 - i) providing nutrition education and counseling
 - j) Implementing mass media campaigns to raise awareness on healthy diets and to encourage physical activity.
8. This nutrition strategy is focused around the six key areas of action of the United Nations Decade of Action on Nutrition:
 - a) Sustainable, resilient food systems for healthy diets
 - b) Aligned health systems providing universal coverage of essential nutrition actions
 - c) Social protection and nutrition education
 - d) Trade and investment for improved nutrition
 - e) Safe and supportive environments for nutrition at all ages
 - f) Strengthened nutrition governance and accountability.
9. Taxes on sugar-sweetened beverages are included in EMRO region as an effective intervention in the package of measures to tackle NCDs by reducing unhealthy diet.
10. A 50% tax on soda (carbonated drinks) and 100% tax on energy drinks was adopted for Gulf Cooperation Council (GCC) countries in 2016 and Saudi Arabia was the first to implement the measure in June 2017.

11. Sin taxes have reduced the annual increment growth of sales volume over years in Saudi Arabia- PP Growth %

SESSION 03, SPEAKER 03:

PROF. DR. ABDUL BASIT.

Topic: Diabetes & NCDs.

Dr. Abdul Basit is a renowned personality of Pakistan. He is Director, Baqai Institute of Diabetology & Endocrinology (BIDE), Prof. of Medicine and General Secretary of Diabetic Society of Pakistan.

Few highlights of his address were as following:

1. Pakistan is 4th in top countries or territories for number of adults with diabetes which would become number 3 in 2045.
2. According to survey, 11.47% people age above 25 is diabetic and 9.39% people age below 25 is diabetic in Pakistan.
3. According to a survey, current situation of NCDs is alarming. The survey show that prevalence of :
 - a) Hypertension **46.2%**
 - b) Obesity **73.1%**
 - c) Dyslipidemia **96%**
 - d) Tobacco` **13.4%**
4. International Diabetic foundation select the following three priorities to control diabetes are
 - a) Diabetes education
 - b) Diabetic foot
 - c) Diabetes and children
5. He stressed education and capacity building which will help to cultivate a habit of prevention and balance diet for healthy life.
6. He shared with the audiences that our organization has organized courses in which 431 people got Diploma in Diabetology for Family Physicians and special training to 50+ fellows.
7. To counter this situation in the future we have to work hard to educate our nation and for this reason we have to take following steps:
 - a) Registry of people with type 1 diabetes in Pakistan
 - b) Registry of people with type 2 diabetes in Pakistan
 - c) Registry of people with Diabetic foot ulcer in Pakistan
 - d) Registry of women with Gestational Diabetes in Pakistan
8. We also have to work with government to make new legislation to raise price of SSB products and make it out of reach of children.
9. Increasing tax on SSBs is an evidence based strategy and DAP is advocating with policy makers to increase FED to minimum of 20%. In this regard a proposal was submitted to Ministry of Health, Ministry of Finance, FBR and other policy makers in the process. International Diabetes Federation also endorsed our proposal and requested government of

Pakistan to increase taxes on SSBs. In spite of these efforts, Government bowed down against the pressure of industry and have not increased any tax during the 2021-22 budget.

10. Government should take emergency measures to reduce consumption of SSBs including increase in the tax.

SESSION 03, SPEAKER 04:

MS. ELIZABETH ORLAN

Topic: Regulating Marketing of Ultra Processed Foods and School Food Policy.

Ms. Elizabeth Orland is an International Speaker. She is the Associate Director, Research, Food Policy Program at the Global Health Advocacy Incubator. Main highlights of her presentation were as following:

