

Review Article**The Ethiopian Society of Obstetricians and Gynecologists (ESOG)
And
The Quest for Optimal Sexual and Reproductive Health in Ethiopia.**

Asheber Gaym M.D. *

Abstract

Modern medical services provision in Ethiopia, including obstetric and gynecologic care, spans a little over a century. From a few expatriates and Ethiopian doctors in the early decades of the twentieth century, the number of obstetrician and gynecologists has currently risen to the hundreds, mostly Ethiopians, many of whom are at present serving the rural population of the country as well. The establishment of the Ethiopian Society of Obstetricians and Gynecologists (ESOG) fifteen years ago in 1992 has given increased vigor to efforts in improving the sexual and reproductive health of the Ethiopian population.

A brief overview of the history of obstetrics and gynecologic services and training in Ethiopia is presented. The events that led to the establishment of ESOG and its achievements or the lack thereof are also documented. It is hoped that this review will provide a bird's eye view of the passage of time and the achievements and challenges over the years to the new generation. The information will also help to strategize on further efforts that need to be made in the future to build on the achievements and amend shortfalls. Citations of key events and personalities of the successive periods are made. Of particular importance, the past activities of ESOG are presented, so that the present and future generations can plan on the future proceedings and undertakings of the Society in order to achieve its vision and historic responsibilities. (Ethiop.J.Repro. Health May 20071 (1), 54-74)

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Introduction

Ethiopia, an ancient country with a long history of independence- perhaps as long as the evolution of the homo sapiens- is also the seat of some of the world's ancient civilizations in record. The Axumite, Lalibela and other early civilizations centered in Ethiopia have gradually declined over the succeeding centuries to be followed by hundreds of years of isolation, introversion and stagnation that has persisted to the modern era. Hence, this once great country and its peoples have missed on most of the dramatic changes of recent civilization including the numerous benefits of the industrial revolution of the eighteenth century. At the turn of the twentieth century, this once great civilization found itself among the world's "backward" nations. The only significant exception was that its people have maintained their independence; an admirable, historic and astounding feat of great import to Ethiopians and people of African descent. This centuries old socioeconomic isolation and backwardness led to a poor state of health of its people without access to the

benefits of modern medical amenities. Women's health including their sexual and reproductive health (SRH) was and still is markedly poor; often compounded by gender bias and harmful traditional practices. This has led to a very high rate of maternal mortality and morbidity that has persisted to the present day.

Modern nation building initiated during the reign of Emperor Theodros and intensified by Emperor Menelik at the turn of the twentieth century gradually led to the introduction of Ethiopia to modern medicine; a process that has yet to reach the whole of the country. Although some expatriate medical practitioners have come to Ethiopia beginning from the sixteenth century, they have often catered for the royal families of the times, their entourage and the populace in the immediate vicinity. Access to organized modern health care for the population began with the introduction of the first hospital in Ethiopia, the Russian Red Cross Hospital (predecessor of the current Menelik II Hospital in Addis) in 1906¹. Although detailed information could not

be found, it can be assumed that some form of obstetric-gynecologic care was part of the medical care provided at this hospital. Expatriate physicians provided some form of modern health care mostly to the populace of Addis Ababa during the first half of the twentieth century, including the five years of Italian occupation. The evolution of modern maternity care in Ethiopia can be reviewed under three phases which include the early decades of the twentieth century, when maternity departments and hospitals were established in the country (mostly in Addis Ababa). This period included the first eight decades of the twentieth century. The establishment of the Graduate Program of the Department of Obstetrics and Gynecology of the Faculty of Medicine, Addis Ababa University was twenty seven years ago in 1980². It was a turning point in the expanded provision of specialized maternity care in Ethiopia. It has led to the increase in the number of gynecologists in the country from the handful of expatriates and foreign trained Ethiopians working mostly in

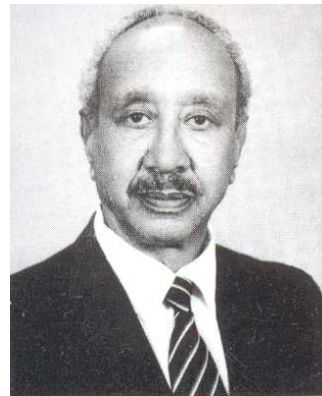
Addis Ababa at the time, to the hundreds working in the capital as well as in the various parts of the country today. Establishment of the Ethiopian Society of Obstetricians and Gynecologists (ESOG) in 1992 marks the third important milestone in specialty level SRH services, as it signaled the initiation of an organized, public health commitment to take up the challenge of improving the SRH status of the peoples of Ethiopia. It is heartening to see that this third and most important phase has gained momentum over the years as ESOG prepares to go forward with new initiatives to achieve its vision and missions.

