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Information and Faculty Exchange in Health and Related Sciences and Specialties

*Report of an Intercountry Meeting
Chandigarh, 19-22 November 2002*

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CONTENTS

	<i>Page</i>
1. INTRODUCTION.....	1
2. INAUGURAL SESSION	1
3. OBJECTIVES	2
4. NEED FOR FACULTY AND INFORMATION EXCHANGE	3
4.1 Health Professionals Education: Achieving the Right Balance	3
4.2 Regional Cooperation in Medical Specialties	4
5. DISTANCE EDUCATION: TELEMEDICINE FOR INFORMATION EXCHANGE AND FACULTY DEVELOPMENT	5
6. FACULTY DEVELOPMENT: IMPACT OF WHO TRAINING PROGRAMMES IN INDIA	6
6.1. WHO Fellowship Programme in India	6
6.2 WHO-Sponsored Intercountry Programmes	7
7. ACCREDITATION OF PROGRAMMES AND INSTITUTIONS: NEED AND PROCESS	7
7.1 Accreditation Process: Neonatology Experience in India	8
8. WEB BASED INFORMATION SYSTEM FOR INFORMATION EXCHANGE	9
8.1 Need assessments for a web-based information system	9
8.2 Information Exchange in Specialties: Role of IT	9
8.3 Creation of Web-page for Information Exchange in the Region	10
9. ROLE OF INTERPROFESSIONAL EDUCATION	11
10. CONCLUSIONS AND RECOMMENDATIONS	11
10.1 General	12
10.2 Areas for Faculty Exchange	13
10.3 Exchange Programme:	14
10.4 Mechanisms for Faculty Exchange	15
10.5 Preparation of Webpage	15
Annex : List of Participants.....	18

EXECUTIVE SUMMARY

The Reorientation of Medical Education was initiated by SEARO in the 1980s. Since then, several reforms have been undertaken by medical schools in their educational programmes, focused on changes in their curricula, teaching methods and evaluation of programmes and performance. Integration of basic and clinical sciences, community orientation, problem-based learning and objective assessment methods have been introduced through regional and national teacher training centres supported by WHO. In the late 1990s, in addition to the process of education, the focus shifted towards quality of educational programmes through advocacy for accreditation of institutions and programmes.

The WHO Intercountry Meeting for Information and Faculty Exchange in Health Specialities, held in Chandigarh from 19-22 November 2002, aimed at strengthening of specialties in health and related sciences through information and faculty exchange within the Region. The overall objective was to develop a mechanism for information and faculty exchange in health related training institutes and specialties in the Region.

The meeting highlighted the need for exchange of faculty and strengthening of capacity of institutes in specific areas of health and related disciplines. Setting standards for specialized areas in health sciences in the context of globalization and trade agreements was considered important. Since human resources for health accounted for three-fourths of the health budget, its appropriateness in numbers, mix and quality was discussed.

Representatives from each participating country discussed the current status of development of the disciplines and expertise

available in their countries and possible networking for exchange of specialties.

The intercountry meeting also considered the impact of WHO training programmes through the fellowship mechanism. A systematic study carried out in India on WHO fellowships and views of experts from specialized institutes were discussed. The study revealed that: inappropriate selection of candidates; lack of resources; inefficient time schedules; inappropriate job placement, and failure of the institutes to use the expertise gained are some concerns. The need for clear objectives of training, matching of programmes to capabilities of participants and evaluation of training programmes was emphasized.

Implementation of accreditation of institutes and programmes was considered citing experiences in specialized areas such as 'neonatology'. The Regional Office has introduced the concept of using information and communication technology (ICT) to address variable educational standards in the Region. Internet technology was considered efficient in reducing qualitative imbalance in medical specialties. Use of IT for faculty development and continuing medical education was considered essential.

Interprofessional education was addressed as an approach to foster team activity to promote continual understanding and respect between health care professionals. Training of "teams" for specialized care was considered a possibility in the future.

Based on detailed discussions at the group and plenary sessions, the following recommendations were made to meet the objectives of the meeting:

FOR MEMBER STATES

- (1) Faculty exchange programmes should be developed in the Region to address imbalances in human resources for health (HRH);
- (2) Priority areas for such exchanges should be identified based on specific needs of the country concerned;
- (3) Criteria for selection of individuals or teams for training; pre-requisites for training by the host institutions and the period required for training and faculty exchange of different programmes should be determined, and
- (4) Partnerships should be developed beyond national and regional institutes to strengthen capacity for HRH development.