1. The Global Health Advocacy Incubator (GHAI) supports civil society organizations who advocate for public health policies that reduce death and disease. We bring a proven advocacy approach and a global network of local partners, built on a 20-year track record of success across multiple issues in more than 60 countries.
2. Globally, over 223 million children are now overweight or obese and this prevalence is expected to increase another 20% over the next decade. Food, beverage and restaurant industries spend billions of dollars every year to reach children with targeted marketing. Repeated exposure to marketing builds brand loyalty at an early age.
3. Exposure to child directed marketing is a significant risk factor for childhood obesity
4. Child directed marketing promotes products intended for consumption by children (e.g. children's meals at fast-food restaurants) and utilizes techniques to capture and hold children's interest.
5. Multinational and national companies used different marketing tactics such as: product placement, endorsement, tie-ins, purchase incentives, animation, social media, in-school marketing etc.
6. Ever you thought why they target children because of following
 - a) **Children are extremely vulnerable to food marketing**
 - b) **Early marketing affects lifelong eating habits.**
 - c) **Children Influence Purchase Behaviors.**
7. The food environment shapes how accessible, affordable, desirable and convenient specific foods are. A healthy school food environment enables and encourages the school community (for children, adolescents, families, school staff) to make food choices that contribute to better diets.
8. Pakistan imposed restrictions on availability of Sugar Sweetened Beverages and energy drinks at schools through Provincial Food Authorities. Punjab Food Authority introduced traffic lights for categories of Foods. These regulations need to be strengthened
9. In Pakistan context: it is recommended to ***Regulate marketing of SSBs and ultra-processed foods, Pass a SSB tax, mandatory, evidence-based front of package labeling and package of healthy food policies.***

SESSION 03, SPEAKER 05:

DR. SHAHID BAIG,

Topic: Pakistan Science Foundation – Research Collaboration on NCDs.

Dr. Shahid Baig is the Chairman of Pakistan Science Foundation. He thanked PANAH for inviting him and expressed his joy over being a speaker among galaxy of clinicians, scientists and students present in the conference. He congratulated the organizers for arranging a platform gathering the most eminent and experienced speakers. Being a geneticist, he shared that there are more than 7000 genetic disorders out of which only half have been characterized. He shared that these diseases are rare diseases including blood disorders, skin disorders, intellectual disabilities, thalassemia, eye disorders, sound/bilateral hearing impairment and Pakistan has the highest number of effected children with these diseases.

There are several reasons out of which few are population growth rate, environmental factors but in Pakistan these occur mainly due to cousin marriages. More than 60% of Pakistan marriages are cousin marriages which increases the risk of complex disorders. He explained that PSF works for promotion and popularization of science and it has a very big mandate but we in Pakistan lack in a science culture and support to the science. Established on the template of American Science foundation 40 years ago, PSF believes science works in a collaborative approach in the form of team work, he said.

He told that prevention of diseases is very important as NCDs in some cases are curable and in some, non-curable but they can be prevented. He shared that PSF assures to support this causes and wishes to work as a team that would include clinicians, ministry of science and technology, ministry of planning, ministry of finance, ministry of health services, and ministry of education to work effectively on NCDs. He also encouraged the audience to prepare research proposals and assured full support. He concluded his session by thanking the audience.

SESSION 3, CHAIRPERSON ADDRESS:

LT. GEN. AZHAR RASHEED, PRINCIPAL IIMC/RIPHAH UNIVERSITY

Gen Azhar Rashid started his session by appreciating the efforts of PANAH and stated that RIPHAH, PANAH and AFIC are one unit team working together on prevention of NCDs. He mentioned about Gen. Zulfiqar Ali Khan (Late) who was the pioneer of all these three organizations as well as Heart International. He thanked Gen Masud-ur-Rehman Kiyani for his efforts considering him as a mentor for a lot of health professionals for many decades. He shared that PANAH has been working effectively for 36 years but it in the last 3 years, it has made pretty aggressive moves on prevention of unhealthy diet and tobacco products and has succeed in its efforts. He further shared that there were 3 things involved in prevention of NCDs, I.e. individual's choice, economics and game of the powerful.

He further shared that it's our responsibility to take care of our health. He stated that curiosity is the nature of a human being and sometimes it's too late to realize because the damage has already been done. He shared his own experience of being stunted. He asked the youth to take proper care of their health.

He stated that the governments are subservient to those who run the economy and these huge industries that produce health hazardous products that cause NCDs play a major role in running the economy. The government may promote messages for prevention of these hazardous products but might not do anything else. It's up to an individual to refrain from these things as it's a great challenge.

He appreciated the efforts of PANAH and stated that it has been able to penetrate the corridor of power. He requested the government to create better alternatives to counter the industries that are harming the health our people specially youth. He concluded his session by recommending having parks, gyms and jogging tracks and replacing fast foods by healthy food restaurants.

