

**Eliminating Preventable Maternal and  
Neonatal Morbidity and Mortality:  
Critical Components in Building Capacity**



**The 1000+ OBGYN Project**  
**Accra, Ghana - February 12-15, 2014**

*Edited by*

Frank W. J. Anderson, MD, MPH

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**Maternal mortality is people.** It is women, women who have names, women who have faces, and we have seen these faces in the 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... It is because in almost each and every case, in retrospect, it is an event that could have been prevented.

Dr. Mahmoud Fathalla  
Chair, WHO Advisory Committee on Health Research  
World Health Day, April 7, 1998

### The Challenge: Lack of Access to Critical OBGYN Care

A woman in Sub-Saharan Africa is almost 100 times more likely to die from pregnancy or childbirth-related complications than a woman in a developed country; a 1 in 39 lifetime risk compared to 1 in 3,800. While poverty, AIDS, Ebola, malaria, and violence in Africa have rightly captured the world's attention, the lack of access to critical obstetric care has quietly devastated Sub-Saharan communities in a direct and personal way. These deaths, as well as early neonatal deaths and complications such as fistula, are almost all preventable with skilled obstetric care.



## Introduction

At the XX World Congress of the International Federation of Gynecology and Obstetrics (FIGO) held in Rome, 7 – 12 October 2012, a satellite meeting was hosted by the University of Michigan Department of Obstetrics and Gynecology Global Initiatives Program involving a group of OBGYNs from around the world to share ideas and expertise towards reducing the unacceptably high maternal mortality and morbidity that plague sub-Saharan African (SSA) countries. This maiden meeting noted that reducing maternal mortality and morbidity and associated perinatal mortality and morbidity to the barest minimum is dependent on, among other interventions, having a team of highly trained care providers and leaders to prevent and manage the most severe obstetric complications which underlie these deaths. The deliberations therefore centered on how to increase obstetric and women's health capacity in SSA through in-country training, learning from the Ghana success story of improving obstetric capacity using in-country training and academic and professional partnerships.

These ideas unanimously gave birth to the 1000+ OBGYN PROJECT AND CONSORTIUM which seeks to train over 1,000 additional OBGYNs in SSA countries in the next decade. The proceedings of the Rome meeting are published in the book, "Building Academic Partnerships to Reduce Maternal Morbidity and Mortality: A Call to Action and Way Forward" 2014; ISBN 987-1-60785-322-0; also available online at <http://open.umich.edu/education/med/resources/maternal-morbidity-mortality/2013>.

The book you have in your hand today contains the deliberations of a second meeting - the Accra meeting - which was a direct sequel to the Rome meeting. The Accra meeting was held in Accra, Ghana on 12 -14 February 2014 at the premises of the Ghana College of Physicians and Surgeons. There were about 120 participants from around the globe made up of OBGYNs from academic departments in fourteen SSA countries and their colleagues from eighteen existing and emerging partner academic departments from North America and Europe, representatives from the Ministries of Health and Education from the SSA countries, professional societies (ACOG, RCOG, FIGO, AFOG), clinical and educational organizations, and funding organizations.

Deliberations at this meeting were based on the "Call to Action and Way Forward" document. Enthusiasm for building capacity for OBGYN in SSA was renewed among participants and the critical components needed

for a comprehensive OBGYN residency training in SSA as well as country plans were discussed.

From the African participants' perspective, the Accra meeting affirms the significance, benefits, lessons and numerous ripple effects of a SSA in-country OBGYN training. Our new thinking includes: The firm realization that it can be done; the availability of the trainees to provide service whilst in training; the use of outreach level facilities in the districts, sub-districts and community which will expose trainees first hand to clients and their culture whilst also transferring skills, training protocols and guidelines to staff at these levels in support of equity in maternal health care; effective collaboration among state and para-state agencies such as universities, Ministries of Health and Education and many more to provide situationally appropriate high impact interventions for obstetric capacity and women's health; the possibility of training programs in individual countries using sub-regional accreditation and certification bodies.

