Federal Ministry
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and Development

Creating a public health champion

The story of Pakistan's Health Services Academy

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German Health Practice Collection

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■ ***Front cover photo****: A premature baby at the Women and Children's Hospital in Haripur.*

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Acronyms and abbreviations

BMZ	Federal Ministry for Economic Cooperation and Development, Germany (Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung)
GDC	German Development Cooperation
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit GmbH (a predecessor of GIZ)
HSA	Health Services Academy
KfW	KfW Development Bank
MPH	Master of Public Health
MSPH	Master of Science in Public Health
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Executive summary

Box 1. Key Messages

Situation. During the late 1980s and early 1990s, successive government strategies sought to decentralise Pakistan's public health sector. However, progress was limited by a shortage of public health experts and a lack of in-country opportunities to gain more advanced expertise in this area.

Approach. In 1993, a joint Pakistani-German cooperation was launched to develop the existing national Health Services Academy into a fully-fledged public health school offering high-quality postgraduate public health training. Rather than simply focusing on faculty and course development, the collaboration also sought to improve the Academy's capacity to operate effectively as an academic institution.

Results. The Health Services Academy has transformed from a small government in-service training centre into an autonomous academic institution that is renowned for its high-quality courses. There are many graduates now working in managerial positions and the Academy continues to champion public health and pioneer new areas of study.

Lessons learned. A long-term commitment is necessary to lay the foundations for a sustainable academic institution and to build a trusting relationship which can help overcome reform bottlenecks. Finding the right moment for technical advisors to step back and hand over responsibilities is critical for sustainable institutional development.

Situation

During the late 1980s and early 1990s, successive government strategies sought to decentralise Pakistan's public health sector. However, progress was limited by a shortage of public health experts and a lack of in-country opportunities to gain more advanced training. A national Health Services Academy (HSA) was established in 1988 to serve as the main public-sector in-service training facility for public health and health management skills. Yet the Academy had neither the resources nor the expertise to provide the more advanced public health training that the country needed.

Approach

In 1993, a Pakistani-German collaboration was launched to develop the HSA into a fully-fledged public health school offering high-quality postgraduate public health training. Rather than simply focusing on faculty and course development, the programme, which was implemented by German Technical Cooperation on behalf of the Federal Ministry for Economic Cooperation and Development (BMZ), also sought to improve the Academy's capacity to operate effectively as an academic institution. Overall this cooperation covered the periods 1993-2000 and 2004-2009.

During the first period, the joint Pakistani-German project team gradually built up the faculty and redeveloped the course catalogue. Existing staff members were sent abroad for postgraduate training and a new Master of Public Health course was created and accredited. The team also established an affiliation with Qaid-i-Azam University and worked together with the Ministry of Health to secure greater institutional independence for the Academy. By the end of 2000, the Academy was already well on the way to securing the academic and physical infrastructure necessary to function as a public health institute. Yet lack of progress towards achieving institutional autonomy eventually resulted in the suspension of the Pakistani-German cooperation.

However, local commitment to the Health Services Academy remained strong. Counterparts at the Ministry of Health continued to push for HSA to receive legal autonomy and, despite large staff losses, the Academy continued to teach its flagship Master in Public Health course. By the end of 2002 the political situation had improved and HSA had achieved independence from the Ministry of Health. Mindful of these positive changes, the Pakistani and German parties agreed to resume their cooperation. In this second period the project focused primarily on boosting academic standards and enabling the Academy to exercise its newfound autonomy.

In particular, financial management practices were strengthened to allow the Academy to generate income. A new salary system was created to enable the Academy to offer more competitive faculty employment conditions, and a performance review system was developed to link faculty pay more closely to performance. By the end of 2008 the Academy had established the preconditions to enable it to operate as an autonomous institution, yet it also continued to face a range of important challenges.

At this point, German Technical Cooperation decided to change the nature of its relationship with the Academy. Instead of offering further technical support, it invited the Academy to provide its expertise to support various German health sector initiatives in Pakistan, thus giving it the space to exercise its autonomy while providing concrete opportunities for it to build up its credentials as a research institution.

Results

Over the past twenty-five years, Islamabad's Health Services Academy has been transformed from a small government in-service training centre into an autonomous academic institution that is nationally renowned for its high-quality public health training. The Academy was the first public institution to offer a Master in Public Health and has continued to promote the public health perspective and pioneer new areas of study.

By the end of 2008, 188 students had completed the initial Master of Public Health, 30 had received the upgraded two-year Master of Science in Public Health and a further 42 were currently studying for the latter degree. A follow-up study suggests that many of the graduates from the one-year Masters programme have gone on to work in higher-level positions. Overall 79% of respondents reported experiencing some form of managerial-level improvement and these graduates were also more likely to be closely involved in policy development and to have a higher degree of budgetary responsibility.

Lessons Learned

Key lessons from the Pakistani-German collaboration to strengthen HSA include:

- Laying the foundations for a viable academic institution requires a long-term commitment to gradually build the ownership among faculty and administrative staff which is essential for its sustainable institutional development.

- If a constructive and trusting relationship has been built between them, it is possible for development partners to work through periods of discord. In this case it allowed the cooperation to be resumed after political framework conditions improved and the Ministry of Health granted the Academy its autonomy.

- Finding the right moment for technical advisors to step back from an ongoing process of institution building can be critical. In this case, German Technical Cooperation started using the former recipient of its technical support as training hub for the health service managers needed in German-supported regions. This responsibility represented a crucial stimulus for the Academy's continuing organisational development.

Why public health training matters

Hidden in a complex of low-level modernist buildings, surrounded with blossoming trees and chirruping birds, the Directorate of Malaria Control in Islamabad can seem like a tempting spot to take a break from the stresses of the day. But it just takes one step over the threshold to realise that this sleepy facade masks a hive of focused activity. On every floor clusters of people hurry along corridors, squeezing past each other in the narrow stairwells, carrying piles of documents and heading out to meetings. There is a clear sense of purpose here and it is hardly surprising. In 2013, Pakistan accounted for 27% of all confirmed cases of malaria and 24% of all malaria deaths that occurred in the WHO Eastern Mediterranean region (WHO, 2014).

As with other national health institutions, the Malaria Directorate's success depends on having staff with the key epidemiological, management and policy-making skills that are necessary to plan and coordinate large-scale public health interventions. Back in the early 1990s, Pakistan had very few qualified public health professionals and the opportunities for in-country training were scarce, with just one public sector institution offering a Diploma in Public Health and two private universities running courses aimed primarily at the international labour market (GTZ, 1992).

In order to respond to this shortfall, a joint Pakistani-German cooperation was initiated in 1993 to enable the national Health Services Academy (HSA) in Islamabad to provide high-quality public health training.

Dr Abdul Majeed Jaffar's career path is a prime example of the difference that can be made by such training opportunities. As a Senior Project Manager, his work is primarily focused on ensuring that the National Malaria Control Programme meets its planning and budget goals and on maintaining good lines of communication with provincial health ministries and local implementing partners. With his enthusiasm for the topic and firm grasp of the key challenges, it is clear that he enjoys his work and is well-suited to this complex role. However, a career coordinating health services was not always in his sights.

■ *Dr Jaffar in his office at the National Malaria Directorate.*

Originally trained as a medical doctor, Dr Jaffar was working as a provincial disease surveillance officer for the World Health Organization when it became clear that his job was beginning to require more advanced epidemiological training. With some gaps in his skill-set and a desire to learn more, Dr Jaffar chose a route taken by many ambitious Pakistani health professionals and applied for a place on the Master of Public Health course at the Health Services Academy.

The Master of Science in Public Health (MSPH) is one of the most high-profile results of the Pakistani-German collaboration to support the Academy, and its reputation for high standards and academic rigour have made it a well-established springboard for bright health-sector employees who are looking to make the jump into more policy-oriented or managerial positions within the health system.

For Dr Jaffar, the benefits were substantial. 'The Master's course was the main turning point in my career.' After graduating in 2010, he shifted away from more routine surveillance work and moved into health services management. In 2012, he further strengthened his skills in this area by completing a Master's degree in Human Resources for Health Management organised jointly by the Academy and Queen Margaret University in Scotland. It is clear from speaking to him that he greatly values the time he spent at the Health Services Academy; however it is also obvious that such training opportunities have significant benefits for the health system as a whole.

By boosting the numbers of health professionals with a solid background in public health, courses like those offered by the Academy play an important role in helping to build up the pool of qualified personnel who are capable of filling key planning and management roles within health systems. Such benefits are particularly valuable in a country like Pakistan, where improvements in health outcomes are limited by the health system's weak organisational structure and a dearth of well-trained public health professionals and management staff.

However, the advantages stretch beyond simply providing individuals with the necessary knowledge and professional skills. The public health approach focuses on preventing health problems in a way that benefits the whole population; and good public health courses encourage health professionals to look outside their own area of expertise and reconsider their role in the health system as a whole. When asked to name the most useful aspect of his own time at the Health Services Academy, Dr Jaffar points to how the course encouraged a more general transformation of his outlook and aspirations.

'Before doing the Master's I was mainly involved in routine work but afterwards I realised that public health is a much broader area.' Rather than focusing on narrow operational issues, he explains that the courses at the Academy encouraged him to think about the forces that shape the Pakistani health system and the weaknesses that prevent it from achieving greater improvements in population health outcomes. This holistic perspective sparked an ongoing interest in human resource policy and helped him to identify opportunities to use his skills in health services management.

The discovery of these new interests and career possibilities has also motivated Dr Jaffar to broaden the horizons of other health professionals in a similar way. Since graduating he has maintained close contact with HSA and he currently serves as an Adjunct Professor at the Academy. For Dr Jaffar, teaching offers the opportunity to help build 'a critical mass of students who can replicate the change I feel in myself'. Importantly, this suggests that the Academy is not only increasing the number of trained public health professionals in Pakistan; it is also producing some much-needed advocates for the public health approach.

