



6th Biennial Conference

Beyond the **Call of Duty**





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Beyond the Call of Duty



ICON 2022 | PROGRAM FLOW

PRE-CONFERENCE WORKSHOPS

JANUARY 1- 19, 2022

SCIENTIFIC SESSIONS

JANUARY 20 – 23, 2022

POST GRADUATE MEDICAL EDUCATION CONVOCATION

JANUARY 21, 2022

PLENARY SESSION 1 | HEALTH ECOSYSTEM: CHALLENGES AND OPPORTUNITIES

JANUARY 21, 2022

INAUGURAL SESSION

JANUARY 21, 2022

PLENARY SESSION 2 | COVID-19

JANUARY 22, 2022

MUSHAIRA

JANUARY 22, 2022

PLENARY SESSION 3 | HEALTH JOURNALISM

JANUARY 23, 2022

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OUR FACEBOOK PAGE





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ICON 2022

Held every two years, ICON is Indus Hospital & Health Network's (IHHN) signature conference. Its purpose is to facilitate communication across researchers, health professionals, and policymakers for promoting education, research, and training to ensure sustainable capacity in health service. The conference promotes dialogue, analysis, and healthy discussions identifying challenges and solutions for the future. Multiple pre-conference workshops, several scientific and plenary sessions are held during the conference with internationally-acclaimed healthcare professionals, academicians, and government officials.

The theme for ICON 2022, Beyond the Call of Duty, was derived from the impact IHHN created as the COVID pandemic hit Pakistan. Paramedics and non-paramedic staff came together to establish the frontline to combat COVID-19. Many groups went beyond the call of duty to serve voluntarily at IHHN and in the communities in collaboration with the government and other healthcare organizations.

The inspiration to work beyond the call of duty was not only due to the pandemic but also because it was taught within the organization's culture. IHHN's vision to provide free quality care to all with respect and dignity has inspired all staff to step up and work beyond the call of duty. Since the organization's inception, the IHHN team has been working in areas where the overall healthcare system has failed or is poorly performed. IHHN took the leadership and has devised evidence-based, innovative solutions to cater to such neglected regions and successfully implemented solutions that have impacted thousands of people across Pakistan.

Few such examples include Pakistan's first Boat Clinic reaching a community that had never seen healthcare services at its doorstep since the creation of Pakistan. In addition, a national policy was developed with key government and private sector stakeholders to implement processes for safe surgery practices at all healthcare facilities functioning across Pakistan.



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SCIENTIFIC SESSIONS

JANUARY 20 – 23, 2022

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SCIENTIFIC SESSIONS DAY 1

Discipline	Date	Time
Physical Rehabilitation	January 20, 2022	9:00 – 11:00 am
Psychosocial	January 20, 2022	9:00 – 11:00 am
Audio & Rehabilitation	January 20, 2022	9:00 – 11:00 am
Information Technology	January 20, 2022	9:00 – 11:00 am
Pharmacy	January 20, 2022	11:10 am – 1:10 pm
Nursing	January 20, 2022	11:10 am – 1:10 pm
Blood & Transfusion Services	January 20, 2022	2:10 – 4:10 pm
Nutrition	January 20, 2022	2:10 – 4:10 pm
Clinical Ethics	January 20, 2022	5:00 – 7:00 pm
Pediatric Palliative Care	January 20, 2022	5:00 – 7:00 pm
Clinical Services Leadership	January 20, 2022	5:00 – 7:00 pm

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SCIENTIFIC SESSIONS DAY 2

Discipline	Date	Time
Cardiology	January 21, 2022	9:00 - 11:00 am
Quality Improvement & Patient Safety	January 21, 2022	9:00 - 11:00 am
Emergency Medicine	January 21, 2022	9:00 - 11:00 am
Nephrology I	January 21, 2022	2:10 - 4:10 pm
Human Resources	January 21, 2022	2:10 - 4:10 pm
Nephrology II	January 21, 2022	5:00 - 7:00 pm

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SCIENTIFIC SESSIONS DAY 3

Discipline	Date	Time
Pediatric Surgery	January 22 2022	9:00 – 11:00 am
Family Medicine	January 22, 2022	9:00 – 11:00 am
Histopathology	January 22, 2022	9:00 – 11:00 am
Orthopedics	January 22, 2022	9:00 – 11:00 am
Immunology, Molecular Biology & Microbiology	January 22, 2022	9:00 – 11:00 am
Infectious Diseases	January 22, 2022	9:00 – 11:00 am
General Surgery	January 22, 2022	11:10 am – 1:10 pm
Hematology	January 22, 2022	11:10 am – 1:10 pm
Gastroenterology	January 22, 2022	11:10 am – 1:10 pm
Orthopedics II	January 22, 2022	11:10 am – 1:10 pm
Pediatric Oncology	January 22, 2022	11:10 am – 1:10 pm
Chemical Pathology	January 22, 2022	11:10 am – 1:10 pm
Internal Medicine	January 22, 2022	2:10 – 4:10 pm
Pulmonology	January 22, 2022	2:10 – 4:10 pm
Pediatric Medicine	January 22, 2022	2:10 – 4:10 pm
Vascular Surgery	January 22, 2022	2:10 – 4:10 pm