The WHO post-2015 maternal health agenda is to end preventable maternal mortality (EPMM) by the year 2030. The expectation is to accomplish an average global target of maternal mortality ratio (MMR) of less than 70/100,000 live births by 2030, and ensure that no country will have a MMR greater than 140/100,000 live births (a number that is twice the global target) by 2030. This is a critical challenge for SSA which bears the world's greatest burden of maternal deaths.

The 1000+ OBGYN Project envisages that as we embark on our specific activities and next steps including the formation of a consortium of African academic OBGYN departments, American/European academic OBGYN departments (to support the former) and that of professional societies and funding organizations we will have started the march towards the WHO post-2015 maternal health agenda. We need the support and commitment of all maternal and perinatal health stakeholders, including you!

Kwabena Antwi Danso  
Professor of Obstetrics and Gynaecology, KNUST  
Consultant Obstetrician and Gynaecologist, KATH  
Former Dean, KNUST School of Medical Sciences, Kumasi.

## Preface

The WHO has called upon the global health community to “End Preventable Maternal Mortality by 2030”. This book is the 2<sup>nd</sup> in a series that highlights issues and proposes solutions to maternal mortality by ending the dearth of expert capacity in Obstetrics and Gynecology (OBGYN) for both clinical care and national leadership in Sub-Saharan Africa. Ending preventable maternal and early neonatal mortality will require this critical yet undeveloped component of a comprehensive global public health response.

This volume follows the first, entitled *Building Academic Partnerships to Reduce Maternal Morbidity and Mortality: A Call to Action and Way Forward*, which identified the critical components for capacity building in expert women’s health care. Each chapter of this current edition is organized to address these critical components from multiple perspectives including African obstetrician/gynecologists, Ministries of Health and Education, American/European obstetrician/gynecologists and professional organizations.

Within the pages of this book, readers will encounter the tremendous passion African OBGYNs have for expanding their expertise to deal with the tragedies that befall women on a daily basis. The reader will hear from global OBGYN leaders who represent established university-based OBGYN programs, global and national professional societies, and international clinical organizations. The entire specialty of OBGYN is poised to mobilize the educational resources, experience and expertise to support African OBGYNs in their re-invention of Obstetrics and Gynecology in the African context, for the African continent. I encourage you to take the time to read and absorb the transcribed words from the world’s experts in Global Obstetrics and Gynecology. Their messages cannot be transmitted in sound bites, extracted phrases or bullet points. A complete reading of this book will leave the reader with a deep understanding of the issues and solutions.

The deficit of expert obstetric and gynecologic care in Sub-Saharan Africa leads to the silent suffering of millions of women and families due to unnecessary mortality and debilitating morbidity to women and girls of all ages. Pregnancy and its consequences have significant effects on women, but a life cycle approach to care tells us that women and younger girls need expert and focused care throughout their lifetime. Adolescent girls may experience debilitating menstrual problems; young women require choices

in family planning, STD surveillance and cervical cancer screenings. Women of reproductive age need ectopic pregnancy surveillance, and miscarriage/abortion care. They require high quality prenatal care to detect and act upon pregnancy complications and they deserve safe labor and delivery with the expectation of bearing a live-born infant. Obstetrics fistulas when *not* prevented, require expert surgical care and follow up for lasting repair. As women age, menopausal issues, pelvic organ prolapse and urinary incontinence as well as a significant morbidity and mortality from preventable or treatable gynecologic cancers again require expert gynecologic care to improve the quality and longevity of life for the woman and her family.