There are many countries in the world that are faced with a similar lack of well-trained public health professionals and this suggests that there is a clear value in attempting to understand what aspects of the Pakistani-German support for HSA worked well and how. The following chapters document this long-running collaboration. In particular, they describe the Pakistani health system and its human resource problems and they explain how German support has worked with HSA to create an autonomous public health academy, which plays an important role in efforts to increase the numbers of well-trained public health professionals working in the Pakistani health system.

■ *Students in a classroom at the Health Services Academy.*

Health care in Pakistan in the early 1990s

The main challenges at the start of the Pakistani-German cooperation

When the Pakistani-German cooperation to support the Health Services Academy started in 1993, Pakistan had a population of around 120 million and was growing rapidly (see Table 1). Fertility was high and the population was mainly young and rural, with 44% of Pakistanis aged under 15 years old and just 31% living in urban areas. Despite a moderate income distribution and decent levels of economic growth throughout the 1980s, Pakistan was ranked low on the 1990 Human Development Index and the accompanying report concluded that a lack of effective policy and social expenditure had resulted in 'missed opportunities' to achieve further improvements (UNDP, 1990).

Pakistan's poor human development index ranking in 1990 owed much to the country's population health outcomes. Despite being one of the richer lower-middle-income countries, average life expectancy for both sexes was just 60 years and infant and child mortality rates were well above average (see Graphic 1). Infectious diseases like tuberculosis and malaria remained serious concerns and non-communicable diseases such as cancer and cardiovascular disease were emerging as major health issues.

A lack of effective health care was a key factor contributing to the country's poor health outcomes. During the 1970s and 80s, Pakistan established the familiar three-tiered health service delivery system that continues to characterise the public sector today. Under this arrangement, Basic Health Units and Rural Health Centres serve as the main sources of primary health care; *Tehsil*[1] and District Headquarter Hospitals deal with secondary care; and teaching or tertiary care hospitals provide specialist in-patient care (see Graphic 2). Towards the end of the 1980s private sector investment also increased, with providers including for-profit hospitals, clinics, testing laboratories and pharmacies; as well as non-profit health providers and those offering alternative therapies such as homeopathy and traditional healing.

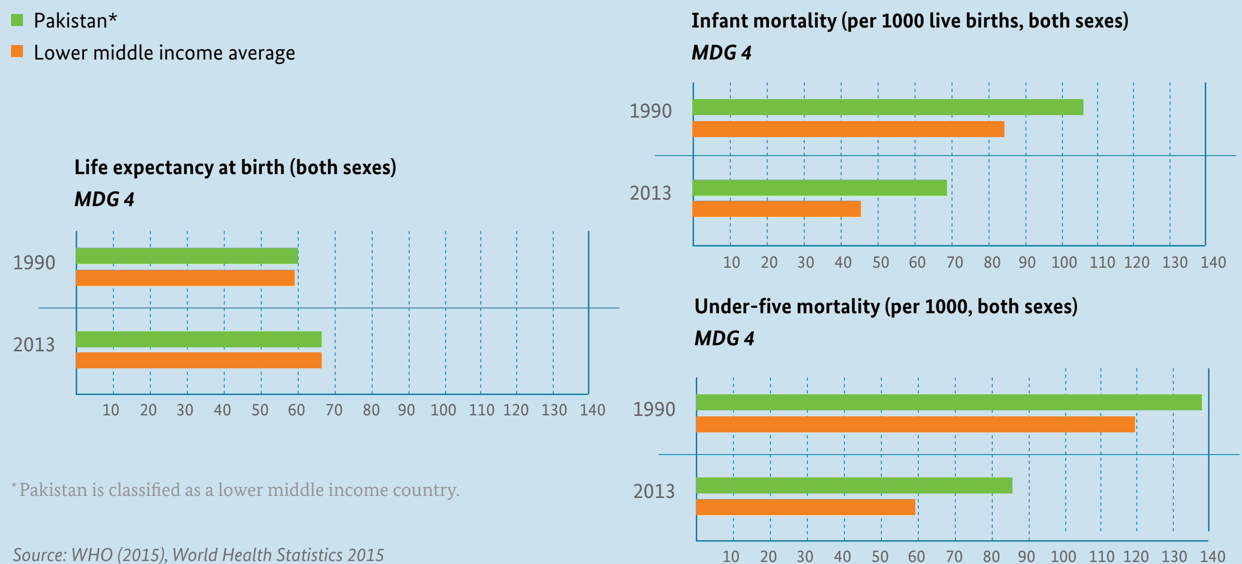
Throughout the 1980s, Pakistani health care policy was strongly influenced by the Alma Ata declaration and the WHO's principle of Health for All (see Box 2). Focusing on the expansion of primary health care, Pakistan's national planning strategies prioritised initiatives aimed at increasing the numbers of health facilities and clinical staff, particularly at lower levels. However despite the expansion of the public sector during this period (see Graphic 2), overall access to health care remained low.

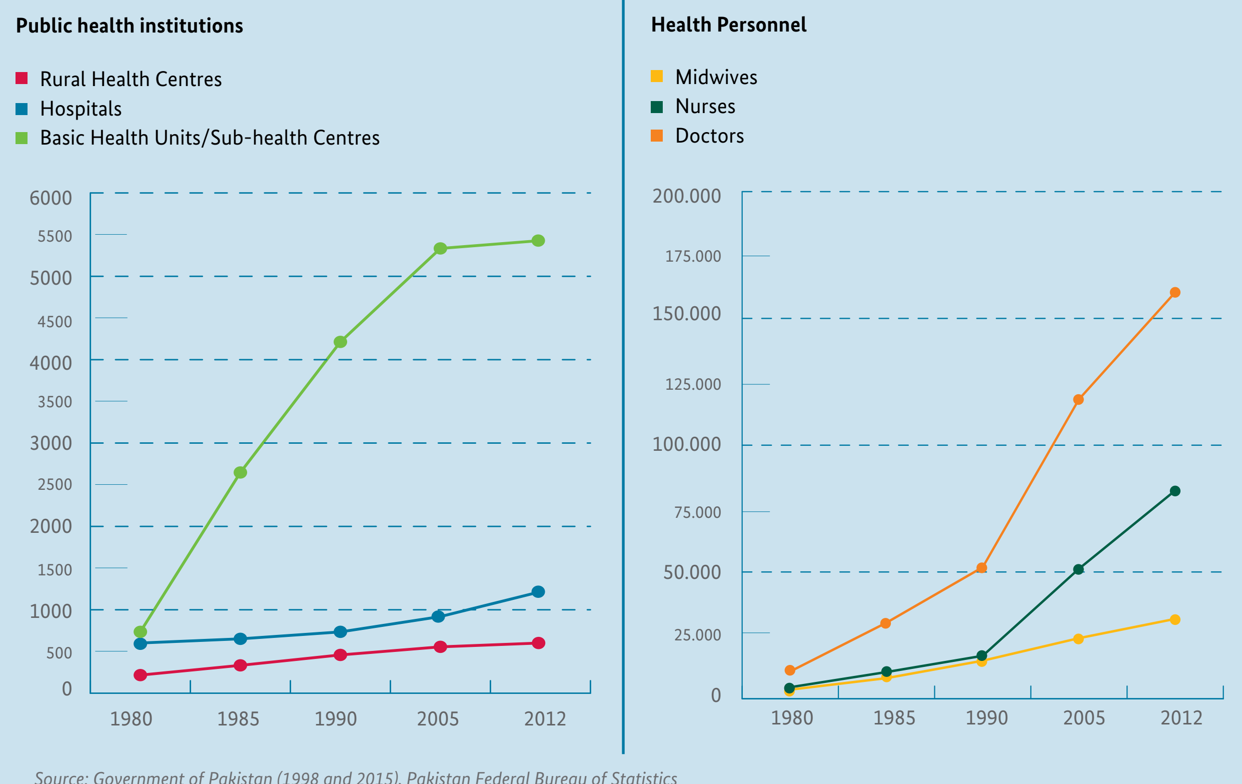
Table 1. Demographic and economic indicators for Pakistan, 1991 and 2013

	1991	2013
Total population	110.634.399	181.192.646
Annual population growth rate (%)	2.8	2.1
Population aged 0-14 (%)	43.1	35.4
Total fertility rate (births per woman)	5.9	3.7
GDP (current USD, per capita)	410.8	1275.4

Source: World Bank/World Development Indicators 2015 (Dec. 2015 version)

[1] The Pakistani government operates through a hierarchical series of administrative units. The top tier is comprised of provinces, feder ally administered tribal regions, autonomous and disputed regions and the federal capital territory. The lower administrative levels are comprised of districts (*zillahs*), sub-districts (*tehsils*) and union councils.


Graphic 1. Comparison of key health indicators
Pakistan*
Lower middle income average
Life expectancy at birth (both sexes)
MDG 4
1990
2013
10 20 30 40 50 60 70 80 90 100 110 120 130 140
Infant mortality (per 1000 live births, both sexes)
MDG 4
1990
2013
10 20 30 40 50 60 70 80 90 100 110 120 130 140
Under-five mortality (per 1000, both sexes)
MDG 4
1990
2013
10 20 30 40 50 60 70 80 90 100 110 120 130 140
* Pakistan is classified as a lower middle income country.
Source: WHO (2015), World Health Statistics 2015


Graphic 2. Growth in the numbers of selected public health facilities and health professions, 1980-2012
Public health institutions
Rural Health Centres
Hospitals
Basic Health Units/Sub-health Centres
6000
5500
5000
4500
4000
3500
3000
2500
2000
1500
1000
500
0
1980 1985 1990 2005 2012
Health Personnel
Midwives
Nurses
Doctors
200.000
175.000
150.000
125.000
100.000
75.000
50.000
25.000
0
1980 1985 1990 2005 2012
Source: Government of Pakistan (1998 and 2015), Pakistan Federal Bureau of Statistics

A 1992 UNICEF report found that just 55% of Pakistan's population had access to medical services, with the majority of those individuals living in urban areas (UNICEF, 1992). At the same time, health service provision indicators were also poor, particularly for women and children. High fertility was accompanied by a substantial unmet need for contraception. Only 25.6% of pregnant women received some antenatal care, just 18.8% of all births were attended by skilled staff and only 51% of children aged 12-23 months were immunised against measles (see Table 2).

