



Surinder Augustine Kaul

B.Sc., MBBS (India), MCommH (UK), MFPHM & FFPHM (UK)

Residence: Thailand **DOB:** 19 May 1945

Current Appointment as Remote Adviser: Public Health Specialist. Lesotho Highlands Water Project (Phase II) Project Management Unit - LHWP2 PMU, 10th Floor. Lesotho Bank Tower. Kingsway. Maseru. Lesotho.

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Experience Summary

- Reproductive Health, including Maternal and Child health and Sexually Transmitted Infections, with special emphasis on HIV/AIDS
- Monitoring and Evaluation of health programs
- Management of large resettlement health programs in Myanmar, Indonesia, Laos and Lesotho
- Health Needs Assessment and prioritizing Health Needs of populations
- Development and implementation of Maternal and Child Health Programs
- Directing and managing health teams in large and small projects
- Research in General Practice and Public Health
- Development of large databases for epidemiological information
- Conducting and supervising Health and Demographic Health Surveys and report writing
- Epidemiological studies
- Public Health Training of Doctors, Nurses and other paramedical staff. Academic, Onsite and Distant Learning – undergraduate and post graduate students of varied health fields
- Consultancies in Public Health
- Directing Health and Development projects in resource poor countries

Current Professional Affiliations

1. Registered Public Health Specialist with Australian Medical Council. (since 2001, R.No.1011437)
2. Registered Public Health specialist in Australia - R.No.6671411273
3. Registered medical practitioner in United Kingdom (General Medical Council since 1987. R.No.3360918)
4. Registered under European Specialist Register as Public Health Medicine (Since January 1997. R. No. 3360918)

Qualifications

University of Punjab, India B.Sc. 1965
University of Madras, India. MBBS 1971
University of Liverpool, UK, MCommH (International Health) 1979
Faculty of Public Health Medicine UK, MFPHM 1987 by examination and thesis
Fellow of the Faculty of Public Health Medicine UK, FFPHM. Feb. 1995 – Awarded

Technical Appointments

- Currently employed by Lesotho Highland Water Authority under the CDM Smith International Project Management Unit in the World's largest water transfer project. Responsible for the project's Health Program for the impacted populations in Lesotho. Engaged in supervising the Public Health Action Plan to strengthen Primary Health Care in the project area in collaboration with the local health authorities and the Ministry of Health. Full time August 2013 to August 2015; Remote Advisory support to the project to date.
- Nam Theun 2 Hydroelectric Project, Technical Manager Health Programme: January 2005-2009. Implementation of the NTPC Public health Action Plan. Continued remote support to the project until its completion in 2013.
- Public Health Expert and Epidemiologist. Institutional and Technical Support India. National Institute of Health and Family Welfare. New Delhi. European Union Funded Capacity Building Project with the Ministry of Health and Family Welfare. July 2011 to October 2012 (Contracted by Royal Tropical Institute, Amsterdam, a partner to the main contractors, Futures Group, London). Institutional and Technical Support Project was a part of the European Union – Government of India Sector Policy Support Program to the National Rural Health Mission and the Reproductive and Child Health Program. EuropeAID/129-243/C/SER/IN-1.
- An independent consultant/adviser in Public Health to a number of health programs in Laos, Vietnam, Indonesia and India.
- Public Health Adviser with International SOS June 2002-2009:
 - Remote advice on Public Health issues to other projects managed by International SOS around the World through Public Health Network.
 - Manager, Health Program Management Unit, Nam Theun 2 Hydroelectric Project, Lao PDR. January 2005 to March 2009 (fulltime); and remote adviser up to 2013.
 - Public Health manager. Freeport Public Health and Malaria Control Program, Papua, Indonesia June 2002 to January 2005
 - TOTAL's Socio-economic (Health) Program, Myanmar. Periodic Supervision and Technical Support including training. (intermittent)

