

History of SAFOG

BACKGROUND

South Asia is the home to one-sixth of the world's population, making it both the most populous and the most densely populated geographical region in the world. The region faces public health challenges on a demographic and geographic scale unmatched in the world. South Asia's low life expectancy, high rates of malnutrition, maternal mortality, infant mortality and incidence of tuberculosis are second only to those of sub-Saharan Africa. India, Pakistan, Bangladesh are burdened by the Mammoth population load. The fact that the countries of the South Asia region are home to two-third of the world's population, living on less than \$1 a day makes the matters worse and solutions more difficult to find.



The region's most notable exception is Sri Lanka, whose indicators of health and literacy are shining example of success. At the time of inception of SAFOG, the major health indicators of the South Asia region, barring Sri Lanka, had not shown any significant improvement over the last two decades.

Each country had a National Society of Obstetricians and Gynaecologists, which was fairly active. Although, the issues related to women's health in the region are also more or less common; still, there was no interaction among the health organizations of the region.

GENESIS OF SAFOG

The Sri Lanka College of Obstetricians and Gynaecologists took the initiative to convene a meeting in Colombo on the suggestion of Dr Rohan Perera. The objective of the meeting was to discuss the practice of obstetrics and gynecology in the region at the occasion of the Annual Conference of SLCOG. Dr Rashid Latif was also invited for the meeting as president of Pakistan Society. With SOGP short of funds, he went to Colombo, where he was the houseguest of Dr Harshalal Seneviratne and, incidentally, it was their first meeting as well.

This meeting was held on 7th of September 1995, at the residence of Dr Lakshman Fernando, the then President of the Sri Lanka College of Obstetricians and Gynaecologists. Dr ShrishSheth, Dr Kamal Buckshee and Dr DK Tank from India, Dr Rashid Latif Khan from Pakistan, Dr WSE Perera, Dr Mahasara Gunaratne, Dr HR Seneviratne and Dr Lakshman Fernando, Dr Rohan Perera and Dr Rohana Haththotuwa from Sri Lanka participated in this important meeting. There was no representative of Nepal, Bangladesh, Maldives or Bhutan, at the meeting. At the meeting, Dr Lakshman Fernando discussed the need for regional collaboration among the national societies. Dr Rashid Latif and Dr DK Tank wholeheartedly supported the idea. It was decided to form a federation of the National Societies of the SAARC countries. The idea was to establish a forum for the obstetricians and gynecologists of this region to enable them to discuss their specific problems and progress as well as to share and learn from the experience of other countries in the region. Moreover, such an organization would be able to organize seminars, workshops and other educational activities in which both the experts and the aspiring young gynecologists would be brought together on the same platform. This would provide an opportunity to young researchers to present their work in front of a large regional group, as many of them may not have the resources to attend large international conferences.

As it was representative body of the SAARC countries, therefore, it was decided to name it, as the 'Federation of Obstetrics and Gynaecology of SAARC Countries.' The participants of this small group from Pakistan, India and Sri Lanka decided to take the idea home to the respective National Obstetrics and Gynecology Societies and discussed in detail about the concept and development plan. A committee was also appointed to formulate the constitution. The members appointed to the committee were Dr Lakshman Fernando, Dr Mahasara Gunaratne, Dr Harsha Seneviratne and Dr Rohana Haththotuwa.

Almost, a month later, the group met again on 16th October, 1995, at the XV Asia and Oceania Congress of Obstetrics and Gynecology, at Bali, Indonesia, where the format and launch plan of the new organization were finalized, as all the national societies had given the green signal. Here, in addition to members from India, Pakistan and Sri Lanka, members from Bangladesh and Nepal also participated. Dr Ershad Ali, Dr TA Chowdhury and Dr AB Bhuiyan represented Bangladesh and Dr Sanumaya Dali represented Nepal. At this meeting, it was unanimously decided to have the Headquarters of the organization in Colombo and Dr Rohana Haththotuwa was requested to look after the secretarial work. It was also decided to have the constitution ready by the first congress. In the meeting, Dr Rashid Latif Khan volunteered to organize the 'First Congress of Obstetrics and Gynecology of SAARC countries' in Lahore, Pakistan, in November 1996. Under the patronage of Dr Rashid Latif, a core team consisting of Dr Farrukh Zaman, Dr Sohail Lodhi, Dr Rubina Sohail and Dr Mohammad Tayyab was formulated, for managing this significant occasion.

