

Chapter 1

Introductions and Welcome

Opening Remarks – Frank Anderson and Kwabena Danso

Frank Anderson: Good morning! I hope you can all hear me. As I stand here words fall short as I realize the group of people that are here today and the reason that we're here. And the reason that we are here today is because of maternal mortality. We can be here and be happy and be visiting, but if it weren't because maternal mortality is still a major problem in the world we wouldn't be sitting here today. To start with a little bit of a somber note, I want to quote Dr. Mahmoud Fathallah from World Health Day in 1998, when he said,

“For us obstetricians and gynecologists who serve the health needs of women in underserved regions. Maternal mortality is not statistics, it is not numbers, it is not rates or ratios. Maternal Mortality is people. It is women, women who have names, women who have faces. And we have seen these faces in throes of agony, distress, and despair. They are faces that continue to live in your memory and haunt your dreams. And this is not simply because these are women who die in the prime of their lives at a time of great expectation and joy, and it is not simply because a maternal death is one of the most terrible ways to die, be it bleeding to death, the pangs of obstructed labor, or the agony of peripheral sepsis. It is because in almost each and every case, in retrospect, it is an event that could have been prevented. It is an event that should never have been allowed to happen. It is an event that bears and should bear so heavily on our collective conscience.”

So that is what brings us together today. The people who have gathered in this room today have a unique opportunity in history to make a major impact on this issue in sub-Saharan Africa. This is the American Board of Obstetricians and Gynecologists definition of an OBGYN and I thought it might be interesting to bring that issue up today:

"Obstetrician and gynecologists are physicians who by virtue of satisfactory completion of an accredited program of graduate medical education possess special knowledge, skills, and professional capabilities in medical and surgical care of women related to pregnancy and disorders of the female reproductive system. Obstetricians and gynecologists provide primary and preventive care for women, and service as consultants to other healthcare professionals.”

Only obstetricians can train other physicians to become obstetricians and gynecologists. And I believe that every sub-Saharan African country should have a center of excellence where obstetricians and gynecologists are trained in a sustained university-based program that provides a source of women's health education, expertise for country-wide training of midwives, healthcare workers, practice, protocol standards, policy developments, research and advocacy. We have heard this from the *Call to Action and Way Forward* from our meeting in Rome, and now we embark on this journey. So I would like to welcome you all to Accra from me personally, and I am so excited that you are all here, and let's get to work!

But, before we do that, there are other introductions to make and other people to meet so we all know who is together with us. I would next like to introduce my conference Co-Chair, Dr. Kwabena Danso. Dr. Danso is an obstetrician gynecologist in Ghana. He was part of the original Carnegie training program with the Royal College of OBGYN and the American College of OBGYN; I'm

sure you have read about this in your book. Dr. Danso moved on to be the chair of the OBGYN department at Komfo Anokye Teaching Hospital and then became the dean of the medical school at KNUST in Kumasi. Now he is retired, yet still working quite hard. So, Dr. Danso.

Kwabena Danso: Thank you, Frank, for the introduction and I would also welcome you to Ghana and to this meeting. We are grateful to you for your time. Your presence shows your commitment to us in helping to oppress the cost of maternal mortality, which currently still remains in the three-digit range in most of sub-Saharan Africa. We hope that collectively we can bring it down to the double-digit range and finally to the single-digit range.

I would like to introduce some distinguished persons who are going to give us also some short introductions. First, Professor David Ofori-Adjci. Professor Ofori-Adjci is a professor of medicine at the University of Ghana Medical School. He is also a professor of clinical pharmacology at the Center For Tropical Clinical Pharmacology at the University of Ghana. He is the former director of the Noguchi Memorial Institute of Tropical Medicine.

Prof. Ofori-Adjci will be speaking to us. Prof. Ofori-Adjci can you please ... Let's give him a round of applause.

The next person who will be giving us some introduction is Dr. John Sciarra. I believe most of us here would have said that he needs no introduction because he is a well-known figure. He is the former editor-in-chief of the FIGO Journal. He is the former chairman of Northwestern University OBGYN department for well over 25 years, I guess. Right? And he is Emeritus Professor of Northwestern University at the moment. Professor John Sciarra.

