



# N2N Health Partnership

(North of UK to North of Pakistan Health Partnership)



**Pakistan Visit: 5<sup>th</sup> – 12<sup>th</sup> October 2018**

## **Summary Report**

**Visit Team:** Mahmood Adil, Andrew Furber Paul Johnstone, Abdul Razaq  
**Support Team:** Sabir Hussain, Azariah Jenny

December 2018

## **N2N Health Partnership - Background**

The North to North Health Partnership (N2N) is an outcome of the informal support and links established following the devastating earthquake that hit Northern Pakistan in October 2005. There were a large number of Pakistani diaspora healthcare professionals who lived in Northern England and were keen to help meeting the healthcare needs of the Northern Provinces of Pakistan, at that time. Therefore, the trustees felt the need of a charity to develop long term health partnership for mutual benefits of both countries. As a result, the Partnership was granted charitable status in April 2008 (charity number 1123805).

It aims to strengthen healthcare system through the development of strategic health links between the two countries. Our work focus on all domains of public health for improving and protecting population health in the UK and Pakistan (For details, please visit <http://www.north2north.org.uk/>). The charity has made a number of achievements over the years. For example; In 2009 we ran an exchange programme for the Lady Reading Hospital emergency services (Peshawar) and UK, funded by the Commonwealth Secretariat. Similarly, in 2010 we supported a visit lecture/ training week for Pakistan's biggest NGO, the Lady Health Worker Training Programme. We would like to explore with colleagues and funders the feasibility to establishing another exchange programme and visits programme.

Now, we are supported by the NHS and Public Health agencies, national professionals and health related organisations across the UK and have developed close working relationships with similar organisations in Pakistan, over the years.

The trustees have made four visits over the last 10 years to build effective partnerships and deliver on some of the commitments made with the relevant organisations in Pakistan. Last of the two visits were done in Feb 2014 and October 2018.

This is a summary report of our recent visit done in October 2018

### **Pakistan (Lahore) Visit: 5<sup>th</sup> – 12<sup>th</sup> October 2018**

#### **Visit Team:**

- Professor Mahmood Adil  
*Medical Director (Public Health & Intelligence) NHS National Services Scotland & Trustee/Chair N2N Health Partnership*
- Dr Andrew Furber  
*Public Health England Centre Director (Yorkshire & Humber) & Trustee N2N Health Partnership*
- Professor Paul Johnstone  
*Regional Director of Public Health (North of England), Public Health England & Trustee/Co-chair N2N Health Partnership*
- Mr Abdul Razaq  
*Former Director of Public Health & Protection, Suffolk County Council & Trustee N2N Health Partnership*

#### **Support Team:**

- Sabir Hussain  
*Finance Manager & Trustee N2N Health Partnership*
- Azariah Jenny  
*Co-ordinator & Communication lead, N2N Health Partnership*

This was a professional visit by four senior public health and medical professionals on behalf of North2North Health Partnership. The overall purpose of this visit was to foster further links and build on the successes achieved in all domains of public health (health care, protection and promotion) by the charity in the recent past.

Meetings and visits were conducted over 7 days with three specific objectives:

### **Visit Objectives**

- *Public health capacity building/education & training*: To identify opportunities with key academic and research institutes to build capacity and effective healthcare professional workforce
- *Strengthening health system*: To understand and explore ways to strengthening current healthcare quality, management and public health (including health protection) in the Pakistan health system
- *Innovating healthcare delivery*: To explore the primary and secondary care interface in the governmental, private and NGO sectors.

On this first objective, our intention is to share our findings with as many interested colleagues across the UK and Pakistan to support their own ideas and plans in developing links between the two countries.

We have summarised our findings below covering four headings; (i) who we visited, (ii) the context of the organisation and why we visited them and (iii) areas of need and potential for collaboration (iv) lessons learnt for UK. Further background information is available via the web contacts given below.

### **Day 1. Saturday 6<sup>th</sup> October**

On the first evening, we were invited to attend the national 52<sup>nd</sup> Convocation of the College of Physicians and Surgeons of Pakistan (CPSP) (for 559 new fellows and 83 new members in all specialities including community medicine). This was an excellent opportunity to meet and network with the key national medical leadership including the President (Prof Zafar Ullah Chaudhary).