FOR WHO

- (1) WHO should facilitate collection and exchange of information by interacting with governments, host institutions and candidates for developing a mechanism for regional information and faculty exchange in health-related training institutes and specialties in the Region;
- (2) WHO should assist Member Countries in framing the criteria for selection of candidates, identification of appropriate specialized areas and institutes to develop a sustainable mechanism for "Faculty Exchange programme";
- (3) WHO should assist in the development of specialized expertise and institutions of excellence in different specialties in the Region, using its own resources and WHO Collaborating Centres, and
- (4) A Web-page should be developed for information exchange through development of web-based access to the training facilities and expertise available in the Region.

1. INTRODUCTION

An Intercountry meeting for Information and Faculty Exchange in Health and Related Sciences and Specialties was held at the Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh from 19-22 November 2002. The broad objective was to develop a mechanism for information and faculty exchange between training institutions associated with the training of health personnel in the South-East Asia Region. Participants included nominees from six countries of the Region. The list of the participants is at Annex.

2. INAUGURAL SESSION

Dr Poonam Khetrapal Singh, Deputy Regional Director, WHO/SEARO presented the inaugural address on behalf of Dr Uton Muchtar Rafei, Regional Director, WHO/SEARO. She stressed up on the need to focus on the development of human resources in view of their importance in health system inputs. The performance of any health care system depends ultimately on the knowledge, skills and motivation of the people responsible for delivering services. She referred to the "Calcutta Declaration" of 1999 which had clearly stated a need to reform public health education to cater to the needs of the health system. WHO had subsequently organized a follow-up regional consultation in Chennai, India in February 2002 to formulate the accreditation criteria for public health institutions. WHO was also in the process of facilitating the networking of public health institutions in the Region, for which preliminary steps

had been taken at the Padjadjaran University, Bandung, Indonesia. She further observed that the scope of present intercountry faculty exchange went beyond the public health area with a need to focus on improvement in quality of service within the Region as well as close the gap in knowledge and skills of the health professionals using cost-effective mechanisms. This would involve identifying institutes of excellence in training, education and research in the Region, establishing well-coordinated faculty exchange programme, sharing of resources within the Region and use of appropriate information technology in all basic and clinical specialties. The educational institutions need to make curricular adjustments in the content as well as process of education in order to achieve the right balance in numbers and type of medical and public health professionals. Furthermore, in the current context of globalization and trade agreements, comparable training of specialists for validating equivalence of qualifications was needed. Exchange programmes could be further facilitated by information exchange through development of web-based access to the training facilities and expertise available in the Region.

3. OBJECTIVES

- (1) To develop a mechanism for regional information and faculty exchange in health related training institutes and specialties in the Region;
- (2) To identify areas for information exchange in health and health related specialties;
- (3) To develop the criteria of identification of expertise in specialized areas;

- (4) To identify specific areas for collaborative research between Member Countries;
- (5) To develop sustainable mechanism for faculty exchange in specialized areas of knowledge, and
- (6) To develop a plan for preparation of a directory of institutions and experts, and web-page for information exchange.

4. NEED FOR FACULTY AND INFORMATION EXCHANGE

4.1 Health Professionals Education: Achieving the Right Balance

Dr P T Jayawickramarajah, Coordinator, Strengthening of Health Systems, WHO/SEARO put the need for faculty and information exchange in proper perspective by linking it to an improvement of health care standards in the Region. He stated that improving teaching and training of health professionals and research into health and health systems are related to knowledge acquisition and knowledge creation. In present context, these functions can be enhanced through the use of information technology. Moreover, setting standards has become even more important in the current context of globalization. The General Agreement on Trade in Services (GATS), to which some of our Member Countries are signatories, is relevant in this context. It is vital for health professionals to understand the impact of such agreements on the demand for standardized health care as well as its impact on nation's economy. Health system reforms based on these economic dimensions of demand rather than supply as well as development of private-public partnerships, have necessitated setting the standards for quality in health services. These standards are directly linked to the training of health personnel. Cross-border trade involving telemedicine or tele-health is becoming

increasingly important. The countries in the Region could come together to help each other in a cost-effective manner by sharing their resources in the development of human resources for health sensitive to the needs of the people of the Region. Such a strategy might help in overcoming the imbalance in the availability of human resources related to their numbers, skills and availability where needed.