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SCIENTIFIC SESSIONS DAY 4

Discipline	Date	Time
Urology	January 23, 2022	9:00 – 11:00 am
Ears, Nose & Throat	January 23, 2022	9:00 – 11:00 am
Radiology	January 23, 2022	11:10 am – 1:10 pm
Obstetrics and Gynecology	January 23, 2022	11:10 am – 1:10 pm

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PLENARY SESSION 1 | HEALTH ECOSYSTEM: CHALLENGES AND OPPORTUNITIES

Time: 11:00 AM – 1:10 PM

Date: January 21, 2022

Type: Hybrid

The global health ecosystem is constantly changing, the rate and complexity of these changes have accelerated exponentially in recent years. These changes have fundamentally altered the landscape of medical care, the nature of threats to health, and their prevention strategies. Inevitably, some challenges are inherent to Pakistan's landscape, such as a dramatic rise in communicable diseases, poverty-driven disease burden, and inadequacies in primary and secondary healthcare services. However, more often than not, there are pervasive challenges in healthcare which are ubiquitous; patient safety, quality services, physician burnout, antibiotic resistance, and infection prevention to name a few.

Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes. It is based on evidence-based professional knowledge and is critical for achieving universal health coverage. As countries commit to achieving Health for All, it is imperative to consider the quality of care and health services carefully. It is not enough to just increase the availability and accessibility to healthcare services; these services need to be of high-quality as well. What is often not taken into consideration is that the provision of 'average' healthcare services that do not have certain high-quality benchmarks can be quite damaging to the patients and the community. Quality of care also has implications for patient safety; this is a healthcare discipline that emerged with the evolving complexity in health care systems and the resulting rise of patient harm in health care facilities. For instance, the occurrence of adverse events due to unsafe care is likely one of the 10 leading causes of death and disability in the world. Each year, 134 million adverse events occur in hospitals in low- and middle-income countries (LMICs), due to unsafe care, resulting in 2.6 million deaths. Globally, as many as 4 in 10 patients are harmed in primary and outpatient health care, and up to 80% of harm is preventable.



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The most detrimental errors are related to diagnosis, prescription and the use of medicines. Investments in reducing patient harm can lead to significant financial savings, and more importantly better patient outcomes. As such, patient safety is fundamental to delivering quality health services. Indeed, there is a clear consensus that quality health services across the world should be effective, safe and people-centered for the betterment of the health ecosystem.

One of the biggest threats to global health is antibiotic resistance. Historically, antibiotics have been widely prescribed, and resistance to these medicines is rising to dangerously high levels. The ability to fight bacterial infections with antibiotics has been a longstanding cornerstone of modern medicine. However, widespread overuse and misuse of antibiotics has led to unintended consequences, which in turn require large-scale changes of policy for mitigation. The causes and effects of the presence of antibiotics in the environment, both in terms of the evolution and spread of antibiotic resistance, as well as direct impact of antibiotics on environmental pollutants.

When physicians are unwell, the health ecosystem is unwell too. Burnout in physicians is characterized by emotional exhaustion, ineffectiveness, and tendency to view patients, students, and colleagues as objects rather than as human beings, and as a result, everyone pays the price. Physician burnout is more than feeling

run-down; it is a serious business problem with consequences for doctors, allied health professionals, patients, and the entire healthcare ecosystem. Importantly, trusted doctor-patient relationships weaken due to physician burnout as patients are left with doctors who are too exhausted with little to no compassion to offer. With so much at stake, addressing physician burnout is no longer a nice to do for healthcare executives - it is a must-do. However, human resource initiatives or wellness programs alone cannot cure physician burnout. A systemic ailment demands an integrated and holistic solution. To address physician burnout is to address a deteriorating global health ecosystem.

Healthcare services are necessary for sustaining and improving human wellbeing, yet they have an environmental footprint that contributes to environment-related threats to human health. The challenges between high-income and low-income countries and its impact on health ecosystem are important considerations. In many low-income countries, healthcare provision is insufficient and population health is often low. A country suffers from global processes and local environmental impacts, especially in developed countries where humans have a very significant impact on the natural ecosystem. For sustainable development within the healthcare system, the need to maintain a balance between effective infection control and a good ecological environment is a necessity.



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PLENARY SESSION 2 | COVID-19

Time: 05:00 – 7:00 PM

Date: January 22, 2022

Type: Virtual

The world has experienced several pandemics in history, some of which have become obsolete due to scientific research and intervention; examples are plague, small pox, and, hopefully, poliomyelitis is expected to be behind us. Other viral infections that have concerned some countries, such as Ebola, SARS and MERS were nipped in the bud because of early recognition and possibly some intervention.

Unfortunately, we have not been successful in controlling the elusive SARS CoV-2, as it continues to rage across continents and is still perceived as having an uncertain future for the citizens of the world. Scientific literature on COVID-19 is replete with information about the virus' taxonomy, its clinical sequelae, and management and control, yet the world remains apprehensive over its future effects on human health and world economy. The identification of variants and introduction of potent vaccines has done much to mitigate its clinical course, but the future of COVID-19 remains uncertain.

