



## **NORTH TO NORTH HEALTH PARTNERSHIP**

### **Formal launch and conference on global health**

**20 October 2008, Leeds**

### **Introduction**

The North to North Health Partnership (N2N) was launched formally at an event at Leeds Town Hall on 20 October 2008. The launch was attended by over 80 delegates from a range of organisations. N2N was delighted to welcome a number of distinguished guests, including its patron, Lord Crisp; Professor Alan Maryon Davis, President of the Faculty of Public Health; Tony Redmond, Professor of International Emergency Medicine, University of Manchester; and Dr Nick Banatvala, Head of Global Affairs at the Department of Health.

Details of the keynote presentations are available via the links in this document.

The event was opened by Professor **Paul Johnstone**, Regional Director of Public Health for Yorkshire and the Humber and Chair of the Board of Trustees of N2N. Paul explained the key objectives of the session:

- To formally launch the North to North Health Partnership (N2N)
- To raise the profile of international health links using N2N as an example
- To contribute to implementing the recommendations of the Department of Health global health strategy

[Click here to see Professor Johnstone's presentation](#)

### **International health links**

**Professor Alan Maryon Davis** outlined his views on building public health capacity in developing countries, looking at the history, challenges, and work being undertaken under the auspices of the FPH.

[Click here to see Professor Maryon Davis' presentation](#)

**Lord Crisp** congratulated N2N on its achievements to date. He commented on what N2N is – focused on needs and for mutual benefit - and what it means – globalisation and a realisation that we are all part of a huge global movement. Lord Crisp then went on to outline some of the principles of partnership:

- The need for low/middle income/developing countries to lead so that the partnership reflects their needs
- The need to be developmental, with real gain from a long-term sustained partnership
- The need for mutual benefit and respect
- Being focused and measured
- Being sustainable

Lord Crisp's own report, *Global Health Partnerships*, had initiated a number of developments including the establishment of the International Health Links Centre.

Developing countries needed more trained health workers. WHO estimated the current shortfall at 4.3 million world-wide. The shortfall was not a result of "poaching" from other countries. Although the NHS had benefited greatly from staff from overseas, even if they returned to their home countries the shortages would remain. The key issue was that developing countries were not training enough staff.

Lord Crisp referred to the report of the task force for scaling up education and training for health workers - *Scaling up, Saving lives* - published in May 2008 and available via the Global Health Workforce Alliance website. This covered the lessons learned in low and middle income countries on education and training of health workers. As an illustration of the impact that can be made by countries like the UK helping to increase the number of health workers, Lord Crisp pointed out that training one midwife would save 219 lives. The G8 group of countries had agreed to support the process. This might include sending staff from the UK to train colleagues overseas or to provide distance learning

In conclusion, Lord Crisp reiterated that:

- We are all part of the global movement and a lot of work was happening internationally
- It is about mutual benefit, not just charity and, if we get it right, we all benefit
- We are at the beginning and still learning, particularly about coordination and funding.

**Tony Redmond's** address covered emergency planning and disaster preparedness, focusing on emergencies in general, earthquakes in particular, and proposals for the future.

[Click here to see Professor Redmond's presentation](#)

#### Q&A

Several questions were taken from the audience.

Clarification was sought on Alan Maryon Davis' reference to moving from a needs based to an asset based approach in building public health capacity. Alan explained that the assumption was that most work to date had been around assessing needs. The requirement now was to look at the information already available, audit what was available in the host country and here, identify any gaps, and decide how to address them.

Lord Crisp responded to a question on capacity building by referring to the work needed on retention and codes of conduct on migration. As a global employer, the UK had a

responsibility for training that was much wider than this country. If we are going to try to solve these issues, we must be focused and clear about what we want to achieve.

Tony Redmond agreed that there was a need for more global regulation to prevent inappropriate responses and wasting of resources. However, this is difficult to achieve and it is probably better therefore to continue to raise awareness of what is required. It was important to recognise that the same principles must apply wherever medicine is practiced. Humanitarian aid was more difficult to manage but people could still be nudged in the right direction.

### **North to North Health Partnership**

Dr **Andrew Furber**, Director of Public Health for North Lincolnshire PCT and a Trustee of N2N, opened this part of the session by welcoming four colleagues from the Lady Reading Hospital in Peshawar who were spending 3 months in the UK as part of the Professional Fellowships scheme funded by the Commonwealth Commission. Andrew also introduced Mr Saif ur Rehman Khan, Acting Consul General for the Pakistan Consulate in Manchester.

Andrew referred again to the mutuality of international links, giving an example of how N2N had helped him in issues in his “day job”.

Paul Johnstone and **Mahmood Adil**, Medical Director, Care Quality Commission Establishment Team and Trustee of N2N, presented the background to the partnership, its achievements to date and plans for the future.

[Click here to see the N2N presentation](#)

The emergency situation in Pakistan meant that neither the Minister for Health nor Secretary of Health were able to attend the launch in spite of their best intent. However, N2N was delighted that **Saif ur Rehman Khan** (Acting Consul General for the Pakistan Consulate in Manchester) was able to say a few words on their behalf. He saw N2N as a good example of what the *Health is Global strategy* aimed to achieve and appreciated the work that Paul, Mahmood and the N2N team had put into the project. Saif was also appreciated of the arrangements made for the visit of the four Commonwealth Fellows and saw this as a positive outcome of the Partnership. The Government of Pakistan and NWFP would play their part in maintaining the momentum of N2N and help its development. Saif was happy to help arrange visits to the area. He referred also to the fact that hospitals in NWFP treated many patients from neighbouring Afghanistan and would welcome increased training for staff.

### **Workshops**

**Caron Walker**, Specialty Registrar in Public Health, NHS North East, who had been attached to N2N for the last nine months, introduced this session.

Short presentations were given on:

**The Smokefree Homes Demonstration Project** - Leeds PCT's work with the Institute of Public Health in Lahore – led by Dr **Kamran Siddiqi**, Clinical Senior Lecturer at the Nuffield Centre for International Health and Development and Consultant in Public Health at Leeds PCT, together with his colleagues **Heather Thomson** and **Nisreen Alwan**

[Click here to see the presentation from Leeds PCT](#)

**Health is global: The New UK Government Strategy 2008-2013** – led by Dr **Nick Banatvala**, Head of Global Affairs at the Department of Health

[Click here to see Dr Banatvala's presentation](#)

Copies of the strategy are available via the Department of Health website

Delegates were then asked to consider three questions:

- How can N2N develop its work with other local organisations?
- In what ways can delegates support N2N?
- Are there any other people or organisations to whom N2N should be speaking?

The responses will form an aide memoir for the Trustees in their future discussions. Any further responses to the questions are welcome and should be sent to [info@north2north.org.uk](mailto:info@north2north.org.uk)

### **Concluding remarks and plans for the future**

In drawing the session to a close, Mahmood Adil thanked colleagues for their attendance and contribution to the day. He referred to the visit by the four Commonwealth Fellows as a good reflection of the NWFP Government's commitment and N2N's key achievement from the outset. It would help to establish this unique strategic partnership between the UK and Pakistan on firm ground. The Fellows were keen to continue working as a team on their return to Pakistan and hoped to develop many of the ideas they had seen during the visit in their own organisation. The Trustees would continue their dialogue with the Government of NWFP to ensure that N2N's support for the Fellows met local needs and was complementary to the Government's policy.

Further information on N2N is available from [info@north2north.org.uk](mailto:info@north2north.org.uk)

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