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GAPIO TIMES

Global Association of Physicians of Indian Origin

Improving Health Worldwide

Welcome by President of GAPIO



I feel very privileged to partake in a global partnership of the medical fraternity – Global Association of Physicians of Indian Origin, (GAPIO) a professional body nurtured with a laudable objective of providing a professional, potent and persuasive platform for doctors of Indian origin, located worldwide.

GAPIO will strive to bring together greater cohesiveness within the Indian medical community and work towards accelerating endeavours which will take high quality, affordable medical care to the underserved areas of India.

It is my pleasure to welcome you to the inaugural issue of GAPIO TIMES, a newsletter designed to provide its readers with news about the organization's activities and health care issues voiced by members of GAPIO from across the world.

I am delighted to congratulate the Editorial team for their passion and commitment in developing a very informative newsletter and bringing us together, and closer to our cause.

With warm personal wishes,

Dr Prathap C Reddy
President – GAPIO

Introducing of GAPIO

It is estimated that there are 1.2 million physicians of Indian Origin working in India and most of the countries of the world. There are 125,500 Physicians of Indian Origin working in the English speaking Western world (USA, UK, Australia and Canada combined), with the major constituent being from USA and UK. Between 10-30% of the physicians working in USA, UK, Canada and Australia have their roots in India. There are also significant number of Indian Physicians working in Middle East, South East Asia and Africa.

This substantial workforce of physicians is a valuable resource, which can help to deliver significant developments in the health field globally. This strong Diaspora of Indian doctors who are highly respected and powerful, need a common professional platform. There is a need for greater visibility and cohesion of these physicians. Their combined intellectual and technical strength can also be a vital force in the development of the Indian healthcare sector. It is with these objectives that Global Association of Physicians of Indian Origin (GAPIO) has been formed. This body will have representation from all the countries where physicians of Indian origin are present.

From Secretary General



Given considerable interest in India and internationally the idea of GAPIO was originated during the Pravasi Bhartiya Divas (PBD) in January 2009 Chennai. It led to formally setting up of GAPIO as a not-for profit society. In India, it is constituted under the Societies Registration Act, 1860, with additional offices in the UK and USA.

GAPIO has a President's Council of 21 members with professionals around the globe advising the Executive on policy matters and to act as a resource for GAPIO. There is huge enthusiasm amongst our supporters to contribute to improving access to good quality health provision.

In this newsletter the contributors have highlighted a number of ideas to meet the challenges and opportunities. I believe that there is much to share in terms of understanding the needs of the communities that we intend to benefit in the constantly changing socio political environment. The success of sharing the intellectual and technical strength is critical and I also agree with the comments by Prof Rajan Madhok that many of problems are rooted in the wider societal lack of responsibility, accountability and governance. Let us make this network more meaningful to those who need help most by bringing added value to the efforts already being put in by many individuals and bodies at local and international levels.

Ramesh Mehta
Secretary General – GAPIO

LEADERSHIP FOR HEALTH



India is at cross roads in terms of health sector; on the one hand there is phenomenal growth in health care provision in both, the private and the public sector, and on the other hand, there are fundamental problems in both, the profession and wider society.

The 12th Five Year Plan has promised increased funding and the High Level Group has suggested universal health care coverage and these are welcome trends given the limited access to health care faced by a large proportion of the Indian population. Equally, as the recent TV series "Satyamev Jayate" shows the profession has much work to do to win back the trust of the public. However, blaming the doctors alone would be unfair, since many of the problems are rooted in the wider societal lack of responsibility, accountability and governance. Whilst celebrating the achievements, we need to recognise the uphill struggle still, and this is where we need to help nurture and develop leaders in order to continue to make progress.

There is no denying that there is excellent leadership already in India in the voluntary, governmental and corporate sectors. The issue for GAPIO should be how do we support them, and more importantly increase the leadership capacity. It is with this in mind that we are launching the Leadership for Health Programme – more details will be available soon on www.leadershipforhealth.com, and we will be discussing this further at the GAPIO midyear meeting in July 2012. We look forward to working with the Indian Diaspora and our colleagues in India in taking the programme forward.

