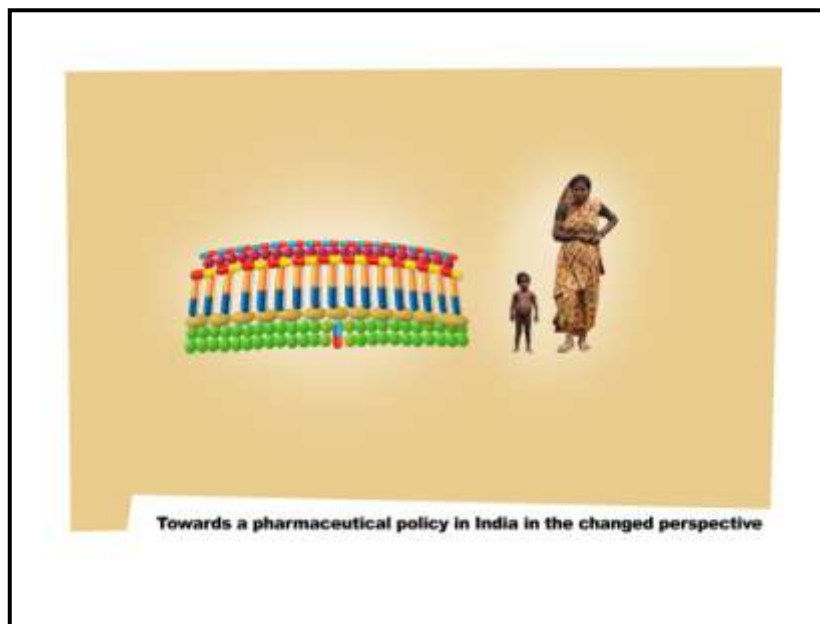




# Report

## Seminar on Pharmaceutical policy and access to essential medicines



Organized by  
**Community Development Medicinal Unit**  
in collaboration with  
**The Catholic Health Association of India**  
&  
**Indian Pharmaceutical Association – Andhra Pradesh Branch**

**Date:** Hyderabad, March 29, 2011

**Venue:** Conference Hall, The Catholic Health Association of India, 157/6 Staff Road,  
Gunrock Enclave, Secunderabad 500 009

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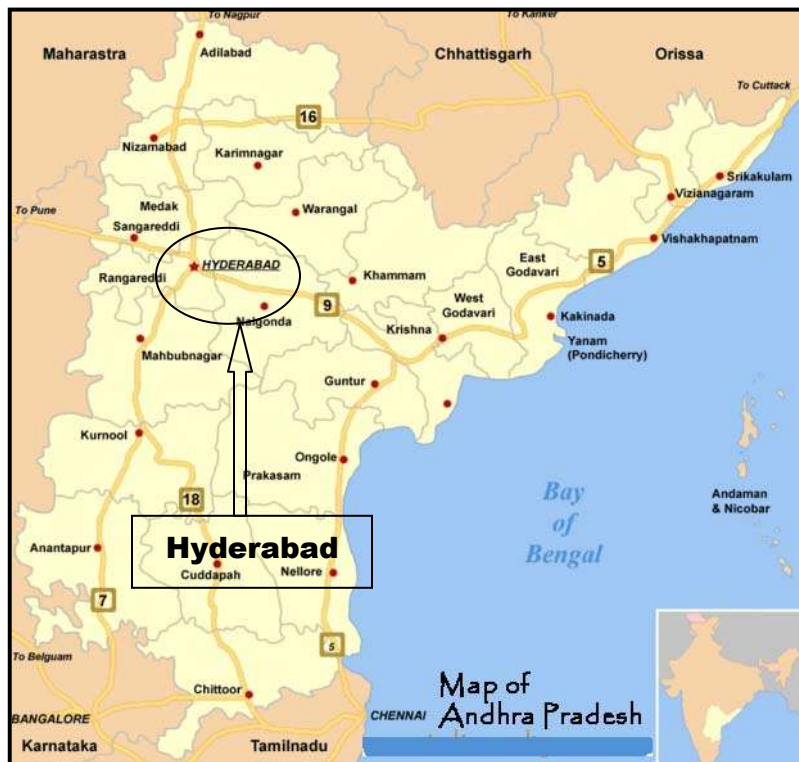
## Introduction to the seminar

