Ethiopian Society of Obstetricians and Gynecologists and American College of Obstetricians and Gynecologists
Collaborative Project Report

Strengthening the Role of Professional Associations to Improve Medical and Residency Training in Obstetrics and Gynecology in Ethiopia
2016 – 2018
**ACRONYMS**

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<tr>
<td>AAU</td>
<td>Addis Ababa University</td>
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<td>AAU/CHS</td>
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<td>UM-CIRHT</td>
<td>The Center for the International Reproductive Health Training at the University of Michigan</td>
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Improving the lives of women and girls by giving them greater access to quality family planning and safe abortion care is the goal of the Center for International Reproductive Health Training at the University of Michigan (UM-CIRHT). Our focus is on preservice education for doctors and residents, nurses and midwives, by working with colleges and universities in developing countries.

Through our partnerships with 10 institutions in Ethiopia, we have seen a real expansion of qualified professionals over the past four years. We believe that these changes in how family planning and safe abortion services are delivered can be sustained in part through an effective, proactive professional society. The ESOG-ACOG Collaboration project was a perfect fit for our strategy in Ethiopia, and we were happy to be a part of this unique effort. UM-CIRHT will continue to support the expansion of preservice training through partnerships in other developing countries to help reduce the rates of maternal morbidity and mortality from unsafe abortion and help women and girls gain more control over their reproductive choices. We salute our colleagues at ACOG and ESOG for all that has been accomplished during this collaboration.

Best,

Janet Hall, MBA
Managing Director
The Center for International Reproductive Health Training at the University of Michigan (UM-CIRHT)
Improving the quality of training and service in our practice is not an option rather it is a must and an important undertaking in line with the vision, mission and objectives of our society; the 2015/2016 -2020 HSTP agenda of our country and the SDG goal of ensuring universal access to sexual and reproductive health care services.

The goals of the Ethiopian Society of Obstetricians and Gynecologists-American College of Obstetricians and Gynecologists Collaboration were very ambitious. The Collaboration was formed to improve the quality of medical education and residency training for obstetrician-gynecologists in Ethiopia by developing national guidelines for residency education; providing up-to-date continuing medical education; enhancing the capacity of faculty and residents in residency programs to implement, analyze, and publish the results of clinical outcomes research; and to establish and conduct an Ethiopian examination/certification program. We have met and exceeded many of these goals and expectations.

The advances in women’s health care in Ethiopia over the last 10 years have been remarkable. The commitment of the Federal Ministries of Health and Education has greatly helped the outcomes. The role of ESOG is an important one, and we have worked continually for the advancement of the profession and the improvement in access to high-quality health care throughout the country for the past 27 years. I am proud of the work of the collaboration, and of the ESOG and ACOG fellows who, with determination and dedication, have made this collaboration so successful.

And my appreciation also goes to UM-CIRHT for generously funding and providing all-around support they have provided since the inception of this Collaboration.

With best regards,

Dereje Negussie, MD, MPH
Principal Investigator, ESOG-ACOG Collaboration
Immediate Past-President, ESOG
Ethiopian Society of Obstetricians and Gynecologists

Ethiopia’s Federal Ministry of Health’s active participation in this collaboration has been a critical factor in its success.
The Ethiopian Society of Obstetricians and Gynecologists- American College of Obstetricians and Gynecologists Collaboration, generously supported by UM-CIRHT and in alignment with the FMoH of Ethiopia, has provided an opportunity to demonstrate how two peer organizations can be catalytic. The Ob-Gyn professional association can impact and improve women’s health care in a multitude of ways that are outlined in this report. ESOG was primed to enhance deep technical skills both clinical and academic, had the leadership to align and review residency education, and the courage to take on difficult topics like ethics and e-learning. ACOG provided support to their vision, expertise and training, and mentorship and partnership to the physician leaders of ESOG. The opportunity to work closely with our colleagues has been a privilege for each one of the ACOG Fellows who have participated.

Through this robust and successful project, we were able to provide capacity building that sustains the medical profession, the healthcare system, and the goals of the government. Capacity building is challenging because it requires a deep engagement, respectful and knowledgeable exchanges, and is rarely linear. Additionally, the impact is not immediate nor easily quantifiable. In most system strengthening work one must respect the delay between the effort and the result, and the same is true here. The systems we worked with our colleagues to build, will bear fruit in time that will prove sustainable. ESOG’s vision of a strong professional association with highly skilled, trained, and accountable physician leaders is a vision worth working for women all over the world deserve such excellence, and ACOG hopes to help them realize those goals.

Sincerely,

Barbara Levy, MD, FACOG, FACS
Vice President, Health Policy
The American College of Obstetricians and Gynecologists
INTRODUCTION

In Ethiopia the maternal mortality ratio (MMR) decreased dramatically to meet the challenge of the Millennium Development Goals (MDG) that ended in 2015, in part by using innovative delivery services and a community health approach. While many gains were achieved in maternal and child health during the MDG era, the current MMR in Ethiopia remains at 353 for every 100,000 live births. The challenges to further reduce this ratio and improve results are naturally complex. While the achievements to date in access to care and education for women and their families has come through the robust community health worker program, the government and civil society organizations in Ethiopia are now looking at deeper structural change. The next phase of improvement needs to be based on solutions that address infrastructure, education, and preparedness.

