

<b>competencies</b>	capable of doing to work efficiently, effectively, and appropriately in the field).
<b>Core curriculum</b>	A curriculum, or course of study, which is deemed central and usually made mandatory for all students of a school or school system.
<b>Direct admission</b>	An admissions system which builds on previous learning experience and provides a way for individuals from relevant undergraduate, postgraduate, or other educational programs to transition into higher levels of health professional studies.
<b>Feasibility</b>	Whether or not something can be accomplished given specific conditions and criteria. Common variables suggestive of feasibility include economic cost and resources available in the area or community necessary to implement the program; organizational rules that may interfere in the implementation and carrying out of a given agenda, such as laws, ethics, and so forth; and receptivity of parallel, cooperative, or divergent agencies in the community necessary to sustain ongoing productivity of the new program.
<b>Financial assistance</b>	Encompassing all forms of monetary aid for students, including any grant, loan, tuition assistance, scholarships, fellowships, tax credits, savings subsidies, or other arrangement by which an entity provides or otherwise makes available monetary support to a student for undergraduate or postgraduate training.
<b>Governance</b>	The system, composed of structures and processes, through which faculty, administrators, and other campus constituents make collective institutional decisions. The concept of governance is meant to include not only the control of decisions about the operations of educational institutions, but also control over the decisions made regarding their objectives. Such structures might include, for example, advisory boards, governing boards, councils, boards of governors, boards of trustees, senates, or committees operating on various matters within an institution.
<b>Infrastructure</b>	Broadly defined as the underlying foundation or basic framework of a system or organization. We refer here specifically to material infrastructure, which includes the laboratory, office, lecture, and instrument room spaces that faculty, students and staff need for various learning activities.
<b>In-service training</b>	Training received while one is fully employed in the health sector. The aim is to equip health workers or the trainers of health workers with the skills to deliver specific interventions.
<b>Inter-professional education</b>	Faculty and students from two or more health professions engaged in learning with, from, and about each other in all components of curricula including the practical ones, to enable effective collaboration and improve health outcomes.
<b>Joint appointment</b>	A formalized agreement between two institutions where an individual holds a position in both institutions and carries out defined responsibilities.
<b>Ladder programme</b>	A system of employee salary progression that provides for advancement through a set of graded steps or levels. Progression on the ladder occurs in relation to achievement.
<b>Licensure</b>	The process whereby a governmental authority, in accordance with state statute, determines the competency of individuals seeking to perform certain services. Through licensure, state governments grant individuals the authority to engage in an area of practice, generally to the exclusion of others, based on demonstrated education, experience, and examination. As a general rule, state governments possess the authority to discipline licensees who fail to comply with statutes and regulations and to take action against unlicensed individuals who practice within the scope of a licensed profession or occupation.

<b>Regulatory bodies</b>	A national organization, external to an institution, charged with the responsibility of setting and maintaining educational and practice standards for a profession, and controlling entry into the profession (i.e. accreditation).
<b>Research capacity</b>	The collective capability of education faculty to conduct independent research or to contribute to interdisciplinary research.
<b>Results-based financing</b>	A cash payment or non-monetary transfer made to a national or sub-national government, manager, provider, payer or consumer of health services after predefined results have been attained and verified. Payment is conditional on measurable actions being undertaken.
<b>Retention (of students)</b>	A programme outcome involving the maintenance of a student's satisfactory progress toward his or her pedagogical objective until it is attained.
<b>Return of service commitment</b>	An arrangement whereby a health worker in training or a fully trained health worker enters into a contract to work for a number of years in an underserved area in exchange for a financial or in-kind incentive.
<b>Rural population</b>	A population of an area that is not urban in nature, where 'urban' delineates the contours of a contiguous territory inhabited at urban density levels without regard to administrative boundaries. Recognizing the absence of a universal or standardized definition of 'rural' meaningful in an international context, the diversity of definitions commonly utilized in the literature may also be accepted, based on factors including distance from nearest urban centre, population density, common nature of employment, government structures, degree of isolation, and distance from nearest 'major hospital' or high-level health care institution.
<b>Scope of practice</b>	The activities that an individual health professional performs in the delivery of patient care. Scope of practice reflects the types of patients for whom the health professional can care as well as what procedures/activities the health professional can perform, and influences the ability of the health professional to seek reimbursement for services provided. Determining scope of practice includes advanced practice education in a role and specialty, legal implications, and scope of practice statements as published by national professional specialty and advanced practice organizations.
<b>Streamlined educational pathway</b>	A means of connecting education, training, and support services to prepare students for the next level of education and training. Each step on a streamlined pathway is designed explicitly to prepare students to progress to the next level of education. (e.g., through multiple entry points and innovative programme delivery mechanisms such as flexible scheduling). Streamlined nursing education programme might, for example, ensure that registered nurses who wish to advance their nursing expertise and career by enrolling in a higher degree in nursing can do so without having to repeat the same courses and content they have already mastered; associated regulations would thus prohibit institutions from requiring a student who already holds a nursing license or relevant lower-level degree to complete coursework whose content they have already covered in a previous course of study.
<b>Targeted admission policy</b>	A policy that provides a number of reserved places in limited-entry undergraduate or postgraduate programmes for applicants from groups that are underrepresented and/or disadvantaged in terms of gaining access to a university education and for whom participation in the programme will assist in achieving equal educational opportunity.
<b>Trans-professional education</b>	Health professionals learning with, from, and about non-professional health workers, especially basic and ancillary health workers, administrators and managers, policy makers, and leaders of the local community. The intention is to