The problem of accessing essential medicine required for preventing and curing disease is faced by a large section of the population throughout the country. A national workshop on this and related issues was held in Kolkata in February 2010, where experts and NGO/CBO representatives discussed ways to overcome the problem. It culminated in a set of recommendations and a plan of action that was taken up by the Community Development Medicinal Unit [CDMU], which has been working in the field of access to medicines for all for almost two decades. In collaboration with various organisations, follow-up seminars were held at Kolkata and Siliguri in West Bengal, Bhubaneswar in Orissa, and Ranchi in Jharkhand.

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Since the problem has to be tackled by the people of every state, a seminar entitled “Pharmaceutical policy and Access to Essential Medicines” was also held in Hyderabad with the intention of disseminating information and policies related to accessing medication so that maximum people in need could benefit.

The seminar was held on March 29, 2011 at the conference hall of the Catholic Health Association of India [CHAI] at Gunrock Enclave in Secunderabad. CDMU organized it in collaboration with CHAI and the Indian Pharmaceutical Association – Andhra Pradesh [IPA-AP] state branch.



## **Objective of the seminar**

The objective of the seminar are as follows

- To campaign the recommendation of the seminar with other stakeholders

## **Organizer of the seminar**

Community Development Medicinal Unit [CDMU]

## **Collaborator of the seminar**

- The Catholic Health Association of India [CHAI]
- Indian Pharmaceutical Association – Andhra Pradesh Branch [IPA-AP]

## **Introduction to organizer & collaborator**

**Community Development Medicinal Unit [CDMU]** is a state-based network to enhance access to quality essential medicines at affordable price and improve their use through members, partners and associate organizations currently focused in West Bengal & Orissa.

It undertakes action-based research, evidence based advocacy, need-based training and right based community oriented consumer awareness program.

Presently CDMU reaches more than 2500000 [approx] people through its network of 1000 partner members or member organizations [MOs] working in the field of healthcare in the state of West Bengal & Orissa.

### **Our program**

- Medicine access for poor and marginalized
- Training program / Capacity building of healthcare deliverers
- Lobbying and advocacy with Government, National & International organization
- Capacity building of SHG members on rational use of medicines

**The Catholic Health Association of India** - Founded in 1943, the Catholic Health Association of India (CHAI), is currently one of the world's largest non-governmental organizations (NGOs). A membership-based organization, CHAI has an expansive base of over 3,300 Member Institutions (MIs), including large, medium as well as small hospitals, health centres, and diocesan social service societies. Large MIs provide predominantly curative care. Health centres, which constitute over 80% of CHAI's membership deliver curative, preventive and promotive health care. CHAI's network operates throughout India – urban and semi-urban areas, rural regions, and remote areas - effectively serving the healthcare needs of the poor and the marginalized.

For close to 70 years, CHAI has been working with commitment and enthusiasm to bring complete physical, mental, social, and spiritual well-being to all. In 1993, CHAI, well-positioned to deliver sustainable support and tools to India, adopted a strategic focus shift - from a hospital-based to a community-based health service approach. Advocacy at policy-making and grassroots levels are built-in components of majority of CHAI's programmes and projects.

In 1993, at the Golden Jubilee celebration, CHAI adopted: "Health for many more by many more" as its goal. All through its journey, the organization has taken care to make itself relevant according to the changing health situations. The Diamond Jubilee celebration in 2003 was a memorable occasion which gave the organization an opportunity to understand its strengths and weaknesses, successes and failures, and proceed accordingly. And, "Universal Access to Health for All" became its goal.

#### **CHAI endeavors to**

- Promote Community Health, understood as a process of enabling the people, especially the POOR and the MARGINALIZED, to be collectively responsible to attain and maintain their health and demand health as their right
- Ensure availability of health care of reasonable quality at reasonable cost; control communicable diseases as they cause a huge public health burden as well as take a heavy toll of human life in the country; and
- Provide relief to disaster victims in the country and bring the affected to normal level of functioning.

