ESOG Newsletter is quarterly published by Ethiopian Society of Obstetricians and Gynecologists. It updates members and partner organizations by publishing the organization's activities and other major reproductive health issues.

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Message from the President

Dr. Dereje Negussie, President, ESOG

Esteemed colleagues and fellow members of our Society and partners,

Very warm seasonal greetings to all. I hope this issue of Ethiopian Society of Obstetricians and Gynecologists (ESOG) newsletter finds you all well. As usual ESOG is still continuing to register success in the activities it is engaged in with the help of its active members and partners.

Provision of quality service in Reproductive Health (RH) in Ethiopia is one of an important agenda which ESOG is pursuing as part of its organizational objective since its establishment. And this can only be assured by establishing and maintaining an acceptable standard of clinical care, which should be an outcome of quality training in resident ship, and continuing professional development.

These could be achieved by establishing an institution which will be mandated to look into all possible means to assure and maintain quality in our specialties.

Quite recently we managed to initiate a landmark activity in establishing an Ethiopian College of Obstetricians and Gynecologists (ECOG) which is one of an outstanding agenda in the strategic document of ESOG in 2012-2016.

This follows an establishment of a three member committee designated by the executive board which subsequently started to engage partners. As a result, with the assistance of Dr. Senait Fisseha and Center for International Reproductive Health Training (CIRHT) a preliminary discussion with Dr. Frank Anderson, a member of ACOG, was made possible. The preliminary discussion resulted in a plan of action: further steps were drawn and an understanding was reached on the future direction in the establishment of the college. The establishment of the college, we believe, will have a significant impact in standardization and maintaining the quality and leading trainings related to our specialty in an organized faction.

Accordingly, I urge all fellow practitioners to be aware and assist this important endeavor and undertaking wherever you are deployed: be it at teaching institution, NGO, or clinical practice at public or private facilities.

Number

71,

According to the United Nation's *The Millennium Development Goals Report 2015*, in percent is the ratio of professionally assisted births globally in 2014, a ratio which stood at 59Pct in 1990.

As much as the progress is one to be celebrated, the figure still leaves one in four babies and their mothers still unattended by skilled professional, a medical doctor, a nurse or a midwife.

For the Sub-Saharan Africa though, the number fell far below the global average. 43 percent of births in the region were attended by a skilled professional back in 1990, a number which then grew up to 45 percent in 2000 then to 45 percent in 2015, according to the Report.

"*Coverage ranges from universal in Eastern Asia and nearly universal (96 per cent) in the Caucasus and Central Asia to a low of about 52 per cent in sub-Saharan Africa and Southern Asia. These two regions have the highest rates of maternal and newborn mortality in the world,*" reads the Report under its section of Goal 5: Improve Maternal Health.

Upcoming OB-GYN Events

1. COGI – 22 World Congress on Controversies in Obstetrics, Gynecology & Infertility

Dates: 17 Sep 2015 → 20 Sep 2015

Location: Budapest, Hungary

Abstract: The 22nd COGI Congress provide a unique platform to discuss controversial issues in all fields of Obstetrics, Gynecol ogy and Infertility.

Topics: Obstetrics, Gynecology, Infertility, Women's health

Weblink: http://www.congressmed.com/cogi/

Contact: Ilana Rabinoff-Sofer; Phone: [+972 73 706 6954]; Email: cogi@congressmed.com

2. ISUOG Approved: Fetal Scan Bootcamp - Intensive Course in 1st, 2nd, and 3rd Trimester Ultrasound

Date: 25 Sep. - 27 Sep, 2015

Location Protea Hotel Durbanville, Cape Town, South Africa

Organizer: Maternal Fetal Medicine, South Africa

Web link: http://courses.maternalfetal.co.za/fetal-scan-bootcamp

Contact: 27 21 938 9629/ mari5@sun.ac.za

3. ISUOG Approved: Hot Topics in Prenatal Diagnosis

Date: 19 Sep. 2015

Location**:** Bibliotheca Alexandrina - Alexandria, EGYPT

Organizer: Women's Health Promotion Society - Egypt

Web link: www.whp-egy.org/hp

Contact: +20 3 4875135/ wafaa@pharmalodge.com

For more events and courses, visit:

http://www.isuog.org/Events/Courses/ o

www.conference-service.com

www.global**events**list.elsevier.com/**events**/health-science/**ob-gyn**/2015/

Reproductive...(Cont'd from Page 2)

Ethiopia has proved to be a success story in improving reproductive health during the MDG period. Various reports agree that during the period 1990 through 2013, Ethiopia was able to bring down the under-five mortality rate by 68.6Pct; maternal mortality rate by 70Pct; Mother to Child Transmission of HIV/AIDS (MTCT) by more than 50Pct and the list goes on.