Rajan Madhok
Executive Committee Member - GAPIO

**INAUGURATION OF GAPIO
2nd Annual Conference
Day Jan 5, 2012**



Dr Ramesh Mehta, Dr Prathap C Reddy, Hon Vayalar Ravi, Union Minister of Overseas Indian Affairs and Dr Sanku Rao inaugurating GAPIO Conference



INDIA - A country of contrasts!

India has become known as being a country of contrasts, it is the largest democracy in the world, a country of over a billion souls where paradoxically one can find some of the richest and poorest people on the planet. Unfortunately, the latter group is far larger- and they need our help.

Health sits at the very heart of the development agenda and for India. "It is health," said Mahatma Gandhi, "that is real wealth and not pieces of gold and silver." A view supported by such statesmen as Benjamin Disraeli who said, "The health of the people is really the foundation upon which all their happiness and all their powers as a state depend".

The health challenges in India are numerous and range from maternal healthcare to polio, malaria, tuberculosis, HIV/Aids, and increasingly heart disease, diabetes and cancer. Economic deprivation and huge population growth have contributed to poor access to a poor healthcare infrastructure. Poor education also means that a huge number of people die from avoidable risk factors ranging from tobacco and alcohol use, to poor nutrition and exercise regimes and even simply not knowing when to seek medical advice (such as children's

vaccinations and so on).

These matter are compounded by reducing access to safe clean drinking water, sanitation, and more. Whether you are in the medical profession or not, there are many ways in which you can engage with India to help make a genuine and sustainable difference including:

- Investing in infrastructure (hospitals and clinics)
- Investing in health programmes (maternal health care, vaccinations and education programmes)
- Investing in social causes (to help eliminate gender inequality, build employment and financial opportunity)
- Invest in micro-credit and micro-insurance (two of the most important vehicles available to the poor in accessing healthcare)
- Invest in nutrition (through NGOs such as the world food programme who are helping to eliminate the scourge of poor nutrition)

The bottom line is, we can make a difference. There are millions of people alive today who simply wouldn't have had the chance to survive without the support of committed individuals who believe they can make a difference - like you.

Vikas Shah
Thought Economics
www.thoughteconomics.com

Women and medicine:

What can GAPIO do to promote gender equality

GAPIO's aims are admirable in supporting physicians from India "to achieve professional excellence" and to improve healthcare and provision. In the UK in the last 10 years more females than males are entering medical school, and this increase is filtering through to doctors in training and at consultant level. Within this workforce there are an increasing number of women doctors of Indian heritage. GAPIO has an important role in supporting and encouraging them. As former President of the Medical Women's Federation and a member of the National Working group on Women in Medicine, I am very conscious of the achievements of women physicians but also of the lack of their representation in the senior echelons of the profession, be it in academia, practice or in professional organizations.

Whilst combining career and family life we need to get involved in leadership roles at every level. We also need to address the reality that in India many women still face poverty and poor health care especially in relation to child birth. We need to bring our professional expertise to improve the health of all Indian women and their children who are going to be the future of India and in this goal GAPIO has an important role to play.

Bhupinder K Sandhu
 Foundation Past President BAPIO South West
 Bristol, UK

Globalisation at work:

perspectives from a young doctor

The concept of globalisation first struck me when I was in my penultimate year of high school. As part of the regular events at the debate club, I was asked to propose the motion, "Low-income countries can contribute significantly to the understanding of healthcare." This was a manageable task as I am a third-generation Kenyan and I have witnessed significant advances in the healthcare system, some positive and other negative. At the end of the event, I was asked to give some examples of healthcare advances in a low-income country, like India. This was my first faux pas as it was quickly pointed out to me that India in fact had some of the wealthiest citizens in the world. And for a moment, I suffered a moment of serendipity; my forefathers were from India and yet I knew very little about the country; there is more to the country than Bollywood. And so I began my journey of wanting to discover more and playing a small part in the growth of the healthcare system in India.