We also have Dr. J.B. Wilson, who will soon join us. Dr. J.B. Wilson is the former chair of the Department of OBGYN at the University of Ghana Medical School, Korle Bu Teaching Hospital. He is the former chairman of the Faculty of Obstetricians and Gynecologists of the West African College of Surgeons. At the moment he is working in several ways with maternal mortality in Ghana and with some international organizations. Dr. Wilson is one of the pioneer people who instituted the Ghana Program for In-Country Training of Obstetricians and Gynecologists. And, of course, Dr. Sciarra was one of them and we are delighted to also have him speak to us this morning at the introductory phase.

I cannot end without talking about a few participants. What I'll do will be to call the partnership and when the partnership is mentioned, can we shortly rise up so we know that you are present? By no order of importance:

- Botswana University – University of Pennsylvania
- University of Buea, Cameroon – University of Arizona
- Universite Evangelique d'Afrique – Panzi Hospital, Democratic Republic of Congo
- Hawassa College of Medicine, Ethiopia – University of Wisconsin
- Mekelle University, Ethiopia – Northwestern University
- St. Paul Millenium Hospital, Ethiopia – University of Michigan
- University of Gondar, College of Health Sciences, Ethiopia – Oregon Health & Science University
- University of The Gambia, The Gambia – Drexel University
- Komfo Anokye Teaching Hospital (KNUST), Ghana – The University of Michigan
- The Quarshie Memorial Hospital, GCPS, Ghana – Albert Einstein College of Medicine
- University of Ghana, Korle Bu Teaching Hospital, Ghana -- University of Michigan
- Moi University School of Medicine, Kenya – Indiana University

- Liberia College of Physician and Surgeons, Liberia – Mt. Sinai
- University of Malawi, Malawi – University of North Carolina
- Central Hospitale De-Kigali, Rwanda
- Makerere University, Uganda – University of California, San Francisco
- Mabara University, Uganda – Harvard University
- University of Zambia, Zambia – University of North Carolina

Ladies and Gentlemen, you are welcome.

Frank Anderson: Just while we are standing, I did want to mention one other group of people that are here who you have heard us talking about. That is Elevate from the University of Utrecht in the Netherlands. We will have more about them but I would like for them to stand up and be recognized as well.

And also for the introductory panel, we have other representatives as well. It is my honor to introduce Dr. Barbara Levy from the American College of Obstetricians and Gynecologists, and she will be giving us a welcome. We are also very honored to have Dr. Hamid Rashwan here from the International Federation of Obstetricians and Gynecologists, who will also give us a welcome. And then Dr. Yirgu, who is the first president of the African Federation of Obstetricians and Gynecologists, who is here with us today. And then Kate Somers from the Gates Foundation, and she will be addressing the podium.

Kwabena Danso: At this point, I would like to call the Director of the Ghana College of Physicians and Surgeons, Professor David Ofori-Adjci to give us an introductory remark.

Welcome from Professor David Ofori-Adjci, Director of the Ghana College of Physicians and Surgeons

Good morning! I'm not an obstetrician gynecologist, but I've had four pregnancies, and therefore I qualify to be amongst you. Officially, I'm the landlord of this edifice, and I think it is very proper that I welcome you to the Ghana College of Physicians and Surgeons. We have been in existence for only 10 years, but I think that we have achieved a lot in that 10-year period. Before we came into existence, postgraduate medical training took place either outside of the country or within the West Africa Postgraduate Medical College System. And, I think it was within that system that the Carnegie Program took off from. In addition to that we also have had associations with the University of Michigan, including the Emergency Medicine Program and also the Charter Program based on the Elmina declaration. I think you'll find that in your folders.

The College has a structure not unlike that of some of the other colleges that we have, like the Royal College. Although we are the College of Physicians and Surgeons, we actually have two divisions, the division of surgeons and the division of physicians. The current vice president of the division of surgeons is actually an obstetrician gynecologist, and it is his responsibility to deliver when we run into problems with a surgical affiliation. We run a two-tier training system and it is linked to career development within the Ghana Public Health System.

The first three years you do a membership program in any of the twelve faculties that we have, and when you are successful – we don't say successful – when you satisfy your examiners, you then are recognized for appointment as a specialist in your discipline by the Ghana Health Service. And then you take a year out to offer service to community and then come back to do a fellowship program, the length of which on the outreach is two years but may be longer, depending on the sub-specialty you are interested in. I also meant to add that once you are doing your membership program, you

spend some time outside of the teaching hospital to gather experience in the district hospital.

