Message from the President

Esteemed members of our Society, partners, colleagues,

It was wonderful to have met so many of you during the 24th Annual Conference of our Society last February. I and the executive board members were so happy with the turnout and the level of participation for the Continuing Medical Educations (CMEs), the panel discussion and the General Assembly (GA), which was recorded to be the highest of such events in the past.

At this juncture, allow me to thank you all for re-electing the current board members to serve one more term based on your expressed confidence on the team.

I want to reassure you that we will do all our level best to live up to your expectations and work on the important issues and concerns you have raised during the GA meeting including the medico legal problems our members are facing while discharging their responsibilities.

Executive Board Replaced Outgoing Members

The Ethiopian Society of Obstetricians and Gynecologists (ESOG) executive board replaced two outgoing members on an election conducted during the 24th Annual Conference at Hilton Hotel on February 16, 2016.

Please see full story on Page 3
The Numbers:

75,420

Out of the more than 977,000 HIV patients nationwide were anticipated HIV infected pregnant women in 2007 in Ethiopia, according to Guidelines for the Prevention of Mother to Child Transmission of HIV (PMTCT) in Ethiopia, a document adopted and released by the Federal Ministry of Health (MoH) in July 2007. The transmission of the epidemic down to the newborn children was at an alarming rate especially in the rural regions of the country, the document claims.

A PMTCT Strategic Vision 2010-2015 document adopted and released by the World Health Organization (WHO) claims that there were more than 430,000 children living with the virus worldwide in 2008. Among these, more than 90% of the children received HIV from their infected mothers, according to the document.

Without appropriate intervention of antenatal care programs such as PMTCT, the epidemic posed 20–45% risk; compare that with less than 2% in non breastfeeding mothers and 5% in their breastfeeding counterparts.

(Please read full report on ESOG’s PMTCT Project on Page 4)

ESOG Held Annual Conference

With only one year left to celebrate its silver jubilee, the Ethiopian Society of Obstetricians and Gynecologists (ESOG) celebrated its 24th anniversary and conducted the 24th Annual Conference at Hilton Hotel, Addis Ababa on February 16-17, 2016. The event brought together from staff to members of the Society; from government officials to partners based in Ethiopia and abroad.

Opening remarks and keynote addresses brought to the podium significant personalities from Dr. Dereje Negussie, ESOG’s president, to Dr. Kebede Worku, state minister of the Federal Ministry of Health; from Dr. Yirgu G. Hiwot, officer for the International Federation of Obstetrics and Gynecology, to Dr. Thomas Gellhaus, president elect of the American College of Obstetrics and Gynecology, among others.

The first day of the conference saw three presentations followed by a heated discussion on its plenary session: Dr. Haimanot Ambelu’s MDGs: Unfinished Agenda, the Ethiopian Case, Dr. Azmach Hadush’s Overview of SDGs, Ending Preventable Child and Maternal Deaths and Other Global Indicators on Maternal Health and Dr. Solomon Kumbi’s The Role of ESOG: Past, Present and Future.

As the long living trend dictates, the conference was also a platform for sharing scientific findings through a series of presentations on more than 16 papers and four Continuing Medical Education sessions.

Please visit our webpage @ www.esog-eth.org and our Facebook page @ Facebook.com/ESOG for more on the story and our picture gallery from the conference.
ESOG Handing… (Cont’d from Page 4)

2nd ESOG, ACOG Collaboration
Meeting Conducted

The second collaborative meeting between the Ethiopian Society of Obstetricians and Gynecologists (ESOG) and the American College of Obstetrics and Gynecology (ACOG) was conducted at the Society’s project office on February 13 and 14, 2016. On the first day of the collaborative meeting updates on the planned activities were shared among delegates from both the Society and the College. The delegates have also agreed upon a long term plan of five years in four areas of work: residency program, Continuing Medical Education; the publication of journals and individual certifications.

The second day of the meeting saw discussions and the draft of specific objectives for year one in each area of work. General delineation of roles and responsibilities; decision-making process and communications plan were also on the agenda of the delegates during their second day on the collaborative meeting.

The collaboration between ESOG and ACOG aimed at the establishment of the Ethiopian College of Obstetrics and Gynecology (ECOG). The first collaborative meeting was held in Washington DC, USA on December 4 and 5, 2015.

Executive Board Replaced Outgoing Members

The outgoing members Dr. Abdulfetah Abdulkadir and Dr. Yonas Getachew who have served for two terms were replaced by Dr. Mahlet Yigeremu and Dr. Shiferaw Negash. On the same occasion, the General Assembly (GA) has also given a full go ahead vote for the rest of the board members including the President, the Vice President, the Honorary Secretary and two board members.

The election was as per the Society’s constitution. The board is the high executive committee accountable to the GA with seven members: the president, the vice president, the honorary secretary and four members.
ESOG Handing over PMTCT

The Ethiopian Society of Obstetricians and Gynecologists (ESOG) has been conducting Catchment Area Meetings (CAMs) at various locations in Bahir Dar, Dessie, Adama, Dire Dawa, Addis Ababa and Hawassa in March, 2016. The series of CAMs were part of the phase-out process of the Expanding Prevention of Mother to Child Transmission of HIV (PMTCT) in the Private Health Sector in Ethiopia project that has been running in private facilities throughout the country for the last six to seven years.

As the project phases out, the programs are planned to run under the flagship of the Federal Ministry of Health (FMoH) and the regional health bureaus. The campaign of preventing the transmission of HIV from mother to child was first launched by FMoH back in 2005. Then, the programs ran only in the public facilities under the administration of the Ministry. It was ESOG that first launched the expansion of the services of PMTCT in the private facilities.

ESOG’s PMTCT project has been supporting 78 private health facilities, including four satellite facilities in the Harari Region.

“Before ESOG launched PMTCT project, mothers who are suspicious of HIV infections used to consider the private facilities as hiding places,” says Sr. Roza Shiferaw, MCH officer at the health department of Dessie Town. She was referring to people’s preference then to come to private facilities to avoid HIV screening. Now every mother undergoes an HIV screening in the private facilities, according to Roza.

The potential beneficiaries of the project have been mothers of child bearing age, exposed infants born from HIV positive mothers, families of HIV positive mothers, the government and the community at large. The support ESOG has been providing involved two basic areas: technical support and providing material assistance.

The technical support has involved base line site assessment of facilities and of course capacity building of health workers in training, mentorship, and supervision. Facilitating the availability of HIV rapid test kits, ARVs for PMTCT, DBS collection tools and different PMTCT registers, monitoring tools and reporting formats were also part the technical support. Regular Joint Supportive Supervision (JSS) of the facilities has also been provided to private facilities that have been running the project.

Biannual CAMs have been the other faces of the support the facilities have been getting from ESOG. These CAMs have served as a platform to scale up best practice and share experiences, discuss the challenges faced and possible solutions.

ESOG has been engaged in providing technical support to the MoH and Regional Health Bureaus (RHBs) and support initiatives to expand PMTCT services in the private sector, among other things.

Materials assistance was also the support private facilities have been entertaining through ESOG’s PMTCT project.

(Please see ESOG Handing... on page 3)