break down professional silos while enhancing collaborative and non-hierarchical relationships in effective teams.

**Twinning**

The establishment of a formal link between a specific department/institution in a developed country and a corresponding department/institution in the developing world.

**Underrepresented population**

A racial or ethnic population that is underrepresented in healthcare professions relative to their numbers in the general population.

**Underserved population**

Interpreted in the broadest sense, a relatively poorer population inhabiting an area with limited access to qualified health care providers and health services of adequate quality. May include, for example, populations occupying the following types of settings: remote rural areas; small or remote islands; urban slum areas; areas that are in conflict or post-conflict; refugee camps; and areas inhabited by minority or indigenous groups.

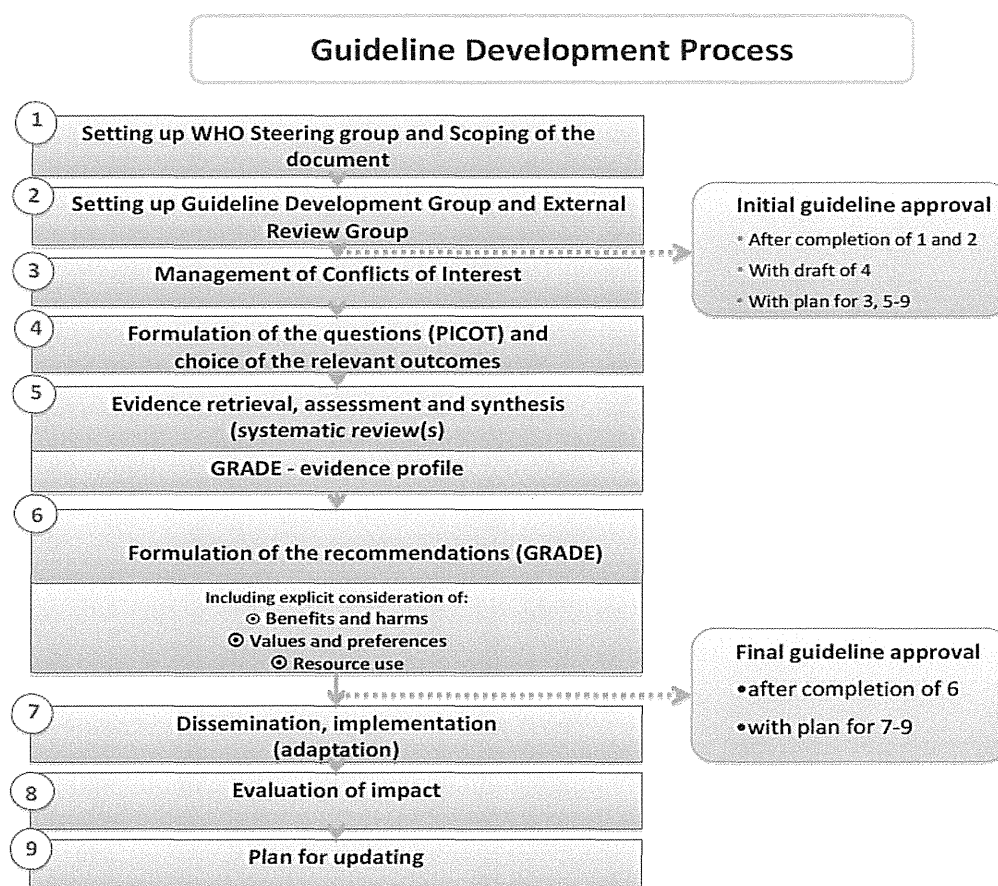
## Annex 7. The WHO guideline development process