So far since we started in 2003, we have enrolled 1018 residents into the program and we have introduced, if that is the correct word, 438 specialists in all. About a fifth of that number are actually obstetricians and gynecologists. Overall in our country, the penetration of specialists in the public health service, the Ghana College of Physicians and Surgeons have provided 33% of the specialists in the Christian Health Association Setting. And, using Komfo Anokye Teaching Hospital as a typical example, about 51% of the specialists working at the Komfo Anokye Teaching Hospital are actually products of this country.

We have also trained specialists from other African countries. We have a very good relationship with the Gambia, where we have trained many specialists, including specialists in obstetrics and gynecology. We also have residents from Sierra Leone and a few from Nigeria, occasionally, and a couple from Eritrea. And so the College is increasingly becoming a place for training people other than specialists, other than Ghanaians. We also work very closely with other English-speaking colleges in the West-African sub-region, particularly the West African Postgraduate Medical College which includes the College of Physicians and College of Surgeons and also the Nigerian Medical Postgraduate College.

Interestingly, gradually, we are all precipitating towards a model quite like what Ghana runs. Now the West African program is offering a two-tier program, starting with the College of Physicians, but currently the College of Surgeons is also about to do it, and the Nigerian Postgraduate Medical College is also doing the same. Which means that the way we have conducted our postgraduate training program in Ghana has become attractive to other colleges in the sub-region. We have also had discussions with the newborn Liberian College of Physicians and Surgeons, and we have had some discussions that has shared some experience with them.

Essentially you will hear more about the training program throughout the course of this meeting, and I don't think that I will have to bore you with the details at this stage of the meeting. The important thing for me as a non-obstetrician gynecologist is to agree with the fact that maternal mortality should not be looked at in terms of numbers ratios and things ... there is a face to maternal mortality. And although your focus today and in the next two days is on maternal mortality pregnancy, I think we should take a bit of time and look at the product of pregnancy. There is no point in having a very successful pregnancy only to discover that the baby did not make it.

One of the biggest problems we have had in this country is that although we have achieved a reduction in infant mortality, there is a sizable proportion of perinatal deaths and also neonatal deaths. And I think in all that you discuss, you should have somewhere in a small space up there where you will also look at how the practice of obstetrics and gynecology, and particularly pain management of pregnancy, will affect outcomes of pregnancy so that we will have a more holistic approach. The other thing is that listening to the introduction, I realized that every African partner here has a North American collaboration. Within this collaboration, sometimes there is the tendency for of the wealthier of the two, "to be a major driving force." I will urge you to look at the local circumstances when designing some of these interventions, because they will finally determine whether what you want to do will be successful or not. And on these few words I would like to welcome you to again. Enjoy the college; enjoy Accra. It is hot. It is good for you, because it means that you don't have to worry about what is happening at the Eastern Sea Board for now. Don't watch too much television because you may find your house totally covered in white. (laughter) Thank you very much.

Danso: Thank you, we will now call Dr. Sciarra.

Welcome from Dr. John Sciarra, Professor Emeritus in Obstetrics and Gynecology, Northwestern University

Dr. Danso, ladies and gentlemen, thank you very much for inviting me for putting this meeting together. Dr. Tim Johnson - whose department was so instrumental in setting up this program - could not be here with us today and asked me to say a few words of welcome to you on his behalf. When I talked to Tim just before I left Chicago, I said, "What should I tell them?" He said, "Just tell them about what we did in Ghana 25 years ago and inspire them." So, that's what I'm going to try to do.

As the rector mentioned to you, there was no subspecialty of training in this country back about 50 years ago. So I'm going to take you back to the year 1960. In the decades between 1960 and 1980, many of the Ghanaian physicians were sent by the Ministry of Health to both the UK and the US for subspecialty training, particularly for our training in obstetrics and gynecology. During this 20-year period, 30 physicians were sent for training and by the end of the 1980s, guess how many came back?

Audience Member: One!