DAY 2 - SESSION 01: LIFE STYLE MEDICINE

SESSION 01: LIFE STYLE MEDICINE

Chairperson: **Dr. Hassan Muhammad Khan, Chancellor RIPHAH International University, Rwp.**

Co-Chairperson: **Brig [R] Dr. Maqsood-ul-Hassan, Vice Principal IIMC/RIPHAH University, Rwp**

Moderator: **Mr. Munawar Hussain, Consultant – Food Policy Program GHAI.**

SESSION 01; SPEAKER 01:

DR. SHAGUFTA FERUZ

Topic:Lifestyle Medicine – Foundation of Medical Science

Dr. Shagufta Feroz is Director of RIPHAH Institute of Lifestyle Medicine and Founder Synchronized lifestyle Modification Program. Main objective of her lecture was importance of knowing the basics of lifestyle medicine, six pillars of lifestyle medicine and role of lm in prevention of NCDs. Some highlights of her speech are as following.

1. Lifestyle Medicine is the use of evidence-based lifestyle therapeutic approaches, such as a whole-food, plant-predominant foods, regular physical activity, adequate sleep, stress management, avoiding use of risky substances and better social connections, to prevent, treat, and reverse a chronic disease. Validated as highly effective, addresses the root-cause of disease with better outcomes and lower cost ... value-based care, engaging / affordable / patient-centered
2. Life style medicine have some Unique futures such as
 - a) based on behavior change theories
 - b) focuses on physician's self-care besides focusing on whole health approach for pat.
 - c) trains a doctor to play a role of coach by being compassionate and empathetic

3. In order to prevent or reverse non- communicable diseases behavior change is mandatory such as change in life style, reduce consumption of ultra-processed foods, physical active, no smoking etc.
4. Six pillars of lifestyle medicine are:
 - a) predominantly plant based food with dietary discipline
 - b) physical activity
 - c) sleep
 - d) stress management on principles of positive psychology
 - e) avoidance of substance abuse, smoking, alcohol etc.
 - f) social connections.
5. Lifestyle medicine work best if proper dietary plan is followed such as follow correct meal timings consume few natural foods, correct food combinations, quantity of food and correct water intake.

SESSION 01; SPEAKER 2:

DR. KAMRAN SIDDIQUI

Topic: Tobacco & NCD's

Our honorable guest Dr. Kamran Siddiqui joined the conference virtually. He is a Professor in Global Public Health, Department of Health services, University Of York. He stated that 90% of heart diseases are caused by tobacco use and other fatal NCDs. Main points of his speech ware as follows:

1. If smokers continue to smoke after the age of 30 he would have lost 6 precious hour of his life and 3 months of life and very vital **10 years** of life.
2. In Pakistan tobacco using figure is very alarming which is:
 - a) **Men 26%**
 - b) **Women 5%**
 - c) **Boys 11%**
 - d) **Girls 7%**
3. Tobacco-related disease and economic burden in PAKISTAN are as Deaths per year 160,000 and secondly economic loss Rs. 615 billion lost per year to tobacco-related diseases while on the other side government of Pakistan is collecting Rs.120 billion total from tobacco industry as revenue.
4. To help those who are addicted to tobacco in STOPPING its use and government should protect uptake of tobacco use and non-smokers from second-hand smoke.
5. Patients with NCDs have: Higher smoking prevalence than gen. population Worse outcomes if continue smoking Better response to smoking cessation treatment than gen. population Improved mortality and morbidity if quit (even better than some other treatments) Effective treatments are available.
6. Due to Heavy interference from tobacco industry Pakistan score 66 tobacco industry interference index. WHO benchmark excise tax to be 70% of the retail price while in Pakistan levy's 36% excise tax of the retail price.

7. 40% of all pregnant women in Pakistan are exposed to second-hand smoke causing 17,000 still births in a year despite smoking bans. Similarly Despite a ban on sale of loose cigarettes and a minimum price for a cigarette pack, 30% cigarette consumers, bought loose cigarettes and 14% paid less than the minimum retail price.
8. The Government should require the tobacco industry to submit information on contents of tobacco products, marketing expenditures and lobbying activities. A code of conduct for all civil servants for interaction with the industry should be implemented.
9. Tobacco taxes should be increased at least to meet the WHO's threshold of 70% of the retail price or the level required to cover the costs tobacco makes the country incur.