- Team leader. Health Impact Assessment for Weda Bay Nickel in North Maluku, Indonesia. (August- September 2010)
- Adviser (intermittent) to ERM Australia and New Zealand in HIA for a hydroelectric project (July 2012).
- Epidemiologist in Queensland and Northern Territory Health Departments. 2000-2002
- Consultancies in Maternal and Child Health and Reproductive Health in Papua New Guinea. 1999-2000
- Chief Technical Adviser with UNFPA/WHO for Strengthening Reproductive Health Services in Papua New Guinea. 1996-1999
- Consultant in Public Health Medicine, Welsh Health Common Services Authority. Wales. UK. 1992-1996 (All Wales responsibility)
- Public Health Consultant in two Welsh Health Authorities, UK. 1988-1992
- Senior Registrar in Public Health Medicine, Oxford Region and Wales. 1985-1988
- Medical Research Council, UK. Clinical Scientific Staff. 1983-1985
- Lecturer, Medical Faculty, King Saud University, Riyadh, Saudi Arabia. 1980-1983
- Senior Medical Officer, Ministry of Health, Zambia. 1980
- Director of Community Health Program, Landour Community Hospital, Mussoorie, Uttar Pradesh, India. 1976-1979
- Medical Officer and In-charge Public health Program, Lady Willingdon Hospital, Manali. Himanchal Pradesh. India. 1974-1976
- Medical Officer, Frances Newton Hospital, Ferozepur, Punjab. 1972-1974
- Internship. Christian Medical College, Vellore. Tamilnadu. India. 1971-1972

International Work Experience

India	-Early medical training & later health and development programs
Turkey	-Field research - Liverpool School of tropical Medicine
Zambia	- Senior Medical Officer in Public Health in Ndola
Saudi Arabia	-Lecturing in the Dept. of community medicine, Medical Faculty
England & Wales	-Medical Research Council and Consultant Public Health Medicine
Papua New Guinea	-Strengthening Reproductive Health Services
Australia	-Epidemiology and Public Health
Indonesia (Papua)	-Medical Adviser, Public Health & Malaria Control
Indonesia (N Maluku)	-Health Impact Assessment for Weda Bay Nickel
Lao PDR	-Health Manager and Health Adviser, Nam Theun 2 Power Co.
Myanmar	-Consultancy to review TOTAL Social and Environment Program and periodical technical support.
Viet Nam	-Review of the Health Impact Assessment and Public Health Action Plan of Trung Son (Hanoi) Hydroelectric Project funded by the World Bank.
Lesotho	-Consultancy – evaluation of country’s Maternal and Child Health program. -Health Impact assessment and Implementation of Public Health Action Plan.

WORK IN THE NATIONAL HEALTH SERVICE, UNITED KINGDOM

1. Clinical Scientific Staff with Medical Research Council. Epidemiological research in General Practice. 1983-1985.
2. Senior Registrar in Public Health Medicine, Oxford Region and Wales. 1985-1988 (Refs. 6-8, 10-11)
3. Public Health Consultant, Mid Glamorgan Health Authority, Pontypridd. Wales. UK1990-1992
4. Public Health Consultant, West Glamorgan Health Authority, Swansea. Wales. UK.1988-1990 (Refs. 12-22)
5. Regional Consultant in Public Health Medicine, Welsh Health Common Services Authority. Wales. UK. 1992-1996 (Refs. 23-30, 32)

WORK WITH THE UNITED NATION AND OTHER INTERNATIONAL ORGANIZATIONS

1. Chief Technical Adviser for Strengthening Reproductive Health Services in Papua New Guinea. A five million USD, UNFPA funded and WHO implemented program from 1996-2000. (Refs. 33-41)
2. Worked with the Futures Group on developing maternal mortality policy in Papua New Guinea for the Ministry of Health. (Ref. 42)
3. Worked with International SOS as Public Health Adviser in Indonesia and Lao PDR in two projects from 2002-2008. (Refs. 44-49)
4. Worked in close collaboration of the World Bank and the Asian Development Bank on developing and implementing the Health Impact Assessment and the Public Health Action Plan for Health Program, Nam Theun 2 Hydroelectric Project in Lao PDR from 2005-2008 and from 2009 to date as a remote technical adviser to the project. (Refs. 51-58)
5. Collaboration with Institut Pasteur, Laos, Swiss Public Health and Tropical Institute Basel Switzerland and the Emerging Pathogens Institute, Gainesville, University of Florida through the Nam Theun 2 Hydroelectric Project in Lao PDR (Refs, 54-55, 58)