4.2 Regional Cooperation in Medical Specialties

Prof Madan Upadhyaya used his experiences on development of human resources for eye care in South-East Asian countries to illustrate the need for regional cooperation to develop the medical specialties. He emphasized the strength of human resource which consumes 60-80% of health budget and like any other system the success of a health system depends on the people working in it. The main issues in development of human resources in the Region are related to their numbers, category and skills, distribution and productivity. An example of the imbalance in health care professional in the Region is the ratio of ophthalmologist to mid level professionals of 1:0.5 against desirable 1:4. This is possibly related to a lack of policy, training and employment opportunities, in this case for the mid-level workers. A glaring maldistribution of ophthalmologists, as also of other medical specialists, is noticeable in the Region, as most of these are located in urban areas while most people in need of health care live in rural areas. To study the training of ophthalmologist and primary care physicians in Member Countries of SEA Region, to know the quality of technical, managerial and communication skills imparted during ophthalmic training and to identify lacunae in current medical education systems related to eye care, a study was conducted in Bangladesh,

DPR Korea, India, Indonesia, Myanmar, Nepal, Sri Lanka and Thailand. The methodology included questionnaire to heads of medical schools, interviews with practising ophthalmologists, focus group discussions with visually-impaired patient and interviews with senior administrators of National Medical Council. It revealed the need for setting standards, augmentation of the faculty skills, hands on experience, emphasis on primary care and better communication skills. The findings of this study can be used to understand the overall problems in relation to the development of medical specialties in the Region. Augmentation of faculty skills would be one way to move forward.

5. DISTANCE EDUCATION: TELEMEDICINE FOR INFORMATION EXCHANGE AND FACULTY DEVELOPMENT

Prof SK Jindal, Head, Department of Pulmonary Medicine and Telemedicine Unit at PGIMER, Chandigarh shared the importance of distance education as an important tool for achieving higher education in the SEA Region as only 6% of people in age group 18-23 years have direct access to higher education. Although distance education can take a shape of private institution, open school or countrywide classroom, it is different from a correspondence system, since a teacher is inbuilt in the instructional material in the latter. He defined faculty development as a process that is undertaken to bring about qualitative changes in the faculty to facilitate and improve the professional competence of individual faculty members that, in turn, would help them fulfill the goals and objectives of their institutions. Therefore, the components of

faculty development are oriented towards professional values and skills in pedagogy.

Telemedicine has been defined as the use of telecommunication technology to enable medical care and education over a distance. This mode is especially useful, as it can provide high quality medical standardized medical care and transfer of expertise. Telemedicine facilities could be used for continuous medical education programmes. These can be real-time and interactive. Teleconferencing extends the mass of the campus. Transmission of electronic patient record in digitized fashion, charts, X-rays, pathological slides, laboratory test and real time discussion can help in transferring expertise to places far away from the training institutes. It requires telecommunication infrastructure and networking but can be cost-effective in improvement of skills by getting together, sharing the data and experience.

6. FACULTY DEVELOPMENT: IMPACT OF WHO TRAINING PROGRAMMES IN INDIA

6.1. WHO Fellowship Programme in India

Prof Kusum Verma in her study, carried out in late 1990s, on WHO fellowship programmes in medical specialties in India, pointed out that only 12-20% of these involved training in the countries of the SEA Region. However, the situation had improved in recent years. She also clarified that the objectives of the programme did not match with the expertise or qualification of many of the recipients and it was striking when the recipient was a non-medical person or an administrator. Inability to use the training was related to lack of

resources, time constraints, inappropriate job placement and at times, general apathy. Similarly, the programme was not fully utilized for the institution to which the recipient belonged. It obviously means that a plan is needed to identify the areas for training and proper utilization of the trained manpower. She, on the basis of this study laid emphasis on appropriate selection criteria as well as creating proper infrastructure and environment to achieve the objectives of these exchange programmes. She also suggested that it may be at times more appropriate to train a team rather an individual, especially when an entirely new facility is to be created by the faculty undergoing exchange programme. She also recommended that younger people should be allowed training so that the expertise could be properly utilized.

6.2 WHO-Sponsored Intercountry Programmes

Prof S Gopalan, based on her experience in training candidates sponsored by other agencies including WHO, emphasized the proper selection of candidates based on preset criteria and the likelihood of utilizing the skills acquired. The candidates should have a basic knowledge of the subject in which the fellowship is requested. The training should be goal-directed with emphasis on developing the necessary skills. Even though such programme had been quite popular, an assessment of the training programme and its effectiveness would necessitate the development of mechanisms for evaluation of the programme as well as follow-up from the trainee and the employer.