SESSION 1; SPEAKER 3:

PROF. DR SHAHZAD ALI KHAN

Topic: Lifestyle and Metabolic Disorder in Pakistan

Prof. Dr. Shahzad Ali Khan is the Dean of Health Services Academy, Pakistan. He discussed how unhealthy lifestyle is becoming a risk factor for NCDs in Pakistan. He stated that Pakistan is becoming the hub of NCDs. Following were his main points during the speech:

1. Six of eight top determinants of mortality are related to:
how we eat, drink and move/not move.
2. Life style related risk factors in Pakistan due to modernism and lazy culture of using vehicles and physically in active.
3. **48%** men and **8%** women: smoke and **65%** of urban and **79%** rural population take less than one serving of fruit a day.
4. **90%** of Pakistan's population consumes less than two servings of vegetables/day. In leisure domain, **90%** population is: Inactive.
5. **28.4%** urban, **23.3%** rural population: Overweight and **20%** population 15-40Yrs have Hypercholesterolemia.
6. 25% over 18 years Age have high blood pressure. About **10-13%** population has Diabetes
7. Third largest maternal death in the world

SESSION 01; SPEAKER 03:

DR ALICJA BASKA, MD POLISH SOCIETY OF LIFESTYLE MEDICINE

Topic: Role of lifestyle modification in reversal of non-communicable diseases.

Dr. Alicja Baska is the MD Executive Director and Co-founder of the Polish Society of Lifestyle Medicine. She joined the conference virtually. She presented Role of Lifestyle Modification. Major highlights of her speech were as following:

1. Lifestyle Medicine-the application of environmental, behavioral, medical and motivational principles to the management (including self-care and self-management) of lifestyle-related health problems in a clinical and/or public health setting".
2. 70% of all deaths globally are caused by lifestyle related diseases.
3. With healthy lifestyle, you 12-14 yrs longer life, 93%diabetes prevention, 81%heart attacks and 36% heart attacks cancer.

4. Healthy lifestyle consists of healthy diet, regular physical activity normal body weight, moderate alcohol consumption, non-smoking status.
5. Metaflammation or low-grade, systemic inflammation, underlies most, if not all, modern chronic diseases, and is manifest probably through a vicious cycle of cardiometabolic abnormalities including insulin resistance, disturbed blood fats, and high blood pressure.”
6. Lifestyle medicine in prevention of T2D; Reduction in the Incidence of Type 2 Diabetes with Lifestyle Intervention or Metformin Diabetes Prevention Program Research Group.
7. Research now reveals that sufficiently intensive lifestyle interventions can produce remission of T2D with similar success to bariatric surgery, but with substantially fewer untoward side effects.
8. "**Metformin**" reduces peripheral insulin resistance, but this does not remove the underlying toxic etiology of excess caloric intake.

SESSION 01; SPEAKER 04:

DR. TAHIRA SADIQ

Topic: The Matrix of a Healthy Lifestyle

Dr. Tahira imparted knowledge on matrix of a healthy life style. She was present virtually in the conference. Few highlights of her presentation are as follows:

- Chronic risk factors are common to many conditions. These include metabolic risk factors, behavioral risk factors and social risk factors
- To have a healthy life style, one should abstain from alcohol, stress and focus on nutrition, exercise and sleep.
- Healthy eating habits: Limit animal products, stay hydrated, mindful eating, fill up on fiber rich plant foods, eat until satisfied v/s full, keep portions in check, create a healthy food environment, balance meals throughout the day.
- Exercise is medicine.
- Sleep is not passive, it requires a proactive routine
- Stress & Resilience
- The power of Connection – people need people to provide emotional support and beneficial relationships.
- Be positive about changing your life style, a positive attitude takes focused effort.

SESSION 01, CHAIRPERSON ADDRESS:

DR. HASSAN MUHAMMAD KHAN, Chancellor RIPHAAH International University, RWP

Mr. Hassan Muhammad Khan is the Chancellor of RIPHAAH International University. He thanked the audience and expressed to be privileged to have become a part of the conference. He mentioned the names of all the dynamic practitioners and expressed his gratitude to have been sitting among them in the conference. He stated that the situation of NCD prevalence presented during the conference were astonishing. The impact of lifestyle choices on health care were presented in an astounding way. He informed the audience that RIPHAAH installed the lifestyle

medicine around 2 years ago reason being that NCDS cannot be cured by primary/tertiary/secondary care and health promotion requires deep study and a lot of hard work. He further shared that they have established a lifestyle medicine clinic in a hospital and RIPHAH University conducted a 3 month certificate course on lifestyle medicine and the senior faculty members have also done that course.

