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WHO Reproductive Health Library

*Report of an Intercountry Workshop
Hat Yai, Songkhla, Thailand, 27-29 August 2003*

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CONTENTS

| | <i>Page</i> |
|--|-------------|
| 1. INTRODUCTION | 1 |
| 2. INAUGURAL SESSION..... | 1 |
| 3. OBJECTIVES AND EXPECTED OUTCOMES..... | 2 |
| 3.1 General objective | 2 |
| 3.2 Specific objectives | 2 |
| 3.3 Expected outcome..... | 2 |
| 4. REPRODUCTIVE HEALTH SITUATION AND PRIORITIES IN SOUTH-EAST ASIA REGION..... | 2 |
| 5. WHO REPRODUCTIVE HEALTH LIBRARY: PROMOTING EVIDENCE-BASED REPRODUCTIVE HEALTH | 4 |
| 6. MAKING EVIDENCE-BASED DECISIONS IN REPRODUCTIVE HEALTH: A TRAINING COURSE | 5 |
| 7. EXPERIENCE IN PROMOTING WHO REPRODUCTIVE HEALTH LIBRARY IN SEAR | 5 |
| 8. SEAR DRAFT TRAINING MODULE: EVIDENCE-BASED REPRODUCTIVE HEALTH PRACTICE FOR SPECIALISTS IN OBSTETRICS AND GYNAECOLOGY AND GENERAL PRACTITIONERS | 6 |
| 9. INCORPORATION OF EVIDENCE-BASED TRAINING IN POSTGRADUATE AND UNDERGRADUATE TEACHING: EXPERIENCE FROM THAILAND | 7 |
| 10. INTRODUCTION TO THE USE OF REPRODUCTIVE HEALTH LIBRARY | 8 |
| 11. REVIEW OF THE SEAR DRAFT TRAINING MODULE | 8 |
| 12. PLANS FOR PROMOTION AND DISSEMINATION OF WHO REPRODUCTIVE HEALTH LIBRARY..... | 10 |
| 13. CONCLUSIONS AND RECOMMENDATIONS..... | 10 |
| 14. CONCLUDING SESSION | 11 |
| Annexes | |
| 1. Programme..... | 12 |
| 2. List of Participants | 14 |

1. INTRODUCTION

An intercountry workshop on the WHO Reproductive Health Library was held in Hat Yai, Songkhla, Thailand from 27-29 August 2003. The WHO Regional Office for South-East Asia (SEARO) organized this workshop with support from WHO Headquarters (HQ). A total of 10 participants from 6 countries in the region (Bangladesh, India, Indonesia, Myanmar, Nepal and Thailand) attended this consultation along with one observer, three temporary advisors and a representative from JHPIEGO. During this workshop, participants were introduced to the various features of the WHO Reproductive Health Library (RHL). They also reviewed a draft training module for use of RHL and discussed plans for dissemination of RHL in the Region.

2. INAUGURAL SESSION

Inaugurating the workshop, Associate Professor Matinee Maipang, Associate Dean, Prince of Songkhla University highlighted the importance of RHL in the Region. Dr Ardi Kaptiningsih, Regional Adviser, Reproductive Health Research, welcomed the participants, observers and resource persons on behalf of the Regional Director. She noted that WHO RHL was a collaborative project between WHO and the Cochrane Collaboration, which aimed to promote the use of best practices in reproductive health. Commenting on the considerable lack of information in the Region regarding best practices, she expressed hope that RHL would help to fill this gap in information available. However, adequate dissemination of RHL was important and professional organizations should also be involved in the dissemination strategy. Dr Metin Gulmezoglu, RHR Department, WHO/HQ noted that participants at this workshop included not only clinicians and research workers, but also librarians.

Dr Chander Puri (India) was nominated as Chairperson, Dr Laila Arjumand Banu (Bangladesh) as Co-chairperson and Dr Saranya Wattanajumtornkul (Thailand) as Rapporteur (see Annex 1 and 2 for programme and list of participants).

3. OBJECTIVES AND EXPECTED OUTCOMES

3.1 General objective

To promote dissemination and implementation of best practices in the area of reproductive health.

3.2 Specific objectives

- (1) To familiarize country participants with RHL and the use of its content;
- (2) To critically review the draft SEAR training module on Evidence-based RH Practice, and
- (3) To develop a plan of action for 2004-2005 in Member Countries for dissemination/implementation of best practices in reproductive health provided by RHL.