ACADEMIC AND TEACHING EXPERIENCE

1. **Lecturer, Department of Community Medicine**, Faculty of Medicine, King Saud University, Riyadh, Saudi Arabia. 1980-1983. Responsibilities included teaching primary health care administration and planning and development of Maternal and Child Health services for populations, epidemiology and medical statistics. (Ref. 5)
2. **Supervision of Post Graduate Students:** Supervised postgraduate Public Health students, under the Faculty of Public Health Medicine, UK arrangements.1988-1995. (Refs. 25, 32)
3. **Hon. Clinical Tutor.** University of Wales College of Medicine, Cardiff. Wales. UK. Responsible for undergraduate teaching in Public Health Medicine. 1988-1992.
4. **Honorary Senior Lecturer in Health Care Studies.** Institute of Health Care Studies, University College of Swansea, Wales.UK. Responsibilities for part time teaching and supervision of PHD students. 1992-1998.
5. **Host Project for Post Graduate Studies in Public Health.** The Nam Theun 2 Health project has hosted a number of national and international masters and PhD

- students from IFMT, Vientiane, Laos, Shepherds School of Public Health France, London School of Public Health, UK, Princeton University, New Jersey, USA and Swiss Public Health and Tropical Institute, Basel, Switzerland. (2008-2010)
6. **Health Impact Assessment. Chapel Hill, North Carolina** - Invitation from the WHO to act as a resource person for a two-day course organized by the WHO on Principles and Practice of Health Impact Assessment using Nam Theun 2 Project as an example. Two presentations apart from acting as a resource person during the group work on exercises provided: one on introduction to the project and second on the update and achievements of and meeting the aims of the Public Health Action Plan (October 2010)

RESEARCH EXPERIENCE

1. **Clinical Scientific staff** at the Epidemiology and Medical Care Unit, Northwick Park Hospital, Harrow, Middlesex, and Honorary Registrar in Community Medicine with the West Glamorgan Health Authority. UK.1983-1985. Low dose anticoagulants in the primary prevention of ischemic heart disease - a feasibility study in a selected general practice population. This work was successfully submitted as part of my dissertation for the degree of MFPHM, Faculty of Public Health, London. UK. (Ref. 10)
2. Development of **General Practice Morbidity Database**, using computerized data from representative sample of General Practice populations in Wales. Over a million medical records were put together electronically to create a database which provided the basis for prevalence of common diseases in the general population, leading to prevention programs as well as indicators to identify high prevalence geographical areas. (Ref. 32)
3. Using routinely available data, health status indicators were developed into a **Public Health Common Data Set**. This database has been a standard since 1995 in Wales. All health authorities were required to produce an annual report using this data set and the Chief Medical Officer of Wales reviewed the reports annually for NHS Wales. (Ref. 30)
4. In collaboration with the Geography Department of University College of Swansea, developed all Wales report on the small area statistics, identifying areas of social deprivation, focusing the need to address health needs of these populations. Ref: Thomas C J and Kaul S A. The relationship between health and social conditions in Wales: Preliminary Findings. Working Paper 2. SERN. Department of Geography, University College of Swansea. Wales. UK. July 1988. (Ref. 12)
5. Peer reviewed journal publications on materials from a number of above mentioned assignments. (Refs. 14, 18, 20-26, 28, 31-32, 43, 49, 54-58)

AREAS OF SPECIAL INTEREST

1. Health Impact Assessment (HIA) and Public Health Action Plans

Since June 2002, I have been working with large projects carrying out HIA and developing public health action plans. Main objectives of these programs have been designing, management and implementation of the health plans, with the aim to mitigate

the adverse impacts of the projects and developing a sustainable health program for the impacted populations. Thrust is on collaboration with the government health services in strengthening the existing health service delivery.

2. Maternal and Child Health

The improvements in any population start with optimizing the health of women and children in the society. Improvements in the preventive services required by these sub groups of populations leads to substantial health gain in the whole population. All my assignments have concentrated on addressing these aspects of health issues backed by remarkable results.