Jack Sciarra: Three. Three came back. So the situation in terms of subspecialty services in Ghana was really quite critical. As a matter fact, there were more OBGYN physicians practicing in Queens, New York than in the whole country of Ghana at that time. There were two or three individuals – Tim Johnson was one, the late Tom Elkins was another – who called attention to this problem and were looking to raise funds to begin a training program here in Ghana for Ghanaian physicians. The Carnegie Corporation of New York at that time was quite interested in the situation of maternal mortality in West Africa and so, in conjunction with the Carnegie Corporation, a group of us put together a program. Carnegie was really quite wise in thinking ahead and said, "In order for this program to have real endorsement internationally, it should have the issue, it should have the partnership and support of the American College, and of the Royal College in London. And what we, Carnegie, want you people to do is to put together a program that combines the best of American training and the best of UK training into a new training program that is to be initiated in Ghana." That was in the year 1987.

It took two years to get things organized, and by 1989, we were prepared to begin. I happened to be chair of the International Committee of the American College of the time, and there was a similar group in the UK; Professor John Lawson was the Vice President of International Affairs. So, a group of people from a UK in a group of people from the United States – and that included Tim Johnson and Tom Elkins – elected me to be head of the external advisory committee for this program, which lasted 10 years. The funding came from Carnegie; the initial grant was about \$7 million. By the end of the 10 years it was about \$10 million. And that did not include the contributions from the departments - the US and the UK departments that were involved. During the initial period of time, we set up a five-year training program here in two hospitals in Ghana. Part of it would be the traditional OBGYN training that you are familiar with, but in addition we incorporated some management experience, we incorporated some rural experience, and we incorporated electives in the UK and the US for short periods of time – 3 to 4 months.

And the five-year program was very successful. The certification was named the West African College of Surgeon certification and by the end of the ten-year period, we had trained 29 obstetricians and gynecologists and all but one, at that point, were practicing in Ghana. We had the support of the Ministry of Health from the very beginning. I think they were quite skeptical back in the early 90's, but ultimately they became very enthusiastic and took over the program. And it has continued. And as a rector pointed out to you now, there are about 150 OBGYN physicians who

have been trained in Ghana and virtually all of them are practicing here in this country. So in a relatively short period of time of about 50 years it has been possible to change the delivery of healthcare services in this country in our field.

The original mission was not only to train OBGYN physicians that would practice in Ghana using local resources, but also to allow some of the new advancements in reproductive health to be introduced in this country. And, of course, the reduction of maternal mortality was the ultimate goal and it appears that this is happening.

Now, we had the financial support of Carnegie at the time, and that was very important, but there was also support from the departments involved because many, many of the faculty members from Michigan, from Northwestern, and from other schools spent considerable amounts of time here in Ghana in the early days of setting up the teaching program. Those departments were not compensated. We could do it in the 1990's, but I think it is harder to do today. We have to acknowledge the fact that the departments contributed a great deal in terms resources to the start of this program. And, of course, we had the support of the Ministry of Health.

The other thing that I think was very important was that we were always look at the big picture and were asking, "What was best for Ghana?" Not what was the best for the hospital or for the residents in training, but what was best for Ghana? We limited our approach to one country, to Ghana, and we tried very hard to have the faculty have an exchange program so that we had faculty from Ghana come to visit us at Michigan and Northwestern.

I remember that J.B. Wilson and the late J.O. Marty, when I invited them to Northwestern in what happened to be December, and they were sort of unprepared for the weather. Both of them said that is the coldest that they had ever been in their lives, but that was just Northwestern in December.

The important thing that I mentioned in the beginning was that this was a partnership between the Royal College and the American College and I think that the relationship was very important in developing a program that combines the best of the UK training in the best of the US training. I'd like to see the partnership continued. We are talking about partnerships and I think there are many things that the American College has to offer and many things that the Royal College has to offer.

The proposal of the Royal College last year that we should work together to help our African colleagues set up an African College of Obstetricians and Gynecologists is probably one of those ideas – an organization that could be responsible for setting up a unified African curriculum for endorsing and supporting programs of residency education, for examining residents on a yearly basis, for giving the final certification, and for allowing people to be fellows of an African College with similar credentials to fellows of the American College and fellows of the Royal College, etc. One idea that I think is a good idea was from, Alison Fiander, who is the chair of the Global Health Policy Committee for the Royal College, but could not be here today. I talked with her yesterday by telephone and said that I would try to present some of her thoughts, which I just did to you a moment ago.