The Ethiopian Federal Ministry of Health (FMoH) Sector Transformation Plan (HSTP) for the years 2015/16-2019/20 was created to expand the equity and quality-of-care across the country, in all disciplines. Doing its part in realizing this goal, the Ethiopian Society of Obstetrics and Gynecology (ESOG) is supporting the HSTP implementation and striving to ensure the improvement in the standard of maternal health services.

To align these efforts, the FMoH, The Center for International Reproductive Health Training at the University of Michigan (UM-CIRHT), ESOG, and the American College of Obstetricians and Gynecologists (ACOG) came together to create an innovative and unique collaboration. UM-CIRHT had already been working in Ethiopia for years which laid significant groundwork to support this collaboration. The


intention of the collaboration was to support ESOG in its aspirational and important goals, which were both broad in scope and simultaneously deep in expertise. Focusing on medical education before and after schooling, pursuing accountability and professionalism of its cadre, and addressing clinical training deficits was an ambitious set of goals to attain for one project.

“Improving the quality of training and service in our practice is not an option rather it is a must and an important undertaking in line with the vision, mission and objectives of our society; the 2015/2016 - 2020 HSTP agenda of our country and the SDG goal of ensuring universal access to sexual and reproductive health care services.”

Dereje Negussie, MD, Immediate Past-President, ESOG

The opportunity to jointly define a broad set of initiatives that were implemented simultaneously and offering extensive support and guidance turned out to realize significant achievements in a short period of time. Additionally, a strong collegial bond was formed between many of the American and Ethiopian medical professionals that will add to the sustainable advancements beyond this program period.

The ESOG-ACOG Collaborative Project was launched in June 2016, with four thematic areas, later expanded to eight. The objectives were to:

1. Standardize Ob-Gyn Residency Programs and training with minimum competencies and educational objectives for all graduating residents including strengthening faculty development
2. Produce a Certification Examination for all graduates of Ethiopian ob-gyn residency programs
3. Deliver high-quality, up-to-date Continuing Medical Education
4. Revitalize the Ethiopian Journal of Reproductive Health (EJRH), and enhance capacity of faculty and residents in research in all Ob-Gyn residency programs in Ethiopia
5. Create a Code of Medical Ethics for obstetrics and gynecology practice in Ethiopia
6. Provide Leadership Development programs for ESOG members, with emphasis on young and female members, to generate the Ob-Gyns of the 21st century
7. Strengthen ESOG’s Program Communications to educate public and private stakeholders on ways of advancing women’s health on the valuable work ESOG is doing
8. Support membership management and educational initiatives with robust I.T. systems and infrastructure

ACOG acted as a consultant to ESOG, providing the necessary tools, educational materials, expertise and technical assistance to help ESOG identify its own priorities and generate appropriate strategies. The program was therefore country-led, with ESOG identifying challenges and developing solutions.

A key partner in this capacity building program was the FMoH, which guides all health care delivery facilities, and partners with the Federal Ministry of Education (FMoE) in guiding health care related training institutions. The FMoH was involved in the planning and execution of the activities of the thematic areas of the program. The FMoH’s involvement from the outset insured alignment, ownership, and close follow up. These were critical factors in reporting results during the implementation and in the resolving communication challenges.

The biannual joint leadership meetings, attended by leaders of ESOG, ACOG and UM-CIRHT, were sessions in which progress and challenges at every level were critically reviewed and corrective guidance was given. The team members were very active in their follow up
and participation. That guidance, and the leadership team process, was another important factor to the program’s progress navigating complex issues.

This collaboration of the two committed associations offers insights into how to replicate this effort in other countries to benefit the goals of health ministries, improve care for women and their families, and achieve sustainable change in the quality of education for students and practitioners in Ob-Gyn. ACOG Fellows, physician vice presidents, and staff provided specific support as requested and defined by ESOG, including ACOG continuing medical education materials, publications, practice guidelines and committee opinions. UM-CIRHT, ESOG and ACOG developed aligned annual work plans to meet key objectives in each of the thematic area. The work plans outlined training engagements, milestones, and project deliverables for each 12-month period.

An enhanced medical society can help improve the quality of care for all Ethiopians by raising the skills, awareness, and standardized practice of all its members. The ESOG-ACOG Collaborative Project took major steps to create the dynamic, proactive, and competent society that will help the FMoH realize its goal of expanding health care equity to all citizens.

This report looks at each thematic area and the key objectives, activities, and accomplishments, as well as the sharing the challenges and plans for the future.
RESIDENCY TRAINING

**Goal:** Develop standardized Ob-Gyn residency training with minimum competencies and educational objectives for all graduating residents, align residency program requirements, establish a monitoring and evaluation (M&E) system, create in-service exams, develop physical infrastructure, and improve capabilities of Ob-Gyn residency program directors.

**Key Results:** Finalized National Harmonized Obstetrics and Gynecology Specialty Training Curriculum, Finalized Minimum Requirements for Accreditation of Residency Training Programs

Strengthening medical education is the best strategy to address shortages of physicians and ensure consistent quality of care. Beginning in 1997, when Dr. Tedros Adhanom was Minister of Health of Ethiopia, an ambitious expansion of medical schools began, increasing the number of schools from six in the 1990s to 24 in 2013. The number of graduates also increased from 150 doctors in 2004 to 3,000 in 2016. Currently there are 345 Ob-Gyns in Ethiopia for a population of 105 million, a ratio of roughly 1: 305,000 of the total population.

The FMoH has been focusing on the importance of training of Ob-Gyns through a meaningful collaboration with the Federal Ministry of Education (FMoE). As the number of graduate medical schools for Ob-Gyns has increased, the need for harmonizing curricula to provide quality residency training has been recognized and prioritized.