3. Sexually Transmitted Infections (STIs) including HIV/AIDS

STIs have been a scourge in all societies for time immemorial. It is particularly so among large projects where young men, away from their homes and families, indulge in sexual gratification by using services provided by commercial sex workers. Management of this social problem requires sensitive handling, among both the seekers and providers of the service. My work experience in HIV/AIDS is mainly in three countries, viz. Papua New Guinea (PNG), Papua, Indonesia and Laos. In PNG, the HIV/AIDS program was part of the Strengthening Reproductive Health program in the country, funded by UNFPA and implemented by the WHO. Program largely consisted of mainstreaming Sexually Transmitted Infections, including HIV/AIDS, into the Strengthening Reproductive Health Program in the country through education and awareness of the health workers and the population at large. In Papua, Indonesia, I worked for Freeport, a Gold and Copper Mining Company, with a workforce of over 17,000 people. Responsibilities consisted of education and awareness to the new employees at the start of the employment, regular health education and prevention programs for the workforce, and a specially designed program for the local brothels, frequented by the mine workers. The program for commercial sex workers (over 500), included regular health checks, including voluntary HIV testing and monitoring the HIV+ prevalence among the high risk groups. In Laos the Nam Theun 2 Hydroelectric Project, having over 8000 workers at peak construction time, a program of education and awareness for the health workers, the public in four districts, and the commercial sex workers near the camp sites were the main responsibilities. Here also a special program of health checks for the sex workers was developed under my guidance and supervision. Regular surveillance and monitoring of the prevalence of the disease was part of the program.

4. Nutritional Studies, especially in Under-5s and during Pregnancy

Nutritional needs of a number of vulnerable groups are fundamental in the health improvement of any community. Women, especially during and after pregnancy and children under the age of five years are prone to under nutrition, due to scarcity of food as well as ignorance how food should be used for optimal health. I have been engaged in a number of maternal and child health programs where systematic approach to these problems have been tackled with positive outcomes.

5. Water and Sanitation for communities

Many rural communities have a number of health problems related to the lack of clean water and sanitation. Simply providing clean water, better housing and sanitation to communities can bring about significant improvements in their health status. I have had extensive experience of working with the design and management of rural water and

sanitation programs in the rural environs in a number of projects. During the last ten years I have worked closely with the water and sanitation engineers, developing the most appropriate water supply to the communities in Papua, Indonesia in a large sanitation project for the resettled communities (2002-2005) and in Laos (2006-2008) for 17 villages resettled in a major hydroelectric project (Nam Theun 2). In Laos I also worked with the construction designers in developing medical waste incinerators for six health centers and four district hospitals. We have demonstrated significant decline in the intestinal parasites in the population where the project provided clean drinking water and toilets, along with the education of using these facilities appropriately.

6. Surveillance and monitoring

Monitoring and evaluation is fundamental to gainful interventions. I believe that quality information can be obtained from routine data collection of routine health services provide in any health establishment. I have managed both routine data as well as data form large surveys, its management and synthesizing it into information. Feedback of this information to health services providers helps in boosting the morale of the health workers and better understanding of the needs of the communities served.

DEVELOPMENT AND PILOTING OF TEACHING MATERIALS

1. Worked as a resource person with Voluntary Health Association of India (VHAI), New Delhi developing materials and projects for rural and remote health projects. 1974-1978.
2. I was also the resource person on the editorial board of the adaptation and translation of the first edition of David Werner's Where There is No Doctor for Indian Use.
3. Rural Community Health and Development Project, Mussoorie, Uttar Pradesh India was funded by OXFAM and was used as pilot project to implement newly developed health education and teaching materials from VHAI and TALC (UK). 1974-1978.
4. Worked with National Council of Educational Research and Training, New Delhi in developing health education materials for community health workers. The materials were used in two projects directed and managed by me. 1976-1978.
5. I was responsible for the development of the Welsh Public Health Common Dataset in the UK. This dataset was used by all Welsh Health Authorities to develop Health Gains Initiatives at the population level. The data was also used to develop each authority's annual reports. 1992-1996.
6. Responsible for the development of the General Practice Morbidity Database for Wales. 1990-1994.
7. In Lao PDR all teaching program and materials for Primary Health Care at district and health center level were developed under my direction. The primary health care program serves as a model now in the province and in the country at large.
8. Public Health Website for dissemination of my personal public health experience. www.surinderkaul.com