3.3 Expected outcome

- (1) A core group of resource persons in SEAR for promoting the use of RHL, and
- (2) Country plan of action for 2004-2005 for the dissemination and implementation of best practices in reproductive health provided by RHL.

4. REPRODUCTIVE HEALTH (RH) SITUATION AND PRIORITIES IN SOUTH-EAST ASIA REGION

Dr Kaptiningsih highlighted the problem and magnitude of maternal mortality in the South-East Asia Region. Ninety eight percent of all maternal deaths in the Region occurred in four countries (India, Bangladesh, Indonesia, Nepal). She presented data to demonstrate the strong correlation between the proportion of births with skilled birth attendance and maternal mortality ratios (MMR). There is also a wide gap between the proportion of women receiving antenatal care and those having skilled birth attendance in countries with high MMR. In many of these countries, there is limited access to emergency obstetric care. The Region also contributes a large proportion of global neonatal deaths. There are large numbers of adolescent pregnancies in the Region. While the data on abortions are inadequate, contraceptive coverage in the Region is variable. The scanty data on reproductive tract infection (RTI) in the Region indicates that HIV infection is on the increase.

The Regional Reproductive Health Strategy developed to respond to the above situation includes:

- Development of a comprehensive RH package using the life cycle approach;
- Continuous refinement and country level adaptations and implementation of policies, strategic approaches, norms, standards and guidelines;
- Promotion of a broader action on RH cutting across sectors and programmes, and integration of a gender perspective in health policies and programmes in education and training;
- Greater emphasis on capacity building for sustainable action on RH programmes rather than on *ad hoc* projects;
- Continuous development/strengthening of linkages amongst policy-makers, programme managers, nongovernmental organizations and local bodies at all levels; and mechanisms necessary for delivery of RH services;
- Continuation of efforts to reduce high infant, child and maternal mortality in lesser developed countries as well as among the disadvantaged population groups in better developed countries in the Region;
- Provision of universal access to RH services including family planning and sexual health, and
- Continuous efforts for resource coordination and mobilization for RH at regional and country levels.

In order to achieve the targets set out in the Millennium Development Goals (MDG), the Regional Reproductive Health priorities include:

- The promotion of quality care through skilled birth attendance, emergency obstetric care, use of evidence-based standards, and the active participation of individuals, families and communities;
- Prevention of unwanted pregnancies through quality family planning services;
- Prevention and management of unsafe abortion through prevention of unwanted pregnancy and quality abortion care services;
- Prevention of adolescent pregnancy through life skill education, and
- Prevention and management of sexually transmitted infections, and HIV-AIDS.

Participants noted that maternal mortality and morbidity in the Region was underestimated. Even though there were data on antenatal coverage, the quality of antenatal care was variable and could not be assessed from the available data. They also emphasized the importance of having essential care guidelines. Such guidelines should be developed and published soon.

5. WHO REPRODUCTIVE HEALTH LIBRARY: PROMOTING EVIDENCE-BASED REPRODUCTIVE HEALTH

Dr Metin Gulmezoglu discussed the development of the WHO RHL, which focused on high priority RH problems globally. He noted that publications were often seen as an end itself. In the case of WHO RHL, a dissemination strategy was planned at the beginning. Initially, there was a blanket mailing list of 6 000 names. Later, when more individuals began to subscribe, the blanket mailing list was reduced to 2 000. Over 30 000 individuals and institutions have had access to RHL in 2002 and there were 12 000 subscribers.

Six issues had been published. The current issue included 79 Cochrane reviews. At present, RHL was available in English and Spanish; a Chinese version would be available soon. RHL included all aspects on RH, but the majority was as maternal health. In addition to reviews, RHL included implementation aids. Future versions would include more procedures and a systematic review of prevalence/incidence of maternal morbidity and morbidities, including neglected morbidities.

There were regional variations in RHL subscriptions. He noted that there had been an increase in SEARO subscriptions in 2002. Even within the Region, there was unequal distribution of RHL – there was wide coverage in Thailand while there were only 1 000 subscribers in India.

Participants requested that other areas should also be included in future issues, such as gynaecological cancers, data on unsafe abortion and research data on RH. It was important to share lessons learned on what worked and what did not work. The number of people who actually used WHO RHL in practice was not clear from the data. It was felt that those in academic settings were more likely to use WHO RHL compared to those in non-academic settings. While the primary target was the practitioner, it is important to involve programme managers by providing simplified take-home messages (as in “Forms of Care”). It was also necessary to involve other partners in the dissemination process.