The residency component of the Collaboration focused on the development of standardized and harmonized Ob-Gyn residency training curriculum and outlining the program requirements for the establishment of Ob-Gyn residency programs.

The initial objectives of the residency component were to:

- Develop consensus and a formal agreement with Ministries of Health and Education on the importance of core competencies and minimum educational objectives that lead to a standardized curriculum for Ob-Gyn residency programs.
- Develop a set of core competencies and minimum educational objectives that all existing and new Ob-Gyn programs must meet to be accredited.
- Develop a set of Residency Program Requirements.
- Establish a team within ESOG to be tasked with preparation of a standardized curriculum based on the agreed upon core competencies, educational objectives, and program requirements.

All the program objectives were accomplished.

“This project demonstrates the tremendous capability of individuals with focused goals to achieve great improvement in the healthcare of women through shared visions and mutual respect. The specific professional training we helped provide was especially relevant as a part of that broader context.”

**Diana Curran**, MD, FACOG, Associate Professor, Ob-Gyn, Michigan Medicine, and Member, CIRHT Core Team

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With the accomplishment of the initial objectives, it was decided that a residency review entity should be created to oversee the implementation of the minimum requirements of residency educational programs. The model for this supervisory function was ACOG’s Council on Resident Education in Obstetrics and Gynecology (CREOG), the reputable and highly-effective entity dedicated to the promotion and maintenance of excellence in residency education in Ob-Gyn.

**Activities and Accomplishments**

A landscape analysis, gathered from the 10 existing Ob-Gyn residency programs, confirmed that standardization of training and education for residents was lacking but seen to be important. Upgrading equipment, technology-assisted teaching methods, and skills labs were also identified as necessary but lacking, and an inadequate number of program managers was noted.

Endorsement was sought from FMoH on minimum core competencies, educational objectives, and the requirements for launching residency programs. Other priorities included furnishing skills labs at teaching programs and organizing training for residency program managers.

Because of the ambitious nature of standardizing curriculum, it was necessary to engage stakeholders in the government, in the ESOG membership, and in the universities and residency programs.

Within six months of beginning the ESOG-ACOG Collaboration, introductory discussions had begun with both former and current Ministers of Health. The Ministers were briefed on the project’s nature and the interrelated thematic approach to enhance the medical education and the residency training for Ob-Gyns. Professor Yifru Berhan, then the Minister of Health, promised to actively follow the progress of the program and requested an expansion of the program to include other specialty trainings in medicine.

Prior to the launch of the harmonized curriculum and residency program requirements, ESOG and ACOG conducted a two-day Program Directors’ training. The training brought together 24 attendees from all 12 of the universities and medical colleges with Ob-Gyn residency programs. It was an important part of the
collaborative process to align the program directors and support their efforts in creating high functioning residency programs. The training reviewed mentoring residents; residency program orientation; resident selection, retention, and attrition; curriculum design; and motivating faculty to be effective teachers.

The National Harmonized Obstetrics and Gynecology Specialty Training Curriculum and the Minimum Requirements for Accreditation of Residency Training Programs were launched in July 2017. The documents harmonized the curricula for the 12 current Ob-Gyn residency training programs and set a standard of requirements for institutions aspiring to launch future Ob-Gyn residency training programs.

The National Harmonized Obstetrics and Gynecology Specialty Training Curriculum outlines what a residency program should teach and year by year course and practice contents that must be undertaken by a candidate resident before graduation.

The Minimum Requirements for Accreditation of Residency Training Programs outlines requirements that need to be fulfilled before a residency program is opened. The requirements include Human Resources, Number and Variety of Patients, Physical and Technical Resources, Clinical Services, Supporting Services, Equipment, and Financial Support.

Challenges and the Way Forward

With the harmonized curriculum distributed and the program managers trained, the goal will be to produce qualified and committed Ob-Gyns who provide comprehensive care and services for the reduction of the rate of maternal and perinatal mortality and morbidity. A reduction in the training variations and compliance with high standards of clinical knowledge are fundamental to this auspicious goal.

Adding efficiencies to programs will help both the residents and the faculty. A pilot program using software called myTIPreport launched at St. Paul’s and Black Lion Hospital to provide feedback to residents during their clinical sessions. While this software was not successful, it led to the development of bespoke software for Ethiopian residents that ESOG developed to accomplish the same functions, and now the real-time reporting system will be rolled out to other programs.

The harmonized curriculum is the cornerstone of the Residency Committee’s activities and there is still hesitation to its implementation at some residency programs.

Going forward the Residency Committee will meet with the Addis Ababa University/College of Health Science residency directors to discuss implementation of the National Harmonized Curriculum.

The Residency Committee will work closely with the FMoH to establish a Residency Review Committee (RRC) modeled on the same committee found at ACOG. The RRC will conduct a supervisory
visit to the universities to evaluate the curriculum implementation and program requirement status. A national board will be established to review how competent programs are in the various institutions using tools like in-service exams, and regularly scheduled accreditation visits.

Additionally, ESOG plans to hold program director workshops annually to create a strong team of educational leaders to ensure sustainable improvement over time.