#### **MAJOR ACTIVITIES**

Community Health, Communicable Diseases and Disaster Management

**Indian Pharmaceutical Association – Andhra Pradesh Branch [IPA-AP]** The Indian Pharmaceutical Association (IPA) is a national professional body of Pharmacists in India, with a member base of over 10000 engaged in various facets of the profession of pharmacy. The IPA is committed to promote the highest professional and ethical standards of pharmacy, focus the image of pharmacists as competent healthcare professionals, sensitize the community, Government and others on vital professional issues and support Pharmaceutical education and sciences in all aspects. The IPA is a Member of Drug Technical Advisory Board, India and involved in advising the Government on matters of professional importance. The IPA is affiliated with International Pharma Associations like Federation International Pharmaceutical (FIP), Federation of Asian Pharmaceutical Associations (FAPA), Commonwealth Pharmaceutical Association (CPA), American Association of Pharmaceutical Scientists (AAPS), American Association of Indian Pharmaceutical Scientists (AAiPS), SEARPharm Forum, International Pharmaceutical Students Federation (IPSF) and World Health Organization (WHO), for carrying out various collaborative professional activities.

The IPA operates in India through 19 State Branches and more than 33 local branches. The members represent various facets of pharmaceutical profession and accordingly the IPA is having its separate Divisions viz. Industrial Pharmacy Division, Education Division, Hospital Pharmacy Division, Community Pharmacy Division, Regulatory Affairs Division, Students Division. The IPA conducts its Annual Convention every year at one selected city on rotation.

The IPA-A.P. State Branch with over 1000 members is presently governed by Dr.(Mrs) Renuka Datla, President; Mr. A.Arun Rao, Vice President; Mr. K. Subbi Reddy, General Secretary; Mr.K.Ram Prasad Reddy, Jt. Secretary; Mrs. Uma Vasireddy, Treasurer and Council members Dr. P.V. Appaji, Mr. P. Koteswara Rao, Dr. B. Madhava Reddy, Mr. P. Ramesh Kumar, Mr. J. Raja Mouli and Mr. William Carey. This new body taken charge from July, 2010 and conducting various programmes focusing pharma industry, pharma education and pharma profession viz.- Interactive session with Principals of Pharmacy Colleges; Scientific Lecture on “Drug Discovery – Concept to Market” by Dr. James Wible, USA. ; 49th National Pharmacy Week 2010 ; Blood Donation Camp.

## Executive Summary

In all, there were 72 participants in the seminar. The speakers included experts from Delhi who have been involved for many years in the much-needed campaign of making essential drugs accessible to all persons needing them. They also included former government officials from the health department. Significantly, among the speakers were heads of Church institutions from the region, who could highlight the difficulties and problems being faced in the procurement, distribution and prescription of important medications to the ailing in their respective areas.

The objective of the seminar was to explain and expand on the vital recommendations that emanated from the February 2010 Kolkata workshop. These recommendations are contained in the '*Kolkata Declaration - II*', and are an update of the proposals made in a similar national workshop held in 2005. The overall areas covered were prices of medicines and their irrational use, universal access, intellectual property and affect on prices and availability, promotion of generic medicines, medical and pharmacy education, quality control standards, vaccines in the public health system, public funding of research, promotion of nutraceuticals, unethical clinical trials, Indian systems of medicines, and issues in biotechnology.