In 2015, we are rightly focused on maternal, perinatal and early neonatal mortality. This urgent crisis must continue to be aggressively addressed, but a long-term view would demand that targeted interventions must not occur in a vacuum. The same specialists who provide critical and lifesaving obstetric care are the same ones who can diagnose fetal problems, diagnosis and treat ectopic pregnancy both medically and surgically, and treat the myriad medical and surgical issues that face women throughout their lifetime. In essence, they provide the complex, evidence-based interventions that women in most parts of the world enjoy. Current attempts to replace this expert and comprehensive clinical capacity with health workers trained to perform specific tasks has gained favor, and fills an urgent need. But when done without also creating the cadre and institutions for supervision, long-term prospects for effectiveness are poor.

The rich text presented herein will not only tell the story, but will also provide the concrete steps needed replicate the successful Ghana experience – sustainably - in other African countries. The 1000+ OBGYN Project ([www.1000obgyns.org](http://www.1000obgyns.org)) has brought together a vast array of educational resources and a network of university programs, expert clinical organizations and professional societies to implement this collective wisdom. The group is poised for action and is currently raising funds to provide the substantial investments from both national and global funders to jumpstart what will certainly be a critical component in the path to end unexpected stillbirths, and end preventable maternal and neonatal mortality by 2030. We welcome your interest and participation.

Frank W. J. Anderson, MD, MPH  
Associate Professor of Obstetrics and Gynecology  
Professor of Health Behavior and Health Education  
University of Michigan, Ann Arbor, MI, USA



## Foreword

This book, “*Eliminating Preventable Maternal and Neonatal Morbidity and Mortality: Critical Components in Building Capacity*,” describes an idea whose time has come. For almost two decades Dr. Frank Anderson has worked to describe a successful model of capacity building in Ghana where, following initial funding from the Carnegie Corporation Postgraduate Training in Obstetrics and Gynecology, training and certification have been sustained by local institutions, including the government (MOH), the teaching hospitals (AMC’s), and the Ghana College of Physicians and Surgeons, to the point of where over 140 obstetrician/gynecologists have now been trained and are practicing in-country. This has inspired others to train nurse midwives, emergency medicine physicians, surgeons, and many other specialists and subspecialists including obstetrician/gynecologist subspecialists in family planning and reproductive health, gynecologic oncology, maternal fetal medicine, and urogynecology. Ethiopia - specifically St. Paul’s Hospital Millennium Medical College - has reproduced this successful model, trained many specialists and begun many advanced technological medical programs with transplant, for example, to begin shortly.

Dr. Anderson has carefully documented the reasons for this capacity building success (Anderson FWJ, Johnson TRB. *Capacity building in Obstetrics and Gynaecology through academic partnerships to improve global women’s health beyond 2015*, BJOG 2015;122:170–173) and, most recently, demonstrated the significant public health benefit of such training of specialists with a true trickledown effect on other health care workers, institutions and communities. (Anderson FW, Obed SA, Boothman EL, Opare-Ado H: *The public health impact of training physicians to become obstetricians and gynecologists in Ghana*, Am J Public Health 104(SUPPL. 1): S159-S165, 2014)

With these successful models in Ghana and Ethiopia and with demonstrated pathways to success as well as a model “Charter for Collaboration” (Anderson F, Donkor P, de Vries R, Appiah-Denkyira E, Dakpallah GF, Rominski S, Hassinger J, Lou A, Kwansah J, Moyer C, Rana GK, Lawson A, Ayettey S: *Creating a charter of collaboration for international university partnerships: the Elmina Declaration for Human Resources for Health*. Academic Medicine : Journal of the Association of American Medical Colleges 89(8): 1125-32, 2014), it is right to now move forward with the training of obstetricians/gynecologists in Sub-Saharan Africa to have a major impact on reducing maternal and early neonatal morbidity and mortality.

Political will, funding, coordination, and development of African OBGYN professional networks are the critical next steps. Existing and new obstetrics and gynecology departments in Sub-Saharan Africa can be further developed in conjunction with global university partners from both the global South and from high-income countries and the large network established through the 1000+ OBGYN project so that the dream and the promise of the Ghana Program can spread across the continent. Academic partnerships, political and economic stability, and incorruptible, inspiring and transformational leadership can help achieve our goal of human and reproductive rights for women, children and all people.