**Residency Training Next Phase:** Accreditation visits to 12 existing Ob-Gyn programs to assess implementation of National Curriculum; creation of Residency Review Committee

*Pedagogy Training, Addis Ababa, 2017*

*Female Ob-Gyns at ESOG’s 26th Annual Meeting, 2018*
EXAMINATION AND CERTIFICATION

**Goal:** Develop and administer a certification examination that can be given to all Ob-Gyn residency graduates.

**Key Result:** Administered the first national in-service exam at eight locations to 264 residents

The Examination and Certification Committee (ECC) was established to lay the groundwork for ESOG to be able to create two uniform exams, one for graduating Ob-Gyn residents to assure quality and equity in educational accomplishment. The other as an in-service examination given to second and third year residents to measure program’s teaching competency. Similar tests have been used globally to ensure that residencies teach what is being outlined, and to the standards required. Reducing teaching and learning variations at residency programs leads to better prepared doctors, and better health care for women.

**Activities and Accomplishments**

A landscape analysis (LA) was designed as a qualitative survey for faculty heads, program directors, college deans, external examiners, residents, non-faculty ESOG members, finance heads, and quality control institutions such as HERQA and FMoH. Additionally, the ECC decided to use the Residency Program’s LA findings for the HR and infrastructure quantitative data.

There were 78 respondents from twelve universities, HERQA, and the FMoH. In addition to the quantitative material, in-depth interviews were conducted with all stakeholders, and a focus group discussion was held with residents.

The ECC gathered Ob-Gyn department heads, program directors, and ESOG committee members for training provided by Fellows from ACOG and the American Board of Medical Specialties (ABMS) on exam item writing and faculty development.

After consultation and review with the FMoH HRD Medical Education Team, it was agreed that the ECC would assess the different exam administration hubs and proceed with the exam provision in coordination with the FMoH’s placement and matching exercise. Having this built in an electronic platform to administer the test reduces many barriers for test takers, and test result analysis. It is extremely forward thinking of ESOG and the FMoH to employ this testing modality from the outset.

The Committee used the FMoH National Residency Matching Program’s online examination platform to conduct the residency exam. The collaborative work between the ECC and the FMoH HRD Medical Team in both the exam preparation and administration phases assured a smooth process. The national in-service exam was conducted at eight on-line exam hubs and paper-based exams were conducted at two universities.
were 264 residents from the twelve Ob-Gyn training programs who registered online and took the exams. The exam was invigilated by faculty members from Addis Ababa Hospital and St. Paul’s together with the leadership of residency programs in collaboration with the FMoH.

**Challenges and the Way Forward**

The Residency Committee and the ECC will continue to work together to lay the foundation for the creation of an Ethiopian Council on Residency Education, which would be coordinated by ESOG. The model used will be the ACOG’s CREOG using many of the same guidelines and objectives tailored to the needs in Ethiopia. To gain a better understanding of the CREOG model, ESOG members attended CREOG annual meetings and committee meetings, and met with leaders of CREOG throughout the life of this project. ESOG will be able to call upon these mentors in the future as well, as challenges present themselves, to resolve issues as they build their own sustainable CROEG-like entity.

ESOG will move forward on the exam components, including working with a psychometrician to review and analyze the in-training exams for quality of the content and questions. The psychometrician will also produce a document incorporating the feedback to be shared with all stakeholders.

Going forward the Exam and Certification Committee needs to finalize the landscape analysis and will need external expertise for analysis and report writing. The issues of residency standards and educational objectives need to be combined with the Residency Committee activities to address and prioritize if the objective of creating a Council on Residency Education is to move forward. Further capacity building efforts are required to bolster the exam item generation and banking capability.

**ECC Next Phase:** Creation National Council on Residency Education, based on ACOG’s CREOG; assisting FMoH to develop a certification examination board

(l to r, front row) Drs. Dereje and Mahlet, ESOG Annual Conference
CONTINUING MEDICAL EDUCATION

**Goal**: To maintain and produce changes in knowledge, skills, and attitudes that will enable Ob-Gyn and relevant physicians to improve patient care outcomes for women and girls in Ethiopia through continuing medical education efforts that promote lifelong learning.

**Key Results**: Provided enhanced CMEs to ESOG Members and enhanced ESOG’s capacity to develop, create, and deliver similar CMEs

Continuing Medical Education (CME) is essential to maintain and generate changes in knowledge, skills, attitudes, and behaviors that will enable Ob-Gyns to improve patient care outcomes for women and girls in Ethiopia. The CME Committee sought to enhance access to state-of-the-art CME, create a culture of lifelong learning, and meet the upcoming requirements to maintain certification.

To meet the goals for the CME thematic area, several targets were outlined:

- Develop and distribute high-quality, up-to-date CME materials and courses.
- Optimize the integration of CME into all Ob-Gyn education programs and generate ESOG capacity to deliver certified CME programs.
- Position ESOG as the preferred source of CME information and expertise in Ethiopia.
- Develop a sustainable infrastructure and funding mechanisms for CME.
- Design IT infrastructure for association management, accounting for CME credits, and the interactive delivery of CME content.

**Activities and Accomplishments**

The CME Committee worked in partnership with the FMoH to plan an ambitious program of providing quality CME, including capacity building, and establishing a mechanism for allotting credit.

The CME Committee developed a landscape analysis and undertook a needs assessment to determine the gaps both in care and in education. That work informed the establishment of CME guidelines. Part of the CME guidelines was providing a mechanism for CME credits and creating an IT infrastructure to track member’s CME courses and credits. Additionally, CME courses and content would be made available during ESOG’s Annual Conference.