## Schedule of the seminar

<b>SESSION I : INAUGURAL SESSION</b>		
10.00 - 10.05	Prayer song	<b>Facilitator: Sulagna Dutta</b>
<b>Chairperson: Dr. Amit Sengupta</b>		
10.05 - 10.13	Welcome Address	Rev Dr Sebastian Ousepparampil, Director-General CHAI
10.13 - 10.15	Lightening of lamp	By Dignitaries
10.15 - 10.20	A word about CDMU	Fr. John Noronha, Parish Priest, St Francis Xavier's Church, Kolkata, Ex-Director, Caritas India & Founder-President, CDMU
10.20 - 10.25	Genesis and objective of the seminar	Mr D P Poddar, Secretary CDMU
10.25 - 10.35	Inaugural address	Rev. Msgr. Swarna Bernard, Administrator, Archbishop's House, Hyderabad
10.35 - 10.45	Presentation of Capacity Statement of CHAI, its membership and CDMU for involvement with Govt. programs	Rev Dr Tomi Thomas Director-General Designate, CHAI
10.45 - 10.55	Health care challenges /Govt. response in Andhra Pradesh by Chief Guest	Mr. P V Ramesh, Principal Secretary, Department of Health and Family Welfare, Govt. of Andhra Pradesh
10.55 - 11.05	Rational use of medicine a challenge	Dr. Vidhya Kumar, Professor of Microbiology, Osmania Medical College.
11.05 - 11.10	Vote of thanks	Sulagna Dutta - Administrative Manager, CDMU
11.10 - 11.20	<b>Tea Break</b>	
<b>SESSION II : HEALTH CARE &amp; CONCERNS IN ACCESS TO MEDICINES</b>		
<b>Chairperson: Rev Dr Tomi Thomas</b>		
11.20 - 11.30	Health situation in Andhra Pradesh & response to healthcare NGOs with special reference to access to medicines with focus to poor & marginalized	Mr. M A Mateen, Program Manager, CHAI
11.30 - 11.50	People's health vs pricing of medicines - the concern and remedial measures action at Government, health care organization and at community level'.	Dr C M Gulhati, Editor, Monthly Index of Medical Specialty [MIMS], New Delhi
11.50 - 12.10	Present policy framework in India and recommendation of national workshop	Dr Amit Sengupta, Jan Swasthya Abhiyan /All India People's Science Network, New Delhi
12.10 - 12.20	<b>Discussion</b>	

<b>Session III: RATIONAL USE OF MEDICINES</b>		
<b>Chairperson: Dr. Amit Sengupta</b>		
12.20 - 12.30	Menace of spurious medicine and problem of quality control system of medicines in India and its remedy	Mr G Dharma Datha Dy. Director, Drug Controller, Administration, Govt of Andhra Pradesh
12.30 - 12.45	Access to medicines program for not-for-profit	Sulagna Dutta - Administrative Manager, CDMU
12.45 - 13.10	Discussion and Sharing of experience from Member Institutions	Representative's of Member Institution of CHAI
13.10 - 14.05	<b>Lunch</b>	
<b>Chairperson: Fr. John Noronha</b>		
14.05 - 14.15	<b>TV clip on 'Medicines of Death' - Press release by AAJ TAK</b>	
14.15 - 14.25	Welcome address	Rev Dr Sebastian Ousepparampil, Director-General, CHAI
14.25 - 14.35	Objective of the seminar and overview of the morning session	Dr Amit Sengupta, Jan Swasthya Abhiyan /All India People's Science Network, New Delhi
14.35 - 14.45	Presentation of Capacity Statement of CHAI, its membership and CDMU for involvement with Govt. programs	Rev Dr Tomi Thomas Director-General Designate, CHAI
14.45 - 15.00	Making health care accessible and affordable and Drug policy i.e. prescription of generic medicines	Shri D.L Ravindra Reddy Honorable Minister for Health & Family Welfare, Govt. of Andhra Pradesh
15.00 - 15.10	Affirmation	Ms Christine Lazarus, MLA
15.10 - 15.15	Presentation of mementoes to dignitaries	Rev Dr Sebastian Ousepparampil, Director-General, CHAI
15.15 - 15.25	Concluding remarks/vote of thanks	D P Poddar, Secretary, CDMU
15.25 - 15.30	National Anthem	
15.30 - 15.35	Visit to historical museum & Tea	

The meeting started with a prayer song rendered by the members of CHAI. This was followed by the welcome address by Reverend Dr Sebastian Ousepparampil, director general of CHAI. “Medicines are still a mirage for 80 per cent of our population. We have gathered today to see how together we can mitigate this problem,” he told the gathering. After the lighting of the lamp,