So anyway, that's the story of what was happening here when we started the Carnegie program. I think all of us are very, very proud of the accomplishments and are particularly proud of the fact that the whole thing has been turned over to local leadership and is continuing and is a model for training and low resource countries. This is all published in a really good paper that we wrote in the *Grey Journal, American Journal of Obstetrics and Gynecology* in 2003, and it has been quoted and has been spread out over the world many times. So thank you very much for giving me some of your time to do this introduction I do look forward to the meeting.

Kwabena Danso: Thank you, Dr. Sciarra. At this juncture, I will call on Dr. J.B. Wilson; I see him at the end there. While he is coming, there is also the government of the Royal College of Obstetricians and Gynecologists and a representative of the Royal College is here. Professor Dr. Konje. Let's give him a hand.

Welcome from Dr. J.B. Wilson, former chair of the Department of OBGYN at the University of Ghana Medical School, Korle Bu Teaching Hospital, Ghana

Thank you very much. I'm sorry for coming in late because of unexpected traffic. I think a lot of the story Professor Sciarra has talked about, from my own point of view, this program came at a time when we had great difficulty getting a resident from the UK to continue their training. And there were people who had come to the point when they had to move out in order to get their certification from the Royal College. But the government has stopped this trade because many who were trained at the time did not return. So it was a very welcome relief when we discussed with Professor Tim Johnson why we are not training our people locally, and he offered that he will try with his friend, the late Tom Elkins to try to source funding to support the two departments so that they can train people.

Fortunately, after a lot of searching they got the Carnegie Corporation to take up the sponsorship, and the result is what we have today. We have been able to train lots of specialists. The two departments are virtually under teachers who have been trained in the program. Many of our hospitals have specialists who have been trained in the program. The Ghana College Program came out of the slivers of what we did during the Carnegie program. I am excited that we will be able – or hope that we will be able – to extend what has been done here to other countries in the sub-region, because maternal mortality is a major issue and, for us, the obstetrician is a leader to make a mark in reducing mortality. On my own behalf, I would like to welcome all of you to this meeting and wish you all happy discussions. Thank you very much.

Kwabena Danso: Thank you Dr. Wilson. At this time I want to call the representative from the Royal College of Obstetricians and Gynecologists of the UK to give us an intro.

Welcome from Dr. Konje, representative from the Royal College of Obstetricians and Gynecologists

Good morning, everybody. Thank you very much for asking me to make a statement. I'm from Cameroon by birth. I did my basic training in Nigeria and I have come to be an offshoot of the West African training program that Professor Sciarra and others initiated. I'm standing on behalf of the Royal College, so I'm wearing two hats - as an African and also as someone who is working in the UK. One of the things that strikes me as an individual and as a representative of the College is that when we encourage people to go overseas to train, we actually do not provide them with the resources to come back to their countries and work. So the training program that we have overseas is not fit for purpose and that is probably one of the reasons why the people who go overseas, like myself, do not come back to Africa.

The Royal College is very proud to have been involved in the initial program in Ghana, which is a success story, and the college is very proud of what it has done, in terms of supporting training and development in different parts of the world. However, what I see today and what is going to be achieved by this partnership that we are working on today is very different. One of the things that we would like to see as a college is a program that is offered at source where it will be very, very useful, but at the same time, have an expertise that comes from overseas, from the different institutions that are partnering with you. But to me, it is also about sustainability. Looking at the

audience that we have here, we have politicians and clinicians, and I think that marriage is important for it to be successful. So I'm just going to say here that I'm really, really pleased to be here. The Royal College has a lot of expertise in terms of training both within sub-Saharan Africa and different parts of the world.

There are lots and lots of partners here but I'm going to say that please, please, please let's not just make this one meeting; it has to be demonstrated that to be successful, reducing maternal mortality will be the main aim but, as the rector said, reducing neonatal mortality should be the ultimate aim. We should reduce the death of mothers but we should also reduce the death of babies. I hope this is a very successful meeting and I wish all of us a fantastic deliberation. Thank you very much.