Timothy R. B. Johnson, AB, AM, MD, ScD, DPS, FACOG, FWACS,  
FAIUM, FRCOG, FICS, FGCS  
Arthur F Thurnau Professor  
Bates Professor of the Diseases of Women & Children and Chair,  
Obstetrics and Gynecology  
Professor, Women's Studies  
Research Professor, Center for Human Growth and Development  
Faculty Associate, GLOBAL REACH  
University of Michigan, Ann Arbor

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## Letter Of Invitation To Participate

October 28, 2013

Dear Prospective Attendee,

We would like to formally invite you as a participant to the upcoming meeting “Building Academic Partnerships to train 1000+ OBGYNs in sub-Saharan Africa”. The meeting will be held February 12-14, 2014 at the Ghana College of Physicians and Surgeons building in Accra, Ghana. A half day educational seminar will be available on Saturday February 15<sup>th</sup>, if you would like to stay.

This meeting is being hosted by the University of Michigan Department of OBGYN Global Initiatives and is generously funded by both the Bill and Melinda Gates Foundation and the Flora Family Foundation.

The core participants of the meeting have been identified and 14 SSA country teams have been formed. Each team includes a US academic OBGYN representative, an African academic OBGYN colleague, a Ministry of Health representative, and a Ministry of Education representative. We are asking that you and your African OBGYN colleagues and ministry representatives send contact information.

This convening has generated a lot of interest among professional organizations such as ACOG, FIGO, APGO, and RCOG, and we expect representation from funding organizations as well. Other interested OBGYNs have been invited to be participants and observers. We have a limit of 120 participants; therefore once we get confirmations, there may be space for additional participants. Please feel free to contact us with the names of interested individuals so that we may add them to the waiting list and accommodate them as space becomes available.

The purpose of this meeting is to bring together OBGYNs from academic institutions in both high and low resource countries in sub-Saharan Africa (SSA), along with professional support organizations, policy makers, and funders to discuss ways to increase obstetric capacity in SSA. We will use the “Call to Action/Way Forward” document created at the FIGO meeting in November 2012 as a guide.

We will discuss ways of creating or improving mutually beneficial academic partnerships to increase post graduate training in OBGYN. The overall

goal is to reduce maternal and neonatal morbidity, mortality, and obstetric fistula in SSA.

Outcomes of the meeting include:

1. Finalizing country plans for improving OBGYN training;
2. The finalization of a Consortium of African Academic OBGYNs;
3. Finalization of a Consortium of North American/European OBGYN departments;
4. Finalization of a Consortium of organizations to support OBGYN training, certification, research, and service.

There are some tasks that need to be completed prior to the meeting including developing the agenda and completing a needs assessment and country interest forms. These will be discussed in the upcoming webinar. Please see the registration information below for more details.

Please contact Madeline Taskier, our meeting manager, with the information regarding your participation.

Email: [mtaskier@med.umich.edu](mailto:mtaskier@med.umich.edu)

Phone: +1.734.232.0268

We look forward to hearing from you soon and hope to see you at the meeting.

Best,

A handwritten signature in black ink, appearing to read "Frank J. Anderson". The signature is fluid and cursive, with a large initial "F" and "A".

Frank Anderson, MD, MPH  
Director of Global Initiatives and Associate Professor of OB/GYN  
University of Michigan



## Conference Welcome Letter

February 4, 2014

Dear Colleagues,

We are happy to welcome you as a participant of the 1000+ OBGYN meeting to be held in Accra, Ghana on Feb 12-14<sup>th</sup> at the Ghana College of Physicians and Surgeons. We are looking forward to meeting you all individually and introducing you to each other whilst we create concrete plans to accomplish the goal of training 1000+ new (additional) OBGYNs in sub-Saharan Africa (SSA) within the next 10 years.