Reverend Dr Sebastian Ousepparampil

Father John Noronha, founder president of CDMU, former director of Caritas India as well as CHAI, spoke on how CDMU came into being. “It was more than just propagating the rational use of medicines. It was also the training of personnel and the



Fr. John Noronha

procuring and distribution of medicines at low cost,” he said. A similar operation was attempted in 1986 in association with CHAKA, the Kerala unit of CHAI. But it did not kick off. “In Bengal, we succeeded because the operations were on a smaller scale at the beginning. We stressed on the use of generic medicine instead of branded. Using this process, budgets of health care institutions came down by 50 per cent. The operations spread to north Bengal and then Orissa. We faced problems of inter-state transporting and storing of the medicines. Initially, we hired godowns and later had our own storage spaces. The Bengal government was also very supportive,” he said.

“It was more than just propagating the rational use of medicines. It was also the training of personnel and the procuring and distribution of medicines at low cost,” he said. A similar operation was attempted in 1986 in association with CHAKA, the Kerala unit of CHAI. But it did not kick off. “In Bengal, we succeeded because the operations were on a smaller scale at the beginning. We stressed on the use of generic medicine instead of branded. Using this process, budgets of health care institutions came down by 50 per cent. The operations spread to north Bengal and then Orissa. We faced

Explaining the genesis and objectives of the seminar, Mr D.P. Poddar, founder secretary of CDMU, added to what Father Noronha said. “We were working from community to community in health, in hilly, remote and island areas. We did not get medicine supplies regularly, and poor mothers used to look at their sick children without hope. We ourselves had almost given up hope on some occasions.



**Mr. D P Poddar**

But we overcame all obstacles and grew. This problem of access to essential medicine will also be overcome with our collective efforts,” he said. He pointed out that proper stores management was very important, and if stocks do not tally, funding of projects could be stopped. Referring to the February 2010 workshop, he said the recommendations covered 12 important areas related to low pricing, procuring, storing, distribution and rational use of essential medicines. “But there was a need to mobilise all sectors, and hence follow-up seminars were held in various places involving all the stakeholders.”



**Reverend Monsignor Swarna Bernard**

In his inaugural address, Reverend Monsignor Swarna Bernard, administrator, Archbishop’s House in Hyderabad, related anecdotes to highlight the problems of ignorance and indiscriminate use of resources. “Access to medicines is a human right, and inadequate infrastructure, lack of appropriate primary care and a skilled workforce are challenges that have to be overcome so that this right can be achieved. As priests, we have a mission of Christ to heal the people. We have started a College of Pharmacy three years ago, but a lot more needs to be done. I hope

this seminar will be useful for this purpose,” he said.

Giving an overview of CHAI's activities and membership, Mr Sundar Banga of the organization's human resources department, said the Association had 3,300 member institutions all over the country. "In 2003, CHAI took up universal access to health as a major goal. For this, a four-pronged approach was taken up - communicable diseases, community health, interventional programs and disaster management. Recognizing the need of the community, we started post-graduate diplomas in nursing, hospital management and community colleges in collaboration with IGNOU. "Over the last two years, 5,000 medical and para medical practitioners have been trained," he said.

**Topic: Health situation in Andhra Pradesh & response to healthcare NGOs with special reference to access to medicines with focus to poor & marginalized**

**Speaker:** Mr. M A Mateen, Program Manager, CHAI

The health situation in Andhra Pradesh and the responses of the government and



**Mr. M A Mateen**

NGOs was taken up by Mr M.A. Mateen, project manager, CHAI. Special reference was made to problems of access to medicines with focus on the poor and marginalized sections of the state's population. Presenting figures on maternal health and public health infrastructure, he pointed out that there was a major shortfall in community health centres that were required for healthcare delivery at the grassroots. Among the objectives to be achieved by 2012 under the NRHM was to improve access to preventive and curative

healthcare facilities, with additional emphasis on tribal populations. International and national NGOs had a major role in contributing towards this. "Organisations such as CHAI are involved in RNTCP, HIV/AIDS services delivery and Health Advocacy," he said.