### **Day 2. Sunday 4<sup>th</sup> October 2018**

#### **Dr Faiza Khan, Dr Naveed Syed project team PHE Pakistan (Islamabad)**

This was an informal skype call with the PHE team in Islamabad. PHE works in partnership with the Federal Govt of Pakistan and provincial government health departments and public health agencies to support the development of Infectious Disease Surveillance and Response (IDSR) systems. This will assist Pakistan in meeting WHO International Health Regulations. The programme includes capacity building via workshops, training and table top exercises on outbreak control. After an initial feasibility phase the programme is now funded until 2021. PHE works at Federal level with the National Institute for Health (NIH) and KP Province in this first phase and extending to other provinces.

#### **Areas of need for collaboration**

- Our visit provides an informal opportunity to develop stronger ties with the medical and public health leadership Punjab Province using N2N trustees networks.

### **Day 3: Monday 5<sup>th</sup> October 2018**

#### **King Edward Medical University - Vice Chancellor Khalid Masood Gondal and team**

King Edward is the oldest medical college in sub-continent (established 1860 and was elevated to the King Edward Medical University (KEMU), Lahore in 2006). The university has a strong vision for expansion including public health with a new Faculty of Public Health and Prevention. New areas of research include data science, value-based healthcare, AMR and health economics and publishes a respected journal (Annals). Widely networked internationally with 20 countries including Liverpool, Imperial and Canada/North America in particular North American Alumni which visits every December to support their curricula with lectures.

#### **Areas of need for collaboration**

- Advice to improve research infrastructure and curriculum development
  - Enhanced ORIC & Research Registration System (based on Scottish model)
  - Community oriented Medical Education – curriculum and training
- Teaching and sharing modern public health concepts
  - Support the new PH Faculty with yearly lecture or visits Partner with North American Alumni (KEMCANA) and UK FPH Special Interest Group (SIG) to run public health workshop in December every year
- Publications & peer reviewers for KEMU Annals (published quarterly).

#### **Lesson learnt for UK**

- The university is playing pivotal role in environmental public health by asking each and every student as well as alumni to plant a tree in Lahore.

### **Day 4: Tuesday 6<sup>th</sup> October 2018**

#### **University of Health Sciences - Vice Chancellor Prof. Javed Akram, Dr Shakila Zaman & team**

University of Health Sciences is the organisation which oversee all the public and private medical colleges in Punjab (except those which has university status). It also runs admission tests for institutions across the Punjab and provides courses on a range of health-related subjects – although there is no hospital affiliated with this university currently.

The N2N team participated in a seminar focussing on the use of health data in improving population health outcomes. Dr Muhammad Tariq (USAID Global Health Supply Chain Program) also spoke on supply chain management in healthcare settings.

### **Areas of need for collaboration**

- Curriculum development – UHS are looking to expand their offer and would welcome support in developing curricula (in particular on Health Intelligence), potentially leading to joint accreditation with a UK institution.
- Research and publications – various concepts discussed and agreed that UHS would draft a paper for N2N to consider the most appropriate way of providing support.
- Service/capacity – concerns expressed about the effective delivery of healthcare (in primary and secondary care) and whether there was merit in a comparative analysis of health systems in Pakistan and the UK to learn lessons.

### **Lessons learnt for UK**

- Supply chain management (e.g. national vaccination programme) being introduced to improve programme delivery, governance and public health outcomes – may be lessons for the UK about how management approaches can improve public health outcomes.

## **Day 5: Wednesday 7<sup>th</sup> October 2018**

### **Fatima Jinnah Medical University - Vice Chancellor Amar Zaman Khan, Dr Zahid Kamal & team**

FJMU is one of Pakistan's premier ladies' medical colleges (established 1948) and is affiliated with two large teaching hospitals- Ganga Ram and Shahadara with over 1100 beds. It has a vibrant and innovative teaching culture, publishes a successful journal and has a very active alumni (Association of Fatima Jinnah Old Graduate – AFJOG). Prof Amar Zaman heads an enthusiastic top team and amongst many areas they want to develop their nurse training. Dr Rameeza Kaleem Heads the Dept of Preventative Medicine and introduced their programme including a vaccination centre, outreach programme, nutrition screening. The department has ambitions to expand in preventative medicine post graduate training.

A MOU was signed between the FJMU and NHS Scotland to build their capacity and capability through education and training initiatives – an example of collaboration between the two countries.

### **Areas of need for collaboration**

- Explore supporting research and the FJMU journal.
- Explore supporting nursing training, especially public health roles.

### **Lessons learnt for UK**

- An excellent model of community-based learning for undergraduate medical students
- How to build a successful alumnus of graduates who make regular contributions to local health delivery & passing on their experience to new graduates in a systematic manner.

