

# REGIONAL NETWORK MEETING

## Strengthening Newborn Health Care, Education and Training Capacity

22<sup>nd</sup>-25<sup>th</sup> March 2011

# REPORT



**WHO Collaborating Centre for  
Training & Research in Newborn Care  
Neonatal Division, Department of Pediatrics  
All India Institute of Medical Sciences, New Delhi**



*Supported by:*  
**WHO South-East Asia Region**

# **CONTENTS**

<b>1. Background</b>	<b>1</b>
<b>2. Objectives</b>	<b>1</b>
<b>3. Participants</b>	<b>2</b>
<b>4. Summary of proceedings</b>	<b>2</b>
<b>5. Conclusions and recommendations</b>	<b>11</b>
<b>6. Annexures</b>	
<b>6.1 Program</b>	<b>17</b>
<b>6.2 Participants list</b>	<b>19</b>



## **BACKGROUND**

WHO-SEARO supported WHO Collaborative Center (WHO-CC) to establish a South East Asian Region (SEAR) Neonatal-Perinatal Database (NPD) Network for generating prospective information on neonatal/perinatal morbidity and mortality in the Region. A network of five institutions from Bangladesh, India, Indonesia, Nepal, Sri Lanka and Thailand was created and their capacity built for developing and contributing to neonatal-perinatal database. Tools were developed for data collection and standardized through a consultative process in the network. New insights into profile of neonatal perinatal epidemiology were generated that would be useful for planning subsequent research. It was proposed that in future, network in the countries would develop a national level database in the subsequent phase.

It is now proposed to strengthen the network and include more partner institutions to expand the scope and reach of the Regional Neonatal-Perinatal Network and develop standard guidelines to develop national networks of centers of excellence within the countries. In order to intensify this process it is also suggested to enlarge the agenda beyond the database, and strengthen the capacity of the partner institutions in education and training of health personnel in newborn health care.

The aim of the proposed Regional Meeting on Newborn Health care, Education and Training will be to develop a collaborative approach to strengthen efforts of Member States and WHO in the Region to improve newborn health and survival towards accelerating progress to achieve MDG 4.

## **OBJECTIVES**

The objectives of the Regional Network Meeting were:

1. To strengthen the Regional Neonatal-Perinatal Network and promote National Networks for strengthening neonatal healthcare toward the attainment of MDG 4 in the Region.
2. To build collaboration and consensus on promoting evidence-based newborn health care, education and training in the member States and the Region.
3. To introduce technical updates on KMC and LBW feeding and introduce Learning Resource Materials for capacity building of health care providers in Newborn Health.
4. To receive technical inputs for drafting protocols for 'Standard Treatment Protocols' for Management of Newborn Problems in Small Hospitals being developed by WHO CC with the support from WHO-SEARO.

## **PARTICIPANTS**

This meeting was attended by leading neonatologists from member countries of SEAR, including Bangladesh, Sri Lanka, Maldives, Nepal, Timor Leste, Myanmar, Indonesia and Delhi. They were nominated by the respective governments (MoH). In addition, experts from WHO SEARO and India Office, UNICEF, and NIPI (Norway India Partnership Initiative) also participated. The list of participants and the programme are appended as Annexure I and II.

## **SUMMARY OF PROCEEDINGS**

### *Inaugural address and review of progress in MDG 4 and 5 in SEAR with focus on neonatal health*

Dr Monir Islam, Director Family Health and Research, WHO-SEAR, delivered the inaugural address, highlighting the objectives of the meeting. This was followed by a review of the progress in MDG 4 and 5 in SEAR with focus on neonatal health. Neonatal mortality data in SEAR was presented and the health inequities present in the Region were highlighted. Evidence-based interventions with a potential to decrease Neonatal Mortality Rate (NMR) were discussed and barriers to their coverage analyzed. The data on the accessibility and quality of newborn care in different countries of the Region with prevailing situation was presented. Thereafter the tools developed by WHO to improve newborn health were demonstrated and the solutions to prevent neonatal mortality and strengthen newborn care in the Region discussed.

### *South East Asian Region Neonatal-Perinatal Database (SEAR- NNPD) Network (2007-2008)*

Following the opening session, the existing and proposed partners of the NPD Network were introduced to the SEAR-NPD Network initiative in the Region. They were informed about the detailed methodology on how the network was established, tools developed and data collected, mutual interaction and training between partner institutions achieved and learning shared. Demonstration of tools and data management methods was done. How such a network may be used for strengthening neonatal healthcare in the Region was also discussed.

It was stressed that the data thus collected may be used for internal quality audit. It could also be used for education, training, research, database and advocacy. The consensus among the experts was that the reach and scope of the existing Network should be expanded at National and Sub-national levels in the countries.