Only OBGYNs can train physicians to become OBGYNs, and every SSA country should have center(s) of excellence where the highest quality obstetric care and training occur and a sustained university-based program that provides a source of women's health education, expertise for country-wide training of midwives and health care workers, practice and protocol standards, policy development, research and advocacy. We have heard this from the Call to Action/Way Forward generated at the FIGO meeting in 2012 and now we embark on this journey.

The interest and enthusiasm for this convening is great. By coming together in this way, we have a unique opportunity to impact maternal and neonatal morbidity and mortality by closing the final gap in women's health care capacity- the management of the severe obstetric complications recognized by midwives and health workers.

We would sincerely like to thank the Flora Family Foundation and the Bill and Melinda Gates Foundation for making this meeting possible and thank you for your efforts and your organization's support for bringing you here.

We have finalized the attendance list and we expect approximately 120 people from around the globe to be attending. Participants include obstetricians/gynecologists from university based programs in SSA, North America and Europe, as well as representatives from the Ministries of Health and Education, Professional Societies (ACOG, RCOG, FIGO, AFOG and others), professional clinical and educational organizations, and funding organizations.

The major focus of this meeting is to support the universities and health systems of SSA countries that are committed to - as a part of maternal

mortality reduction activities - the creation of the university-based capacity to train physicians to become obstetricians/gynecologist and to create ways to support and coordinate these efforts and measure their effects.

At this time, there are 17 African – American university partnerships, representing 14 SSA countries that will make up the core of the meeting. A major goal of the meeting is for each of these partnerships to create a written document detailing the plans in the major areas identified by the Call to Action/Way forward created during the FIGO meeting in Rome, 2013. We encourage you to read the proceedings from that meeting *cover to cover* – entitled “Building Academic Partnerships to Reduce Maternal Morbidity and Mortality” – which has been electronically provided, available on the Dropbox folder, and will be available in hard copy at the meeting.

Our meeting will be organized as a series of plenary sessions with brief presentations based on submitted abstracts and noted experts followed by open discussion from all participants. The preliminary agenda is provided in this email. These plenaries will be followed by group work time where each university partnership will work with their academic and ministry delegates to create written plans for each area of work. At the end of the meeting, each partnership will have a comprehensive document from which to proceed. We would ask each partnership to decide what parts of the plan can begin with current resources, and what parts require further funding.

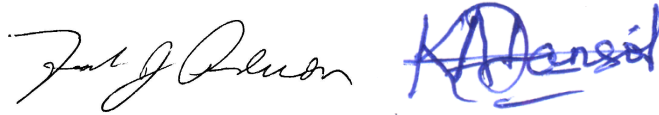
Each partnership will be invited to submit their plans to the 1000+ OBGYN project as we look for support. We will combine all proposals into a larger guiding document that will be a master blueprint for creating university based post-graduate training programs. These blueprints will be useful for all the partnerships in addition to future OBGYN departmental partnerships, other interested medical specialties, and other interested academic partnerships.

The core of development lies within the partnerships that are and will be established between university-based OBGYN programs. The second layer of development arises through the collective efforts of professional associations, societies and clinical support organizations. These institutions can provide the additional inputs necessary to create robust and sustained SSA OBGYN training programs that provide high quality obstetrics and gynecology care, national clinical and programmatic leadership, contribution of research findings to the global community, and advocacy for women’s health and the reduction of maternal and neonatal morbidity.

We would like to continue the 1000+ OBGYN project to coordinate funding and technical support that would bring together expert organizations to create a common curriculum, monitoring and evaluation systems, and faculty development programs for the partnerships creating a larger community of OBGYNs doing the same work and measuring the same outcomes over the next 10 years.

We sincerely look forward to having you in Accra and to take part in this exciting initiative.