Capacity building was required for the success of the CME component. ACOG Fellows were teamed with local counterparts to create partnerships and learn from each other. The local counterpart helped with the sessions, learned about course design, and delivery of CMEs for credit. The ACOG Fellows and staff provided mentoring on content and methodology and contributed to the professional growth of the faculty member.

During the first year, hospital-based scientific sessions (Grand Rounds) were conducted by ACOG experts. These teaching sessions were provided to the faculty and residents of St. Paul’s and Black Lion Hospitals. Topics for the Grand Rounds included mentoring, complications of laparoscopic surgery, and innovative

“Once we have discovered the mechanism to provide educational content and measure it for the purposes of credit, we have seen a big demand for continuing this work. We are encouraged that we can provide this leadership to the Ob-Gyn community and our other medical societies in Ethiopia as well.”

Abdulfetah Abdulkadir, MD, ESOG CME Team Lead
models of prenatal care. There were 125 participants from St. Paul’s and 39 participants from Black Lion.

The landscape analysis was conducted to assess the current state of CME and the demand among Ob-Gyn professionals, other professional associations, and the FMOH. The Ethiopian government has recently required all licensed professionals to acquire CME to maintain and renew their medical licenses. ESOG began the process to provide CME, but the opportunity to collaborate with ACOG was welcomed to provide better quality CME using a variety of platforms.

A training of trainers course was held and attended by 14 participants from ESOG and the Ethiopian Medical Association. The training covered planning a CME meeting, the process of selecting topics and CME faculty, types of CME, and CME disclosure, application, and course evaluation.

During the 2017 and 2018 ESOG Annual Conferences the CME committee selected and scheduled two days of pre-conference courses. An electronic certificate was prepared for the CME participants.

During the 25th ESOG Annual Conference, in 2017, there were six 6-hour hands-on trainings on hysteroscopy/operative surgery and basic ultrasound. The second day of CME courses ran in the morning and afternoon for three hours. A total of 443 course participants attended, including full and associate members of ESOG and African Federation of Obstetrics and Gynecology (AFOG) members from Sudan, Nigeria, and Kenya. There were 17 ACOG Fellows who presented educational sessions throughout the annual meeting.

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<td>CME 3-hour Sessions (2-days, 8 courses)</td>
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<td>Hands-on 6-hour Workshops (4 courses)</td>
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<td>CME 3-hour Sessions (2-days, 25 courses)</td>
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In 2018, during the 26th Annual ESOG Conference, two days of continuing medical education were delivered with a maximum of 38 continuing education units. There were four 6-hour hands-on training sessions on basic obstetric ultrasound, critical and emergency obstetric care, advancing skills in hysteroscopy, and minimally invasive surgery/laparoscopy. The second day of CME courses included medical ethics, management of endometriosis, ovarian cancer screening, assisted reproductive technology, and gynecologic pelvic reconstructive surgery. There was a total of 840 course participants, including full and associate members of ESOG and AFOG members from Sudan, Nigeria, and Kenya. In 2018 18 ACOG Fellows delivered educational content.
The FMoH plans to move the monitoring activity from FMHACA to FMoH and reorganize the CME case team. The plan is to increase the number of staff in the case team, and the FMoH will develop new CME guidelines and directives, which ESOG is poised to be able to adopt and implement with few challenges.

Challenges and the Way Forward

CME is welcomed and highly-anticipated by the regions’ Ob-Gyns. This is evidenced by the large number of CME participants. However, the process for registration, participant tracking and testing, and the provision of certificates and credits will remain a challenge without adequate IT infrastructure and the on-going support of FMoH.

With the rapid increase in the numbers of Ob-Gyns and the expansion of hospitals and health centers the need for Ob-Gyns to be well-trained with up-to-date and state-of-the-art knowledge is essential. To be successful, more CME trainers will be required to coordinate organizing and delivering CME courses. Providing on-line CME courses will allow affordable and accessible training using webinars, E-modules, and recordings with post-test capabilities.

Going forward ESOG plans to establish an online CME platform and CME units at six chapter offices. A survey has been developed to collect topics for future CME courses. The expansion of CME offerings will require recruiting, training, and deploying local subject matter experts for seminar topics and case-based discussions.

**CME Next Phase:** Providing online CME programs and tracking ESOG members CME accrual; developing E-Learning and instructional design with FMoH; exploring Regional bodies to optimize CME for relicensing; ESOG will develop CME standards after FMoH issues CPD guidelines.
A recognized and respected Journal is an important part of a professional association, and it is also a critical component for its members continuing education.

The Journal component of this Collaboration focused on the development of the Ethiopian Journal of Reproductive Health (EJRH) into one of the premier Ob-Gyn journals in the region and, in doing so, enhance the research capacity of faculty and residents in all Ob-Gyn residency programs.

When the Collaboration began, the Journal was in a state of inertia and needed a boost – editorially and organizationally. Since then, the Journal has been published in February of 2017 and 2018, and provides high-quality, original research, review articles, and commentaries covering the latest advances in reproductive health.

Activities and Accomplishments

In February 2017, Volume 9, No. 1, of the EJRH was published with seven articles, and in February 2018, Volume 10, No. 1, was published with seven articles. Volume 10, No. 2 was published in June 2018, with seven articles – two from the Obstetrics & Gynecology, the official journal of ACOG and generally referred to as the Green Journal. And Volume 10, No. 3, had six articles, one of which was from the Green Journal.