A WHO guideline is any document that contains WHO recommendations about health interventions, whether clinical, public health or policy related. A recommendation provides information about what policy-makers, health-care providers or patients should do. It implies a choice between different interventions that have an impact on health and that have ramifications for resource use.

The process of developing WHO guidelines encompasses synthesis of all available evidence; formal assessment of quality of evidence; consideration of resource use and costs; and consideration of values and preferences. The formal assessment of quality of evidence includes the use of a transparent system for assessing evidence and rating recommendations following the GRADE methodology. This process links evidence to recommendations and explains the reason that judgements were taken at each step along the way. By design, the process is steered by the WHO secretariat with the support of the core guideline development group that includes content experts for specialties involved, methodologists and representatives of potential stakeholders and that maintains a geographic and gender balance.

Figure 1. below highlights the 10-step process for developing WHO guidelines.

Figure 1. GRADE and the 10 steps to develop WHO guidelines



## **Annex 8. List of meetings**

1. First technical reference group meeting of medical education experts, 28-29 June 2010, Geneva
2. Second technical reference group meeting on nursing and midwifery education 15-16 July 2010, Geneva
3. Third technical reference group meeting: Policy makers, regulatory bodies, professional associations, community members and civil society geneva 14-15 December 2010
4. First meeting of the Core Guideline Development Group Divonne May 2011
5. Second meeting of the core Guidelines Development Group, The Pan American Health Organization, Regional Office of the World Health Organization, 20-22 March 2012, Washington DC, USA.

# Annex 9. Template for decision tables

PICO QUESTION							<i>Problem:</i>		
							<i>Option:</i>		
							<i>Comparison:</i>		
							<i>Setting:</i>		
							EVIDENCE	QUERIES TO PANEL	
PROBLEM	<b>CRITERIA</b>	<b>JUDGEMENT</b>							
	<b>Is the problem serious?</b>	<i>No</i>	<i>Probably no</i>	<i>Uncertain</i>	<i>Probably yes</i>	<i>Yes</i>	<i>Varies</i>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<b>Are a large number of people affected?</b>	<i>No</i>	<i>Probably no</i>	<i>Uncertain</i>	<i>Probably yes</i>	<i>Yes</i>	<i>Varies</i>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<b>Are the anticipated desirable effects large?</b>	<i>No</i>	<i>Probably no</i>	<i>Uncertain</i>	<i>Probably yes</i>	<i>Yes</i>	<i>Varies</i>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
BENEFITS & HARMS OF THE OPTIONS	<b>Are the anticipated undesirable effects small?</b>	<i>No</i>	<i>Probably no</i>	<i>Uncertain</i>	<i>Probably yes</i>	<i>Yes</i>	<i>Varies</i>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<b>What is the certainty of the anticipated effects?</b>	<i>Very low</i>	<i>Low</i>	<i>Moderate</i>	<i>High</i>	<i>No evidence</i>	<i>Varies</i>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<b>Are the anticipated desirable effects large relative to the undesirable effects?</b>	<i>No</i>	<i>Probably no</i>	<i>Uncertain</i>	<i>Probably yes</i>	<i>Yes</i>	<i>Varies</i>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

	CRITERIA	JUDGEMENT	EVIDENCE	QUERIES TO PANEL												
RESOURCE USE	Are the resources required small?	<i>No</i> <i>Probably no</i> <i>Uncertain</i> <i>Probably yes</i> <i>Yes</i> <i>Varies</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Main resource requirements</b> <table border="1"> <thead> <tr> <th>Resource</th> <th>Costs</th> </tr> </thead> <tbody> <tr> <td><i>Financial</i></td> <td></td> </tr> <tr> <td><i>Human Resources</i></td> <td></td> </tr> <tr> <td><i>Infrastructure</i></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table>	Resource	Costs	<i>Financial</i>		<i>Human Resources</i>		<i>Infrastructure</i>						Resources to implement the policy
	Resource	Costs														
<i>Financial</i>																
<i>Human Resources</i>																
<i>Infrastructure</i>																
Is the incremental cost small relative to the benefits?	<i>No</i> <i>Probably no</i> <i>Uncertain</i> <i>Probably yes</i> <i>Yes</i> <i>Varies</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>															
EQUITY	What would be the impact on health equity?	<i>Reduced</i> <i>Probably reduced</i> <i>Uncertain</i> <i>Probably increased</i> <i>Increased</i> <i>Varies</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>														
ACCEPTABILITY	Is the option acceptable to most stakeholders?	<i>No</i> <i>Probably no</i> <i>Uncertain</i> <i>Probably yes</i> <i>Yes</i> <i>Varies</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>														
FEASIBILITY	Is the option feasible to implement?	<i>No</i> <i>Probably no</i> <i>Uncertain</i> <i>Probably yes</i> <i>Yes</i> <i>Varies</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>														

<b>1.1 RECOMMENDATION:</b>					
<b>Balance of consequences</b>	Undesirable consequences <i>clearly outweigh</i> desirable consequences in most settings	Undesirable consequences <i>probably outweigh</i> desirable consequences in most settings	The balance between desirable and undesirable consequences <i>is uncertain</i>	Desirable consequences <i>probably outweigh</i> undesirable consequences in most settings	Desirable consequences <i>clearly outweigh</i> undesirable consequences in most settings
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Recommendation</b>	<i>We recommend against the option</i>	<i>We recommend the option only in the context of rigorous research</i>	<i>We recommend the option in the context of close monitoring and evaluation</i>	<i>We recommend the option</i>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> <b>Recommendation made</b>				
<b>Justification</b>					
<b>Implementation considerations</b>					
<b>Key uncertainties</b>					
<b>Monitoring and evaluation</b>					
<b>Research priorities</b>					



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## Annex 11. List of working groups Washington, USA, March 2012 meeting<sup>18</sup>

<p><b>GROUP 1 – Accreditation</b></p> <ol style="list-style-type: none"> <li>1. <b>Leana Uys</b></li> <li>2. <b>Fitz Mullan</b></li> <li>3. Milliard Beyene</li> <li>4. David Gordon</li> <li>5. Robert Ochai</li> <li>6. Ann Phoya</li> <li>7. Eric Buch</li> <li>8. Walid Abubaker</li> <li>9. Gulin Gedik</li> </ol>	<p><b>GROUP 2 – faculty development</b></p> <ol style="list-style-type: none"> <li>1. <b>Ian Couper</b></li> <li>2. <b>Rebecca Bailey</b></li> <li>3. Ali Habour</li> <li>4. David Knapp</li> <li>5. Arletty Pinel</li> <li>6. Agneta Bridges</li> <li>7. Francisco Campos</li> <li>8. Yianna Vovides</li> <li>9. Carmen Dolea</li> </ol>	<p><b>GROUP 3 – Regulation</b></p> <ol style="list-style-type: none"> <li>1. <b>Peter Johnson</b></li> <li>2. <b>Jean Barry</b></li> <li>3. Barbara Aranda-Naranjo</li> <li>4. Seble Frehywot</li> <li>5. Keith Holmes</li> <li>6. Lois Schaefer</li> <li>7. Hidechika Akashi</li> <li>8. Djona Avocksouma</li> <li>9. Mwansa Nkowane</li> </ol>
<p><b>Group 4 Financing</b></p> <ol style="list-style-type: none"> <li>1. <b>Jehu Iputo</b></li> <li>2. <b>Kate Tulenko</b></li> <li>3. Edson Araujo</li> <li>4. Lola Dare</li> <li>5. Jennifer Dohrn</li> <li>6. Jose Rafael Morales</li> <li>7. Yojiro Ishii</li> <li>8. Ding Yang</li> <li>9. Christophe Lemiére</li> <li>10. Erica Wheeler</li> </ol>	<p><b>Group 5 Curriculum reform – ladders</b></p> <ol style="list-style-type: none"> <li>1. <b>Marilyn Lorenzo</b></li> <li>2. <b>Masamine Jimba</b></li> <li>3. Lyn Middleton</li> <li>4. Mwapatsa Mipando</li> <li>5. Fatouma Diallo</li> <li>6. Estelle Quain</li> <li>7. Carolyn Hall</li> <li>8. Margaret Brewinski-Isaacs</li> <li>9. Budihardja Singgih</li> <li>10. Galina Perfilieva</li> </ol>	
<p><b>Group 6 – Direct entry</b></p> <ol style="list-style-type: none"> <li>1. <b>Lyn Middleton</b></li> <li>2. <b>Agneta Bridges</b></li> <li>3. Jean Barry</li> <li>4. Jose Rafael Morales</li> <li>5. Robert Ochai</li> <li>6. Ann Phoya</li> <li>7. Barbara Aranda-</li> </ol>	<p><b>Group 7 – Inter-professional education</b></p> <ol style="list-style-type: none"> <li>1. <b>Masamine Jimba</b></li> <li>2. <b>David Gordon</b></li> <li>3. Milliard Bayene</li> <li>4. Jennifer Dohrn</li> <li>5. David Knapp</li> <li>6. Estelle Quain</li> <li>7. Peter Johnson</li> </ol>	<p><b>Group 8 – Simulation and use of ICT</b></p> <ol style="list-style-type: none"> <li>1. <b>Seble Frehywot</b></li> <li>2. <b>Rebecca Bailey</b></li> <li>3. Edson Araujo</li> <li>4. Erich Buch</li> <li>5. Yianna Vovides</li> <li>6. Kate Tulenko</li> </ol>

<sup>18</sup> Names in bold type are facilitators and rapporteurs.

<p>Naranjo</p> <ol style="list-style-type: none"> <li>8. Djona Avocksouma</li> <li>9. Mwansa Nkowane</li> </ol>	<ol style="list-style-type: none"> <li>8. Margaret Brewinski-Isaacs</li> <li>9. Walid Aboubaker</li> <li>10. Gulin Gedik</li> </ol>	<ol style="list-style-type: none"> <li>7. Lola Dare</li> <li>8. Yojiro Ishii</li> <li>9. Arletty Pinel</li> <li><b>10. Galina Perfilieva</b></li> </ol>
<p><b>Group 9 – Continuous professional development</b></p> <ol style="list-style-type: none"> <li><b>1. Mwapatsa Mipando</b></li> <li><b>2. Ali Habour</b></li> <li>3. Ian Couper</li> <li>4. Fatouma Diallo</li> <li>5. Christophe Lemiere</li> <li>6. Fitz Mullan</li> <li>7. Lois Schaeffer</li> <li>8. Budihardja Singgih</li> <li>9. Carmen Dolea</li> </ol>	<p><b>Group 10 – Admission requirements</b></p> <ol style="list-style-type: none"> <li><b>1. Keith Holmes</b></li> <li><b>2. Marilyn Lorenzo</b></li> <li>3. Jehu Iputo</li> <li>4. Hidechka Akashi</li> <li>5. Ding Yang</li> <li>6. Francisco Campos</li> <li>7. Carolyn Hall</li> <li>8. Leana Uys</li> <li>9. Erica Wheeler</li> </ol>	

## **ANNEX 12 First meeting of the Core Guideline Development Group Divonne, France May 2011**

### **Working Group Membership**

Group 1: Governance + Planning, Implementation, Monitoring and Evaluation (9 PICO questions)

Chair: Francisco Campos; Rapporteur: Fitzhugh Mullan; Members: Siyam Amani, Julia Lear, Robert Ochai, George Pariyo, Ann Phoya, Djona Avocksouma, Sungkhobol Duangvadee, Alaka Singh

Group 2: Regulatory Frameworks (10 PICO questions)

Chair: Joan Holloway; Rapporteur: Chris Rakuom; Co-Rapporteur: Teri Reynolds; Members: Mwansa Nkowane, Hidechika Akashi, Jean Barry, John Palen, Lois Schaefer, Walid Abubaker, Rodel Nodora, Manuel Dayrit

Group 3: Financing (9 PICO questions)

Chair: Francis Omaswa; Rapporteur: Bjarne Garden; Co-Rapporteur: Chloe Le Marchand; Members: Barbara Aranda-Naranjo, Carmen Dolea, Lola Dare, David Gordon, Yojiro Ishii, Kate Tolenko, Galina Perfilieva

Group 4: Education and training institutions: school governance and partnerships, students, and faculty (9 PICO questions)

Chair: Jehu Iputo; Rapporteur: Marilyn Lorenzo; Co-Rapporteur: Nantiya Watthayu; Members: Rebecca Bailey, Eric Chan, Seble Frehywot, Ali Haboor, Michael Johnson, Krisada Sawaengdee, Maki Agawa

Group 5: Education and training institutions: curricula and improving capacity (10 PICO questions)

Chair: Eric Buch; Rapporteur: Ian Couper; Co-Rapporteur: Aaron Stoertz; Members: Erica Wheeler, Milliard Derbew Beyene, Lyn Middleton, Mwapatsa Mipando, Charmaine Pattinson, Viroj Tangcharoensathien

## **ANNEX 13 Meetings of all Reference Groups**

**First technical reference group meeting of medical education experts,  
Geneva, 28-29 June 2010**

### **List of Participants**

Diaa Eldin Elgaili Abu Bakr, University of Gezira, Sudan  
Magdalena Awases, WHO Regional Office for Africa, Zimbabwe  
Rebecca J. Bailey, World Health Organization, Switzerland  
Zulfiqar Bhutta, The Aga Khan University, Pakistan  
Charles Boelen, France  
Jean-Marc Braichet, World Health Organization, Switzerland  
Eric Buch, University of Pretoria, South Africa  
Henry Campos, Ministry of Education, Brazil  
Francesca Celletti, World Health Organization, Switzerland  
Eric Chan, World Health Organization, Switzerland  
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Manuel M. Dayrit, World Health Organization, Switzerland  
Carmen Dolea, World Health Organization, Switzerland  
Robbert Duvivier, International Federation of Medical Students' Associations, Netherlands  
Francisco Eduardo De Campos, Ministry of Health, Brazil  
Tetanye Ekoe, University of Yaounde, Cameroon  
Timothy Evans, James P. Grant School of Public Health, Bangladesh  
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Ali Habour, University of Gezira, Sudan  
Jehu Iputo, Walter Sisulu University, South Africa  
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Aaron Lawson, University of Ghana, Ghana  
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Mwapatsa Mipando, University of Malawi, Malawi  
Jose Rafael Morales, Global Program, United States of America  
Jayaprakash Muliyl, Christian Medical College, India  
Fitzhugh Mullan, The George Washington University, United States of America  
Yvonne Njage, National Institute of Health, United States of America  
Oatlhokwa Nkomazana, University of Botswana, Botswana  
Annette Mwansa Nkowane, World Health Organization, Switzerland  
Francis Omaswa, African Centre for Global Health and Social Transformation, Uganda  
Estelle E. Quain, United States Agency for International Development, United States of America



Paschalis Rugarabamu, Hubert Kairuki Memorial University, United Republic of Tanzania  
Robert T. Schooley, University of California San Diego, United States of America  
Aaron Stoertz, World Health Organization, Switzerland  
Viroj Tangcharoensathien, Ministry of Public Health, Thailand  
Leana Uys, University of KwaZulu-Natal, South Africa  
Erica Wheeler, Global Health Workforce Alliance, Switzerland  
Anna Wright, Rapporteur, United Kingdom

**Second technical reference group meeting on nursing and midwifery education, Geneva. 15-16 July 2010**

List of Participants

Barbara Aranda-Naranjo, Global HIV/AIDS Program, United States of America  
Maria Rita Bertolozzi, University of São Paulo, Brazil  
Agneta Bridges, International Confederation of Midwives, Netherlands  
Ellen Chirwa Mbweza, University of Malawi, Malawi  
Margaret Chota, Ministry of Health, Uganda  
John Daly, Faculty of Nursing, Midwifery and Health, University of Technology Sydney, Australia  
Jennifer Dohrn, Columbia University Mailman School of Public Health/ICAP, United States of America  
Jason Farley, Johns Hopkins University School of Nursing, United States of America  
Valerie Fleming, Glasgow Caledonian University, United Kingdom  
Seble Lemma Frehywot, The George Washington University, United States of America  
Michael Friedman, Centers for Disease Control (CDC), United States of America  
Joan Parise Holloway, U.S. Department of State, United States of America  
Agnes Iraguha, ICAP, Rwanda  
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Thecla W. Kohi, Muhimbili University of Health and Allied Sciences, United Republic of Tanzania  
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Carmen Portillo, University of California, United States of America

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**Third technical reference group meeting: Policy makers, regulatory bodies, professional associations, community members and civil society geneva 14-15 December 2010**

List of participants

Maki AGAWA, Japan International Cooperation Agency, Japan  
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