**Topic: People's health vs pricing of medicines - the concern and remedial measures action at Government, health care organization and at community level'.**

**Speaker:** Dr C M Gulhati, Editor, Monthly Index of Medical Specialty [MIMS], New Delhi

Dr C.M. Gulhati, the Delhi-based editor of the Monthly Index of Medicinal Specialities and an authority on pharmaceutical developments in India, elaborated on people's health vis-à-vis pricing of medicines, and the remedial actions that should be taken at the government, NGO and community level. He explained how internationally banned drugs were being used in India, as well as how many people were unnecessarily spending on types



**Dr. C M Gulhati**

of vitamins, tonics and cough syrups which hardly had any efficacy. "In order to improve accessibility and promote rational use of drugs, the government must increase the budget allocation on health, bring more medications under price control, make the use of generic medicine mandatory, control the use of nutritional supplements, publish and update standard therapeutical guidelines, regulate non-government hospitals, and revive public sector units producing drugs and vaccines," he pointed out.



### **Topic: Present policy framework in India and recommendation of national workshop**

**Speaker:** Dr Amit Sengupta, Jan Swasthya Abhiyan / All India People's Science Network, New Delhi



Dr Amit Sengupta of the Delhi-based Jan Swasthya Abhiyan and the All-India People's Science Network discussed the present national pharma policy framework in the country and the recommendations of the national workshop held in Kolkata. "We need to know not just health issues but the background problems of the sick for a complete remedy.

Health care workers are social activists and are capable of this. "We also have to change this contradiction that a country which is the fourth largest producer of drugs in the world, exporting to 200 countries, cannot provide its own population with the essential medication that it needs. WHO figures say that India has the largest number of people (65 per cent of its population) who don't have access to essential drugs." He also spoke on government policies, starting from the Indian Patents Act and the regulations formulated in 1978, and how over the last 20 years, the positive aspects of these policies had been reversed by removing special protection to Indian companies and allowing 100 per cent investment by foreign companies.



**Dr. Amit Sengupta**

**Topic: Menace of spurious medicine and problem of quality control system of medicines in India and its remedy**

**Speaker:** Mr G Dharma Datha, Dy. Director, Drug, Controller, Administration, Govt of Andhra Pradesh



Mr G Dharma Datha

The deputy director, drug control administration of the Andhra Pradesh government, Mr G. Dharma Datha, spoke on the menace of spurious drugs and problems in quality control. “Good health is linked with safe and efficacy-based medicines at affordable costs. At the same time, it must be kept in mind that the profits of drug companies are increasing, as indicated by their share prices in the stock market. The turnovers have also increased from Rs 10 crores to Rs 1 lakh crores, with many companies exporting drugs.

Rational use of medicines becomes all the more important,” he said.

According to some media reports, 35 per cent of the drugs available in the country are “spurious”, and even a Lancet article had claimed this, after which many people refer to this to make their point. “But this is not true, and three national studies, as well as one conducted in Andhra Pradesh, found that 0.474 per cent of drugs were spurious nationally, while this figure was 0.21 per cent in Andhra. Around 8 per cent drugs were substandard,” he said. With the controversy continuing, the director general of drug control conducted a national survey about five years ago. “Lots of money was spent, and of the 23,631 samples examined, only 11 were found spurious. But why even this small figure. It should be 100 per cent spurious-free,” the official



emphasised, pointing out that no company gives a guarantee on the quality of drugs. “Out of one lakh tablets, the companies take only 20 random samples for testing. That is too small a sample size,” he added. To counter this, the drug control administrations in various states have to be strengthened. “According to the Hathi Committee report, a state like Andhra Pradesh requires 550 drug inspectors. But we have only 130. Even then, the state has prosecuted the maximum number of spurious drug cases compared to any other state, averaging about five cases a year.” He stressed that consumers must



check the manufacture and expiry dates as well as collect cash memos of all the drugs they purchase in a bid to check spurious and substandard drugs.