Overly centralised decision-making limits health care improvements

Realising the full potential of the extensive public sector network has been a key issue in improving levels of health care across the country as a whole. During the 1980s, there was a growing recognition in Pakistan that the effectiveness of the public health sector was limited not only by low expenditure and a lack of manpower and physical infrastructure, but also by functional problems such as poor staff training, human resource imbalances between urban and rural areas, and a lack of data and research to inform policy making.

Box 2: Two key dimensions of international health discourse during the 1980s and 1990s

The Alma Ata Declaration

Signed in September 1978 in Almaty (formerly Alma Ata), Kazakhstan

- Highlighted the need for concerted action to protect and promote the health of all the people
- Drew attention to the role of the state in ensuring health
- Defined primary health care and was the first international agreement to emphasise its importance in securing good health
- Strongly promoted decentralisation and community participation in the planning, organisation, operation and control of primary health care services

Health for All

- Defined in 1981 as a key organising principle for World Health Organization activities
- Describes the need to ensure the health of all people
- Guides WHO activities to promote health, human dignity and quality of life through the development of primary health care

Table 2. Health service provision indicators over time

	1991	2013
Immunisation, measles (% of children ages 12-23 months)	51	63
Births attended by skilled health staff (% of total)	18.8	52.1
Pregnant women receiving any antenatal care (%)	25.6	73.1
Unmet need for contraception (% of married women aged 15-49)	30.5	20.1

Source: World Bank (2015), World Development Indicators 2015

In addition to consolidating existing services and expanding the types of care being offered, a range of government initiatives set out to address these broader functional issues. In particular, concerns about the quality of health training were to be addressed by investing in new training facilities and improving faculty employment conditions and teacher training. Imbalances in the distribution of medical staff were to be dealt with by creating incentives to work in rural areas. And a research institute was to be established to improve knowledge about health issues of particular relevance to Pakistan (Government of Pakistan, 1983; Government of Pakistan, 1988).

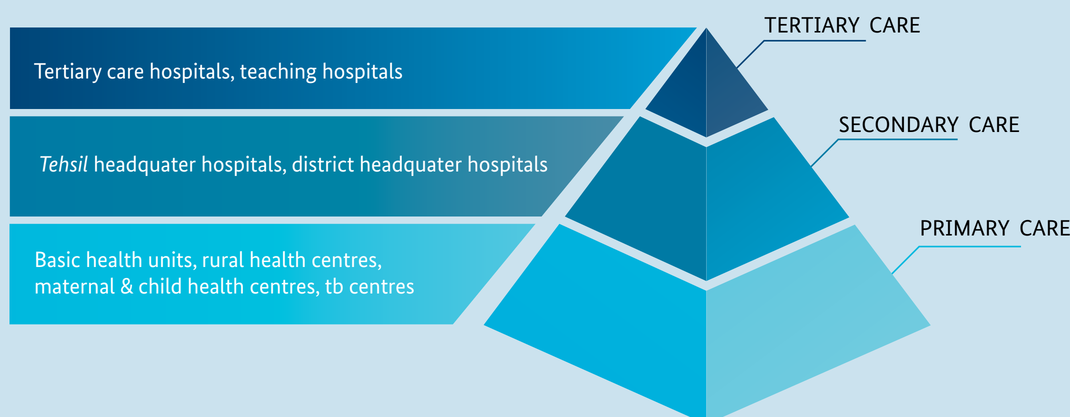
As one of the original signatories to the Alma Ata Declaration, Pakistan was committed to promoting greater community participation in primary health care provision (see Box 2). However, the country's highly centralised management and planning structure made this difficult to achieve. While the federal government retained control over national health planning, the 1973 constitution designated health care as a provincial responsibility. Within each district, the overall management structure was much the same as today. Secondary care facilities were managed by a Medical Superintendent and primary care facilities were managed by a District Officer.

At the time, the government noted that District Officers were often unable to carry out their responsibilities because they lacked the authority to make key staffing and budgetary decisions or to fully plan and coordinate activities within their districts (Government of Pakistan, 1988). Bearing this in mind, successive government strategies in the late 1980s and early 90s sought to implement a more general financial and administrative decentralisation of the public sector health bureaucracy. However these efforts to decentralise authority also highlighted another important obstacle to improving health care, namely, a chronic lack of health personnel with the training necessary to actually carry out these key planning and management responsibilities.

Putting public health training at the heart of public sector reform

While there is a lack of data on the number of trained public health experts in Pakistan, it is clear that there were few in-country opportunities to obtain this sort of expertise at the time. In the early 1990s there were only three institutions offering some form of training in public health concepts, with the Lahore College of Community Medicine's Diploma in Community Health the only course of this type offered at a public institution (GTZ, 1992). Many of the existing experts in Pakistan had trained abroad and there were long-standing government concerns about a deficit of trained public health specialists within the state system.

Graphic 3. The three tiers of Pakistan's health care system



Pakistan's Sixth Five-Year Plan (1983-1988) explicitly identified a lack of management capacity as a key factor constraining attempts to reform the health system, and set out plans to establish a government academy to train health personnel in the basic principles of health services management. The Seventh Five-Year Plan (1988-1993) drew specific attention to the growing number of *tehsil*-level facilities in need of effective management personnel, as well as to the need for hospitals run by career managers rather than Medical Superintendents with no formal managerial training. In addition to providing short courses for doctors and other senior staff, the Plan recommended that the proposed health training academy should also offer university-accredited postgraduate training for high-level career health managers.

The Seventh Plan was not fully implemented due to a change in government. However, many of its proposals were carried over into the subsequent donor-supported Social Action Programme. Formally initiated in 1993, this programme aimed to create a network of Provincial Health Development Centres to provide staff with training opportunities and to improve their capacity to facilitate the ongoing decentralisation process. In addition, it set out plans to develop a national-level institution to provide highly qualified personnel with more advanced training opportunities.

While health workforce challenges were not as clearly established on the policy agenda as they are today, by the late 1980s there were already some international efforts to address the lack of public health experts in developing countries. For example, the UN Special Programme on Research and Training in Tropical Diseases had been providing public health training and institutional capacity-building in developing countries since its establishment in 1975, and German Technical Cooperation was already engaged in programmes to support the development of postgraduate health courses in Kenya and the Philippines.

Setting up a national Health Services Academy

In keeping with the government's Sixth Five-Year Plan, a national Health Services Academy had been formally established within the Ministry of Health in Islamabad in 1988. With support from the Asian Development Bank, the Academy had been developed into the main in-service training facility for public health skills and health management in Pakistan. However, at the time the Academy had neither the resources nor the expertise to provide the more advanced training that was envisaged under the Social Action Programme. Recognising the lack of in-country technical capacity to achieve these goals, the Ministry of Health looked outside for partners to help develop the Academy.

In 1993, a joint Pakistani-German project was launched to improve the planning and implementation capacity of Pakistani health service personnel, especially women and those working in rural areas. Drawing on the existing experience of German technical cooperation in developing a programme in Applied Nutrition at the University of Nairobi (Kenya), the new project aimed to develop the existing Health Services Academy into a fully-fledged public health school offering high-quality postgraduate public health training. The cooperation was initially planned for 10 years but ended up spanning 12 years, plus an interruption of four years between the two periods of German support.

The next two chapters describe this collaboration in detail, focusing respectively on the first period of German support (1993-2000) and the second period (2004-2009). In particular, the chapters describe how German Technical Cooperation worked with the Academy to develop individual and institutional capacities, and they also highlight the successes and challenges that were encountered during this process.

Building a public health institute: the first period of Pakistani-German cooperation (1993-2000)

Laying the groundwork for a well-functioning academic institution

From 1993 to 1995, German support focused primarily on establishing the institutional capacity necessary to convert the Health Services Academy from an in-service government training centre into an effective academic institution. Faculty development and the establishment of a full course curriculum were key parts of this transformation. A programme to recruit new teaching staff was initiated and German Technical Cooperation provided funding to send existing faculty members for further academic training. At the same time, the remaining faculty members worked together with German advisors to update the existing course catalogue and develop a new, revised set of courses.

The joint Pakistani-German project team sought to build up the faculty and disciplines by small steps: new Pakistani staff were carefully selected and a personalised training programme was developed based on their individual strengths and weaknesses. By August 1995, seven new faculty members had been employed and a human resources plan had been developed for all essential disciplines. During these initial years, academic staff also went on study visits to other projects and attended a range of short courses and conferences in Pakistan and abroad. These activities were important in helping to increase the faculty's overall exposure to new ideas and their awareness of other postgraduate training institutions. However, to boost teaching capacity even further, three of the Academy's assistant professors were sent to complete Master's or PhD-level training at internationally renowned universities in the United States of America.

As the faculty expanded, the redevelopment of the Academy's course catalogue progressed rapidly. A total of nine new short courses were developed and piloted by the end of the orientation phase of the project in 1995. These courses were to form the basis of the Academy's flagship Master of Public Health degree. The core curriculum followed the pattern established at international centres of excellence and was also designed to be sensitive to the Pakistani context. In particular, it emphasised key issues such as health planning at the district level, hospital management, project planning, health information systems, and maternal and child health.