The vision that emerged was of a national country level network linked with the regional network at WHOCC, AIIMS, New Delhi with online data entry, real time data check with qualitative improvement of data and mutual collaboration at all levels. It was proposed that the funds for such initiative shall be generated through local sources including the Ministries of Health in the member countries.

### ***Data Management for NNPD: Demonstration at workstations***

Following the review and discussion on the Regional Neonatal-Perinatal Network, there was a group demonstration at two work-stations to explain the process followed at AIIMS. At one station, the forms and database developed by the SEAR-NNPD were demonstrated and the maintenance of such database with regular quality checks explained. On the other station, a hand on experience in data entry on computers was provided to the participants.

The major feedback from these sessions was that the forms were primarily meant for a tertiary level neonatal intensive care unit setting, and a simpler version would be needed for application at the district level settings. It was also suggested that additional quality of care indicators be included, as well as parameters on normal births like provision of Kangaroo Mother Care, time to initiate breastfeeding, duration of hospital stay etc.

### ***Emerging issue: Birth Defects***

This brief session was to explore the possibility of developing mechanisms for Congenital Birth Defect surveillance in the countries. The increasing contribution of the birth defects to neonatal mortality as we approach MDG 4 goals was highlighted, and the purpose and importance of a surveillance system for such birth defects and the methodology for the same, were discussed. A model design of a potential national birth defects registry was also shared by the AIIMS team.

### ***Recent Updates: WHO LBW Feeding Guidelines and Training tools***

The second day of the meeting began with technical updates on the recent guidelines on Low Birth Weight (LBW) infant feeding and Kangaroo Mother Care (KMC).

An introduction to the process of developing guidelines at WHO was shared to impress upon the participants, the high quality of participatory approach that is followed to collect and grade the recent evidence. As an example, the process of LBW feeding guidelines formulation was presented. AIIMS team presented the process of implementation of the KMC guidelines. Also, the various learning resource materials developed by AIIMS in association with WHO for implementation of the LBW feeding guidelines as well as for KMC were demonstrated.

### ***Training materials and learning tools for Newborn health- WHO CC AIIMS Learning Resource Materials***

An introduction was made to the online teaching learning process developed by the WHO CC, AIIMS. The range of training and learning resource materials for newborn health developed by AIIMS in collaboration with WHO, were shared. The online website ([www.newbornwhocc.org](http://www.newbornwhocc.org)) with links to uploaded webinars, to MOODLE platform for online learning teaching aids and other resource material in the form of posters/wall charts etc. on KMC, hand washing and other important topics were introduced. The participants were very impressed with these developments and expressed enthusiasm for application in their settings.

The importance of hands on training for development of the required skills along with continuous onsite support was emphasized. The concept of fellowship programs and practicing of skills so acquired under supervision were stressed. It was suggested that for any kind of online training, some evidence-based quality control measure for the content should be established.

### ***Country experiences on Newborn Health Care, Education and Training***

The importance of collaboration was emphasized by all the partner institutions, and country experiences on newborn healthcare, education and training were shared. The needs of the different countries were identified, and the possible solutions discussed. They expressed a common need for the availability of standard guidelines for management of common newborn conditions. The participants from the country were encouraged to bring the teaching-learning materials and training packages that they use in their countries. A rich display of such materials was arranged for all to see. The participants discussed with each other and borrowed the materials from each other.

### ***Management of Sick Newborn: Standard Treatment Protocols (STPs)***

WHOCC at AIIMS has been entrusted to develop standard treatment protocols for the management of common newborn conditions at small hospitals. The process included peer review by the experts in the member countries. This meeting provided an excellent opportunity for this. Preliminary drafts developed by the AIIMS team at the WHO CC were presented. These have been adapted from the existing WHO guidelines like the pink book – Managing Newborn Problems - A guide for doctors, nurse, and midwives, and the WHO Pocket Book. The experts discussed several of them and provided their feedback.

The protocols on the management of neonatal jaundice, seizures, fluid and electrolyte management and sepsis were discussed in detail. The process was carried forward to

day three of the meeting and consensus was reached on the final content and format of the proposed standard treatment protocols. It was decided that they should be in line with the existing WHO guidelines. It was also decided that through input and mutual co-ordination of various partner institutions, the product should be ready by June. The participating Experts selected the topics of interest and committed themselves to contribute to finalization of the STPs.

### ***Research priorities in Newborn Health***

The process of ascertaining and prioritization of the research priorities at WHO was presented in context of the neonatal and child mortality. The method of ensuring transparency and giving equal weightage to everybody's opinion in the expert group, and reaching agreement were discussed. The funding issues to support research studies were discussed at length. It was emphasized that funding for research is usually available from known entities provided the proposals are of good quality. We should focus on problems specific to local contexts and develop globally competitive research proposal that are able to generate international funding. WHO would be able to support efforts in resource mobilization.