He requested all the participants to explore this field as a specialty. Discussing about lifestyle medicine, he told that it had been established in 2016 with an aim to create impact and acceptability. He mentioned that there isn't any medicine that can cure Type-2 diabetes in 1 year. No medicine can cure hypertension. All the medicines provided to the patients are just to keep the disease in control. He stated that the only way to cure NCDs is lifestyle medicine. He shared that there are hardly any courses available health promotion in the medical degrees and this is not only in Pakistan but other countries as well. He concluded his speech with thanks to PANAH and the organizers and appreciated the efforts of PANAH for the last 36 years.

SESSION 02 - FREE PAPER SESSION

Chairperson: **Maj. Gen. [R] Masud Ur Rehman Kiyani, HI(M), SI, T.Bt, President PANAH**

Co-chairperson: **Dr. Abdul Qayyum Awan, Medical Specialist, Senior VP PANAH.**

Moderator: **Mr. Sana Ullah Ghumman, general Secretary PANAH**

We received a lot of research proposals. The Scientific committee specifically selected these **10** presenters to present their researches during the conference. The abstracts of the presentations are available in the form of conference abstract book attached as an annexure with this report.

CLOSING CEREMONY:

Chief Guest: **Mr. Shahzad Ali Khan, Vice Chancellor Pakistan Health Services Academy, ISB**

Moderator: **Mr. Sana Ullah Ghumman, General Secretary PANAH**

SUMMARY OF THE CONFERENCE BY DR. WAJID ALI:

Dr. Wajid Ali started his speech by thanking the honorable chief guests and valuable speakers. He apologized to all those clinicians, health professionals and researchers who could not participate in the conference due to time constraints. He stated that the purpose of the conference was to reduce the gap between important stakeholders. Stakeholders includes those people who think, evaluate and ponder on available data prioritizing them to help formulate a policy i.e. the government. He mentioned of planning commission of Pakistan and other institutes like ministries who make policies. It is necessary to include inputs from the people who are involved in executing these policies i.e. the people in the health care delivery system.

He stated that the 2-day conference was arranged to bridge the gap between these stakeholders so that the topics discussed such as cardiovascular, pulmonary vascular and the metabolic health of

this nation have been put across with certain parameters for the policy makers to deliberate upon. He told that PANAHA has formulated a set of recommendations for the policy makers to consider. Discussing about the efforts of PANAHA, he mentioned of the PANAHA's engagement with the president of Pakistan Mr. Arif Alvi who is passionate about NCDs and PANAHA could be the extension arm of the president's initiative on NCDs.

He further stated that the president has asked PANAHA to create a platform from where preventive actions on NCDs could be started. A president's preventive health initiative was conceived and a concept paper was presented to the president and ministry of health. He told that a committee was formed to evaluate that but due to Covid-19 crisis, the process was halted. He stated that the conference has given an impetus to restart the process. He stated that we need to form a coalition for NCDs and this pandemic has helped forming a multi sectorial coalition which could oversee the whole process. He said PANAHA does not want to take credit for efforts on prevention against NCDs, in fact it should be under ministries.

He thanked Dr. Samra Mazhar for her efforts on health levy and assured the support of all organizations in the struggle. He requested her to communicate the message of the conference to initiate the coalition for restarting the process and concluded his speech by thanking the audience.

DR. SAMRA MAZHAR

Deputy Director(Programs-II),Director of NCDs, Ministry of National Health Services, Regulation & Coordination

Topic:“Recommendations and Way forward”

Dr. Samra Mazhar Deputy Director (programs II) director of NCDs, Ministry of National Health Services, Regulation & Coordination joined the conference in person. She discussed recommendations and way forward for addressing to the crisis of NCDs in Pakistan. Major highlights of her speech are as follows:

Strategic Area 1: Governance:

- a) Advocacy to raise political commitment towards Non-Communicable Diseases
- b) Resource mobilization/ allocation of budget for prevention and control strategies
- c) More public awareness campaigns on harmful effects of NCDs and their risk factors
- d) Strengthening health service delivery at health facilities especially at PHC level for control of earlier stages of NCDs

Strategic Area 2: Prevention and reduction of risk factors

- a) Use of healthy diet
- b) Reduce tobacco use/harmful use of Alcohol
- c) Encourage Physical Activity
- d) Increase tax on Sugar Sweetened Beverages

Strategic Area 3: Promoting Mental Health services

- a) Provision of Mental health services via telemedicine & help lines
- b) Develop mechanism to continuously provide MH services during health emergencies
- c) Advocacy through electronic/print/social media to reduce stigma for seeking care

Strategic Area 4: NCD determinants & multi-sectorial coordination

- a) Reduce air pollution:
- b) Improve Food Regulations: Regulate marketing of ultra-processed foods and SSBs, healthy food policies, and introduce front of packing warning signs for high sugar, salt and fats.