"These figures show that with well -defined objective and real action, it is possible to bring about big changes," says Jovier Solana, member of World Economic Forums Global Agenda Council on Europe, in his article- *Another Great Leap Forward for Development* recently published on the *Project Syndicate*, world's renowned publishing site.

The Ethiopian Society of Obstetricians and Gynecologists (ESOG), as one of the major stakeholder in the health sector, will continue to strive to help Ethiopia meet SDG targets regarding improving reproductive health. ESOG members have already started discussing the post MDG agenda on their various

Reproductive Health Remains Post MDG Global Agenda

SDGs to Replace MDGs

Aligning with its 70th anniversary celebration, the United Nations (UN) is to adopt the Sustainable Development Goals (SDGs) in Madrid, Spain in September, 2015.

The SDGs are to replace the Millennium Development Goals (MDGs) which was adopted in 2000 and came to conclusion in 2015 as the international development agenda for the coming 15 years.

The SDG draft document, which was developed by UN's Open Working Group on Sustainable Development Goals and agreed among member nations, is to be tabled on an event expected to bring the largest concentration of heads of states in UN's history, reports say. The draft has 17 goals and 169 targets. This time it is Goal 3 of SDGs, *Ensure Healthy Lives and Promote Well-Being for All at All Ages, that* was set to bring the issue of reproductive health on the spot light once again.

The first three targets of the Goal 3 present reducing the global maternal mortality ratio to less than 70 per 100,000 live births; end preventable deaths of newborns and under five children, end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, waterborne diseases, and other communicable diseases by 2030 and other health related topics.

Since 1990 globally, the year used as a reference to measure improvement, infant mortality has fallen by more than half and that of maternal mortality has been slashed by about 45Pct.

The number of HIV infections has fallen by 40Pct in the last 25 years.

In Sub-Saharan Africa, under five mortality rate has declined by 52Pct, from 170 to 86 per 1000 children in the last 25 years, according to MDGs Report 2015. Maternal mortality ratio, on the other hand, has dropped from 990 down to 830 and further down to 510 per 100,000 live births in 1990, 2000 and 2013 respectively, according to the same report.

(Reproductive Cont'd on Page 2)

The WATCH Cont'd…

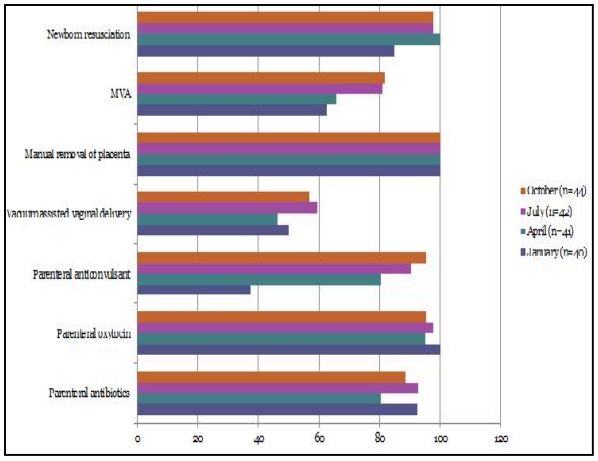
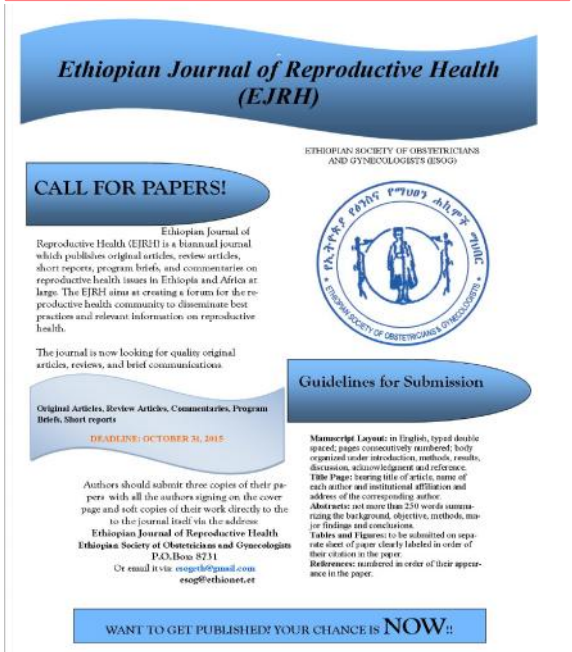


Figure 2: Number of Institutional Deliveries

project is that health care providers are now managing complications by themselves within the health centers, without the need to refer the cases to a higher level facility like they had before.