## **Day 5: Wednesday 7<sup>th</sup> October 2018**

### **Shaukat Khanum Memorial Cancer Hospital – Dr Farhana Badar, Naila Khan, Dr Asif Loya & Cancer Registry team**

Shaukat Khanum Memorial Cancer Hospital is the leading cancer hospital in the Punjab with standards which would be comparable internationally in many regards. The institution has been used as a case study for its funding model. PKR 11 billion annual budget comes half from earned income and half from donations. Most (75%) care provided free and part of the remaining 25% is subsidised.

Prevention efforts have focussed on breast cancer awareness and tobacco control. This includes campaigns and policy (e.g. smokefree site).

The institution also manages a unique cancer registry which has expanded over the years but relies on reported data (and is therefore incomplete) and doesn't include data on treatment and outcomes.

#### **Areas of need for collaboration**

- Service/capacity – potential to share international best practice on cancer registration with a view to improve quality assurance and scaling up the model to capture data from all 36 districts.
- Service/capacity – potential to support prevention campaigns through linking with UK expertise e.g. CR UK, Public Health England, NHS Scotland.

#### **Lessons learnt for UK**

- The use of 'Bollywood' film stars to promote cancer awareness and prevention messages may have some value in UK communities with high proportion of South Asian heritage residents.

## **Day 6: Thursday 8<sup>th</sup> October 2018**

### **Institute of Public Health (IPH)– Professor Tajamal Mustafa and team.**

The Punjab IPH was established in 1949 and provides post-graduate training with over 150 MSc and PhDs students yearly (approximately half funded privately). It has 5 departments; health promotion/ education; epidemiology; public health practice; health service management; environmental health and occupational health. It also has a number of associated roles including; research; public health advice to providers; public health laboratories services; field epidemiology services, reviews of policy (eg air quality, IDSR; polio; and govt sanitation policy); and development of guidelines (Dengue, health insurance, floods, safe water).

This was an opportunity for us to hear about the significant challenges facing the public health system in Punjab including; the lack of capacity in local districts (most have no local PH function); limited practical experience for post grad training, and workforce planning and duplication of functions with other government organisations.

#### **Areas of need for collaboration**

- Capacity building – particularly opportunities for exchanges to the UK system (leading lights).
- Capacity building- support for on-line training.
- Sponsoring research.

**Day 7: Friday 9<sup>th</sup> October 2018**

### **Academy of Family Physicians Pakistan – President, Dr Tariq Mahmood Mian**

The academy is one of the key organisations to develop family practice (GP services) in Pakistan. The president came to meet with Mahmood Adil with an aim to learn from the UK primary care system and develop collaborative partnerships accordingly. It is a pity that a country of 220 million people do not have an effective GP services – and as a result all sorts of patients end up in hospital outpatients and A & E department for the ailments that could easily be managed by family physicians. It also means that the health system is missing a big opportunity to promote preventive health – which is usually done by GPs in the UK setting.

#### **Areas of need for collaboration**

- Developing and piloting a model of GP referral system in Lahore
- Public health education and training for family physicians

### **Summary**

We are very grateful for the kind hospitality given to us by all the universities and public health organisations we engaged during the visit. The visit provided us with a great opportunity to understand and explore the health and healthcare needs through first-hand dialogue with key national and provincial key opinion leaders among public health and medical community in Lahore. Our discussions highlighted the need to focus on the following areas of collaboration, in line with our visit objectives;

- To support curricula development for new and existing post graduate courses in public health through a yearly visit.
- To support capacity building by establishing an exchange programme (fellowships / leading lights) which aims to support learning in both directions for new staff and post graduates.
- To explore with UK universities public health academics opportunities for collaboration in supporting and sponsoring research and publications
- To strengthen healthcare delivery system (e.g. GP referrals) and quality improvement through modernising the secondary and tertiary hospitals management approaches
- To raise the importance of health data and applied intelligence and develop relevant pilot projects with key organisations in Punjab

This visit has further helped to raise the profile of our UK health organisations (e.g. Public Health England, NHS Scotland, FPH) and build on many current health initiatives being led by those organisations in Pakistan.

In the next few months, we would like to explore the ideas and feasibility of areas of collaborations with public health and healthcare organisations/colleagues in the UK. As a result, we hope to develop a pragmatic N2N action plan to support the relevant organisations and their leadership in Lahore/Punjab and to set an example of best practice of systematic health sector collaborations between the two countries, for years to come.