The next meeting of the group was in Delhi on the occasion of another conference. Here, Dr Rashid invited delegates from the component countries and offered to fully sponsor travel arrangement, registration and hotel stay of ten invited speakers from each country. The offer was received with enthusiasm and graciously accepted by the member countries. There was a lot of emphasis on the success of the first conference and it was decided to make it a mega event.

Initially, the organization was named as 'Federation of Obstetrics and Gynaecology of SAARC Countries.' There were difficulties in registration of the organization, due to the use of the term 'SAARC'. The budget of the conference was a major financial challenge because of the sponsorships offered to various countries, including delegates from the South Asian region, UK and Europe. Moreover, there was extreme difficulty in providing sponsorship, especially for a conference at the regional level. After hectic efforts by Dr Farrukh Zaman, Dr Rubina Sohail and their team, a firm commitment for the sponsorships was managed. As things got moving and started becoming tangible, the rest of the pharmaceutical industry came forward and provided support for exhibition, hall, dinner and entertainment, etc.

The conference itself had more than 100 overseas delegates and around 1000 registered delegates. About 150 scientific papers were presented during the conference. The conference provided an opportunity for interaction and exchange of ideas. It was a platform for discussing the common problems and the unique solutions each country had to offer.

The social program was instrumental in bonding at a personal level. The hospitality and warmth received from outside the conference hall was memorable, both for the conference delegates and the citizens of Lahore. The enthusiasm, love and goodwill it generated were remarkable and the conference was a roaring success. For the first time ever, the specialists of the SAARC countries converted it into a tight knit unit and friendships developed. It resulted in a flow of invitations to and from each country to conferences and initiation of writing books with contributions from authors belonging to different South Asian countries. SAFOG had born with a bang!

FIRST SAFOG COUNCIL MEETING

The first formal council meeting was held on 29th November 1996, at Hotel Pearl Continental, during the conference. All the member countries were in attendance except Bhutan and Maldives.

The office bearers elected during the conference were Professor Rashid Latif as President, Dr DK Tank as Vice President, Dr TA Chowdhury as President Elect, Dr Rohana Haththotuwa as Secretary General and Dr Harsha Seneviratne as treasurer. Two special posts of Secretary Research and Secretary Education were identified to promote research and academics in the region. The elected council members were Dr S Shirish Sheth, Dr Rustam Soonawala, Dr NN Roy Chowdhury from India, Dr Shala Khatun, Dr Syeda Firoza Begum, Dr Syed Ershad Ali, Dr AIM Anowar-ul-Azim from Bangladesh, Dr Sohail Khurshid Lodhi, Dr Sadiqua Jafarey, Dr Mohammad Saeed, Dr Muhammad Tayyab, Dr Robina Idrees Siddiqui, Dr Shahnaz Naseer Baloch from Pakistan and Dr JN Rodrigo, Dr Mahasara Gunaratne, Dr WSE Perera, Dr Asoka Gunsekera from Sri Lanka.

- Members from Sri Lanka worked diligently to put forward an interim constitution which was approved, and a committee was formulated for preparing and proposing the final constitution. The new constitution drafted by Dr Malik Goonewardene, was presented and subsequently approved and adopted by the council after some amendments.
- It was decided that a SAFOG Congress would be held once every 2 years in association with the Obstetrics and Gynecology Society of the country hosting the congress. The conference would rotate among India, Pakistan, Bangladesh, Sri Lanka and Nepal every 2 years.
- There had been some difficulty in the registration of this newborn organization under the existing name. Therefore, the name was changed to SAFOG (South Asian Federation of Obstetrics and Gynecology) after approval of the other constituent members. The logo of SAFOG, designed initially by the local artists, was later modified by Prof Alokendu Chatterjee and was approved by the Council at Dhaka.
- Sri Lanka College of Obstetrics and Gynaecology (SLCOG) graciously offered to provide space and maintained the headquarters of this emerging organization. This offer was accepted and, thus, Colombo became the headquarters of this emerging association. It was also decided to open an account in Colombo, which was to be operated by the treasurer of SAFOG.
- To generate some finances, all countries, societies agreed to make annual subscription to SAFOG.