My medical school days in London saw me constantly engaging with leading academics who had their roots in India and Pakistan. Some of these figures have become cherished mentors. I was so fascinated by the skills of doctors from the sub-continent, that I decided to pursue my elective at the All India Institute of Medical Science. It was easy to see how solutions engineered in the developed world cannot simply be translated to India. Locally, developed bespoke solutions can in fact serve as models for the developed world; the cheapest cardiac bypass surgery is performed in India.

So I see the future as being a bright one for those of us who accept our global citizenship. Greater collaborations will undoubtedly help us to reduce the burden of disease worldwide.

Sukhmeet S. Panesar
 Clinical Adviser, National Patient Safety Agency, UK

Giving back to India: Investing more time to understand the community served

Every other day I get a request from a Physician of Indian Origin, wishing to participate in India's development, and 'giving-back'. Giving back is a welcome gesture and though the contributions range from small to large – every bit is important. However, short bursts of enthusiasm and motivation, can sometimes be counterproductive (and at times downright harmful) to the long and slow process of development in India.

There are various models of helping out. Though the perfect skill-match is most desirable and seems like a win-win situation, it is usually hard to execute. It is hard for a high end Paediatric Anaesthetist to plug in neatly into a rural hospital. More time needs to be invested to understand the community served, before high-end technology transfer can be applied to the needs of the recipients. At the other end, a simple but generous donation of chocolates for urban slum children, can immediately destroy a carefully crafted mid-day school soya-meal program.

Perhaps, sending money is the most generic contribution, and remains most useful. However, some long-distance nationalists are funding various groups with extreme ideology. Unfortunately, this has put every genuine Non-Governmental Organization receiving funds from overseas, under the radar.

Overall, the really useful contributions are less tangible. While most people want to roll up their sleeves, and directly touch people, they are often, disconnected from the ground reality. I have found that teaching skills and supporting health care givers who are already serving people here, and supporting communities, are more useful in the long run. Though this help is at one level removed from the actual recipients, this contribution has a multiplicative effect downstream.

Nobhojit Roy
 Head of Surgery, BARC Hospital, Mumbai, India

An Example of Giving Back to India and other places

Rishikesh now has modern well equipped 2 operating theatres with highly enthusiastic team of Australian ophthalmologists, trainee Drs, anaesthetist and philanthropists. Despite the frustrations we have been able to provide an annual Eye Camp at Parmarth Niketan for more than a decade. This year with the help of a visionary, Inder Singh, we are planning to expand our Camp to at least 3 times a years and include dental and audiology services with much needed improvement of the hospital. We are actively exploring recruitment of ophthalmologists and anaesthetists for this noble cause.

Fiji Eye Camp followed as our Rishikesh work was recognised and we were approached by Uniting Church who have been supporting the annual Eye Camp. Fiji being closer allows us a better follow up and possibility of bringing the complex cases to Sydney. I accompanied my husband, an ophthalmologist, on his first trip to explore the mental health in Fiji (the largest and the most resourced in the entire Pacific region) which I found was in need of urgent reform along with its Pacific neighbours. I was fortunate to get full support of the Government through its health minister (a medico who graduated in India) Dr Neil Sharma. I now have support of the High commissioner of India, Hon Vinod Kumar and Australian New Zealand College of Psychiatry as well as few other significant networks. As the result there is ongoing progress with exchange of psychiatrists and nurses between the 2 countries and 5 bed acute psychiatric units were attached to each of the 3 bigger island general hospitals.

This month Inder Singh has donated 15 computers to various medical facilities in Fiji to help them with their work.

GAPIO is a much needed integrating network to materialise the dreams of the Indian doctors who after lighting every corner of the world want to return to their homeland with resources and passion in an attempt to pay the debts to the country which was the root of all they have today. We will need to adjust to the 'Indian' ways of working but hopefully with the help of our India based colleagues we can overcome any challenges.

Shailja Chaturvedi

President - Australian Indian Medical Graduates Association
Executive Committee Member –GAPIO

RETURNING TO INDIA - SOME REFLECTIONS

Between 2008 and 2011, under the aegis of the UK global health strategy and at the invitation of the Public Health Foundation of India, I had the chance to establish the first Indian Institute of Public Health, as its founder Director. Since then I have been able to continue my engagement in collaborative research and policy development in India.