The first Health Services Academy building.

In addition to developing faculty and courses, the project also strengthened institutional capacity by expanding and consolidating links with other organisations. Pre-existing teaching and research exchanges with the Baqai Medical University in Karachi and the Prince Edward Medical College in Lahore were renewed, and the project team also helped to establish new institutional relationships. After 1997, formal cooperation links were also developed with the Provincial Health Development Centre and the central health authority in the North-West Frontier Province (now Khyber Pakhtunkhwa), and staff and student exchanges were arranged with the College of Community Medicine in Lahore and the Institute of Tropical Medicine in Heidelberg, Germany.

Creating ownership and commitment to a common goal

A lack of administrative staff to support faculty members led to long hours and a heavy workload for many of those working on the project during this initial period. However, the team spirit was high. 'It was so gratifying to work during those years,' recalls Dr Sameen Siddiqi, the former technical lead on the project. Under the overall direction of Professor Arnfried 'Ardy' Kielmann, German support emphasised the importance of equality and active participation. Critical debate was encouraged and responsibilities were clearly delegated to encourage staff to identify with the project mandate and remain motivated. Importantly, these principles not only characterised relations within the project team but also the way that technical support was provided to the Health Services Academy.

All faculty were involved in the redevelopment of the course modules and, depending on experience and technical expertise, individual members took responsibility for the particular short course or section of the teaching curriculum that they were involved in developing. By ensuring that responsibility lay directly with the academic staff, German support helped foster a strong sense of faculty ownership and identification with the Academy's overall mission to improve public health. The strength of this commitment was illustrated by the first cohort of faculty members, who were sent to the United States for training and returned to the Academy despite receiving attractive opportunities to stay on in America and continue their studies.

As we shall see in the following sections, the Academy's strong sense of ownership and commitment to improving public health has proved integral to its long-term survival.

The hard work pays off: HSA's first public health graduates

Towards the end of 1995, the structure of the proposed Master of Public Health course was finalised and the project received a positive external evaluation from an international team of experts (GTZ, 1995). Encouraged by the rapid progress achieved during this initial orientation phase, the planned project duration was extended from ten to twelve years and planning workshops were held to prepare the first four-year implementation phase. Despite overall achievements, the project team had particular concerns about the suitability of the existing teaching facilities and the uncompetitive government salary conditions that were provided to faculty members.

While continuing many of the earlier initiatives, the new implementation phase addressed these concerns and focused more heavily on providing training and establishing the Academy as a hub for public health research and policy advice. The drive to recruit and train new faculty was intensified and the German Federal Ministry for Economic Cooperation and Development (BMZ) tasked the German technical cooperation with helping the Academy to obtain the appropriate academic recognition and physical infrastructure necessary to function as a public health institute.

By March 1996 the Academy had formally been recognised as an affiliated training centre by Pakistan's top university, the Qaid-i-Azam University in Islamabad, and the Pakistan Medical and Dental Council had given permission to offer the proposed Master of Public Health (MPH). Over time, the Academy put together a public health library of around 5000 books, a bus was bought to enable students to go on field research trips and new equipment was ordered for the computer centre. In addition to satisfying these immediate needs, the government also granted the Academy ten hectares of land to build a new campus, and construction negotiations got underway with the Ministry of Health and potential donors.

Box 3: A course that helps graduates to see health as part of overall community development

Dr Irum Kamran.

One of the early graduates, Dr Irum Kamran, was accepted into the MPH in 1998. Despite the modest building and limited facilities, the course broadened her horizons beyond medicine and provided her with key skills that she continues to use. Thinking back, she notes that, 'I'd always wanted to make a contribution to the community and the course taught me to look at health from a different angle.' Today she runs a small NGO, which helps rural communities in Pakistan to develop integrated initiatives to improve education, health and social justice.

After several years of intensive preparation, the Academy launched its Master of Public Health programme at the start of 1996. In keeping with the project's commitment to improving gender equality, the team ensured that application and selection criteria were gender-blind and solely based on merit. A total of 550 health professionals applied for a place in the new Master's course and 24 students were selected, six of whom were women. The high number of applicants for the first intake provides some indication of the level of demand for public health training in Pakistan at the time.

Following the first MPH intake, an eight-month reflection period was set aside to evaluate the course structure and make any revisions that might be required to the overall programme. An external academic evaluation carried out in July 1996 found that the MPH participants were very satisfied and judged the course quality to be of an international standard (GTZ, 1996). By the end of 1997, the Master's programme finally received official accreditation from the Pakistan Medical and Dental Council.

To deal more effectively with the sheer number of applicants, an entrance test was introduced for the second intake in 1998. From over 500 course applicants, 340 were invited to take the test and 90 were invited to an interview. In the end, 22 were selected, including seven women.

Building the Academy's reputation in Pakistan and beyond

In the years that followed, the Master's course continued to build its reputation as a leading public health programme. The course quality and level of graduates' knowledge were consistently commended by the MPH's external examiners and overall demand for places remained high, with 450 applicants in 1999 and 250 in 2000. The faculty also continued to develop new short courses and, by the end of 2000, the Academy had organised a total of 33 courses on a wide range of public health topics.

Aside from establishing curricula, German support to the Academy also aimed to provide students and faculty with the opportunity to carry out applied research. By 1996, Academy had already received authorisation to establish Field Practice Areas in the Fateh Jang sub-district of Punjab province, as well as in a rural part of Islamabad Capital Territory. As a consequence, Master's students and faculty were also able to carry out a range of research activities within these areas.

After 1997 these Field Practice Areas were converted into Field Demonstration Areas that broadened the approach to developing community-based health action plans. As a consequence, a tuberculosis control programme was developed for Fateh Jang in cooperation with the national Tuberculosis Programme, anthropological studies were carried

Box 4: A challenging curriculum that provides internationally relevant skills

Dr Qais Mahmood Sikander.

During the 1990s, the government of Punjab Province offered paid sabbaticals to management-level health officials who were accepted into the MPH course at the Health Services Academy. When he enrolled in 1999, Dr Qais Mahmood Sikander thought he would be taking a quick break before returning to his position as a Medical Superintendent. However, it didn't quite work out like that. After a year of intense course-work, Dr Sikander found himself with a wealth of skills and a whole range of new possibilities. 'The course made me more disciplined and, once I was equipped, many opportunities came my way,' he remarks. After graduating, Dr Sikander spent many years working for UNFPA in Pakistan, as well as in Ethiopia, Laos and Thailand. He has recently returned to Pakistan and is currently Medical Superintendent of the Rawalpindi Institute of Cardiology.

out to assess the influence of women in community-level decision-making, and trainings were provided to improve female health workers' capacity to deal with tuberculosis and improve mother and child health.

Institutional links established in the orientation phase continued to develop. Between 1996 and 1997, three experts from Provincial Health Development Centres completed MPH degrees and returned to their posts, and several short courses were carried out together with the Pakistan Medical Council and the Provincial Health Development Centres in Baluchistan and the North-West Frontier Province (now Khyber Pakhtunkhwa). In addition to building up provincial-level public health capacity, links with other academic institutions were also strengthened.

Experts from renowned teaching institutes in Pakistan assisted in the selection and assessment of the MPH students, and leading Pakistani researchers were regularly invited to give lectures at the Academy. International relationships also deepened during this period. In particular, faculty members from Johns Hopkins University in Baltimore and the Institute of Tropical Medicine in Heidelberg came to teach courses of the MPH; and joint research projects on unmet obstetrical needs were carried out with researchers from Heidelberg and the Institute of Tropical Medicine in Antwerp.

A lack of autonomy stunts progress and threatens long-term sustainability

While the new teaching and research activities were quick to flourish, the Academy's institutional status was much slower to reform. As a department within the Ministry of Health, the Health Services Academy was bound by government rules which limited its ability to operate effectively as an academic institution. In addition to a lack of true academic independence, administrative regulations made it difficult to employ qualified faculty and pay them a salary that was appropriate to their level of skills. At the same time, the Academy was also subject to financing rules that constrained the institution's ability to generate income to compensate for this salary shortfall and to receive income from consulting and student tuition fees.

Recognising the limitations imposed by the existing conditions at the Academy, the Pakistani-German project aimed for HSA to secure greater independence from the Ministry of Health from the very outset. Bilateral negotiations were initiated to discuss the issue during the orientation phase of the project but were ultimately unsuccessful. At the time, this had little impact on the project's overall progress. Nevertheless, the project team emphasised the importance of achieving autonomy for long-term sustainability and, as a consequence, the implementation phase was accompanied by renewed efforts to secure greater independence.

With the Academy's steering committee formally backing a request for autonomy, a draft bill was developed by the Ministry of Health in early 1996 and submitted for consideration to other relevant ministries. At the same time, the Ministry of Health also worked constructively with the Academy to find interim solutions to existing problems created by the institution's status as a government department. In particular, the Ministry allowed the Academy to select students without government interference and it also boosted the Academy's budget by giving it direct access to revenue from student tuition fees. The development of the draft bill and the strong support provided by the Ministry of Health increased confidence within the project team.

However, despite these encouraging signs, progress on securing autonomy lagged well behind the project's other activities. As part of the implementation phase, German support aimed to establish a consultancy department to provide advisory services to government health authorities, non-governmental organisations and international donors. These activities were not only intended to ensure that teaching and research remained connected to the key health challenges within the country but also to provide a means of financing the top-ups to the low government salaries paid to HSA staff. By establishing the new consulting department at the start of the phase in 1996, the project aimed to fund 30% of these costs by 1998 and 50% by 1999.