7. ACCREDITATION OF PROGRAMMES AND INSTITUTIONS: NEED AND PROCESS

7.1 Accreditation Process: Neonatology Experience in India

Prof Anil Narang, Professor of Paediatrics, PGIMER, Chandigarh stressed the need for accreditation to achieve universal minimum standards and hence global acceptability. These standards must also reflect local or national needs in addition to the universal needs. Accreditation should be based on clearly defined objectives, methodology, tools and its logistics. The standards must not be based on resources available, but curriculum should be based on local needs. There is often a conflict between the curriculum and resources for local/national versus global needs. Standard curriculum must not stifle the process of innovation or experimentation and must have measurable objectives in all the areas of required competence. Giving the example of neonatology in India, he stated that standards of neonatology training were formulated in 1991 while level II & III accreditation were started in 1992 and 2002 respectively. The neonatology units were allowed accreditation only if the mandatory criteria like trained heads of units, health care providers, optimal workload, working experience and supportive services were fulfilled according to the pre-set criteria. This was based on a stringent scoring system and had inbuilt a predetermined minimum score required for accreditation. The National Neonatology Forum took the lead for this accreditation process. Over the years, several institutions and hospitals strove to attain these standards, leading to an all round improvement in neonatal care as well as training. This example clearly illustrates the benefits of developing accreditation criteria for the training programmes as well as medical education institutions to improve specialty training in the Region.

8. WEB BASED INFORMATION SYSTEM FOR INFORMATION EXCHANGE

8.1 Need Assessments for a Web-based Information System

Ms. Jyotsna Chikersal, Informatics Systems Management (TO-ISM), WHO/SEARO, introduced the concept of using information and communication technology (ICT) effectively to fulfil the objectives of the meeting as well as addressing the issues of variable education standards in the Region. She stated that linkages were needed to strengthen the technical cooperation between Member Countries and such linkages could easily be established by facilitating networking through the use of ICT. The scope of the networking could be within and outside the participating countries and it could involve sharing information, resources and expertise. Access to high quality, relevant and timely information and better communication within the health community could be achieved through networking. Internet technology facilitates the flow of information to reduce the qualitative imbalance in medical and health specialization and enables more effective health service delivery. In addition, databases on health-related training institutions as well as expertise in various fields could be made available to facilitate faculty exchange.

8.2 Information Exchange in Specialties: Role of IT

Dr B V Adkoli, in-charge medical education cell AIIMS, New Delhi while discussing the role of IT for development of specialties, emphasized that information is the key to the growth of the specialties. Proper strategies are required to harness the exponential increase in available information. Use of web-based

technology can help to not only store and rapidly retrieve desired information, but also develop strategies for faculty development. IT could be used to supplement the traditional methods of faculty development by using it for distance education and CME programme. It has an advantage of being interactive with incredible storage capacity. It does have the disadvantage of cost and technical constraints. Availability of CME with accreditation points could go a long way in improving the standards of medical education in the Region.

8.3 Creation of Web-page for Information Exchange in the Region

Dr Pandav along with Dr Adkoli discussed the requirements for launching a web page for information exchange. The group discussed the requirements of the web site that would have appropriate content and sustainable connectivity along with capacity to periodically update contents. The target users would include professionals related to health specialties and service providers, allied health professionals and researchers. The disciplines would include both basic and clinical sciences. Security issues need attention with access following registration. The home page would include the following most useful and latest health-related information:

- (1) Updated information
- (2) Structured site map
- (3) Links of all sections of the site
- (4) Links to all other related sites
- (5) Powerful search capabilities

The site could have a bulletin board as well as information about the institutions willing to participate in the faculty exchange, including the area of expertise, and courses available. Development of the web site would require establishing an expert group with inputs from the Member Countries.

9. ROLE OF INTERPROFESSIONAL EDUCATION

During the meeting, innovative methods of training health professionals such as adoption of strategy of interprofessional education was discussed. Dr S Varma from PGIMER, Chandigarh, while introducing the subject, stressed that health care is a team activity in which members of several professions are involved. It is important for them to understand each other's role to ensure optimum health care. Interprofessional education means two or more professions learn together with the purpose of collaborative practice. It enhances personal and professional confidence, and promotes mutual understanding and respect between health care professionals. Though interprofessional education is gaining ground in some of the developed countries, countries in our Region have not moved in this direction. It may be worthwhile to train teams of health care professionals to improve the specialist care in the Region.

10. CONCLUSIONS AND RECOMMENDATIONS

The participants appreciated the efforts of the Regional Office to establish guidelines for faculty and information exchange within the Region. They recognized WHO's immense contribution to human resource development, development of expertise through its fellowship programmes and direction given to remove

imbalance in health manpower management. They welcomed the current efforts by the Regional Office to establish a network between the countries of the Region for faculty and information exchange to address these issues in a cost effective manner. They agreed that such a programme could help in developing expertise in basic sciences, service and research through mutual help and interaction.

Detailed plans for achieving the objectives of the meeting were discussed in the Plenary session and during group work. These were classified as: general, areas of faculty exchange; exchange programme; mechanisms for faculty exchange and preparation of web-page.