India has a significant shortage of public health skills and capacity which she is trying to address, in domains ranging from communicable disease surveillance and control, to research and the planning and commissioning of health care, areas that are particularly relevant to the anticipated launch of universal health care coverage over the next few years. The partnerships I have catalysed have not only achieved tangible benefits in terms of capacity building in these areas, but also resulted in the NHS being sensitised to the leadership and entrepreneurship demonstrated by Indian health professionals, the 'can do' attitude and innovation, the breathtakingly advanced IT infrastructures and the role women leaders are playing in shaping the health landscape in India.

Working in India has not been without its challenges. Supporting strategies for improving healthcare in a country with little in the way of professional regulation and much emphasis therefore on fraud control can be daunting to those of us who are fortunate to work in environments where ethics and clinical and financial governance are the norm. Equally, the lack of absorptive capacity in the NHS, to rapidly adopt innovations from India that have the potential to enhance its effectiveness or efficiency can also be disappointing, but may be an inevitable consequence of the periodic restructuring and reorganisation which is an inherent feature of the NHS. However, neither of these difficulties is insurmountable.

Working with India's public health professionals has been hugely rewarding. It has also alerted me to our global reach and the collective influence we have the potential to wield, in support of equitable access to good healthcare globally.

Mala Rao

University of East London and based largely in India

EDITORIAL

Welcome to the First Newsletter.

GAPIO is a new venture and we are still trying to figure out how to translate the vision into practical reality; central to this is helping all Indian doctors, irrespective of where they live and work, to achieve professional excellence. In this regard, what can be better than a newsletter for on-going dialogue so that we can all learn from each other and work together to serve society, and achieve our mission of Improving Health Worldwide.

For this first newsletter, I thought it would be good to get a mix of views to try and understand what people are already doing and what they think GAPIO could do. The overwhelming message is that GAPIO is a timely initiative, there is a desire to give back although we need to be mindful that we do not 'give back' to feel good ourselves (since well intentioned efforts can rebound sometimes), and it is not just the doctors but the whole Indian Diaspora who can contribute to improving health.

I hope that you like the offerings in this newsletter.

Rajan Madhok

On behalf of the GAPIO Executive

(supported by Buddhdev Pandya, BAPIO Corporate Director, UK)

GAPIO OBJECTIVES

- To provide an international forum for physicians of Indian origin
- To participate in global health agendas by liaising with organisations in the public, private and voluntary sectors to identify barriers and opportunities to improve policies and practices and availability and distribution of resources to impact on improving health.
- To promote initiatives that empowers individual physician to achieve professional excellence.
- To liaise with appropriate statutory and registering bodies internationally for recognition of qualifications and experience of Indian physicians and access to equal rights in their career.
- To promote greater understanding of challenges faced in addressing a range of healthcare issues, and strive for ensuring safe and affordable services.
- To actively contribute towards medical education, training and research.
- To encourage its members to support social and cultural organisations in promoting better health awareness amongst the local communities.
- To facilitate professional networks to develop academic and clinical initiatives for mutual knowledge sharing.
- To offer support and encouragement to statutory and non-statutory institutions so as to further the aims of GAPIO.



GAPIO Executive Committee

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Dr.Prathap C Reddy
- VICE PRESIDENT**
Dr. Sanku Surender Rao
- SECRETARY GENERAL**
Dr. Ramesh Mehta

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**GAPIO Mid-Year Conference
July 20th and 21st, 2012
New Jersey City.**

The Conference will represent a major move forward for GAPIO with deliberations from leading experts in public health, including UN and WHO. Major initiatives undertaken to help provide access to affordable and quality healthcare will be discussed and reviewed by leading experts from all over the world. Also evening full of entertainment to raise funds for much needed support for projects in India.

For further details please visit www.gapio.in

**3rd Annual Conference
1st - 3rd January 2013
COCHIN, INDIA**

3rd Annual GAPIO conference will be held jointly with AAPI, MOIA and IMA as a part of Global Health Summit.
For details please log on to www.aapighsindia.org

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GAPIO is an international network of physicians of Indian origin and a voluntary organisation.