Unfortunately, government regulations required all consulting revenues to be paid directly to the state. As a consequence, the Academy first needed to secure autonomy from the Ministry of Health before being able to set up this revenue-generating department. By late 1998, the draft autonomy bill had been formally accepted by the Ministry of Health, the Establishment Division and the Planning and Development Division. However, concerns from the Finance Ministry led to further delays and, nearly two and a half years after the initial draft was developed, there was still no finalised document. In contrast to the orientation phase, this lack of progress on autonomy created serious problems for the project.

With no permission to establish a consultancy department, the Academy was forced to turn down consulting opportunities and was unable to reach its interim target of financing 30% of the supplementary salary costs. During the next twelve months, progress on autonomy picked up slightly and, by September 1999, all ministerial representatives had agreed on a final draft and the bill was sent to the cabinet for approval. However, the government still had concerns about awarding full institutional autonomy and, by now, the Academy had also failed to reach its second funding target of 50%.

In addition to limiting the Academy's ability to finance salary top-ups, the lack of autonomy also made it difficult to recruit staff on good contracts. New hiring at the Academy was repeatedly delayed during the implementation phase, first by the need for a new government regulation concerning the employment and promotion of Academy staff and then by rules requiring all new posts to be officially advertised. Due to these bureaucratic hurdles the Academy had considerable trouble reabsorbing those faculty who had been sent abroad for further academic training and it could only offer temporary contracts to many faculty members who remained deputised from posts elsewhere within the public system.

By limiting the Academy's ability to recruit staff and offer competitive employment conditions, this lack of autonomy hindered progress in key project areas and also raised serious concerns about the long-term sustainability of the Academy.

Mounting difficulties and an abrupt end to German support

The delays in the process to achieve autonomy emerged at a difficult time for the project team. In mid-1996 the project was dealt an unexpected blow when the German team leader, Professor Kielmann, was forced to withdraw from his position on health grounds. As a key originator of the Pakistani-German cooperation and a mentor to many within the close-knit team, Professor Kielmann was keenly missed and the project struggled to hold onto the momentum and sense of shared purpose that had characterised his tenure. As project staff adjusted to these internal changes, delays in the process to achieve autonomy were also accompanied by problems with the new campus development plan, which was expected to be financed with support of KfW Entwicklungsbank (KfW), the German Financial Cooperation.

Following a KfW Project Appraisal Mission in late 1996, a Memorandum of Understanding was drafted with the Pakistani government to pave the way for the construction of the new campus. However, subsequent negotiations failed to achieve a consensus on the proposed plan. KfW formally withdrew from the process in 1997 and the Academy was subsequently unable to find alternative funding to continue. Despite these different problems, the project remained on track to reach most of its key targets. An external evaluation was carried out towards the end of the phase and strongly recommended prolonging the project for a second four-year implementation phase (GTZ, 1999).

Unfortunately, this difficult period within the project also coincided with a more general deterioration of the political situation in the country as a whole. A bloodless coup d'état in October 1999 led to the overthrow of President Nawaz Sharif, the declaration of a state of emergency and the installation of General Pervez Musharraf as Chief Executive. Concerned by the political uncertainty created by these developments, BMZ took the decision to cancel the planned project phases, while remaining project funds were used to extend the current phase to enable a full wind-down of the project by the end of 2000.

Testing times: the Academy continues to teach despite severe staff shortages

The sudden withdrawal of German support in 2000 had an immediate impact on functioning of the Health Services Academy. At the time, the Academy still did not have the institutional autonomy necessary to sustain existing salary commitments or ensure better employment conditions. With a highly qualified faculty facing an uncertain future, the project team's long-held concerns about staff retention were soon realised. The majority of senior faculty trained abroad were quickly snapped up by prestigious international and national organisations and left shortly before, or soon after, the project closed.

Despite the major losses at the senior faculty level, the Health Services Academy continued to run its flagship MPH programme following the project closure in 2000. As only a few of the remaining faculty were capable of filling the more senior roles, the institution was forced to make a series of temporary compromises in order to proceed. In particular, the workload of the remaining senior faculty increased substantially and junior staff, who were often very recent graduates, took on the responsibility for teaching a number of core courses. Some external staff were also recruited at short notice and there was also a sizeable increase in the number of guest lecturers.

Although many faculty members' desire to stay was outweighed by practical considerations about job security and working conditions, local ownership proved crucial in enabling the Academy to continue teaching. The way in which German support had been provided had already created a much broader constituency of public health experts who felt invested in the Academy and committed to improving public health in Pakistan. At the same time, the Academy had also gained widespread recognition as a national centre of excellence and the Ministry of Health remained firmly committed to its development.

Dr Saima Hamid was one of the junior staff who helped to keep the MPH going in the years directly after the project closure. Now an Assistant Professor at the Academy specialising in maternal and child health, Dr Hamid neatly summarises the importance of these less tangible incentives to continue. 'For us it wasn't about pay: we could see that the Academy had a future.'

Fortunately, within a couple of years, it was clear that this faith in the Academy was well-placed. By the end of 2002 the political landscape had changed substantially and the Health Services Academy had finally received all of the necessary governmental authorisations to enable it to be granted formal autonomy from the Ministry of Health. Bilateral negotiations agreed to restart the Pakistani-German cooperation and a new four-year implementation phase was planned to start in 2004.

The following chapter describes this second period in the Pakistani-German cooperation (2004-2009) and explains how the project sought to ensure that the Academy's newfound legal autonomy was translated into practice.

Realising institutional autonomy: the second period of Pakistani-German cooperation (2004-2009)

Developing a plan to further strengthen the Health Services Academy

In March 2003, German Technical Cooperation sent a short-term consultancy mission to Pakistan to assess the current status of the HSA and develop suggestions for a new period of Pakistani-German cooperation. Although the Academy had continued to run its flagship Master's programme, severe staff shortages had led to an inevitable deterioration in course quality, and the mission raised serious concerns about its long-term viability as a postgraduate training institute.

At the time, the Academy was functioning with no full-time Executive Director and no staff at the assistant professor level. As a consequence, there was a lack of clear leadership within the institution and there were insufficient staff to develop the curriculum and cover the full range of subjects required by the Master of Public Health (Kielmann, 2003). Given these constraints, the mission identified two potential routes for the future development of the Academy. The first route involved re-focusing the Academy on providing in-service training for Ministry of Health employees, whereas the second route aimed to return to the earlier Pakistani-German plan to develop a high-quality postgraduate training institute.

Following the closure of the project in 2000, the idea of turning the HSA back into an in-service training institute had gained some support within the Ministry of Health. However, the Academy's role as an academic research and training institute was a key part of the 2001 National Health Plan, and discussions with the Secretary of Health and the Director General of Health Services revealed that there was an unequivocal high-level preference for maintaining the Health Services Academy as a postgraduate centre of excellence (Kielmann, 2003).

With this strong support from the Ministry of Health and a solid government commitment to construct a new campus building, a new Pakistani-German project was started to continue developing the Academy into a leading institute for public health. The project was to have a seven-year implementation period, beginning in 2004 and ending in 2011 (GTZ, 2003). Overall, German support aimed to focus on boosting academic standards and enabling the Academy to exercise its newfound autonomy. In order to do this, it adopted a comprehensive approach that focused on building both individual and institutional capacities. In particular, this approach focused on two key areas:

1. Strengthening the Academy's institutional administration and academic procedures
2. Improving the quality of teaching and policy advice.

■ *Well-trained public health managers can encourage staff to work more effectively together to improve Pakistan's health outcomes.*

Institutional weaknesses raise tough questions about project viability

The start of the new project phase in 2004 led to a much-needed influx of financial and technical support for the Health Services Academy. Other international donors signalled their willingness to work with the Academy and the Ministry of Health began building the new campus at the end of 2004. At the same time, German support enabled the Academy to continue to provide public health training courses and also initiated a follow-up study to evaluate the impact of the Master's training on subsequent alumni career outcomes. During the first year, the Academy organised eight short courses and workshops, and the Master's course ran as usual, producing a new cohort of 25 trained public health experts, including 11 women.

However, despite these positive financial and technical inputs the HSA's progress during the first 18 months of the new phase was unsatisfactory. By the end of 2004 only three tenured faculty members and one external teaching instructor were left to teach the Master's course, and research activities were at a standstill due to faculty members' substantial teaching and administrative workloads. Progress recruiting staff was poor and, by May 2005, six posts remained unfilled and no new professorial positions had been created. These staff shortages meant that the Academy was unable to start generating more income from teaching or consulting and, with no foreseeable increase in staffing levels, the Master's course risked losing its accreditation from the Pakistan Medical and Dental Council.

This failure to increase the number of faculty was not due to a lack of financial resources or ministerial support. At the time, the Academy had access to more funds than the institution was capable of absorbing and, contrary to initial fears, the Ministry of Health showed a clear readiness to support the sorts of institutional changes necessary to improve the Academy's staffing policies (GTZ, 2005). However, after the four-year interruption in support, the Health Services Academy was not sufficiently organised to make the most of these conditions. During the first year, the Executive Director changed twice and no clear initiatives were developed to address existing organisational problems or build on the institution's newfound autonomy.

■ *Building works underway at the new Health Services Academy campus.*

The project plan for the second period of cooperation had assumed that there was an untapped desire for change within the Academy. However, the instability and lack of direction at the top of the managerial pyramid had fostered an overall resistance to change among many staff members. Despite a strong desire to move away from the civil service contracts that had traditionally been provided, there was little internal appetite to develop a more competitive system of pay and conditions. As a consequence, the Academy continued to be unable to offer faculty positions with salaries that were capable of attracting sufficiently qualified personnel.