### ***Regional - National Networks for Newborn Health- Plan of action***

On the last day of the meeting, the thematic areas of action for Regional and National network for Neonatal and Perinatal Health were identified, and the functions of the National Coordinating centers discussed. The major recommendations were proposed, and the country wise action plans were discussed and outlined in this context. The motivating and discouraging factors for individual countries to become a National Coordinating Center were also discussed- the key motivating factors being a personal will to contribute to the national cause, and the major discouraging factors being governmental/ administrative bottlenecks and time constraints owing to the busy schedules of the experts.















## CONCLUSIONS AND RECOMMENDATIONS

The participants of the meeting resolved to:

### I. **Develop a 'Regional-National Network for Neonatal-Perinatal Health'**

A '**Regional-National Network for Neonatal-Perinatal Health**' would be developed building upon the existing SEAR-NNPD network for strengthening perinatal-neonatal healthcare, education and training in the SEAR. It will consist of a Regional Network and a set of National Networks within the member countries.

- a. *Regional Network* would consist of the National institutions of the member countries represented through the Experts in this meeting. WHO CC at AIIMS, New Delhi will continue to be the hub of the Regional Network. Regional Network would help develop guidelines for development and smooth functioning of the National Networks.
- b. *National Networks* would be developed in each member country of the SEAR with the concurrence of the MoH. It was recommended that the MoH would steward the National Network and collaboration would be established with UN agencies, bilateral organizations and prominent INGOs/NGOs. The experts who were seconded by the respective governments to participate in this meeting would assume the leadership. Their institution would serve as the National nodal centre for the National Network,. The National Network shall comprise institutes of excellence working in the area of newborn health in the countries. In due course expansion of the National Networks would be considered to include sub-national institutions.

This Regional-National Network would contribute to the following agenda of newborn health in the Region:

- **Promoting the implementation of the UN Global Strategy for Women and Children's health:** The capacity development activities of the proposed network would enhance policy and programme in neonatal-perinatal health in the Region, and thereby, contribute towards advancement of the UN Secretary General's Strategy for Women's and Children's Health.
- **Quality assurance:** Establishing a sustainable **South East Asia Region-Neonatal-Perinatal Quality Care Collaborative (SEAR-NPQCC)**, with objective to start collaboration for quality improvement in neonatal-perinatal care. This would encompass:

- ❖ Operationalizing neonatal-perinatal database and networking system across institutions of the Region using standard protocols, data tools and reporting formats.
- ❖ Establishing a system to track quality, provide feedback and explore solutions to facilitate quality improvement, jointly through participatory networking.
- **Knowledge Management:** Serve as a platform for creating, sharing and disseminating of knowledge and experience
- **Build Education and Training capacity:** The Network would promote capacity in education and training of health care professionals in the Region and within the countries.
- **Advocacy for Policy / Strategy, increased investments:** The Network would engage policy makers in newborn health advocacy at the Regional, National and sub national levels. The network will endeavor for evidence based policy and programs, greater resources (domestic and external), and greater accountability for results by all stakeholders.

**Resources:**

*Resources for this network will be explored from the local, national, regional and other sources. WHO would collaborate with the National Nodal Centers to jointly mobilize resources from various sources.*

**II. Develop Standard Treatment Protocols (STPs) to manage common newborn conditions at small hospitals**

The Regional Network would work collectively to develop standard treatment protocols for managing common newborn conditions in small hospitals.

**Application:** The STPs would be applicable at Small Hospitals that

- Provide in-patient care to newborns – not necessarily in special care units
- Have MBBS / graduate doctors and nurses
- May or may not have specialist pediatrician(s)
- Has necessary supplies and equipment

However, the Protocols would be applicable to higher level facilities as well for core areas but with relevant additional linkages

**Evidence based:** The protocols would be based on most recent evidence and consistent with existing WHO Guidelines: like WHO Pocket Book (Blue), the Pink Book (IMPAC series) as well as the recently approved Guidelines.