AIMS AND OBJECTIVES

Objectives of SAFOG, as established in the constitution, are as follows:

1. To bring together the obstetricians and gynecologists within the region for closer cooperation and social understanding.
2. To use and develop reproductive health as an instrument toward social and health development.
3. To promote the exchange of ideas and sharing of knowledge, skills and attitudes among obstetricians and gynecologists in the region.
4. To strengthen and produce uniformity in the postgraduate training of medical graduates in reproductive health.

5. To facilitate continuing medical education in reproductive health in the region.
6. To encourage and maintain research on reproductive health in the region relevant to the good health of the population.
7. To cooperate with other international and regional organizations concerned with reproductive health.
8. To strive to reach the goal of providing reproductive healthcare for all persons in the region and, in particular, the provision of safe motherhood.
9. To enhance the involvement of obstetricians and gynecologists in the process of decision making in the health policies of the region.

Membership

Since this federation was launched with the objectives of bringing together the Ob/Gyn professionals of South Asia region, the Ob/Gyn societies of countries comprising the South Asian Association for Regional Cooperation (SAARC) became members of SAFOG.

Progress Over the Years

The first three presidents of SAFOG, Dr Rashid Latif Khan, Dr TA Chowdhury and the late Dr Lakshman Fernando, ensured that the SAFOG concept would be established and the Member of National Societies would get familiarized with each other and interact professionally.

The tenure of Dr DK Tank saw the initiation of advocacy with government and a path developed for partnership between the National Societies and the State Organization particularly in India. The presidency of Dr Sudha Sharma saw a serious attempt being made to develop an effective network between SAFOG, the UN agencies and other stakeholders involved in provision for the health of the mother and newborn.

This collaboration with developmental partners continued during tenure of Dr Farrukh Zaman. SAFOG planned to work in close corporation with the fellow federations in the region, supplementing and not duplicating their work. Dr Farrukh Zaman took the initiative to have a meeting with the Asia Oceania Federation of Obstetrics & Gynaecology. Dr Rohana Haththotuwa was able to organize the first meeting between the representatives of the executive council of the AFOG and council members of the SAFOG in June 2007, during the SAFOG conference in Lahore, Pakistan. There it was agreed by everybody to work jointly so that both federations will benefit from each other.

During this period (2007-2009), SAFOG initiated collaboration with the Royal College of Obstetricians and Gynaecologists (RCOG), UK. Under the Chairmanship of Dr Alokendu Chatterjee, the then Chairman of AICC RCOG, the 1st RCOG-SAFOG Conference was held at Kolkata in 2007. At the conference, Prof Arulkumaran, then a Vice President of RCOG represented the college. RCOG then provided a break through for SAFOG by jointly hosting the 'The South Asia Day' at RCOG, London, on 3rd July 2009. It was a joint RCOG and SAFOG activity aimed at collaboration and to promote the discussions on how to achieve MDGs 4 and 5 in the region. The presentations at the conference highlighted the success and failures in current strategies to achieve the targets for MDGs 4 and 5 in Nepal, Bangladesh, India, Pakistan and Sri Lanka. The South Asia Day proved to be instrumental in achieving recognition for SAFOG at an international level.

At the SAFOG council meeting held on 10th March 2007 in Lahore, it was decided to review and replace the original SAFOG charter signed on 29th November 1996 in Lahore. Suggestions and comments were requested from SAFOG council members. The constitution was discussed and amended during subsequent SAFOG council meetings held from 2007 to 2008. Dr Malik Goonewardene and Dr Rohana Haththotuwa worked meticulously on the constitution and proposed the final draft. The current SAFOG constitution was signed on 28th June 2008 in Colombo.