A landscape analysis was conducted by an outside firm, and the results informed the revision of the editorial process of the journal, as well as the reorganization of the editorial board and office. The editorial board was reorganized to include previous editorial board members and newly invited ESOG members. ESOG editorial board members were able to travel to North Carolina in the US to work directly with staff and the editor-in-chief of ACOG’s premier medical journal.

“We cannot realize our mission or vision without evidence. Whether it is making decisions in patient care; or teaching our students the best way we know; or if it is integrating our clinical expertise in our practice, there is no tool that does it better than evidence-based researches and the publications that carry them to our fellow members. We wish and we believe, but only when we prove through evidence that we know we actually can.”

Muhidin Abdo, MD, EJRH team lead
By having a more robust medical journal ESOG can have an influential role in the dissemination of current, evidence-based knowledge and advancements in the field.

“Having strong original research, a well-established publication, and on-line access to cutting edge evidenced based medicine can have a profound effect on providing the best care to women in almost real time.”

Nancy Chescheir, MD, FACOG, Editor-in-Chief of Obstetrics & Gynecology

To enhance the quality of research and position the EJRH as the premiere obstetric and gynecological journal in the region, an in-depth Scientific Writing, Research, and Journal management training was held early in the Collaboration. Presentations during the two-day training were given by ACOG Fellows and ACOG’s Green Journal staff. Senior researchers from ACOG also gave a follow-up training of trainers. Another four-day training was held by world-renown ACOG experts on journal-article, critical review, and appraisal.

Another major accomplishment for the EJRH Committee was the creation of an independent website – www.ejrh.org. The website was created to improve access to journal articles and integrate a manuscript management system allowing for document submissions. During ESOG’s 26th Annual Conference in February 2018, the website was launched by Dr. Kebede Worku, State Minister of Health in the presence of ACOG delegates, ESOG members, and other national and international reproductive health care collaborators.

The journal development team, in collaboration with ACOG Fellows and editorial board staff provided two rounds of training for 60 junior faculty members and others who are involved in each institution’s research and publication activity. Those trainings led to dozens of manuscript submissions, several of which have been published in the EJRH.

**Challenges and the Way Forward**

There is a shortage of reviewers and manuscripts for each publication. However, the editorial board and journal staff will continue to be committed to increasing the number and quality of publications. Providing CME credits for journal work would be a good incentive to encourage editors and reviewers to get engaged.

Publishing four volumes a year has been an ambition of the EJRH Board. With a committed editorial board, publishing four volumes a year is achievable.

A journal working document was developed with extensive and rigorous work by the editorial board from different international working documents of renowned journals. The Executive Board of ESOG endorsed the working document. An agreement was made between EJRH and the Green Journal to publish...
a few articles from the Green Journal in each EJRH issue. With the robust journal and the valuable primary research of the EJRH the challenge of covering publishing costs will have to be considered as a part of the sustainability plan.

**EJRH Next Phase**: *Green Journal* collaboration and on-going training for the Editorial Board, online journal management and manuscript writing to expand pool of authors.

_Left to right_ Drs. Peterson, Delayehu, Muhidin, and Addisu

**Dr. Schwartz, ESOG Annual Meeting 2017**
**Medical Ethics**

**Goal:** To raise awareness regarding medical ethics standards and inform litigation of Ob-Gyn practitioners in Ethiopia and improve the quality-of-care given to clients while maintaining the integrity of care providers.

**Key Result:** Drafted a Code of Ethics for ESOG

Medical Ethics provides a framework for the responsibilities and obligations regarding the ethical treatment of women in a health care environment. ESOG took on the leadership role of drafting the first code of ethics for its professional cadre.

**Activities and Accomplishments**

During the first year of the ESOG-ACOG Collaboration the Medical Ethics Committee drafted a code of ethics based on four foundations – the Patient-Physician Relationship; Professional Competence and Conduct; Professional Relations; and Societal Responsibilities.

A workshop allowed for comments on the draft Code of Ethics, and changes were incorporated into the document. The Code of Ethics will be finalized by the ESOG Annual Conference in 2019.

Data was collected from all ESOG members about the major ethical dilemmas they encounter in their daily practice. From the collected data the following five topics were prioritized Ethics on Adolescence Health; Maternal Fetal Health; Consent; Conflicts of interest; Sexual boundaries. Opinions on maternal fetal health and ethics on adolescent health have been drafted.

Trainings on the basic principle of ethics were held during the first year of the Collaboration. A total of 32 Ob-Gyns and other health workers from partner organizations attended the trainings. Two CME units on medical ethics were presented during the ESOG Annual Conference to increase awareness of members on their rights, duties, and responsibilities. The CME sessions were given by an ACOG Fellow and other experts and were attended by more than 100 members. ACOG has deployed two interns to support the development of draft documents.

**Challenges and the Way Forward**

There has been a delay in getting approval for the Code of Ethics, which will require reestablishment of the Ethics Committee and approval of a budget.

The most critical step is getting the draft document to members for discussion and commentary, and then amend it accordingly. Without ownership, the document remains just a document. Several small group discussions are planned to gain acceptance and promote this culture change. The small groups, also, will get basic training on principles of medical ethics. A platform will be created for on-going discussion and debate to build a collective understanding on medical ethics among all stakeholders. A national conference focusing on Medical Ethics would be effective.

Once the Code is approved, a robust plan needs to be in place to disseminate it, emphasizing its importance, and instructing members who have not previously had ethics training. It would be encouraging to identify more resources to train an ethics review board and a grievance committee to make sure ESOG has the appropriate capacity to enforce the ethics code.