6. MAKING EVIDENCE-BASED DECISIONS IN REPRODUCTIVE HEALTH: A TRAINING COURSE

Dr Gulmezoglu described the development of a training course on Making Evidence-Based Decisions in Reproductive Health in South Africa. The course was developed as a collaborative project between WHO HQ, WHO African Regional Office and the South African Cochrane Centre. The aim of the course was to raise awareness about evidence-based practices and to produce a core group of people who could carry forward the work. Monitoring and evaluation of the training were part of this package. The training package underwent pilot testing in April 2002, and again in December 2002. Given the African setting, the syllabus for the course included HIV/AIDS and prevention of vertical transmission of this disease.

Participants were shown the facilitator and participant manuals for a four-day workshop for 20-25 participants. The course is modular. The first day is designed for all participants including programme managers. The next three days are designed for clinicians. This course also includes training methodology and a monitoring and evaluation kit.

The goal of training was not only to increase the use of RHL in clinical practice, but also to teach participants how to appraise research evidence and update themselves on research methodology. Material from the South African course may be adapted for local use and translated to local languages, if required.

7. EXPERIENCE IN PROMOTING WHO REPRODUCTIVE HEALTH LIBRARY IN SEAR

Dr Tippawan Liabsuetrakul described her experience in promoting the use of WHO RHL in the Region. She had organized two workshops in Songkhla, Thailand and Medan, Indonesia. The sessions included introduction of systematic reviews, basic statistics for meta-analyses, and discussion and demonstrations on how to use RHL. She also trained six trainers who later participated in training 36 participants in the first one-day workshop. The participants included obstetrician-gynaecologists, nurses, general practitioners and residents. The duration of the second workshop was half day with 25 obstetrician-gynaecologists for hands on training in the use of RHL.

During the discussion, it was noted that professional behaviour change was difficult to achieve. There was a need to convince professionals about the importance of systematic reviews and at least one day might be required for this purpose. A generic document for the use of RHL, if available, could be adapted for local use. It was also suggested that RHL should be introduced into educational institutions at undergraduate and postgraduate levels. In hospitals where staff could not follow English, someone who could read English could present the findings from systematic reviews at a journal club. Basic lack of knowledge of statistics was another factor that inhibited use of RHL. Many participants expressed interest in conducting similar workshops. Professional societies could assist with dissemination. While pharmaceutical companies might help to publish and reproduce RHL material, there should be no misuse of information, provision of wrong information and use of company logos.

8. SEAR DRAFT TRAINING MODULE: EVIDENCE-BASED REPRODUCTIVE HEALTH PRACTICE FOR SPECIALISTS IN OBSTETRICS AND GYNAECOLOGY AND GENERAL PRACTITIONERS

Dr Tippawan Liabsuetrakul had developed a draft training module for use of RHL by specialists and general practitioners. The rationale for developing training module was to facilitate the use of RHL and for practitioners to understand systematic reviews better. This, in turn, was expected to promote rapid uptake of best research findings and convince professionals on the need for behaviour change. The draft module had five chapters and included exercises and answers to these exercises. Participants were asked to review the draft module.

Chapter 1 included an introduction to evidence-based medicine, identified barriers to evidence-based RH care, provided information regarding the Cochrane Collaboration, the Cochrane Library and RHL.

Chapter 2 included basic information on research methodologies and statistics. The chapter defined evidence-based medicine (EBM) and discussed the challenges and limitations of evidence-based medicine in practice. It highlighted the importance of systematic reviews and discussed basic statistics and meta-analysis.

Chapter 3 provided more detailed information on systematic reviews, meta-analysis, categories of evidence, steps in conducting a systematic review, validity of trials, bias, and various statistical terms. Chapter 4 contained exercises for practice with WHO RHL and Chapter 5 contained answers to these exercises.

Dr Liabsuetrakul described the process of conducting a Cochrane systematic review: developing a protocol first and then working strictly within the protocol to minimize biases. The process was transparent. The stages included protocol development, peer review, searching for the evidence, compilation of the review, further peer reviews and finally publication. Topic experts, method experts and consumers did peer reviews. The Cochrane Collaboration also included non-English language publications and the Library was updated regularly with new information.

In an interactive session, Dr Liabsuetrakul used examples to define and illustrate the various statistical terms used in the systematic reviews.