Frank Anderson: Thank you Dr. Konje. As our day evolves we will be hearing about the Ghana-Michigan program that started to train Ghanaians to be OBGYN's in this building of the Ghana College of Physicians and Surgeons. We have heard from the rector of the Ghana College, and we are present in this building that represents the capacity of Ghanaians to train OBGYNs.

Now I would like to call Barbara Levy to the stand. Barbara Levy is Vice President of the American College of OBGYNs and is very involved in global programs. We would love to hear her comments and welcome.

Welcome from Dr. Barbara Levy, Vice President of the American College of Obstetrics and Gynecologists

Thanks, Frank. I want to keep this brief. You've heard a lot of history, but I'm here to talk to about the future. And that's how we're all going to work together: three groups, people forming a solid stool that is sustainable. And that means the universities both overseas and here working together, but it also means the Royal College, the American College, the SOGC, the Canadians, the Australians, FIGO, the WHO, and all of us coming together and harmonizing our recommendations so that we have a global sense for what we are trying to accomplish. The last thing we need to do – it's not the last thing but it is another big issue – for sustainability is association development. Once you have that root, that core of obstetrician gynecologists in a country, bringing those folks together as an association and using that association to do maintenance of education.

It is not okay, as we have learned in our country, just to train; but it is also about ongoing education, and how we sustain that. ACOG is here working with the Royal College, working with FIGO, working with the World Health Organization, trying to harmonize things so that the recommendations that we all hear are uniform, that we have a set of guidelines that are based on what you need at your local level. ACOG has 14 years of experience, as Jack Ludmir knows very well, working in Central and South America doing a similar kind of effort. It has been very successful. It has been a lot of hard work. I don't want to minimize how much effort it is on an individual country level to find the educational effort that needs to happen but also the in-service and the development of in-service testing and training, and then the credentialing, and all of these aspects working with the ministries of health to make sure that everyone is aligned.

I'm a consensus-builder; I am somebody that likes to bring everyone together. Look at what Frank has done bringing all of us together here. I am thrilled to be here. I am excited to help support whatever it is that we all decide we need, and I am very anxious for us to work at a grassroots level to establish what that is. Thank you very much.

Frank Anderson: Thanks, Barbara. Now we are going to take it to the international level. We are fortunate to have Hamid Rashwan here with us today, who is the Chief Executive of the

International Federation of Obstetricians and Gynecologists. I would like to call him to give his comments.

Welcome from Dr. Hamid Rashwan, Chief Executive of the International Federation of Obstetricians and Gynecologists

Good morning colleagues, ladies, and gentlemen. It is indeed my great pleasure to be here and represent the International Federation of Obstetrics and Gynecology (FIGO), in this, which I consider a very important meeting. Of course, my thanks go to Frank Anderson and his capable team at the University of Michigan. We know that they have made a lot of effort to take this initiative forward and to bring it to this level. We do wish them all success with great support from us.

The mission statement of the International Federation of Gynecology and Obstetrics (FIGO) has two prongs: the first one is the promotion of global women's health and the second is upgrading the practice of obstetrics and gynecology. Both of these aims, as you can see, cannot be achieved without well-trained obstetricians and gynecologists. That is why the initiative, which we are discussing today and tomorrow, is very important and is a determining factor for our success, if we are to achieve our aims.

As you probably all know FIGO conducts its work globally through its 125-member associations. As an organization we do recognize the disparities that exist in the different countries within all the regions of FIGO, especially in the area of maternal and newborn mortality and morbidity.

We do recognize the big disparity between high-income and low-and-middle-income countries, and that is why FIGO considers the reduction of maternal and newborn mortality and morbidity as one of its priority areas that we have been working for the last decade. We also recognize the need for greater efforts and support in sub-Saharan Africa in order to expedite the improvement of maternal and newborn health indicators, which we all know are detrimental here. In this regard, addressing the shortage of human resources for maternal and newborn health should be a priority in the health policies of all our countries in this region. Obstetricians and gynecologists are instrumental in leading such policies forward.