Sincerely,

The image shows two handwritten signatures in blue ink. The signature on the left is 'Frank W.J. Anderson' and the signature on the right is 'Kwabena A. Danso'. Both signatures are written in a cursive, flowing style.

Frank W.J. Anderson & Kwabena A. Danso  
1000+ OBGYN Meeting Co-Chairs



## Acknowledgments

Sincere thanks to The Flora Family Foundation, the Bill and Melinda Gates Foundation, the World Bank and the University of Michigan African Studies Center for providing the financial support for carrying out this important work. The University of Michigan Department of Obstetrics and Gynecology Chair, Timothy R. B. Johnson and faculty members have provided unwavering support to advance maternal mortality reduction throughout the world, and this work would not have been possible without their collective contributions. Gurpreet Kaur Rana provided the impetus to turn these proceedings into a book. Madeline Taskier provided her expert skills in organizing the meeting logistics and assisting in the development of the content for the meeting. In Ghana, Andrew Boakye and Kofi Gyan provided on-the-ground logistics and cultural support without which this meeting could not have occurred. Gaurang Garg transcribed the talks and, along with Kophi Sefa, and Alex O'campo, provided spur of the moment problem solving during the meeting. Alyssa Mouton helped assemble the materials for this book. And thanks to Jasna Markovac and Karen Kost, Learning Design & Publishing, Medical School Information Services, University of Michigan, who were instrumental in preparing this volume for publication. Special thanks to Maureen Martin for the ongoing inspiration and assistance. A final thanks to all the participants for coming together and sharing their passions and creating plans to end preventable maternal mortality.

Frank W. J. Anderson, MD, MPH



## Conference Agenda

### Wednesday, February 12, 2014

6:15-7:15am      *Breakfast at Hotel Novotel*  
7:15-7:30am      *Buses to Ghana College*  
8:00-8:30am      *Coffee and Registration*

8:30-9:15am

*Introductions and Welcome*

- Frank Anderson and Kwabena Danso, conference co-chairs
- Introduction from Ghana College Rector, Dr. David Ofori-Adjei
- Welcome from Tim Johnson, Chair OBGYN Department, University of Michigan
- Welcome from J.B. Wilson
- Welcome from RCOG & ACOG Representatives
- Welcome by Kate Somers, Gates Foundation

9:15-10:30am

*Country Introductions, Overview of Existing Program and Goals for the Meeting*

- Introduction of the Meeting Framework – Frank Anderson
- Presentation of Needs Assessment Results – Madeline Taskier and Gaurang Garg
- Introduction of World Bank Grant and Online Curriculum Mapping – Diana Curran
- Introduction of Meeting Goals by Date – Frank Anderson
- Introduction of Proposal Worksheet/Template – Frank Anderson
- Introduction to Partnership Development - Ray de Vries

10:30-10:45am      *Short Break*

10:45-12:00pm

PANEL: *Partnership Development Process*

Speakers:

- Frank Anderson, University of Michigan
- Ray de Vries, University of Michigan
- Kwabena Danso, KNUST, Ghana
- Samuel Obed, Korle Bu, Ghana

Audience Based Discussion

12:00-1:00pm      *Buffet Lunch*

1:00-2:45pm

PANEL: *Models for Infrastructure and Program Design*

Speakers:

- Senait Fisseha, University of Michigan (SPHMMC), Ethiopia
- Josephat Byamushiga/Meg Autry, UCSF-Makerere, Uganda
- Lise Rehwaldt/John Mulbah, Mt. Sinai-Liberian College of Physicians & Surgeons, Liberia
- Ron Mataya/Grace Chiudzu/Jeff Wilkinson, UNC-University of Malawi, Malawi
- Ray de Vries Comments

Audience Q&A

*Eliminating Preventable Maternal and Neonatal Morbidity and Mortality*

2:45-3:00pm *Short Break*

3:00-6:00pm

*BREAKOUT CONCURRENT SESSIONS*

Country Teams Working on Proposals -  
(Program Design/Physical Infrastructure/Partnership)