Strategic Area 5: Surveillance, M&E and Research

- a) Maintain disease registries to monitor premature NCD deaths to strengthen surveillance system
- b) Strengthen digitalized CRVS and ensure its linkages with provincial and national dashboard
- c) Strengthen collaboration/partnership between national, and international research centers
- d) Participate regularly in mental health ATLAS, Dementia observatory, Suicide surveillance system

ADDRESS BY THE PRESIDENT:

MAJ. GEN. MASUD UR REHMAN KIANI HI (M); SI; T.BT, PRESIDENT PANAHAH

Maj. Gen. Masud Kiani started his speech by thanking all the valued guests, speakers, clinicians and audience. He stated that he was pleased on the conduction of a very successful conference as the organizers were able to achieve a lot of things in a very short time. He praised the strategy of PANAH's team for NCD prevention as this conference has helped gaining support of eminent stakeholders and partners in its struggle.

He thanked RIPHAH University, Pakistan Science foundation, Health Services academy, Global Health Advocacy Incubators and other partners for their cooperation in conducting the conference and looked forward to further strengthening relations with them to pursue the aims and goals mentioned in the conference. He concluded his speech by thanking the organizers and participants.

ADDRESS BY THE CHIEF GUEST:

PROF. DR SHAHZAD ALI KHAN, VICE CHANCELLOR, HEALTH SERVICES ACADEMY ISLAMABAD.

Dr. Shahzad started his speech by thanking the audience. He told that we need to move towards integration in health system. There are a lot of disadvantages of disintegrating medical specialties into medical super specialties. It becomes hard for the patient to decide which medical practitioner to go to. We show a lot of departments for health but when it comes to NCDs, he shared preparing a document in 2002 which hasn't been implemented yet because health is not being taken care of other than in a hospital. He further shared that people are more interested in cherry picking; they do not want to work hard that is why we are facing a downstream intervention. Making a lot of departments on health will not help as it will divide the responsibility and very few people now days are ready to take up their responsibility with full diligence.

He further stated that when everyone is responsible for health then no one will be taking their responsibility committedly. Health in any form is the responsibility of a health professional and it includes physical and social wellbeing. He told that a combined effort of health professionals is missing. The healthy public policies are becoming hard to design because they are dependent on so many aspects of health. Every sector of health such as nutrition, environment etc. has to contribute in order to devise a policy. The concept of health policy has vanished from the world. A leader is required on health policies. He stated that Pakistan needs healthy public policy/ health-in-all policy and that he would work with Dr. Samra on devising a document and seek approval from relevant stakeholders because only health sector should be talking on health issues and these should be centralized decision making.

He added that communications is a special skill and health professionals lack in it therefore it would be appropriate if an expert in communication is made to communicate information during policy devising at state level because in case of NCDs, Communication is the key. He further added that the transition of NCOC in health is a golden chance as it will be led by health ministry. The department of health is actually a department of diseases and it lacks promotion of physical, mental and social wellbeing. He concluded the speech by sharing that one must evaluate the results as last 2 days of the conference had enlightened him with a great set of knowledge by listening to what the other speakers had shared. He said he will be working on health journalism and health diplomacy and requested all the speakers to join him and contribute. He thanked all the speakers and participants and congratulated PANAHA for a successful conference.

ATTENDANCE:

Approximately 200 hundred people participated in person and a large number of people attended online. It was also live streamed on radio and Face book page. Conference was addressed by more than 10 international speakers from different renowned Universities across the world.

Total Participants				
Day	In-person	Virtual/Through Zoom	Facebook	Total
Day: 1	100	400	1710	2210
Day: 2	100	360	1490	1950
Grand Total				4160

KEY RECOMMENDATIONS:

CARDIOVASCULAR:

1. Heart failure evaluation should be mandatory in all Diabetics of more than 5 years duration.
2. Echocardiograms must include evaluation for both diastolic and systolic failure. (Mandatory in diabetics). To be declared as minimum standard of care.
3. Blood Pressure evaluation once a year for individual 18 years and above as primary prevention.
4. PANAHA strongly recommends establishing the proposed NEPCARD adjacent to AFIC at the allocated site at the earliest. This shall start the process of indigenous research and evaluation of local population's cardiovascular and metabolic health state and pathologies. Data thus generated shall be the real source for devising strategies for preventive as well as curative interventions.