The Society of Obstetrics and Gynecology in sub-Saharan Africa could and should play and be enabled to play an active role in the implementation of this initiative as a professional body or bodies. Our experience in FIGO over the last five years was very enlightening. So, with a grant, which we are lucky to have from the Bill and Melinda Gates foundation, we worked with eight associations in low- and middle-resource countries – two in Asia and six in sub-Saharan Africa – where maternal mortality and neonatal mortality and morbidity were high. The aim, of course, was not to have a direct effect on maternal mortality, but the aim was to strengthen the Societies of Obstetrics and Gynecology in these countries so that they can play a pivotal role in improving the policies and improving the practice to promote maternal and newborn health. And I must tell you that after five years and after evaluating the project, these societies delivered and made a great impact on the conditions in the countries.

Improving policy and practice, which of course is what you are really trying to do in this initiative, does include improving and strengthening the situation with regard to human resources for maternal newborn health. This would be through the early stages of recruitment: you go to training, you go to certification, deployment in the different areas of the country that you want to succeed, retention – keeping them in place - and of course, continuing medical education.

I hope this initiative will take into consideration all these areas together because the issues cannot be

just training and go, or retraining and go, or certification and go. It has to be the whole lot of recruitment, training, certification, and deployment in the areas. That's why it is important to include policymakers with you in these sort of meetings, because the policymakers need to be there to look into the other aspects which professionals cannot address or have not the ability to address.

The aim of this initiative, I think, should be of taking this to ownership in the country, rather than a project that finishes and goes. And, from our experiences before, unless there is ownership of the project within the country and in its institutions, including the government, it is very difficult to succeed or get sustainability of the project to the future.

I would like to compare from here the support of FIGO - the International Federation - to this initiative, and we do hope that our member associations in the different countries of sub-Saharan Africa are involved. They should become engaged fully in the implementation of this project. We wait to hear the results of the project and our support through these associations will continue. Thank you very much.

Frank Anderson: Our next introductory speaker is the first president of the African Federation of Obstetrics and Gynecology (AFOG). What we are hearing today is about African institutions and universities solving these problems in Africa with inputs from people who have been on this road before. I have been really lucky to get to know Yirgu this year as the President of the African Federation of OBGYNs and working with our colleagues in Ethiopia. Thank you so much, Yirgu.

Welcome from Dr. Yirgu Gebrehiwat, President of the African Federation of Obstetrics and Gynecology

I thank you, Frank, for the nice introduction. Good morning, ladies and gentlemen. I'm here on behalf of the African Federation of Obstetrics and Gynecology. This is a very new organization that was established in October 2013 at the last FIGO meeting. Our first meeting was held in Addis in October. There were about 1,000 attendees, 807 of whom were from different countries. Sixty-seven countries participated in that meeting. I would say it was a very good start. The African Federation of Obstetrics and Gynecology aspires to collaborate with all stakeholders who strive to bring down maternal mortality rates in Africa.

As you know, of the three very important health indicators in the Millennium Development Goals, one of the most challenging MDG goals has been MDG 5. Unfortunately, Sub-Saharan Africa did not do well. When you look at the rate of reduction of maternal mortality between 1990 and 2010, the rate of reduction is about 1.6% per annum. We have to do better. It has to go as high as 5.5% per annum in order to meet the MDG. In addition, what kills the woman definitely kills the neonate and therefore both maternal mortality and neonatal mortality have not gone down the right way.

AFOG has about twenty-eight member constituents, which are societies of professionals in African countries. We have got twenty-eight countries from Africa and about eight from the Mediterranean. Unfortunately, what you see is that currently there are fifty-three countries and not all of them are on board with AFOG. The reason is that some of the countries do not have obstetricians and some of the countries have too few obstetricians - too few to form a society - so they are not well represented in the African Federation. We all know that many of the countries have resorted to task shifting and task sharing in order to improve access to maternal health services. We know quite well that in the short term task shifting and task sharing would be a way out, but in the long term we need to be able to create the necessary workforce of specialized physicians to be capable of providing quality services. In that respect, this initiative of training 1,000 or more obstetricians in the next ten years is quite a vital and important goal.

In this respect, as Professor Hamid has already stated, this has to go beyond a project. It has to be nationally owned. There has to be a mechanism to not only train people, but also to retain them and ascertain a mechanism of continuous professional development. Otherwise, this would be quite a futile exercise. In that process of training, retaining, and continuous professional development, AFOG would like to contribute its level best.