9. INCORPORATION OF EVIDENCE-BASED TRAINING IN POSTGRADUATE AND UNDERGRADUATE TEACHING: EXPERIENCE FROM THAILAND

Dr Pisake Lumbiganon from Thailand shared his experience of introducing evidence-based training in postgraduate and undergraduate medical training. The undergraduate programme in medicine was a six-year programme and the postgraduate programme was a three to five year programme. Following a round table discussion on evidence-based medicine organized by the Thai Medical Schools Consortium in February 2002, changes were introduced in the curriculum in Khon Kaen University. Research methodology including statistics was now taught over one semester in the third year of the undergraduate programme. There was an introduction to evidence-based medicine using RHL in the obstetrics and gynaecology posting in the fourth year. Students also did a research project and gained more experience with RHL during the community medicine rotation.

Postgraduate training comprised two-hour research methodology sessions every week over six months. Trainees were also taught critical appraisal. All trainees were required to carry out a research project during their training. Trainees did not receive any research grants if they had not undergone research training.

The problems and challenges he faced included inadequate number of faculty and inadequate role models. Dr Lumbiganon observed that even among senior specialists there were differences between theoretical knowledge of evidence and actual clinical practice. The best time to train undergraduates in evidence-based medicine in RH was not clear. He planned to work towards increasing the critical mass of faculty and residents competent in evidence based medicine. There were suggestions from the participants that problem-based learning could be used for teaching evidence-based medicine. It was important to target junior faculty and residents in order to influence behaviour change and change in practice.

10. INTRODUCTION TO THE USE OF REPRODUCTIVE HEALTH LIBRARY

Dr Tippawan Liabsuetrakul introduced participants to the use of the RHL. Each participant had a workstation and had hands-on practice with the RHL. Participants were asked to go through the exercises in Chapter 4 of the draft training module and to find answers to the questions using RHL. Dr Liabsuetrakul, Dr Lumbiganon, Dr Gulmezoglu and Dr Matthews Mathai assisted participants in this exercise.

11. REVIEW OF THE SEAR DRAFT TRAINING MODULE

Participants were asked to review the draft training module and comment specifically on its practicality, relevance and usefulness in the Region and whether or not it was easy to understand. The consensus was that the draft-training module was a useful tool in promoting and disseminating RHL in the Region. However, there were many suggestions for improving the present draft to make it more practical, relevant and user-friendly. There was need to review the design of the training module and its components. The contents should undergo technical review and editing, particularly for style, consistency and clarity. It was felt that the present draft was difficult to read and understand.

Participants suggested that the format and design should keep the end user in mind. A modular form should be considered, which might be used for different types of workshops, from a half-day orientation to a three or four day workshop targeted at clinical providers and non-clinical providers. Participants also felt the need for a facilitator's guide and a participant's handout. The

SEAR draft-training module had lot of detail. Some of the material in the draft SEAR module could be moved to the facilitator's guide. The facilitator's manual should include guidelines for conducting workshops.

The manuals should list the objectives of the workshop. Each module in the manual could have the objectives listed and include evaluation of the module. The document should also include steps in practising evidence-based medicine, i.e., asking a question, searching for the evidence, and how to use the evidence in practice.

The importance of using non-confrontational technique to introduce the importance of evidence-based medicine and changes in practice should be emphasized. Training should be through a participatory approach and could be self-paced through print and video. However, it was essential at the outset to emphasize the need for basic knowledge of computer skills, English language and statistics.

The trainer's/facilitator's guide should include course description, model course schedule and agenda, course outline, pre-test, post-test, evaluation forms, training tips, audiovisual material and reference material.

It was suggested that Chapter 2 of the SEAR training module should be revised keeping the end user in mind. It was suggested that the participant should start with results of the review and work backwards to understand the interpretation. Details of statistics should be kept at the end of the manual to make it less alarming and more user-friendly. Chapter 3 should be revised to provide a general overview of RHL. It should include limitations to RHL and tips to access other sources for information on evidence-based medicine.

Clear instructions should be provided in Chapters 4 and 5. While preparing practice exercises, it was important to formulate questions well and get participants to use RHL to answer these questions. Learning objectives should be clearly identified and listed. Cases should be selected carefully – easy cases initially, more difficult cases later. Also it was important to ensure that these case studies satisfied the stated learning objectives.

Since there was an overlap between the training manual developed in South Africa and the SEAR draft-training module, it was also suggested that these two manuals could be merged into one manual, which could be improved and adapted locally.

The librarians in the group felt that the databases should be made easily accessible through an Internet-based version. They also felt that the material was too technical and that it was necessary to make it user-friendlier.