To the project team, this lack of progress and resistance to change suggested that the Academy was not capable of developing into an effective and autonomous institution under the current leadership. In contrast to the relatively muted approach adopted during the previous period of Pakistani-German collaboration, the team instead chose to raise these concerns quite directly with the Ministry counterparts. In particular, they made it clear that BMZ would consider cancelling the project if there was no change in the Academy's leadership and institutional culture by the end of 2005. This firm but constructive stance galvanised the situation. A subsequent follow-up review in December 2005 established that there was strong support for the proposed changes within the Ministry of Health and the overall situation at the Academy improved rapidly.

A new director and a more positive out look for the project

Following these discussions with the Ministry, a new Executive Director was appointed in February 2006. An epidemiologist by training, Dr Shakila Zaman was the first woman and the first qualified academic to hold the top position at the Academy. The change in leadership was accompanied by a new openness to reform and rapid progress in a number of key project areas. Revenues from fees and consulting activities rose, and various international organisations expressed a renewed interest in working with the Academy to develop research collaborations and run training courses. During the course of the year, the new campus building was finished and the Academy was finally able to move into its new functionally designed premises.

Having relied largely on the same course content since its inception, the Academy also began revising the curriculum for the Master's programme. As part of these changes, the one-year Master of Public Health (MPH) degree was replaced with a two-year Master of Science in Public Health (MSPH) programme. This new course covered internationally recognised core competencies such as epidemiology, biostatistics, social sciences, environmental health and health systems. However, in contrast to other courses of this type, the Master's at the Academy was also designed to include Reproductive Health as a special core competency. In particular, this adjustment enabled the course to remain responsive to the local context and to raise students' awareness of the importance of gender-sensitive health services for women in Pakistan.

■ *The Health Services Academy today.*

These changes to the Academy's courses and improvements in revenues and infrastructure were clearly positive. However, perhaps the most notable developments during this period related to the overall structure and operation of the institution.

■ *The core faculty for the first MSPH intake in 2007-2008.*

Making autonomy a reality

Although the Health Services Academy was officially granted autonomy in 2002, the joint Pakistani-German project team needed to establish a strong set of new rules and regulations to enable the Academy to actually exercise this status. As Paul Rückert, the German team leader at the time, notes, 'it wasn't enough to have a law, we needed to translate autonomy into daily business.' In order to realise these aims, the project implemented a range of initiatives to strengthen institutional capacity. Part of this work involved introducing more effective financial management practices to allow the Academy to conduct business with other organisations and to ensure that the institution was able to generate and spend revenues according to its own priorities.

To improve its academic administration, the Academy also adopted the Pakistani Higher Education Commission's tenure-track system and created detailed faculty job descriptions and new rules for recruitment and promotion. On top of this, a new salary system was created to allow the Academy to offer more competitive faculty employment conditions, and a performance review system was also developed to link faculty pay more closely to performance.

Ultimately, these new financial and administrative practices laid the foundations for true institutional autonomy, enabling the Academy to become financially independent and allowing it to operate more effectively as an academic institution. However, the joint Pakistani-German project team also added to this by introducing a faculty governance system. Importantly, this system gave faculty members greater control over key areas of academic life, such as student admissions, course content, research ethics and faculty appointments. As a consequence, the team not only laid the groundwork for institutional autonomy, they also established rules to facilitate academic autonomy within the Academy.

Final authority for interpreting and implementing the new rules and regulations was given to the Academy's Board of Governors and, over time, the Board began to play a more proactive role in allowing the Health Services Academy to operate autonomously (Durrani & Siddique, 2010). The Academy took full control of its financial matters and, while administrative control ultimately remained with the Ministry of Health, in practice these issues were generally handled by the Academy. Overall, these institutional reforms were an important achievement and helped the Academy to address some of the key problems it had faced during the previous project period. However, their development and adoption was not an easy process.

Box 5: A perspective that emphasises prevention and surveillance

■ *Dr Fakhra Sarwar.*

Dr Fakhra Sarwar has an unusual background for a Heath Services Academy graduate. Originally trained in veterinary medicine, her interests lay primarily in genetic research and zoonotic epidemics when she enrolled in the MSPH programme in 2012. The course modules in biostatistics and epidemiological study design provided her with valuable research skills. However, the degree also introduced key public health concepts that she had not previously encountered in her studies. Learning about the social determinants of health and the role of behavioural factors in disease transmission enabled her to see her own interests in a new light. 'After graduation, I was more inclined to focus on treatment and prevention,' she remarks. Since then she has sought to apply her specialist skills to disease monitoring and outbreak prevention and is now pursuing a promising career as a Zoonotic Surveillance Officer at the National Agricultural Research Centre in Islamabad.

The importance of patience and constructive dialogue

The new administrative, financial and academic regulations were drafted in mid-2006, along with a proposal to create a new salary structure modelled on the system used at Islamabad's Qaid-i-Azam University. However, the pace of progress was much slower than the team expected and it took almost three years of concerted negotiation and dialogue until they were finally adopted and implemented.

The protracted nature of the discussions owed more to the government's inherent cautiousness about handing over institutional control than to any specific objections to the Health Services Academy's exercising its autonomy. Each stage in developing the rules required the agreement of the Ministry of Health, as well as any other partners involved in the discussions. Achieving a consensus among the different stakeholders was not always straightforward and the whole process was slowed down by the need for each draft to pass successfully through the Ministry's own internal review procedures.

Fortunately, the longstanding Pakistani-German collaboration to support the Health Services Academy had allowed German support to build a close and mutually understanding relationship with the Ministry of Health. As a consequence, the project was seen as a trusted source of technical advice and it was possible for the team to minimise the delays and work constructively with the Ministry to address these concerns. Now a Senior Technical Advisor at GIZ[2], Dr Imran Durrani was part of the original team that worked to develop these rules. Although the process was time-consuming, he is clear that these negotiations represented 'a very positive example of development cooperation with the government in Pakistan.'

In particular, he suggests that the team's patience and willingness to persist helped strengthen relationships with Ministry counterparts by showing a respect for their institutional perspective and an awareness of their own administrative constraints. This positive assessment is shared by others who were on the project team at the time. Thinking back to her own part in establishing the Academy's performance review system, GIZ Senior Technical Officer Dr Saira Siddique is philosophical about the long and often tedious negotiation process. 'Sometimes it's better to go through the fire than round it - you have to burn your hands and feet in order to get things done.'

Improvements in the academic environment and consulting activities

Aside from supporting these administrative reforms, the project team also achieved substantial progress in improving the Academy's teaching and consulting services. In addition to redeveloping the Master of Public Health into a two-year Master of Science (MSPH), the team worked with the Academy to further expand the range of courses on offer and make existing training opportunities more accessible. In particular, in 2007 a three-year extended MSPH programme was launched to enable public health professionals to combine training with existing work commitments.

Health Services Academy graduation, 2011.

[2] The Gesellschaft für Internationale Zusammenarbeit (GIZ) is the current name of German technical cooperation, the result of fusion of three predecessor organisations in 2011.

To be able to offer these courses, Academy staff and the project team undertook concerted efforts to address the severe faculty shortages. The immediate threat to the Master's accreditation was headed off by funding from UNFPA and Save the Children, which allowed the Academy to pay for the salaries of two professorial positions. However, to rebuild the faculty in the longer term, the project also provided funding to support doctoral training abroad for more senior staff members. To ensure greater staff continuity and minimise the possibility of another sudden brain drain, these investments were more strictly controlled than they were during the previous project period.

All those who were sent abroad were required to return to the Academy for a period of employment following the completion of their academic training. As the number of qualified staff increased during the course of the project phase, the Master's was able to retain its accreditation and the Academy was also permitted to increase the number of students admitted into the course. By 2008-2009 the number of MSPH graduates had risen from 25 in 2004-2005 to 56. The project also implemented initiatives to renovate the library and upgrade the computer facilities that were available to staff and students.

To improve the Academy's research activities and guide its future development as an autonomous institution, the project team also supported the creation of an Academy business plan and the establishment of a Research and Development Unit. Much like the consulting department proposed during the previous project period, this unit was intended to create new opportunities for research and to develop alternative ways of generating revenue to support the Academy. However, in contrast to the earlier situation, this time around the Academy actually had the institutional autonomy to put this idea into practice.

The Research and Development Unit began submitting research proposals for consultancy work and negotiating contracts with bilateral partners. At the same time, the Academy also revised the fee structure for its various courses and increased tuition fees. Importantly, these changes led to a substantial increase in the proportion of the Academy's running costs covered by fees and consulting work. As a consequence, the institution's overall dependence on government funding was reduced and, in 2008, 45% of the Academy's running costs were covered by revenues generated by these various activities (GTZ, 2009).

■ *Students in the new library at the Health Services Academy.*

From recipient to resource: a change in the Health Services Academy's relationship with German Technical Cooperation

By the end of the implementation phase in 2008, German support had succeeded in securing a number of long held goals. It was a time to celebrate and it was also an important time to reflect on the project's aims and its role in the future. The project had succeeded in establishing the preconditions necessary for the Academy to operate as an autonomous institution, yet the HSA also continued to face a range of important challenges. As a consequence, it was necessary to consider how best to position further German support in a way that would empower the Academy to deal with these issues independently.

Following a programme evaluation in November 2008, German Technical Cooperation took the decision to shift from providing support to the Health Services Academy to contracting the Academy to carry out specific tasks (GTZ, 2009). This new arrangement aimed to give the Academy the space to exercise its autonomy while also providing concrete opportunities to build up its credentials as a research institution.

This change in direction was not only indicative of the Academy's development into a national centre of excellence for public health, it also represented a fundamental shift in the nature of the relationship between German Technical Cooperation and the Health Services Academy. Rather than continuing to receive German technical support, the Academy would instead be used by German Technical Cooperation to serve as a training hub for health service managers who were urgently needed at the different levels of the health care system which Germany supported at the time.