**Topic:** Access to medicines program for not-for-profit

**Speaker:** Ms. Sulagna Dutta - Administrative Manager, CDMU

Speaking on running a non-profit access to medicines programme, Ms Sulagna Dutta,



administrative manager, CDMU, said the Alma Ata declaration of 1978 had made access to medicine a universal necessity, and provision of essential drugs was made mandatory. CDMU was trying to reach out to every household in Bengal, Orissa and now Jharkhand so that essential medicines were available. "But there were obstacles. The government was not maintaining an essential drugs list, and drug

companies were taking advantage of this. In a situation where 60 to 65 per cent of the county's population has very little access to the drugs that they require, and as much as 72 per cent expenditure is out of the patient's pocket, major steps are required in the private and public sectors as well as by the government to improve the situation." To this end, CDMU had achieved some landmarks. "A population of about 25 lakhs had benefited in medicine access through 700 partner organisations in two states and this would increase with Jharkhand organisations also seeking drugs from CDMU. There are four main areas of our activities: bulk purchase of medicines, storage and supply of generic medicines, quality testing of the same, and training programmes and capacity building. Drugs available through CDMU are one-fourth the price that they are available in the market, allowing partner organisations to reach out to more needy people. But many are still not getting the medications that they need and we will have to work together to overcome this," she said.



Sulagna Dutta

## Conclusion

An important part of the seminar was obtaining a feedback from the participants, as well as an interactive discussion with the speakers, wherein questions based on the experiences of the participants were asked. One of them was since many of the centres providing health care were small, they did not have enough storage space for the medicines. Also, a large number of scheduled drugs were being bought over the counter (OTC). The Andhra Pradesh deputy drug controller said the drug schedules would have to be maintained by the dispensing chemists. As for storage, a proper space would have to be set up, pending which procurement would have to be in small quantities. Another participant asked whether the use of generic drugs were mandatory, as on many occasions, centres were compelled to buy branded medicines. Dr Gulhati replied that generic drugs should be made mandatory in institutions and government hospitals, as they were one-tenth the market price.



After an analysis of the feedback forms, the main problems faced by the participants were identified as:

- Access to medicines
- High prices, as most doctors prescribed medicines by brand names
- Timely supply of medicines

The participating organizations requested CDMU:

- To provide essential medicines to the organizations of Andhra Pradesh
- training programs in stores management

The matter was further discussed in the working committee and it was decided that before doing so a feasibility study is to be undertaken.

The access to medicines to the organizations in Andhra Pradesh will be facilitated from CDMU Orissa as it is the neighboring state of Orissa

## List of participants

Sl no	Name of the participants	Name of the organization
1	Sr. Philo Morris	Medical Mission Sister CHAI Student
2	Sr. Sullivan PSA	PSA Sister of Ajmer
3	Fr. Shilanand Toppo	PG DHA CHAI
4	Naveen Mathu	CHAI
5	Dr. A.K.Mahala	CHAI
6	Sr. Racs	CHAI Student
7	Sr. Saraj	CHAI Student
8	Sr.Divya	CHAI Student
9	Sr. Tossy	CHAI Student
10	Fr. Godwin Thimothi	PGDHA CHAI
11	Sr.Susheela Gayam	Vijay Marie Hospital Saitban
12	Sr. Sulana Peroma	Vijay Marie Hospital
13	Sr.Cicily	St.Annes Hospital Ajethginghnga
14	Sr.Jacuitha Mary	St Annes Hospital Jaggyyapet
15	Sr. Cicy Anu	St Annes Hospital VSA
16	Sr. Anne	Nirmala St. Mary's Hospital Bhimavason
18	Sr. Flavia	St. Annes Hospital, Jahanme, Hyderabad
19	Sr.Pushpita	St.Mary Convent, Jhavsai
20	Sr. Pushpa	Assisi Hospital, Komkepudipeclna