In December 2008, SAFOG launched a new web site to enable improved communication with members (www.safog.org). During the presidency of Professor AB Bhuiyan, in 2009, the SAFOG journal was launched and has been published quarterly on a regular basis in Delhi under the able guidance of the chief editor, Dr Narendra Malhotra. The editorial board of the first journal comprised of Alokendu Chatterjee, Joydeep Mukherjee, Rubina Sohail, Pankaj D Desai, Malik Goonewardene, Sudha Sharma, Ferdousi Begum, Pushpa Choudhary, PK Shah, Jaideep Malhotra, Rashid Latif Khan, Rohana Haththotuwa, Laila Arjuman Banu, TA Chowdhury, Ashma Rana and Chanda Karki. It is now obligatory on all the regional professionals to help to keep it a regular feature. During the same period at the SAFOG conference in March 2009, out of the various presentations, interactions and sharing of experiences came the 'Dhaka Declaration', which was a consensus statement of the South Asian Region on the issues of maternal and neonatal health.

The years 2009 to 2011 have proven to be eventful and under the presidency of Professor Harshalal Seneviratne. During the last 2 years, SAFOG has been effective in establishing links with other professional organizations, mainly the International Federation of Obstetrics and Gynaecology (FIGO). The year 2012 was symbolic for SAFOG as it was the first time that a SAFOG session was held at the FIGO conference in Rome on 'Maternal Health Economics in the South Asian Region.' The

concept of SAFOG session at FIGO was proposed by Dr Rubina Sohail and taken forward by Dr Harshalal Seneviratne. SAFOG has continued to interact effectively with the UN agencies in enhancing reproductive healthcare in South Asia, in general, and the millennium development goals 4 and 5 in particular. In 2012, SAFOG conducted a joint workshop with WHO and UNFPA APRO on 'quality enhancement to achieve MDG five' in Colombo.

Office Bearers of First SAFOG Council (1996-1998)

President	Pakistan	Dr Rashid Latif Khan
President Elect	Bangladesh	Dr TA Chowdhury
Vice President	India	Dr DK Tank
Vice President	Sri Lanka	Dr Lakshman Fernando
Secretary General	Sri Lanka	Dr Rohana Haththotuwa
Deputy Secretary General	Nepal	Dr Sanu Maya Dali
Treasurer	Sri Lanka	Dr Harshalal Seneviratne
Editor	Bangladesh	Dr AB Bhuiyan
Secretary Research	India	Dr Alokendu Chatterjee
Secretary Education	Pakistan	Dr Farrukh Zaman

Tenure of SAFOG Presidents, Secretary Generals

Conference Held	Tenure	President SAFOG	Secretary General
Lahore	1996-1998	Dr Rashid Latif Khan	Dr Rohana Haththotuwa
Dhaka	1998-2000	Dr TA Chowdhury	
Colombo	2000-2003	Dr Lakshman Fernando	
Mumbai	2003-2005	Dr DK Tank	
Kathmandu	2005-2007	Dr Sudha Sharma	Dr Shyam Desai
Lahore	2007-2009	Dr Farrukh Zaman	
Dhaka	2009-2011	Dr AB Bhuiyan	
Colombo	2011-2013	Dr Harshalal Seneviratne	Dr Rubina Sohail
Agra	2013-2015	Dr Alokendu Chatterjee	

History of SAFOG Conferences

Conference Venue	Year	Chairperson	Organizing Secretary
1. Lahore, Pakistan	1996	Dr Rashid Latif Khan	Dr Farrukh Zaman
2. Dhaka, Bangladesh	1998	Dr TA Chowdhury	
3. Colombo, Sri Lanka	2000	Dr Lakshman Fernando	
4. Mumbai, India	2003	Dr Duru Shah	Dr Shyam Desai
5. Kathmandu, Nepal	2005	Dr Sudha Sharma	
6. Lahore, Pakistan	2007	Dr Farrukh Zaman	Dr Rubina Sohail
7. Dhaka, Bangladesh	2009	Dr AB Bhuiyan	Dr Laila Arjumand Banu
8. Colombo, Sri Lanka	2011	Dr Harshalal Seneviratne	Dr Atul Kaluarachchi
9. Agra, India	2013	Dr Alokendu Chatterjee	Dr Narendra Malhotra

CONCLUSION

SAFOG as an organization has undoubtedly grown and developed and there is a definite commitment to fulfilling its original objectives. It has the expertise and experience to communicate and coordinate, so that more strenuous efforts can be made to achieve progress toward MDGs 4 and 5 in South Asia.

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Rubina Sohail

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Secretary General, SAFOG 2013