10.1 General

- (1) There is a need for regional exchange of faculty, because it would help the Member Countries to learn from each other's experiences about the problems peculiar to the Region, address the issues of imbalance of human resources for health (HRH) and attain standards essential in the times of globalization in a cost-effective manner.
- (2) Mechanisms to identify priority areas for such an exchange need to be worked out by the nations of the Region. However some broad areas are identified (*vide infra*).
- (3) The period of exchange shall be variable depending upon the requirements of the programme.
- (4) Criteria for selecting individuals/teams for exchange need to be established. The host institution shall screen candidates sponsored on preset criteria.

- (5) The sponsoring government would be required to identify modes of effectively using such trained HRH.
- (6) Partnerships should be developed not only between nations, but also institutions within and outside a country of the Region with a view to help each other in HRH development.

10.2 Areas for Faculty Exchange

- (7) The countries of the SEA Region, through national consensus, would need to develop a list of priority areas for the development of HRH.
- (8) There is a strong need for faculty exchange in basic sciences including genetics, molecular biology, virology and mycology in all countries of the Region.
- (9) Some of the other areas identified by the participants from various countries were as follows:
 - **Bangladesh:** Transplant surgery, tropical diseases, plastic surgery, endoscopic surgery in gynecology, management of high risk pregnancy
 - **Maldives:** Specialized nursing care, immunology, genetics, paramedical health sciences
 - **Thailand:** Geriatrics, emergency and critical care medicine, adolescent and child psychiatry
 - **Myanmar:** Transplant surgery, oncology, cardiovascular surgery, laboratory medicine, interventional cardiology, neonatology.
 - **Nepal:** Paediatric and transplant surgery, neonatal intensive care, pulmonology

- **India:** Paediatric cardiac surgery, emergency and critical care, deafness, blindness

Other areas for faculty exchange and HRH need to be identified depending on the health priorities of different countries, requirement of experts, training facilities and expertise available in the Region.

Criteria for identification of centres for faculty and information exchange

Various centres in the Region that would be involved in faculty exchange should be identified depending upon:

- The availability of necessary infrastructure, availability of expertise in a given area, super-specialty courses, and
- Their track record based upon research grants, publication, accreditation, resources, annual reports of funding agencies and departmental programmes.

10.3 Exchange Programme

- (1) The host institution would be responsible for planning the content and duration of the exchange.
- (2) A team including external experts, representative of governments and funding agencies, should select the candidates for exchange.
- (3) A mechanism to get and send feedback between the host and the sponsoring institutions should be established.
- (4) Deputation of faculty under the exchange programme should be considered.

- (5) Training of teams rather than individuals should be considered in order to establishing expertise in a new field.
- (6) Faculty exchange should also aim at establishing areas of collaborative research such as tropical medicine, and non-communicable diseases especially cardiovascular diseases and HIV infection.

10.4 Mechanisms for Faculty Exchange

- (1) Governments of the Region would identify the areas for faculty exchange.
- (2) Institutions would be identified for exchange, based from information obtained from different countries of the Region.
- (3) The required expertise, facilities and opportunities shall be available on the net.
- (4) WHO should act as a catalyst in identifying the host institutions as well as facilitating faculty exchange.
- (5) The host institution should be given a financial grant for permitting use of its facilities.
- (6) For faculty exchange, a memorandum of understanding should be signed with governmental and WHO involvement and intervention.

10.5 Preparation of Webpage

To begin with, PGIMER, Chandigarh and AIIMS, New Delhi were identified as nodal agencies. They along with the WHO Regional Office would work on the prototype of the web page. The following information shall be obtained:

- (1) Name and address of institute
- (2) Areas of expertise
- (3) Training programmes with details such as duration, eligibility, contact persons, modalities for participations etc.
- (4) Faculty
- (5) Information regarding whether the programme is in-house or has an outreach component
- (6) Links to resources within and outside the Region
- (7) Addresses and contact details of the past beneficiaries of the exchange programme
- (8) Information on all disciplines – medical, paramedical and allied – to be included
- (9) The institutions shall be identified based upon:
 - List from Govt. and professional bodies.
 - Registering bodies
 - Accreditation boards
 - Existing regional centres
- (10) Authentication of the centres could be dependent upon
 - The availability of super-specialty training
 - Recommendation by research bodies
 - Number of publications or patents generated

At the Regional level, WHO should:

- (1) Get information from collaborating centres
- (2) Provide list of existing/past beneficiaries of fellowship programmes from the Region

- (3) Identify some department for exchange through their collaborating offices
- (4) Facilitate the process of accreditation.

Annex
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