On this occasion, I called on African countries that are represented here – about thirteen of them – to join us in the AGA meeting, which we are going to hold next week in Khartoum on Friday, Saturday, and Sunday. That will also be a time to reflect on whatever has been achieved in this process. So, finally, I call upon all of us to contribute our level best to the success of this venture. I also call upon the fact that this partnership is a two-way street. Not something from the developed world into the developing countries, but the contribution of developing countries and African universities has to be appreciated. They also have to meaningfully contribute into the process. I hope that we will do all that. I wish you all success in all your endeavors. I thank you.

Frank Anderson: Thank you, Yirgu. The way we are here today is that a couple of years ago the Flora Family Foundation was interested in obstetric fistula. They came to our department and said, “What can we do help with obstetric fistula?” We talked to them about not only the treatment of obstetric fistula but also the prevention of obstetric fistula. The Flora Family Foundation funded the meeting we had at FIGO last year. You all have the proceedings from that meeting; there are approximately ten obstetricians from different countries who brought this *Call to Action and Way Forward* about raising capacity within African countries to train physicians to become OBGYNs. So that was a very successful, but smaller, meeting. We gained a lot of momentum and were able to produce those materials and I was able to meet someone from the Gates foundation who was interested in having us get together regarding funding. So, Kate Somers is here from the Gates Foundation as our project manager and I would like to call her to the podium to make some comments.

Welcome from Kate Somers, Project Manager, the Gates Foundation

Thank you all for the warm welcome. I have to say that I have the easy job; I just had to write the check. I think Frank and his team have done an incredible job, so I do want to give them a quick round of applause. And, thanks also to the Ghana College of Physicians and Surgeons for welcoming us, all protocols observed. I would also like to thank the cinematographers for making sure that we are all awake, because if we fall asleep we’re going to be up there on camera. So, that was a very sneaky tactic but I thought that was great.

I know you share my enthusiasm for being here. We really have a great opportunity to learn from each other over the next few days. I just wanted to say a little bit about why the Foundation wanted to support this meeting. One reason was that we obviously saw that this was a tremendous opportunity to come together, to collaborate, and to share lessons and strategies amongst you. I've had the pleasure of working with FIGO and Hamid, and also I work with Dr. Jeff Wilkinson in Malawi where we are funding a program. But we also recognize that there are definitely global trends that we are looking at very carefully as more and more women are delivering at facilities. We really think that there is an urgent need to improve the quality of care and particularly intrapartum care in these facilities. And obstetricians and gynecologists definitely have a critical role in ensuring quality.

We felt as if we could develop a roadmap here that charts the path needed to achieve results collectively, our collective efforts will be greater than the sum of our parts. It is probably no surprise to you that I have already heard from pediatricians and other groups that we need to do this, so I think that you really have the opportunity to show the way of how to do this work. We want to look critically at what we can achieve together, but we still need to think about what we are going to hold

ourselves accountable for.

We can have a grand vision, but unless we really put down the numbers and how we are going to get there, we cannot go as far as we want. So, as we get ready to do the work over the next few days I would like to pose a few questions to you for you to think about:

- How will we produce this additional 1,000+ - is that even the right number or will we need more than that?
- How will we get there with the partnerships that are here today?
- How will we be able to show better quality of interpartum care at health facilities because of this effort?
- And, to answer the big question, will the collective efforts here actually reduce maternal mortality, fresh stillbirths, and neonatal mortality in the countries represented here? Can you actually do it?

Tough questions, but I'm really inspired by those who have showed up and who have come here. We can address this and achieve a lot and create transformational change over the years ahead. With that, let's get started!

Frank Anderson: We have talked about all the big things and the funders, but we all must thank Madeline Taskier. We all know Madeline and this meeting could not have happened without her. So, thank you so much. I would also like to acknowledge Sarah Rominski who has been helping us, and Gaurang Garg, and Maureen Martin, all from the University of Michigan. And, also in the back, Alex Ocampo who was a student of mine at Michigan and is living here now doing a Fulbright scholarship; he has been helping us a lot. And also I would like to thank Kofi Seffah who is here and who is Dr. Joseph Seffah's son. His dad was an obstetrician in the Carnegie Program and, of course Andrew Boakye, who has been the African Madeline. So this amazing team of people has come together and inspired me to make all of this happen.

At this point our morning introductory session is over and I would like to thank the Rector of the College for coming and the other panelists. We now move onto the next section of our meeting.