12 PLANS FOR PROMOTION AND DISSEMINATION OF WHO REPRODUCTIVE HEALTH LIBRARY

Participants worked in groups to discuss plans for promotion and dissemination of the WHO RHL in different countries of the SEA Region.

Participants from Bangladesh and Myanmar wanted to make information regarding free subscription to RHL more widely known. There were plans to inform nongovernmental organizations, governments and professional societies regarding RHL, and suggestions to incorporate RHL within the course curricula. Initially, all members of the faculty in medical schools would be targeted; later dissemination would be done through continuing medical education programmes of professional societies. The Ministry of Health would also be involved in transmission of this information. Other methods of dissemination would be through lectures, printed material and workshops.

Participants from Nepal and India planned to inform their ministries of health regarding RHL. Training of trainers would be organized through premier institutions and professional societies. There were plans for individual and group training at pre- and post-congress workshops. There were also suggestions to include RHL as reference material in undergraduate and postgraduate curricula and to facilitate use in audit and feedback.

Participants from Indonesia also suggested that RHL should be used in audit. They suggested that RHL should be included in pre-service medical and midwifery education, and for in-service training through the National Clinical Training Network.

Participants from Thailand felt that a one-day workshop was insufficient for learning. They preferred at least a two-day workshop.

13. CONCLUSIONS AND RECOMMENDATIONS

There was consensus among participants that the WHO RHL is a good package, which should be widely disseminated. There was also consensus on the need for training workshops and the type of participants to be trained in these workshops.

The draft SEAR training module was a good initial document that should be modified to make it more practical, useful and user-friendly. The manual should be adapted from or merged with the document developed in South Africa. There should be a participant's manual and a more detailed facilitator's manual.

14. CONCLUDING SESSION

Dr Kaptiningsih and Dr Gulmezoglu complimented and thanked the participants for their work. They stressed the need for identifying key persons in each country who would work towards dissemination. The role of other partners in disseminating RHL and developing training packages was also noted. Dr Kaptiningsih thanked the Prince of Songkhla University, Dr Tippawan Liabsuetrakul and her team for the excellent arrangements for the workshop.

Annex 1
PROGRAMME

Wednesday, 27 August 2003

- 0830 – 0900 hrs Registration of Participants
- 0900 – 0930 hrs Inaugural Session
- 0930 – 1000 hrs Regional Reproductive Health Situation and Priorities,
Dr Ardi Kaptiningsih, Regional Adviser, Reproductive Health and
Research, WHO/SEARO
- 1000 – 1030 hrs Reproductive Health Library: Development, Collaboration and
Its Use, Dr A Metin Gulmezoglu, WHO/HQ
- 1045 – 1200 hrs HQ Training-of-trainer Manuals and Its Adaptation,
Dr A Metin Gulmezoglu, WHO/HQ
- 1200 – 1230 hrs Experience in Promoting RHL CD-ROM,
Dr Tippawan Liabsuetrakul, Prince of Songkla University
- 1315 – 1500 hrs Review of SEAR Draft Training Module: Evidence-based RH
Practice for Obgyn Specialist and General Practitioners,
Dr Tippawan Liabsuetrakul
- 1515 – 1600 hrs Review of SEAR Draft Training Module: Evidence-based RH
Practice for Obgyn Specialist and General Practitioners (continued)
- 1600 – 1700 hrs Group discussion on the draft training modules

Thursday, 28 August 2003

- 0830 – 0900 hrs Incorporation of Evidence-based Training in Postgraduate and
Undergraduate Teaching: Experience from Thailand,
Prof Pisake Lumbiganon, Khon Kaen University

- 0900 – 1030 hrs Introduction to the use of RHL CD-ROM,
Dr Tippawan Liabsuetrakul
Prof Pisake Lumbiganon
Prof Matthews Mathai, Christian Medical College, Vellore, India
- 1045 – 1230 hrs Introduction to the use of RHL CD-ROM (continued):
Exercise with cases
- 1315 – 1500 hrs Introduction to the use of RHL CD-ROM (continued):
Exercise with cases
- 1500 – 1700 hrs Field trip

Friday, 29 August 2003

- 0830 – 0845 hrs Introduction to Group Discussion on Planning for Dissemination
and Promotion of RHL, Dr. Ardi Kaptiningsih
- 0845 – 1030 hrs Group discussion on the draft training modules and planning
- 1045 – 1145 hrs Group discussion on the draft training modules and planning
(continued)
- 1145 – 1215 hrs Group presentation
- 1215 – 1230 Conclusion and closing

Annex 2

LIST OF PARTICIPANTS

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