**Format:** The protocols are intended to be job-aids. The participants agreed to have the following format:

- **Section 1.** Flow Charts or Decision Making charts
  - ❖ 1-2 pages
  - ❖ Action oriented
  - ❖ Linkages with other relevant flow charts when applicable
- **Section 2.** Explanatory Notes for rationale of recommended actions
- **Section 3.** Guidance notes on procedures
- **Annexure.** Guidance note on how to organize the neonatal care services at the small hospital

## **COUNTRY WORK PLANS/ TIMELINES**

The country teams worked together to develop a tentative work plan for themselves as follows:

### **Regional-National Network for Neonatal-Perinatal Health:**

- a. Identify Institutions as prospective partners in the National Network
- b. Actions to be taken by Dec 2011:
  - i. Actions for preparing your institution to assume the role of National Coordination Center
  - ii. Actions for establishing the National Network
  - iii. Plan for first meeting of the National Network

### **Standard Treatment Protocols (STPs):**

- a. Next drafts to be developed by identified experts at New Delhi: 15 April 2011



- b. Share with identified experts in the member countries and feedback obtained: 30 April 2011
- c. Re-Writing by a group in New Delhi: 15 May 2011
- d. Share with experts from member countries for feedback from field setting (at identified level of care): Feedback by 15 June 2011

*The participating Experts expressed their commitment to effectively network and collaborate as a consortium on neonatal-perinatal health to catalyze sustainable improvement in newborn health in the Region.*

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# ANNEXURES



# REGIONAL NETWORK MEETING ON STRENGTHENING NEWBORN HEALTH CARE, EDUCATION AND TRAINING CAPACITY

*Organized by*

**Department of Pediatrics**  
**WHO Collaborating Centre for Training & Research in Newborn Care**  
**All India Institute of Medical Sciences**

**22<sup>nd</sup> - 25<sup>th</sup> March 2011**

## PROGRAM

### Tuesday, 22<sup>nd</sup> March 2011

09.15 AM - 10.00AM	Registration
10.00 AM -10.30 AM	Inauguration <b>Chief Guest:</b> Dr. Monir Islam, Director, WHO
10.30 AM -11.00 AM	<b>Session-I: Chairperson: Dr. Neena Raina</b> MDG 4&5 Goals – How far we have reached?
11.00 AM -11.30 AM	<b>TEA</b>
11.30 AM - 01. 00 PM	<b>Session-II: Chairperson: Prof. V.K. Paul</b> SEARO-Neonatal Perinatal Network <b>Discussion:</b> Experiences from the region
01.00 PM - 02.00 PM	<b>LUNCH</b>
02.00 PM - 03.30 PM	<b>Session-III: Demonstration ( By rotation )</b> <ol style="list-style-type: none"><li>1. Data variables, definition</li><li>2. Data entry</li><li>3. Quality assurance</li></ol>
03.30 PM - 04.00 PM	<b>TEA</b>
04.00 PM - 04.30 PM	<b>Session-IV: Chairperson: Prof. I.C. Verma</b> Birth Defects Registry

### Wednesday, 23<sup>rd</sup> March 2011

09.30 AM -11.00 AM	<b>Session-V: Chairperson: Prof Azad Choudhary</b> <ol style="list-style-type: none"><li>1. LBW feeding Guidelines</li><li>2. LBW feeding Guidelines – Training Tool</li></ol>
11.00 AM -11.30 AM	<b>TEA</b>

11.30 AM - 01. 00 PM      **Session-VI: Panel Discussion**  
Topic: Country experiences on Newborn Health  
Education, Trainings  
Moderator: Prof. A.K.Deorari

01.00 PM - 02.00 PM      **LUNCH**  
02.00 PM - 04.30 PM      **Session-VII: Treatment Protocols**

03.15 PM – 03.45 PM      **TEA**  
04.00 PM - 04.30 PM      **Treatment Protocols...contd**

07.30 PM -10.00 PM      **DINNER**

### **Thursday, 24<sup>th</sup> March 2011**

09.30 AM -11.00 AM      **Session-VIII: Treatment Protocols**  
Chairpersons: Prof Mohd Shahidullah , Prof Prakash Shreshtha

11.00 AM -11.30 AM      **TEA**  
11.30 AM- 12.30 PM      **Session-VIII: Treatment Protocols... contd**

1 2.30 PM - 01. 30 PM      **Session-IX: Chairperson: Dr Rajesh Mehta**  
WHO CC AIIMS Learning Resource Materials  
**Discussion:** Experiences from the region

01.30 PM - 02.30 PM      **LUNCH**  
02.30 PM - 03.30 PM      **Session-X: Chairperson: Dr Rajesh Mehta**  
WHO CC AIIMS Learning Resource Materials

03.30 PM - 04.30 PM      **Session- X: Chairperson: Dr Neena Raina**  
Creation of Regional Network- How to do this?

### **Friday, 25<sup>th</sup> March, 2011**

09.30 AM -10.30 AM      **Session-XI: Chairperson: Dr Pavitra Mohan**  
Research priorities Newborn Health

10.30 AM -11.30 AM      **Session-XII: Chairperson: Dr Neena Raina & Rajesh Mehta**  
Action Plan  
**Valediction : Dr Paul Francis**

## PARTICIPANT LIST

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