Following this decision, the project was extended to December 2009 and all activities with the Academy were subsequently incorporated into the new German Health Sector Support Programme. In particular, German support to strengthen the health system in Azad Jammu and Kashmir has been active in using the Health Services Academy to build up health management capacity within the territory. Through the Academy's Extended Master of Science in Public Health, local health professionals have gained valuable public health skills while continuing their work within the health system.

■ *Computing facilities at the Health Services Academy.*

The Academy has also worked with German Technical Cooperation to establish innovative training courses in areas of shared interest. For example, between 2010 and 2011 they collaborated to establish a strategic partnership with Queen Margaret University in Edinburgh, Scotland. This partnership had benefits for both sides. It enabled the Academy to develop a Postgraduate Certificate in Human Resources for Health Management and it allowed German Technical Cooperation to support provincial-level health reforms by funding places for local health professionals in these courses.

For the Health Services Academy to develop into a truly autonomous institution, this shift from recipient to resource has been an important and inevitable step forward. However, it should not be taken to suggest that the Academy has necessarily resolved all of its institutional weaknesses and challenges. Although teaching and course development had developed substantially by the end of the project, research output remained low and there was a strong need for the Academy to place greater emphasis on producing high quality analyses.

Management and personnel problems also continued to negatively impact on the Academy's research and training activities and, in 2008, these issues led to the withdrawal of key international partners and a resulting drop in revenues (GTZ, 2009). At the same time, the project team noted that the Academy also lacked the appropriate management and acquisition strategies to cushion the institution from these sorts of fluctuations and, as a consequence, the Academy's long-term financial and institutional sustainability was still not secure. Overall, these problems suggest that there were still many outstanding issues to address when the relationship between the Academy and German Technical Cooperation changed.

However, the project's existing achievements also raised questions about the German role in addressing these concerns. By strengthening teaching and consulting activities and establishing the basic rules and regulations governing autonomy, the Pakistani-German collaboration had succeeded in laying the foundations for a functioning public health institute. While the continuation of German support might have been useful in the short term, in a sense the project had arrived at a point where it was more appropriate for the Academy to step up and take full ownership of its future development and full responsibility for its current problems.

German Technical Cooperation cannot guarantee the Academy's long-term outcomes and it is only right that this should be the case. The future of the Health Services Academy lies in its own hands. However, the long-running Pakistani-German collaboration to support the Academy has undoubtedly done much to help it on its way.

Since the end of German support in 2009, the Academy has continued to develop new courses and strengthen its teaching and research capacity. A two-year Master of Health Economics and Management is now available and a number of new certificate courses have been introduced. The Academy has also developed tailor-made training courses for government and international agencies. Examples include a course on health care quality management for GIZ and the provincial government of Khyber Pakhtunkwa, a WHO polio eradication training module aimed at district health managers and disaster management course for the Pakistani National Disaster Management Commission.

Overall around 300 HSA students have been awarded a Master's degree since the launch of the first MPH in 1996 and, in 2012, the Academy also began offering the opportunity to work towards a PhD. At the time of writing in 2015, the Academy employed twelve faculty members and had approximately eight students engaged in doctoral research.

The following chapter considers the project's main achievements, as well as the key lessons that can be learned from this long and eventful collaboration.

Achievements

During the past 25 years, Islamabad's Health Services Academy has been transformed from a small government in-service training centre into one of the country's best-known institutes for public health teaching. The Pakistani-German cooperation to strengthen the Academy has played a central role in facilitating this change and the following sections outline some of the key achievements that have resulted from this support.

A trailblazer for postgraduate public health training in Pakistan

From the outset, German support placed a strong emphasis on improving quality and expanding access to training opportunities. As a consequence, the Academy has developed a range of training courses that are innovative and that respond to key human resource deficits within the Pakistani health sector. In 1996, the Academy became the first public sector institution in Pakistan to offer an international-standard postgraduate Master of Public Health degree. The course improved Pakistani health professionals' access to high-quality public health training and remains one of the most influential and well-recognised public health courses in the country.

However, the Academy did not stop there and, over the years, it has continued to expand the range and style of its courses in new and inventive ways. For example, during the second period of Pakistani-German cooperation, an extended version of the flagship Master's course was developed to enable working health professionals to combine study with ongoing employment commitments. And in 2010-2011, the Academy worked with colleagues at Queen Margaret University in Scotland to develop the country's first postgraduate certificate in Human Resources for Health Management.

By using international expertise to steadily develop the course catalogue and expand access, the Health Services Academy has gained a reputation as one of the leading institutes for public health training in Pakistan. However, this major achievement will only endure if the institution itself is also capable of continuing in the long term.

An independent and forward-looking academic institution

During the first project period (1993-2000), the team realised that the Academy's status as a government institution was limiting its ability to develop into a sustainable, well-functioning academic body. Having been awarded formal autonomy from the government, German support embarked on a comprehensive process of institutional reform in 2004. As part of this, the Academy established a series of working practices relating to key financial, administrative and academic matters.

These practices essentially provided the frameworks necessary to exercise autonomy and, as such, their establishment constituted a key milestone in the Academy's institutional development. However, they do not guarantee that the Academy will always operate as an efficient and sustainable academic institution. As an autonomous institution, it is only right and proper that the Academy itself be responsible for putting these reforms into practice. Although there are some signs that the Academy has used the new working practices to boost income from consulting and research activities, only time will tell whether it is able to realise its full potential as an autonomous academic institution.

Despite these uncertainties, the Academy has no plans to rest on its laurels. At present, the institution is already considering directly awarding the MSPH degree (currently administered by Qaid-i-Azam University), in order to further extend its autonomy. And faculty members are also actively engaged in developing further education training modules for Pakistani physicians that can reduce dependence on donor support and permit greater financial stability. At the very least, these plans suggest that there is a strong local commitment to the Academy's long-term future and this is all the more important when one considers the valuable public health advocacy and expertise that is provided by the Academy.

A national champion of the public health approach

In addition to pioneering new training opportunities, the Health Services Academy has also done much to promote the public health approach in Pakistan. Since the launch of the MPH degree in 1996, faculty members have worked informally with counterparts at other institutions to share their expertise and help develop new curricula. Over the years, the number

of postgraduate public health courses has multiplied and there are now comparable Master's degrees on offer at public health institutes and universities in almost all provinces in the country. At the same time, the Academy has also sought to maintain collaborative links with various national partner institutions and it frequently hosts Pakistan's Annual Public Health Conference.

Activities like these help to raise awareness and foster a strong network of health professionals who understand the public health approach and are committed to improving population health in Pakistan. However, the Academy's teaching also provides a more direct means of achieving these goals. Through high-quality academic courses, HSA is creating a growing number of well-trained Pakistani public health professionals. By the end of the formal German-Pakistani cooperation project in 2008, 188 students had completed the Master of Public Health programme, 30 had received the upgraded two-year MSPH and a further 42 were currently studying for the latter degree. The Academy had also provided short-course training in advanced public health concepts to around 3000 experienced health professionals (Durrani & Siddique, 2010).

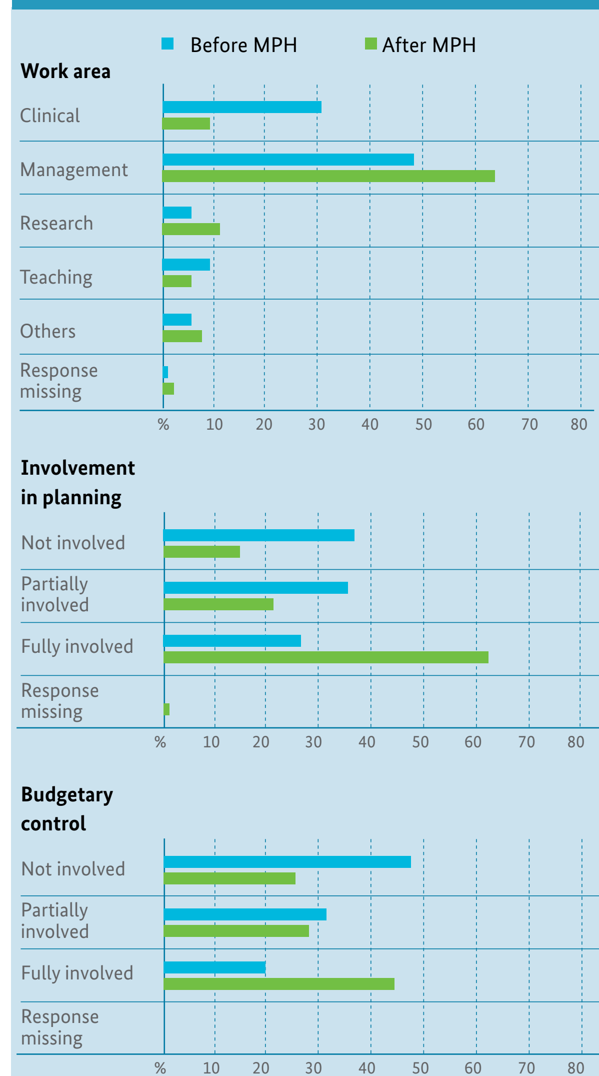
More trained public health experts working in key planning and management roles

The Academy's success in increasing the numbers of trained Pakistani public health experts is particularly valuable, given the strong demand for these individuals that exists within the country's health system. However, for HSA's public health graduates to be truly useful it is not only important that they have the training but also that they are in a position to use these skills.