In addition, the participating district health office MCH focal people maintaining supportive supervision visits play a significant role in improving the provision of health services at the community level.



The *WATCH* Project Experience:

Improving the Quality of BEmONC Services through Regular Supportive Supervision

Plan International's Women and Their Children's Health (WATCH) project uses a community-based approach to improve the quality of MNCH services at the community and health facility levels by encouraging health-seeking behaviors and improving health care management. Since 2012, the WATCH project has been implemented in eight rural districts across three regions of Ethiopia: Amhara Region (Lasta, Bugena and Meket districts), Oromia Region (TiroAfeta and Kersa districts) and SNNPR Region (Shebedino, Gorche and Bona Zuria districts). With support from Plan Canada and the Society of Obstetrics and Gynecology Canada (SOGC), the project is being implemented by Plan International Ethiopia in partnership with the Ethiopian Society of Obstetricians and Gynecologists (ESOG), with funding from the Government of Canada through Foreign Affairs, Trade and Development (DFATD).

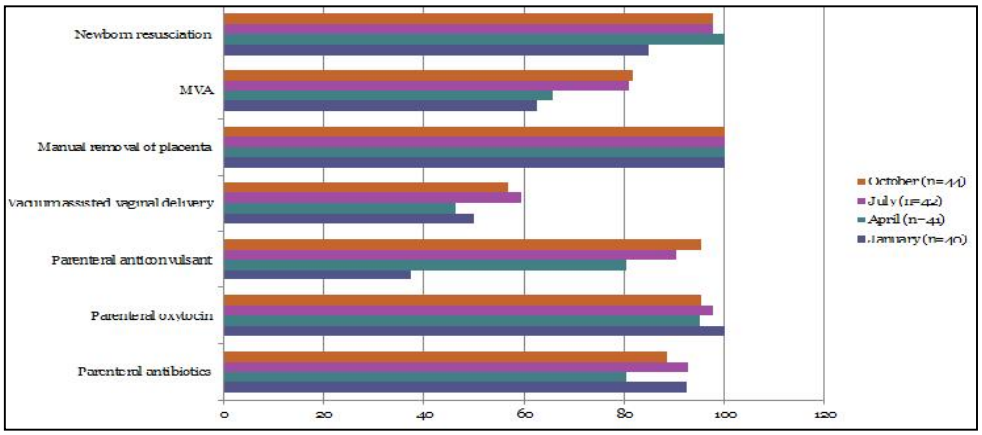


Figure 1: Availability of BEmONC Signal Functions across All WATCH Sites (%HC)

ESOG has been an active partner in this project by conducting an initial needs assessment; delivering BEmONC training; providing supportive supervision; and recruiting CEmONC focal persons to support the strengthening of referral systems. Supportive supervision visits provide an opportunity to reinforce clinical knowledge and skills, monitor facility-based data collection, and ensure health facilities are stocked and prepared to provide quality obstetric services. During the WATCH Project, these visits took place from January 2014 to January 2015, allowing for a total of five visits at each site.

After training a total of 167 health professionals in BEmONC, ESOG regularly conducted quarterly supportive supervision visits at 44 of the 48 health centers. Key observations through supportive supervision were as follows: manual removal of placenta was practiced in most health centers; vacuum assisted delivery was inconsistently available; MVA skills improved over time; and newborn resuscitation and parental anticonvulsants were readily available. The visits concluded that the availability of the BEmONC signal functions was erratic across all sites. It was also observed that institutional delivery was increasing over time at all of the supervised health centers. Documentation improved slightly but not significantly throughout the project.

In general, the majority of supervised health centers contained motivated and dedicated staff. Their knowledge and clinical skills in BEmONC service improved over time, but this finding was not consistent across all health centers. ESOG has observed that one of the positive impacts of the WATCH

(The WATCH Cont'd on Page 3)