6:00-8:30pm

Dinner for Meeting Participants with Open Mic

---

Thursday, February 13, 2014

6:15-7:15am *Breakfast at Hotel Novotel*

7:15 and 7:30am *Buses to Ghana College*

8:00-8:30am *Coffee*

8:30-9:00am

*Welcome and Recap of Wednesday, Re-establish Goals*

9:00-10:30am

PANEL: *Curriculum Development/ Clinical Teaching/ Assessment for OBGYN Residency*

- Hillary Mabeya/Lee Learman, Moi University-Indiana University, Kenya
- Joyce Browne/Renee Filius, Elevate Health, The Netherlands
- Irwin Merkatz, Albert Einstein, USA/Rwanda
- Karen Adams/Diana Curran/Balkachew Nigatu, OHSU/UM/SPHMMC, US & Ethiopia
- Blair Wylie/Joseph Ngonzi, Mbarara- Harvard/MGH, Uganda

Audience Q&A

10:30-10:45 *Short Break*

10:45am-12:30pm

*BREAKOUT CONCURRENT SESSION*

Country teams work on proposals

12:30-1:30pm *Buffet Lunch*

1:30-2:30pm

PANEL: *Deployment of OBGYNs and Working with Ministry, Working with Communities and Other Healthcare Partners*

Speakers:

- Gloria Asare & Ebenezer Appiah-Denkyira, Ghana Health Service, Ghana
- Stephen Kennedy/Bernice Dahn/John Mulbah, Liberia
- Yirgu Gebrehiwot, African Federation of OBGYN & Black Lion, Ethiopia

2:30-3:30

PANEL: *Research, Monitoring, Evaluation and Quality Assessments*

Speakers:

- Blair Wylie/Jospeh Ngonzi, Mbarara-Harvard/MGH, Uganda
- Human Resources for Health Team, Rwanda
- Frank Anderson, University of Michigan



3:30-6:00pm

*BREAKOUT CONCURRENT SESSION*

Country teams work on proposals

Time for Side meeting and collaborative work

6:00-9:00pm

*Dinner with Ghana Society of OBGYN*

Theme: *Partnering with Professional Societies and Support Organizations*

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Friday February 14, 2014

6:15-7:15am

*Breakfast at Hotel Novotel*

7:15 and 7:30am

*Buses to Ghana College*

8:00am

*Coffee*

8:00-9:30am

*PANEL: Certification and Accreditation of OBGYNs*

Speakers:

- Vanessa Dalton/Emmanuel Morhe, University of Michigan/University of Ghana, Ghana
- Dr. Kobina Nkyekyer, Korle Bu Teaching Hospital, Ghana
- TBD

9:30-10:30am

*BREAKOUT CONCURRENT SESSION*

Academic Teams finalizing plans

10:30-11:00am

*Coffee Break*

11:00-1:00pm

*BREAKOUT SESSION: Thematic Group Comparison of Plans*

- Session 1) African OBGYNs
- Session 2) American OBGYNs
- Session 3) Professional Societies

1:00-2:00pm

*Buffet Lunch*

2:00-4:00pm

*Group Reporting on Country Proposals and Next Steps*

4:00-5:00pm

*Final Thoughts from Teams (open mic)*

- Cameroon, Ghana, Liberia, Senegal, the Gambia, Uganda, Kenya, Rwanda, Tanzania, Zambia, Malawi, Ethiopia, Botswana, Democratic Republic of Congo, Sierra Leone

5:00pm

*Closing*



*Eliminating Preventable Maternal and Neonatal Morbidity and Mortality*

Saturday February 15, 2014

8:30am      *Independent travel to Ghana College*

9:00-1:00pm

*Elevate Workshop on OBGYN Curriculum*

*Hypertensive Disorders Pilot Course*

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