TOBACCO CONTROL:

1. Recommend excise duty to be increased to more than 70%.
2. Single tier taxation for all brands.
3. Plain packaging of Cigarette Pack.
4. Package must show
 - a. Nicotine content per stick
 - b. Tar content per stick
 - c. Added substances
5. Smokeless and other forms of tobacco use must be under unified laws for tobacco use.
6. All policies and revenue decision making should be in consultations with relevant health and social sector institutions and organizations.
7. As mandated by WHO there should be a ban on public servants from all ministries to interact with the members of the industry especially those concerned with revenue policies, regulations and enforcement.

METABESITY/DIABESITY:

2. Government should develop a comprehensive school food policy to remove junk foods and sugary drinks from school. The policy should ensure availability of healthy and nutritious food at school level.
 3. Sugar Sweetened Beverages are the major dietary risk factor for obesity and related diseases. Federal Excise duty on SSBs should be increased to minimum of 20 % to discourage its consumption. Government should emergency measures to reduce consumption of SSBs.
 4. The marketing of ultra-processed foods and SSBs should regulated. Government should introduced regulations to prohibit child directed marketing of ultra-processed foods and SSBs.
 5. Front of Packing warning signs should be introduced and enforced for foods and drinks which are high in sugar, salt and fats.
 6. Government should bring the legislation to reduce the consumption of tras fats, salt and sugar.
-
1. Child and adolescent health and fitness standards to be formulated as per WHO standards and annual school and college evaluation systems to be instituted.
 2. School children must undergo 60 minutes physical activity every day.
 3. National Exercise Day Yearly
 4. Every pre-prepared food must indicate on the package :
TOTAL CALORIES
 - a. Carbohydrate Calories
 - b. Lipid Calories
 - c. Protein Calories
 - d. Declare all additives including salts with exact quantities.
 5. Fast food deals marketing practices must be discouraged.
 6. Home delivery food orders on phone or other virtual means should be only by individuals 18 years and above to reduce unsupervised use of these products.

GENERAL RECOMMENDATIONS:

1. As per WHO recommendations, PANAHA suggests creation of Multi sectorial coalition for control of NCDs under Ministry of health sponsored by PSF to pursue the goals of NATIONAL ACTION PLAN for NCDs.
2. Create a joint advocacy platform involving all stake holders' for effective shared advocacy communications / connectivity.
3. Ban on industrial TRANSFATS by legislation / Regulation.
4. School / college advocacy and health education programs.
5. Increase duties to maximum on imported and local manufactured ultra-processed foods.
6. Expedite approval of Health levy on Tobacco and Sugar Sweetened Beverages
7. Tax rates based on sugar & fat content rather than volume/weight.

8. Community physical activity areas, sports complexes/grounds and gymnasias availability should be declared mandatory in housing complexes /societies/townships for all housing plans before approval.
9. Active preventive health departments and nutritional advisory centres should be established in large health care institutions. Lack of these facilities should be grounds for non-qualification for full practice licenses.
10. Preventive Health & Lifestyle Medicines should be included in syllabus / exams in medical education.
11. Diabetes prevention and control program should be started at the National Level.
12. Multi dishes service should be discouraged in the country.
13. CPR Awareness & Training should be given in primary education.

OUTCOMES OF CONFERENCE:

1. The latest evidence, research and knowledge around non communicable diseases was discussed and disseminated among the participants.
2. An alumni of conference participants and speakers is developed for continuous sharing of knowledge, related research and policy recommendation.
3. Evidence based recommendations for prevention and control of NCDs were formulated and shared with the policy makers.
4. The conference abstract book was published & disseminated.
5. Many health professionals, clinicians, researchers were able to attend the session virtually.
6. An online library for sharing resources and publication on NCDs was developed and functional.
7. There was a sense of realization among the participants and policy makers that NCDs are causing a lot of harm to the economic development.
8. The policy makers assured to stand and support in the noble cause.

PICTURE GALLERY:



