



WHO Respiratory Care Expert Panel

Bios

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Members of the WHO Respiratory Care Expert Panel



Neill Adhikari is an intensivist at Sunnybrook Health Sciences Centre and appointed to the Interdepartmental Division of Critical Care Medicine and Institute for Health Policy, Management and Evaluation at the University of Toronto, Canada. His research interests include critical care delivery in under-resourced settings and clinical trials. He is co-PI of trials of vitamin C for sepsis, and blood pressure targets for vasodilatory shock. He co-leads the Toronto-Addis Ababa Academic Collaboration in critical care medicine.



Dr John Adabie Appiah is a senior specialist, Paediatric Critical Care and Head of the Paediatric Intensive Care Unit of the Komfo Anokye Teaching Hospital, Ghana. He is Adjunct Lecturer at the Department of Child Health of the Kwame Nkrumah University of Science and Technology and the current President of the Paediatric Society of Ghana. He cares for the critically ill and seriously injured and children with life-threatening conditions. His special interests are in sepsis and quality improvement in the care of seriously ill children, resuscitation, ventilation and management of sepsis in resource-limited countries. He has been instrumental in the introduction and wider utilization of non-invasive ventilation (CPAP) in newborns and infants with respiratory distress in Ghana.



Themis Bowcock is a physicist, from the University of Liverpool, UK, currently based at CERN in Geneva, Switzerland. He serves on the CERN Against COVID-19 task force. He is an expert on instrumentation and his group has provided key technologies, detector systems and software for experiments in Europe, North America and Asia. He has also served on Research Council UK's committees on innovation and challenge led calls.



Dr Laurent Brochard is the Interdepartmental Division Director, Critical Care, at the University of Toronto, Canada. He is a full professor and clinician-scientist in the Division of Critical Care at St Michael's Hospital. He previously worked in Switzerland as Head of the Intensive Care Unit of the Geneva University Hospital, for three years. Most of his career was spent at the Henri Mondor Hospital, Assistance Publique – Hôpitaux de Paris, and at Paris EST University, France. He has a strong involvement in research, especially clinical research on mechanical ventilation. He

was editor-in-chief of the journal, *Intensive Care Medicine*, from 2001 to 2007 and is currently serving as deputy editor for the *American Journal of Respiratory and Critical Care Medicine*. He is leading a European Research Network dedicated to clinical studies in mechanical ventilation called REVA.



Thomas Devlin has been a respiratory therapist for 7 years. Beginning his career at the University of North Carolina (UNC) Medical Center, Chapel Hill, NC, in 2013, he worked as a PRN at Duke Regional Hospital from 2014–2016, then became the clinical specialist for the medical ICU at UNC. As the clinical specialist, he works closely with physicians, nurses, physical therapists, speech therapists and fellow respiratory therapists, liaising between the different disciplines. He is involved with multiple ongoing studies in the medical ICU, all focused around ARDS management. His primary interests centre around mechanical ventilation and management of ARDS.



James B Fink serves as Adjunct Professor for the Respiratory Therapy Program at Texas State University in Round Rock, Texas; Rush Medical School in Chicago, IL; and Visiting Professor, Department of Physical Therapy, Universidade Federal de Pernambuco, Recife, Brazil. He has a PhD in Pharmaceutical Innovation from Bradford University, UK. Previously, Dr Fink was Fellow of Respiratory Science at Nektar Therapeutics and Aerogen Ltd, developing novel aerosol delivery systems for critically ill adults and infants with more than 40 issued patents, and over 200 peer-reviewed papers. He is a member of the International Society of Aerosols in Medicine, Society of Critical Care Medicine, European Respiratory Society, American Thoracic Society and Fellow of the American Association for Respiratory Care and the American College of Chest Physicians. He serves on the editorial board for the *Journal of Aerosol Medicine and Pulmonary Drug Delivery* and on the International Society for Aerosols in Medicine board. In 2017, Dr Fink was awarded the Forest M. Bird Lifetime Scientific Achievement award from the American Respiratory Care Foundation.



Huiqing Ge is currently the Director of Respiratory Care Department at the Sir Run Run Shaw Hospital, School of Medicine, Zhejiang University. Since 2016, she has served as Vice-Head of the respiratory care branch, China Thoracic Society (CTS); and is a member of the Pulmonary Pathological Physiology Committee, Zhejiang Thoracic Society. Since 2017, she has served as Vice-Head of the respiratory care branch, China Society of Critical Care Medicine; Vice-Head of the respiratory care branch, China Physician's Association of Pulmonary Disease; Vice-Chair of Zhejiang Pulmonary Function Alliance; Executive Chair Zhejiang Respiratory Care Union and is a member of the Respiratory Equipment Committee of the China Medical

Equipment Association; the Lung Rehabilitation Committee of China Disabled Persons Rehabilitation Association; and the Sleep and Respiratory Physiology Group of the Zhejiang Respiratory Disease Society. In 2018, she was appointed Vice-Head of the Mechanical Ventilation Group of the China Medical Equipment Association Pulmonary Disease Committee. In 2014 she was awarded the Adult Acute Care Specialty Practitioner of the Year Award.



Richard H Kallet is a registered respiratory therapist who has spent most of his 40-year career with the Department of Anesthesia, University of California, San Francisco at San Francisco General Hospital & Trauma Center. From 1996–2007 he worked within the Cardiovascular Research Institute as research coordinator for the NIH ARDS Clinical Trials Network and the ARDS SCORR Group. He served for a period of time as Director of Clinical Research for the San Francisco Injury Center, the Critical Care Management Group and the Respiratory Care Division before his retirement in 2018. He has authored or co-authored over 70 peer-reviewed publications, predominantly on issues related to mechanical ventilation as well as the pathophysiology and management of ARDS. Currently he is an associate editor of the journal *Respiratory Care*. He received his baccalaureate degree in Cardiorespiratory Sciences at the State University of New York Upstate Medical University in Syracuse NY and his Masters Degree in Health Sciences from San Francisco State University.



Richard Kayembe Kojan is a medical doctor with several years' experience in humanitarian and conflict settings, including with MSF and ALIMA, in response to infectious diseases such as cholera, Rift Valley fever, Lassa fever and EVD as a medical field specialist, intensive care chief, and in emergency medicine, medical resuscitation, anaesthesia and operating theatres. He has contributed extensively to publications and guidelines for clinical management at international level, including *A randomized controlled trial of Ebola Virus Disease therapeutics* (NEJM, 2019).

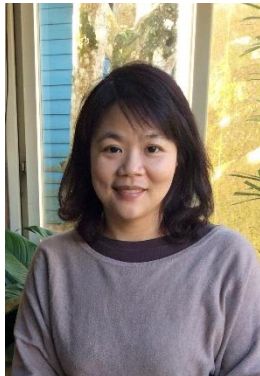


Dr Arthur Kwizera is Senior Lecturer in Anaesthesia and Intensive Care at Makerere University College of Health Sciences and a staff intensivist at the Mulago National Referral Hospital ICU, Uganda. After completing his specialist anaesthesia and intensive care training in Uganda, he received further training from the University of British Columbia in Canada and an interventional pulmonology fellowship in Venice, Italy. He is part of international collaborations looking at acute care in resource-limited settings with particular emphasis on respiratory failure sepsis management and anaesthesia/intensive care education. He has authored/co-authored a number of publications in this field. He is a member of the Surviving Sepsis Campaign guidelines taskforce. His research work is

centred on epidemiology, pathophysiology and management of acute organ dysfunction and corresponding life support interventions in low-resource settings. He is a Cambridge THRiVE PhD fellow and his focus is on acute lung disease with a particular emphasis on acute respiratory failure and acute respiratory distress syndrome, and on novel, low-cost strategies to manage acute respiratory failure in the low-resource African acute care settings.



Jie Li is Associate Professor in the Respiratory Care Program at Rush University, IL, and the clinical education coordinator for the Respiratory Care Department in the Medical Center. Her academic responsibilities include course director for four courses (Respiratory care pharmacology, Respiratory care equipment and Research project I and II), mentoring master degree students' research projects. Li's research interests are trans-nasal pulmonary aerosol delivery and high-flow nasal cannula. In this field, she has published several clinical and in vitro studies and reviews. Her clinical responsibilities include orientating new employees, providing education for the multidisciplinary team and evaluating staff competencies. She holds several patents, including for two devices which have been transformed and produced commercially.



Hui-Ling Lin is Associate Professor, Respiratory Therapy Program at the Chang Gung University. She has extensive experience in both clinical practice and teaching. She is a member of the American Association for Respiratory Care, the International Society for Aerosol Medicine, the Respiratory Therapists Society of the Republic of China, the Taiwan Society for Respiratory Therapy, and of the National Board for Respiratory Care. She was awarded the Monaghan/Trudell Fellowship for Aerosol Technology Development research award by the American Respiratory Care Foundation in 2005. She has contributed to several publications, both at national and international level.



Michael Lipnick is an anaesthesiologist and intensivist at the Zuckerberg San Francisco General Hospital (University of California San Francisco (UCSF) and Director of the UCSF Anesthesia Division of Global Health Equity. He is a graduate of the UCSF School of Medicine and completed his residency in Internal Medicine at Harvard's Brigham and Women's Hospital and anaesthesia residency at UCSF as well as a Critical Care Fellowship at UCSF. He is an investigator in the UCSF Hypoxia Lab and the UCSF Institute for Global Health Sciences and has active research projects, including pulse oximetry development for low-income countries, and examining mechanisms of hypoxia tolerance and outcomes in critically ill patients with ARDS.



Dr Duncan McPherson is a Fellow of the Royal College of Anaesthetists. He was a senior anaesthesiologist at Queen Alexandra Hospital, Portsmouth, until 2018 where he was Head of Anaesthesia Patient Safety and Clinical Governance for critical care, anaesthesia and operating theatres. He worked for the National Patient Safety Agency as a clinical adviser and has undertaken research on epidemiological methods for describing avoidable harm and on patient safety incident reporting systems. He contributed to the WHO patient safety curriculum guide for medical schools. Currently he is leading the Devices Clinical Team at the Devices Division of the MHRA. The MHRA is the national competent authority for regulating medical devices in the UK, which works to generate continuous improvement in the safety, effectiveness and usability of medical devices.



Silvia Perez-Protto is an anaesthesiologist and intensivist originally from Uruguay, South America. Currently she is Assistant Professor of Anesthesiology at the Cleveland Clinic Lerner College of Medicine (Cleveland, OH) and the Assistant Director of the Surgical Intensive Care Unit where she practices as a critical care physician. She is the Director of the Center for End of Life Care at the Office of Patient Experience. Her work aims to standardize the advance care planning and end of life care at the Cleveland Clinic with the specific objectives of respecting patients' preferences, to improve family experience and to foster caregiver resilience.

