



## History of SAFOG

### **Background**

South Asia is home to one sixth of the world's population, making it both the most populace 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 subSaharan 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 thirds 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 amongst the health organizations of the region.

### **Genesis of SAFOG**

The Sri Lanka College of Obstetricians & 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 the 7<sup>th</sup> of September 1995 at the residence of Dr. Lakshman Fernando, the then President of the Sri Lanka College of Obstetricians & Gynaecologists. Dr. Shrish Sheth, Dr. Kamal Buckshee and Dr. D.K. Tank from India, Dr. Rashid Latif Khan from Pakistan, and Dr. W.S.E. Perera, Dr. Mahasara Gunaratne, Dr. H.R. Seneviratne and Dr. Lakshman Fernando, Dr. Rohan Perera & 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 amongst the national societies. Dr. Rashid Latif and Dr D.K. 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 Gynaecologists 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 Gynaecologists 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 discuss 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 16<sup>th</sup> October, 1995 at the XV Asia & Oceania Congress of Obstetrics & 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. T.A. Chaudhry and Dr. A.B. 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 was 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 hundred overseas delegates and around a thousand registered delegates. About one hundred and fifty 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 29<sup>th</sup> 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 D.K. Tank as Vice President, Dr T.A. 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. Dr Shala Khatun, Dr Syeda Firoza Begum, Dr Syed Ershad Ali, Dr A. I. M. Anowar-ulAzim 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, Dr Sanumaya Dali from Nepal and Dr J.N. Rodrigo, Dr Mahsara Guneratne, Dr W. S. E. Perera, Dr Asoka Gunesekera 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. One of the important meetings for the development of the final constitution was held at the house of Dr J.N. Rodrigo, whose son being a lawyer helped in fine tuning

the constitution. The final constitution was presented, 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 Gynaecology society of the country hosting the congress. The conference would rotate amongst India, Pakistan, Bangladesh, Sri Lanka and Nepal every two 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 & 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 Gynecology (SLCOG) graciously offered to provide space and maintain 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 Gynaecologists within the region for closer cooperation and social understanding.
2. To use and develop reproductive health as an instrument towards social and health development.

3. To promote the exchange of ideas and sharing of knowledge, skills and attitudes among Obstetricians and Gynaecologists 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 health care for all persons in the region and, in particular, the provision of safe motherhood.
9. To enhance the involvement of Obstetricians and Gynaecologists 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 OBGYN professionals of South Asia region the OBGYN 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 Chaudhry and the late Dr Lakshman Fernando, ensured that the SAFOG concept would be established and the member 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 AOFOG 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 fourth July 2009. This event was the outcome of the efforts of Dr Alokendu Chatterjee. 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 10<sup>th</sup> March 2007 in Lahore, it was decided to review and replace the original SAFOG charter signed on 29<sup>th</sup> 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 – 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 28<sup>th</sup> June 2008 in Colombo.

In December 2008, SAFOG launched a new web site to enable improved communication with members ([www.safog.org](http://www.safog.org)). During the presidency of Professor A.B. 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 Goonewardane, Sudha Sharma, Ferdousi begum, Pushpa Chaudhry, PK Shah, Jaideep Malhotra, Rashid Latif Khan, Rohana Haththotuwa, Laila Arjuman Banu, TA Chowdhry, Ashma Rana and Chanda Karki. It is now obligatory on all the regional professionals to help 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 the brainchild of Professor A.B. Bhuiyan. This was a consensus statement of the South Asian Region on the issues of maternal and neonatal health.

The years 2009 – 2011, have proven to be eventful and under the presidency of Professor Harshalal Seneviratne. During the last two 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 since inception of SAFOG (1996) in its fifteen years of existence, that, SAFOG managed to have a dedicated SAFOG session in the XX FIGO World Congress, Rome, Italy, held on October 2012. The session was on the important issue of “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. Harsha Seneviratne.

SAFOG has continued to interact effectively with the UN agencies in enhancing reproductive health care 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. This workshop had participants from Bangladesh, Sri Lanka, Nepal, Pakistan and India.

### Office Bearers of First SAFOG Council 1996 - 1998

President	Pakistan	Dr. Rashid Latif Khan
President Elect	Bangladesh	Dr. T.A. Chowdhury
Vice President	India	Dr. D.K. 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. Harsha Seneviratne
Editor	Bangladesh	Dr. A.B. Bhuiyan
Secretary Research	India	Dr. Alokendu Chatterjee
Secretary Education	Pakistan	Dr. Farrukh Zaman

### Tenure of SAFOG Presidents and Secretary Generals

Conference Held	Tenure	President SAFOG	Secretary General
Lahore, Pakistan	1996 - 1998	Dr. Rashid Latif Khan	Dr. Rohana Haththotuwa
Dhaka, Bangladesh	1998 - 2000	Dr. T.A. Chowdhury	
Colombo, Sri Lanka	2000 -2003	Dr. Lakshman Fernando	
Mumbai, India	2003 - 2005	Dr. D.K. Tank	
Kathmandu, Nepal	2005 - 2007	Dr. Sudha Sharma	Dr. Shyam Desai
Lahore, Pakistan	2007 - 2009	Dr. Farrukh Zaman	
Dhaka, Bangladesh	2009 - 2011	Dr. A.B. Bhuiyan	
Colombo, Sri Lanka	2011 - 2013	Dr. Harshalal Seneviratne	Dr. Rubina Sohail
Agra, India	2013 - 2015	Dr. Alokendu Chatterjee	
Kathmandu, Nepal	2015 - 2017	Dr Ashma Rana	Dr. Narendra Malhotra

### 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. T.A. Chowdhury	Dr. A.B. Bhuiyan
3	Colombo, Sri Lanka	2000	Dr. Rohan Perera	Dr. Rohana Haththotuwa

4	Mumbai, India	2003	Dr. Duru Shah	Dr. Shyam Desai
5	Kathmandu, Nepal	2005	Dr. Sudha Sharma	Dr. Amita Thapa
6	Lahore, Pakistan	2007	Dr. Farrukh Zaman	Dr Rubina Sohail
7	Dhaka, Bangladesh	2009	Dr. A.B. 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 towards MDGs 4 and 5 in South Asia.

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Dr Alokendu Chatterjee

Dr T.A. Chaudhry

Dr Rohana Hathotowa

Dr Shyam Desai

Dr Sohail Khurshid Lodhi

Dr Malik Goonewardhane