Sl no	Name of the participants	Name of the organization
21	Sr. Sissa	St. Catold Hospital, Nuzvid
22	Sr. Angelina	St. Joseph's A.C.PKK. Kltammam
23	Sr. Gemma .S.C.C.G	St. Ignatius Health Centre ,Gagillapuram
24	Sr. Mary Selma	St. Annes Hospital Vijayawadr
25	Sr. Shalom CMC	Suma Hospital Bhumaram
26	Sr. Jualina M.S.I	Sacred Heart Hospital, Gndivada
27	Sr. Mary Vedamani M.S.I	Nirmala Hospital, Shantinagar
28	Sr. Gracy	St. Vincent's Hospital Medarametla. Prakasam
29	Sr. Doris	Arogyamatha Hospital Vemsoor, Khammam
30	Sr. Liza	Arogyamatha Hospital Vemsoor, Khammam
31	Sr. Rosamma	Arogyamatha Rural Rahabilitation Kollapur P.O. Mahabubnagar
32	Sr. Joicy	Arogyamatha Rural Rahabilitation Kollapur P.O. Mahabubnagar
33	Sr. Shanthi	St. Theresa Hospital, Kurmool
34	Sr. Mary Paul	St. Theresa Hospital, Kurmool
35	Sr. Vijaya Rani	St. Theresa Hospital, Santhanagar
36	Bro. Madhu	Shehakivan
37	Sr. Santha	Nirmala Hospital ,Suryapet
38	Sr. Mary	Nirmala Clinic Sangareddy
39	Sr. Lilly	Nirmala Clinic Sangareddy
40	Sr. Salimma (J.M.J)	Shanti Niketan Hospital
41	Sr. Puspa (J.M.J)	St Theresa Hospital, Hyderabad

Sl no	Name of the participants	Name of the organization
42	Dr. Chakrapari C.	CHAI
43	Sr.Carolina S.A.S	St.Annes J.M Hospital , Malakupuram
44	Dr.C.M.Gulhati	MIMS
45	Dr. Amit Sengupta	Jana Swsathya Abhiyan
46	N.Radha	St.Theresa Hopital Sanathnagar
47	Sr. Jeenat	St.Theresa Hopital Sanathnagar
48	Naina Poulouse	St.Theresa Hopital Sanathnagar
49	Mrs.Urmila Devi	St.Theresa Hopital Sanathnagar
50	Mrs. Jaisamma Thomas	St. Theresa Hospital
51	Mrs.D.Suvekha	St.Theresa's Hopital Sanathnagar
52	Sr. Jinaf	O.L.I Hospital Porumamilla
53	Sr. Hildegarde Shenoy	Seva Nilaya
54	Amit Ukil	The Telegraph
55	Sr. Rose Mary .r	St. Theresa's School of Nursing, Hyderabad
56	Margaut .B	St. Theresa's School of Nursing, Hyderabad
57	Jissa.G.M.	St. Theresa's School of Nursing, Hyderabad
58	Fr.Siby Kaitharan	Snehakiran MEDCHAL
59	Dr. J. Chakrapan	CHAI
60	Sr. Sunitha Antony	St.Annis J.M. Hospital
61	Amit Dinkeu	(NIMH) Volune
62	Yatu	(NIMH) Volune

Sl no	Name of the participants	Name of the organization
63	Beaullah	(NIMH) Volune
64	Dr. Sr. Ploreena	St.Annis Hospital, Fatinagar, Garangal
65	Sr. Mary Dunna	St.Annis Hospital, Fatinagar, Garangal
66	K.Subbirgddy	IPA AP
67	M.Ravi kumau	Andhra Jyothi
68	Man Mohan	APVHA, Secenderabad
69	K. Sridhav	DARE. Hyd.
70	John Noronha	St.Francis Xavier Church
71	Sulagna Dutta	CDMU
72	Sushanta Roy	CDMU

**Photo gallery**



**Planning meeting with CHAI representatives**



**CDMU & CHAI representatives at St Theresa Hospital**



**CDMU & CHAI representatives at Vijay Marie Hospital**



**Lighting of lamp by Reverend Swarna Bernard**



**Glimpses of participants**



**Glimpses of participants**