

Guest Editorial

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Pakistani medical professionals home and abroad, are keen to develop and be part of universal health care provision so that we catch up with the rest of the nations in the region and in the world to reduce the suffering that lack of health care brings to millions of our compatriots. This is an enormous undertaking, but also a collective responsibility. Although we have a long way to go, there are elements of hope and optimism.

This special issue of the Annals is based on a seminar that was held in the King Edward Medical University, on December 20th, 2018. I am pleased to report that all the speakers have formulated their thoughts in the form of detailed, well thought out and referenced articles. Some of the data is new as are some of the initiatives described, breaking new ground. The PowerPoint presentations and the video recordings are available on the KEMU website^{1,2}.

As a convenor of this seminar, I am in a debt of gratitude to Prof. Khalid Masood Gondal, Dr. Faisal Sultan, Prof. Saeed Ahmed, and the UK and the US Alumni Associations, for help and support in organisation. For the publication of this issue, Prof. Gondal and Prof. Saira Afzal have played a key role and deserve special thanks.

My article in this issue is based on the perspective of a clinician, providing day to day care to the patients, in a hospital environment. I discuss the dilemmas of resource poverty, the human suffering and benchmarking the outcomes and health care financing, compared to other nations.

Saira Afzal writes about the paradigm of community driven development, of which the most successful example in our neighbourhood may be Bangladesh, in particular reference to the role of

women. This approach empowers the community so that they can chart a course for themselves.

Asad Aslam has been at the forefront of developing eye care facilities in the Punjab, both in the preventive and curative domains, and the training of personnel, to staff the secondary care hospitals. These services have evolved over the past couple of decades, making excellent use of help from international donors.

Aasim Yusuf works in Shaukat Khanum Hospital, a remarkable success story, in achieving high standards and international recognition; He has been involved in the health reform process in Khyber Pukhtunkhwa and gives valuable insights into how to deal with entrenched interests, collusion, and pressure groups.

Ghias un Nabi Tayyab is a renowned physician and known for his success in developing gastroenterology and endoscopy services. He, like most other senior clinicians, is self-taught in project design and management. In his article, he writes about the operative procedures in working with the government departments and how to write what is known as a 'business case' in the UK.

Mahmood Adil is one of the best qualified Pakistanis in the world in the area of healthcare provision, both in terms of academic achievement and practical experience. He talks about the National Health Service of the UK which epitomises universal access and excellent value for money. He shows with elegant examples, how this kind of achievement is based on gathering, understanding and using the data about health, integrating quality and nurturing innovation, including by giving patients access to their own data.

Naeem Majeed talks about the slow revolution that is taking place in the Punjab in developing infrastructure for 24/7 obstetric and neonatal care in the rural areas. Half of the Basic Health Units (1200 in number), in the province have been upgraded to this level. An emergency ambulance service has been established. These developments are underpinned by a mobile IT based monitoring and data gathering system. This has led to a half a million deliveries per year in appropriate medical settings and documented improvements in health outcomes, putting to rest, the myth that women don't engage with the publicly provided facilities.

Rizwan Rashid notes that Pakistan has a reasonably good, layered infrastructure of primary, secondary and tertiary healthcare. The use of IT can improve communication, integrate the day to day business of running health care organisations and also streamline the referral pathways. He advocates that the Turkish model of IT systems integration is likely to meet our needs.

Saflain Haider details the role that the Punjab Information Technology Board in achieving some of these objectives, including telemedicine, monitoring of diseases, a complaint management system, a biometric monitoring of attendance system, and a comprehensive drugs oversight regime. This regime includes licensing, inspection, procurement, testing, quality control and inventory.

I am a witness to some of their excellent work. I have visited their operational base, in Lahore and was impressed with their achievements, especially in disease monitoring, which was probably a key factor in controlling the dengue epidemic.

Sarwat Hussain, writes on the theoretical basis of quality improvement as well as practical aspects. He emphasises that quality improvement not just a luxury for high income countries, but also a necessity for low and middle-income countries. He thinks that the quality improvement, assurance and control should be at the heart of any health care system.

Tariq Gauhar is uniquely qualified to write about primary health care. He has worked as a GP in rural practices in Pakistan, as well as in the UK. UK has a primary care system, with probably the best quality and the best value for money in the developed world. Tariq is also impressed by the achievements of Sri Lanka, where more money is spent on primary care and smaller hos-

pitals, as compared to the much more expensive tertiary centres.

Al-Fareed Zafar has done the very important work of doing a cross sectional study to determine the maternal mortality rate, in the Punjab province. Unfortunately, it ranges from 135 to 452, per 100,000, in medical care facilities, with a rising rate from primary to tertiary care; possibly because of increased complexity of clinical condition. This is much higher than the currently believed MMR of 178 and the aspirational 2030 WHO rate of 70.

Khalid Masood Gondal has been the Vice Chancellor of KEMU, the oldest and one of the most prestigious medical teaching institutions in the country. He is also a strong leadership role in the College of Physicians and Surgeons of Pakistan, (CPSP). He has demonstrated, that the medical educators in Pakistan are alive to the latest progress on a global level. Under his dynamic leadership, KE is rapidly putting modern teaching and training methods in place and forging international links. He also mentions that the female post-graduate medical trainees, outnumber their male colleagues in the country, (12,000, vs 10,000); quite a remarkable statistic, for a nation like Pakistan.

Sania Nishtar is probably the best known academic that Pakistan has produced in the field of health policy. I would strongly recommend her book, 'The Choked Pipes'³, which gives an overview of the healthcare systems in Pakistan and is outstanding in its scope, depth and vision.

She notes that 21 % of the Pakistani population, five times the population of Sweden, already has total healthcare access.

Her main points include the role of capacity building, especially resource generation with the help of good governance and controlling collusion; legislation and judicialisation of rights to health care. She is keen on the use of disruptive technology, now and in future, to speed up and sustain universal access. These reforms will need to be thought through at various levels of the government, as health care has been devolved to the provinces, in the eighteenth amendment.

Yasmin Rashid is the provincial health minister with a distinguished academic and political background. She outlines her government's priorities and plans for this tenure, with a special emphasis

on women's and children's health, complaints management, recruitment of medical and para-medical personnel, vaccination campaigns, robust data gathering using ICD-10 codes and perhaps most importantly, the health insurance scheme through *Sehat Insaf Card*. The agenda of health care reform is also developing through legislation for devolution of management to teaching hospitals and district authorities. It is heartening to know that she is committed to the goal of universal health care.

Conclusion

It is hoped that this issue will be of help to the policy makers, planners, public representatives, the press, the media and members of the public. It should serve as a handy reference for all the stake holders interested in health care delivery. It is also an aspiration that the people involved in this effort will continue to work together on an intellectual and practical level to help achieve this goal.

References

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