**Medical Ethics Next Phase:** Establish a Grievance Review Process and Membership Enforcement Process; provide consultation on a national conference on litigation three sequential volumes of the EJRH, Created an independent website – www.ejrh.org
LEADERSHIP CAPACITY DEVELOPMENT

Goal: Strengthen the leadership capacity of ESOG members and support Ob-Gyns to be visionary leaders in delivering high-quality and comprehensive reproductive health service.

Key Results: Provided leadership training to a core group of ESOG members, Participated in the Robert C. Cefalo National Leadership Institute

Leading a transformation in women’s health care requires more than a thorough knowledge in medicine and administering a routine Ob-Gyn residency program, especially with the growth of the Ob-Gyn profession in Ethiopia. Strengthening the leadership capacity of ESOG members and enabling Ob-Gyns to be visionary leaders of teams in delivering quality and comprehensive reproductive service is crucial to effectively managing change and growth.

“We must be willing to do the hard work to lead each other and guide our colleagues in the process of excellence and improvement.”

Delayehu Bekele, MD, LCDC Team Lead and current ESOG President

The focus of the Leadership Capacity Development Committee (LCDC) was to organize a series of leadership development trainings, conduct the trainings and provide refresher courses and virtual mentorship, and, ultimately, create a Leadership Institute on Women’s Health Care modeled after ACOG’s Robert C. Cefalo National Leadership Institute.

Activities and Accomplishments

The LCDC developed a reference document and an activity plan and recruited additional members. Much of the Terms of Reference document was developed by the ESOG members who attended ACOG’s Cefalo Institute, to model the training, but also the specific focus on leadership of OBGYN doctors. The intention is to build leaders in the field, leaders in advocacy, clinical training, and even in the operating theater. The Committee expanded to include a representative from FMoH and a range of other institutions.

The LCDC identified resources and expertise that would be able to develop the leadership capacity of ESOG members. Priority was given to local experts with leadership training and professional health care experience. Once the consultants were identified, the leaders of the Cefalo Institute also helped to hone the workshop agenda and reviewed the training of trainers (ToT) session. The idea of holding a ToT was important for cascading the knowledge and expanding the capabilities of leaders across the country.

There were 25 Ob-Gyn faculty participants from the twelve Ob-Gyn specialty residency programs, as well as chief of residents, ESOG secretariat staff, and ESOG Executive Board members received training.

Drs. Delayehu and Mekdes, First ESOG Leadership Fellows
Challenges and the Way Forward

Finding a leadership development training firm in Ethiopia with experience in the health sector and particularly women’s health care was a challenge. The consultant from ACOG was able to lead and supervise one training, but there was a language barrier as the large part of the group discussion was held in the local language, Amharic. The assessment tools used by ACOG’s Cefalo National Leadership Institute, which are so helpful for personal understanding and professional growth, require expertise and a financial investment. The LCDC believes that the ESOG leadership capacity can grow with more work and include training on the use of the assessment tools. More outreach to ESOG members is also needed, especially to encourage young, female ESOG members to take part in the leadership development opportunities.

Planned events in leadership include two trainings per year and six-months of one-on-one mentoring for identified leaders. Leadership development takes time and expertise that will require additional resources going forward.

“Leadership needs nurturing and cultivation to take root. Our commitment to working on those areas with Dr. Delayehu and the ESOG leadership will continue and we will identify ways to maintain this delicate and fundamental work.”

Barbara Levy, MD, FACOG, FACS, Vice President, Health Policy, ACOG

Leadership Capacity Development Next Phase: Bi-annual leadership training workshops; increase participation of women and young faculty; work with FMoH to develop women’s health leadership training with midwives and other healthcare providers; develop a tailored assessment tool
Membership and stakeholder communications are important to the success and acceptance of the residency curricula, CME credits, credibility of the journal publication, and the advocacy efforts of the association. Advocacy for women’s health is a major task for Ob-Gyns. ESOG created a weekly radio program broadcast every Thursday afternoon on Ethiopian National Radio covering a wide range of sexual and reproductive health issues. The communications group also produced a half-page column for Addis Admas weekly newspaper every Saturday. The name “Lanchina Lante” was used for both radio and print media and translates to “Information for Women and Men”.

The Society’s newsletter was prepared and distributed quarterly. The Society’s website and Facebook feeds were updated regularly to reflect the many changes and enhancements the society is undertaking.

Challenges and the Way Forward

Producing a newsletter, newspaper column, and a radio show takes time and resources. To maintain the momentum and continue to disseminate important information to ESOG members and the public, the communication activities will need to be made a budget priority. The radio program, Lanchina Lante, is currently off-the-air due to contract negotiations and will also require further commitments of time and money to continue. Advocacy for women’s health and reproductive issues with legislators and law enforcement is an area that needs to be developed.

Dr. Mahlet speaking at the ESOG Annual Meeting, 2017

Activities and Accomplishments

The Program Relations and Communications Team was formed to promote attendance of meetings, workshops, CMEs, conferences, and other public events. They also provided updates via newsletters and emails to members on the range of ESOG activities and enhancements, including major developments, and changes to the website and social media platforms.

A five-year strategic plan was developed and adopted by the General Assembly during the 26th Annual Conference of ESOG in February 2018.

Program Communications Next Phase: To implement communications workplan that addresses marketing of ESOG events and training as well as public programs and advocacy in maternal and reproductive health
**INFORMATION TECHNOLOGY**

**Goal:** Strengthen the IT capacity of ESOG, to establish an e-learning platform under the administration of ESOG and support other initiatives including EJRH submissions and distribution.