During the second period of the Pakistani-German cooperation (2004-2009), the project carried out a short follow-up study to investigate the subsequent career outcomes of graduates from the original one-year Master of Public Health programme (Siddique, 2008). Overall, the study found that 91% remained in Pakistan and 79% reported experiencing some form of managerial-level improvement in their place of employment. Following graduation, these newly trained experts were less likely to be employed in clinical practice and more likely to be working in managerial or research positions. They were also more likely to be closely involved in policy development and to have some degree of budgetary responsibility (see Graphic 4).

Importantly, these findings suggest that the Health Services Academy has not only boosted the number of trained public health experts in Pakistan but that it also increased the number of these individuals who are working in higher-level positions and are in a position to use their knowledge to address some of the key problems within the Pakistani health system.

Graphic 4. Job characteristics of MPH students before and after graduation



Notes: The study focused on the 1996-2004 cohorts who obtained the original one-year MPH. Of the 188 graduates during this period, a total of 154 were successfully traced and responded to the survey.

Source: Siddique (2008)

Lessons learned

The story of the Pakistani-German cooperation to strengthen the Health Services Academy contains some important lessons for other initiatives that aim to build up individual and institutional capacities.

Fostering local ownership is important but building and retaining a team is a complex challenge

From the beginning, the project team set out a clear plan to develop the Academy into a centre of excellence for public health training. At the same time, the project also emphasised the importance of equal participation and, where possible, the team delegated project activities to faculty members at the Academy. By presenting a clear vision and transferring responsibilities to local staff, German support helped foster a strong sense of local ownership and identification with the Academy's goals. As the Academy developed over time, it continued to build up a strong body of local supporters who felt invested in the institution's future and committed to improving public health in Pakistan.

These individuals have been a major source of assistance at critical points in the Academy's development. In particular, the enduring commitment of the Academy's own graduates was a key factor that enabled the Health Services Academy to continue teaching following the suspension of the Pakistani-German cooperation in 2000. And strong support within the Ministry of Health was also central to securing the legal autonomy that was necessary to resume the cooperation. This suggests that fostering a strong sense of local ownership from the start can potentially provide crucial support later on - especially during periods when the long-term future of an institution is in doubt.

But ownership on its own is not enough to maintain a highly qualified team. The sizeable faculty losses at the end of the first period of cooperation showed that, despite their own personal commitment to the Academy, many staff were also influenced by more practical concerns about job security and working conditions. In response to this, during the second period of cooperation the project employed a combination of short- and longer-term solutions to improve the Academy's ability to attract and retain well-trained staff. All faculty members who were sent abroad during the second period of cooperation were required to return to the Academy for a period of employment following the completion of their academic training.

This allowed the Academy to guard against another damaging exodus of high-value staff in the short- to medium-term while creating the necessary breathing space to enable the Academy to lay the foundations for a new, more competitive system of employment conditions.

Criticism can initiate change if it based on a constructive, trusting relationship

While it is important to maintain positive relations with project partners, there are some situations where it is useful to adopt a more critical stance. At several points during the Pakistani-German collaboration, the German side raised serious concerns about the long-term viability of the project and the lack of progress towards achieving autonomy. In particular, in 2000 they criticised the partners' slow progress in securing legal autonomy, and in 2005 they made clear that the project's continuation was contingent on greater openness to reform in the Health Services Academy.

Raising these concerns helped galvanise the Ministry of Health partners into taking positive action to address these issues. However, while criticism can prove helpful in some situations, it is important to ensure that it occurs within the right context. The Health Services Academy's status as an independent academic institution owes a great deal to the positive working relationship between the project team and counterparts at the Ministry of Health. Right from the start, German support sought to develop a constructive dialogue with the Ministry that was based on mutual trust and openness. Importantly, this dialogue enabled the team to raise concerns about the lack of autonomy while minimising the emergence of any unproductive tensions with their Ministry counterparts.

During the negotiations to establish the Academy's new working practices, this close relationship also ensured that the Ministry was able to avoid potential misunderstandings by keeping the project team informed about the internal reasons for particular ministerial delays. Maintaining a relationship where both sides can raise concerns and explain their institutional constraints enables partners to work productively together. By cultivating this sort of constructive dialogue, German support was able to respond sensitively to the Ministry's own internal constraints and it was possible to successfully resume the Pakistani-German partnership following the suspension of the project in 2000.

In general, the plans to strengthen the Health Services Academy underestimated the time and energy required to achieve sustainability, and the reality on the ground then made it difficult for the project to meet its planned targets. At times, these difficulties fostered an unfairly negative picture of the project's overall progress. However, the Pakistani-German collaboration always remained constructive and, in many ways, the successful strengthening of the Health Services Academy owes much to the partners' recognition that it is necessary to work through the short- to medium-term challenges when seeking to secure the more fundamental changes that can lead to truly sustainable outcomes.

The sustainable approach is not always the fastest or easiest

To strengthen the Health Services Academy and increase the numbers of trained public health experts, German support focused on individual and institutional capacity development. In particular, the project aimed to boost academic standards by sending faculty abroad to receive postgraduate training, and it worked with the Ministry of Health to achieve the institutional reforms that were necessary for the Academy to operate as an autonomous academic institution. By adopting a comprehensive form of capacity development, the project aimed to strengthen the Academy in a way that was sustainable in the long term.

This is clearly a desirable outcome. However, it can also raise more difficult challenges for a project than less ambitious plans. Rather than simply bringing in qualified staff from outside Pakistan, providing additional training to local faculty members involved a considerable up-front investment of time and resources. At the same time, weaknesses in the Academy's own institutional structures made it difficult to provide staff with a strong motivation to return to the Academy and pay back this investment. And reforming these structures proved a much longer process than initially planned.

'Switching the relationship around' between technical advisors and partner institution can stimulate continuing organisational development

Having supported new working practices to enable the Health Services Academy to fully exercise its status as an autonomous institution, German Technical Cooperation opted to change the nature of its relationship with the Academy. Instead of providing further technical support to HSA, it switched the relationship around and invited the Academy to provide its expertise by serving as a training hub for health professionals working in crucial positions in the provinces which Germany continued to support. For the Health Services Academy to develop into a truly autonomous institution, this change from being recipient to becoming resource and provider was an important and necessary step forward. However, for the German side, taking this decision was not without risks.

At the time, there were still many outstanding concerns about the long-term sustainability of the Academy. But it was clear that the project had also arrived at a point where it was more appropriate for the Academy to take ownership of these issues. By changing the relationship with the Health Services Academy, German Technical Cooperation handed over a lot of its ability to address these concerns. However, in doing so, it also enabled the Academy to take greater control of its own future. This situation provides a good example of the complex trade-offs that are implicit in the development process. While sustainability is clearly an important long-term goal for donors, it is only really possible to achieve this outcome by stepping back and allowing partner institutions to take the lead.

Peer review

The German Health Practice Collection has established criteria the majority of which programmes and projects must meet to qualify for publication as part of this series (see Box 6). Two independent health workforce experts reviewed this case study. They noted that initiatives to improve health services management capacity are not well documented and that HSA's experience is particularly illustrative of the importance of long-term support in achieving significant institutional change. With these issues in mind, both reviewers concluded that the Pakistani-German cooperation to strengthen the Health Services Academy is relevant and of interest to development practitioners working in health and social protection.

The reviewers drew particular attention to several key criteria. They agreed that:

- The Health Services Academy has been **effective** in increasing the number of public health experts in Pakistan but continues to face challenges relating to its own effectiveness as an academic institution. The Academy's limited academic output (e.g. publications in journals, participation in original research projects and academic networks) was identified as an area of concern, with one reviewer noting that this is a key performance indicator when evaluating academic institutions.
- The approach taken to strengthen the Health Services Academy is **transferable** to other contexts. The type of support provided to HSA since the 1990s was a forerunner of the institutional support provided by many health systems strengthening initiatives since then and the lessons learned during the process to achieve institutional autonomy and financial sustainability are relevant and applicable to many low- and middle-income settings.
- The Pakistani-German cooperation to strengthen the Health Services Academy placed great emphasis on **empowering** local actors and has been largely successful in encouraging public institutions, faculty and students to take ownership of the national discourse on public health training.
- The Health Services Academy has been successful in encouraging greater gender equality and, drawing on her own experiences with HSA, one reviewer reported clear evidence of a positive gender balance among faculty and students. The initiative specifically promoted gender-blind eligibility criteria for potential students and also tracked the gender composition of the student intake. However, while the reviewers agreed that the approach was **gender aware**, one reviewer was careful to emphasise the limits of the interventions implemented at HSA. Aside from training, gender-based discrimination also occurs as part of recruitment processes and within the workplace more generally. Therefore, it would be interesting to examine whether the improved career prospects of HSA graduates accrue equally to male and female students.
- While training health service managers and promoting institutional change are relatively commonplace nowadays, they were **innovative** development interventions in the 1990s and addressed an important area of unmet need in Pakistan at that time.
- Although change has sometimes been slow, the Academy has progressively achieved greater institutional and financial sustainability. In particular, the long-term nature of the Pakistani-German cooperation was identified by one reviewer as a key factor in facilitating the fundamental changes necessary to ensure that the Academy is able to operate on a **sustainable** basis.

Box 6. Publication process of the German Health Practice Collection

Each year, GDC experts propose projects that they regard as good or promising practice to the GHPC. These proposals are then posted on the Collection's website to allow the interested public to compare, assess and rate them. They are also discussed in various GDC technical fora.

With this input, a joint GDC-BMZ editorial board selects the projects they deem worthy of publication. Professional writers then visit and document these projects, working with the local partners and GDC personnel who implement them.

The resulting report is submitted to two independent peer reviewers who assess whether the documented project represents 'good or promising practice,' based on eight criteria:

- Effectiveness
- Transferability
- Participatory and empowering approach
- Gender awareness
- Quality of monitoring & evaluation
- Comparative cost-effectiveness
- Innovation
- Sustainability

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