Given the bitter experiences with zoonosis-borne diseases and the fear of drastic climate change, there is a looming sense of foreboding that more recalcitrant microorganisms may again take hold of our lives. The questions that arise are: are scientists aware of possibilities of new and emerging infections; is there evidence to support this misgiving; can we preempt them; will there be cooperation among scientists globally to tackle these possibilities.

Scientists worldwide are working faster than ever to develop and produce vaccines that can stop the spread of COVID-19, with 21 vaccines now being rolled out in countries worldwide.



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A number of affluent countries signed advance contracts with various companies, securing the lion's share of initial doses and using influence to ensure that companies with local manufacturing plans were the first to deliver vaccines with proven efficacy, before final trial results were in. A number of middle-income countries managed to procure enough supply to inoculate significant portions of their populations. But, the poorest nations are still waiting for their part of vaccines. Because of their lack of influence, the poorest nations depend on supplies largely on COVAX, an initiative backed by groups including WHO that was designed to provide fair access to the shots for every country. The COVAX Facility is the largest vaccine supply operation, working to ensure that all countries and territories participating in the Facility have equitable access to COVID-19 vaccines. COVAX uses funding provided by governments and donors to make its own contracts with vaccine manufacturers, however, they have fallen short of targets, and there is looming concern that the flow of supply to the neediest countries would be interrupted by high-income nations to offer booster shots to people who have already been inoculated and to younger children.



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PLENARY SESSION 3 | HEALTH JOURNALISM

Time: 02:10 – 04:10 PM

Date: January 23, 2022

Type: Hybrid

The media is an important vehicle of mass communication across industries, and healthcare is no exception. The ubiquitous nature of mass media (print, electronic, radio, and the internet) makes it a powerful tool for directing attention to specific issues, helping steer public opinion. In other words, media has substantial power in setting agendas, i.e., what we should be concerned about and take action on, and framing issues, and how we should think about them. However, the public

health community and policymakers have not always been sensitive to the importance and power of the media in shaping the public's health. Generally, media outlets or organizations tend not to see themselves as a part of or contributing to the public health system. Only recently has the medical field embraced the role of media into a number of healthcare strategies.

The unfolding news coverage of HIV/AIDS is an excellent example of how a critical health issue may be invisible to the public eye until the media brings it to light. More recently, global health authorities have begun to educate and entrust the media with essential health information and research, particularly in times of emergencies which are then relayed in readily accessible formats. However, there are important caveats to mass media. As the amount of information grows at an unprecedented rate, so does the amount of false, potentially harmful information which can be sensationalized globally.

In Pakistan, where the use of mass media is rampant in all social strata, it is important to consider the treatment our media gives to healthcare issues. The existence, or lack thereof, of exclusive channels dedicated to responsible health promotion on radio and television and time slots for specific health-related information, amongst others, needs to be reflected upon, particularly in light of healthcare being a leading pressing need in Pakistan.



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During the COVID-19 pandemic, for example, while print and electronic media in Pakistan are to be applauded for their proactive control of fake and potentially harmful information, social media was a different story altogether. 'Informal' media such as WhatsApp, by and large acts as a free agent. In the COVID-19 context and beyond, the abundance of health-related content and the rapidity of its dissemination over social-media platforms means that the news and information presented for consumption does not pass through the filters of responsible media.

As media outlets grow and the channels for information, questions over the rise of misinformation have risen. From sources backtracking to stories falling through, social media has been all up in arms with the dissemination of news.

Media interventions can play a major role in influencing health policies in the broader context of enabling sustainable change. In policymaking, media can contribute to setting agendas for the press, the public, and policymakers by emphasizing on issues that are newsworthy at a particular time. The media can also influence how the public and policymakers view or cogitate about certain issues through careful selection of information and making them more salient to this information through communication strategies. Additionally, the media can also influence policymakers by shaping public opinion, exerting pressure on policymakers to respond. For instance, media advocacy is known as a popular strategy in public health that can contribute towards increasing public awareness and mobilizing decision-makers for policy change

There is also a need to determine avenues of vigorous human capital training in health journalism; currently, there are no such avenues, and health-related reporting is generally being conducted by those having little to no medicine-related knowledge. On the other hand, leaders in the healthcare field of Pakistan who regularly interact with the media also have to be equipped with the necessary skills to relay health-related information.

The need of the moment is accurate reporting, where the public is informed about the happenings. The health journalism plenary is where experts from the media fraternity and medical come together to reach sustainable suggestions and solutions.



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POST GRADUATE MEDICAL EDUCATION CONVOCATION

JANUARY 21, 2022

Location: The Indus Hospital, Korangi Campus

Time: 2:30 - 5:30 PM

Type: In-person & Online

INAUGURATION

JANUARY 21, 2022

Location: The Indus Hospital, Korangi Campus

Time: 7:30 - 10:30 PM

Type: In-person & Online

MUSHAIRA

JANUARY 22, 2022

Time: 8:00 - 11:00 PM

Type: By invite only



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