**Key Results:** Distributed certificates to 342 ESOG Annual Meeting CME attendees, Upgraded networks

The enhanced activities of ESOG require upgrades in hardware and software and the involvement of internal and external Information Technology (IT) experts.

Developing a residency evaluation electronic procedure management software is an IT priority. Facilitating remote testing in universities needs to be coordinated with the FMoH IT department. For CME there are many IT components including designing an IT infrastructure for association management, accounting for CME credits, and interactive delivery of CME content through e-learning curriculum generation. Creating an independent website for EJRH that improves access to journal articles as well as an integrated manuscript management system allowing for document submission is also important in supporting the goals of the Collaboration.

An IT upgrade is also required to support general ESOG administrative and communications activities.

**Activities and Accomplishments**

An inventory of the current state of IT equipment and capabilities was completed first. The inventory was combined with a business needs analysis to create a set of requirements. Part of the process involved consultation with ACOG and UM-CIRHT IT experts to review the criteria and comment on equipment, vendors, and implementation. ESOG looked at vendors for a new server room and for internet services.

The E-learning resource was established at the ESOG project office with installation of computers and software in a stand-alone room, as well as setting up hardware to be distributed to ESOG-affiliated university learning centers.

Other specific accomplishments included:

- Designed and distributed 342 achievement certificates for the ESOG 2017 Annual Meeting. Assisted the process for online certificates of ESOG 2017 Annual Conference.
- Deployed iSpring Suite 9.1 for ESOG e-learning content designing.
- Facilitated the registration and setup multiple choice questions in Aiken format to upload easily for each university exam hubs
- Customized ESOG’s member database based on the business need requirements
- Provided ways for making surveys and questionnaires using Google forms

**Challenges and the Way Forward**

IT infrastructure has an important role in all the current ESOG transformation areas. It will be essential to find ways in which to sustain the constant requirement for upgrades and innovations as ESOG’s activities expand.

**Information Technology Next Phase:** Deploy e-learning and test taking throughout the region and provide online journal content and manuscript management for the journal
CONCLUSION

The ESOG-ACOG Collaborative Project has made important accomplishments improving medical education and strengthening of the professional Ob-Gyn cadre and residency training programs. The national harmonized curriculum and the minimum residency program requirements development, active participation in CME implementation guidelines, code of ethics, and the revitalization of EJRH are concrete examples of this collaboration’s success. The project has also played an essential role in building the capacity of academicians, faculty and other ESOG members at large in their research capabilities, all with the goal of improving the health of women and girls across Ethiopia.

The FMoH has acknowledged these visible achievements of ESOG-ACOG Collaboration project that contribute to the Ministry’s Health Sector Transformation Plan (HSTP) and has recommended that the society share its experiences and practices to other professional societies and relevant stakeholders. Ultimately ESOG is envisioning that this journey they are leading will cement their efforts of creating a strong and skilled professional cadre that will take the lead in securing the best maternal health care and health policy in Ethiopia.

“We want to build the capacity of Ob-Gyns to be an advocate for women not only in their hospital, or work place, but for the general country – for doctors to speak for the women they are serving. We want to encourage women to be part of this change and to become leaders.”

Mekdes Daba, MD, honorary secretary ESOG
Reproductive health care empowers girls and women to shape their lives and determine their futures. The Center for International Reproductive Health Training at the University of Michigan (UM-CIRHT) prepares doctors, nurses, and midwives to provide this care. In partnership with medical schools, UM-CIRHT works to ensure that graduates have the knowledge and practical skills to meet the needs of patients and communities. UM-CIRHT seeks to reduce maternal mortality and morbidity from unsafe abortion in developing countries through pre-service training in evidenced-based contraception and comprehensive abortion care for medical and midwifery students.

http://cirht.med.umich.edu/

The Ethiopian Society of Obstetricians & Gynecologists (ESOG) was established in 1992 in response to the Safe Motherhood Initiative as a collective professional expression of concern to the high maternal and perinatal mortality and morbidity, and the poor SRH status in the country. The main aim was to enhance the contribution of Obstetricians and Gynecologists to improve access and quality of the SRH service in Ethiopia. Consequently, during the last 19 years ESOG has undertaken a number of remarkable SRH activities by engaging its members, working hand in hand with FMoH and networking with other partners working in the area of SRH. The major focus of intervention includes Safe Motherhood, prevention of Mother to Child Transmission of HIV/AIDS, Prevention of Post-Partum Hemorrhage, Care for Survivors of Sexual Assault, improving access to quality CEmOC services, introducing national standards and guidelines.

http://esog-eth.org

The American College of Obstetricians and Gynecologists (ACOG) is the United States’ leading professional association of physicians focused on improving quality of health care for women in the US and globally throughout their lives. As a private, voluntary, nonprofit membership organization of more than 58,000 members, ACOG advocates for quality health care for women, maintains the highest standards of clinical practice and continuing education of its members, promotes patient education, and increases awareness among its members and the public of the changing issues facing women’s health care.

The Office of Global Women’s Health (OGWH) is driven by a desire to increase women’s access to quality health care globally by building provider skills, supporting implementation of high impact interventions, and scaling up proven solutions to decrease maternal mortality and morbidity. OGWH provides capacity building, knowledge sharing, collaboration, innovation, training, and quality improvement to improve delivery of care. Our vision is a world in which all women have access to quality health care throughout their lives.

www.acog.org/ogwh