The Early Decades- Establishment of maternity departments and hospitals in Addis Ababa

The initial Department of Obstetrics and Gynecology stationed in the first modern hospital in Ethiopia – current Menelik II Hospital - was transferred to the Yekatit 12 Hospital (then Emperor Haileselassie I Hospital) where it still provides various reproductive health care services until the present day in that same hospital.

With the construction of the Ghandi Memorial Hospital in Addis Ababa in the late 1950's and its inauguration in 1964, with the donations of Indian nationals residing in Ethiopia and a land gift made by Emperor Haileselassie I, the country had its first and still the only dedicated maternity hospital to date. Initially staffed by expatriate doctors and nurses including its first Director, the German Gynecologist –Dr Warner Boldt- Ethiopian staff gradually took over the provision of care beginning in the 1960's³. Dr Boldt is remembered as one of the earliest trainers of gynecologic care in Ethiopia credited with providing surgical training to the earliest Ethiopian gynecologists and establishing modern gynecologic care at Ghandi Memorial. Other expatriate staff of the GMH of the time includes Dr Stephen Gurovsky (Bulgaria), Dr Felix Schallner (Germany) and Dr Abigail Solomon (India) ⁴. Well remembered among the early Ethiopian staff at GMH is Dr Yohannes Workeneh, the first Ethiopian Obstetrician-Gynecologist to work at Ghandi Memorial (incidentally the first President of ESOG) beginning

in the early sixties. Dr Yohannes is also remembered as the son of the legendary Dr Martin (Hakim Workineh Eshete) – the first Ethiopian medical doctor in record. He also served as the President of the Ethiopian Medical Association and was the first President of ESOG at its establishment in 1992.



The late Dr Yohannes Workineh
1925-2003

Perhaps the first Ethiopian Gynecologist
and the
First President of ESOG

The other early institution providing obstetric and gynecologic services in the capital was the Princess Tsehai Memorial Hospital (current Armed Forces General Hospital), that was providing these services beginning in the 1950's. Well remembered among the early gynecologists working at Princess

Tsehai Memorial are the Hamlin's (Drs Reginald Hamlin (1908-1993) and Catherine Nicholson Hamlin) who have served Ethiopian mothers with dedication for the last five decades since 1959 and have received international acclaim for their services to the thousands of fistula victims at the Addis Ababa Fistula Hospital.



The Hamlins- Reg and Catherine

In addition to the Hamlin's, other senior expatriate obstetrician- gynecologists are also fondly remembered by present day senior Ethiopian gynecologists as the parents of modern obstetric-gynecologic care in Ethiopia. These early expatriates were responsible for training many of the now senior Ethiopian obstetrician-gynecologists and inculcating the art and verbatim of obstetric and gynecologic care being practiced in Ethiopia today. Professor Coralie Rendell- Short,

Professor S M Ross, Professor Rees, Dr A.P. Jackson, Dr Elisabeth M Duncan, Dr Olive Frost and Professor Peralta some of whom worked initially at Princess Tsehai Memorial and following its transfer in 1967 at Prince Mekonnen Memorial Hospital (now Tikur Anbessa Hospital) are remembered by many. They were the consultants that founded the Obstetrics and Gynecology Department of the Faculty of Medicine, HailSelassie I University (present Addis Ababa University), the first ever such department in Ethiopia ⁵. The earliest research publications on obstetrics and gynecology in Ethiopia were published in the Ethiopian Medical Journal by these founding parents in the early sixties (6, 7, 8).

Dr Olive Frost and Professor Peralta were the two instructors that initiated the Graduate Program at the Faculty of Medicine, Addis Ababa University (AAU) in 1980². Most gynecologists practicing in Ethiopia at present are the products of this program. A few foreign trained Ethiopian gynecologists also returned to Ethiopia and served during



Professor Coralie Rendle-Short
1910-2001

One of the early Obstetrician-Gynecologists that established the Department of Obstetrics and Gynecology, Haileselassie I University



Dr Olive Frost
MSc, M.F.P.H.M., FRCOG

One of the early Consultants at the establishment of the Obstetrics and Gynecologic Graduate Program at the Addis Ababa University

the 1960's and 70's. Among these is perhaps Ethiopia's first female Gynecologist, Dr Widad Kidanemariam, who served at the Yekatit 12 Hospital,

the Ghandi Memorial Hospital and in the Ministry of Health in various capacities until her untimely death in 1988. Dr Widad, whose gynecologic career in Ethiopia began in 1959, is also remembered for her efforts in founding the Family Guidance Association of Ethiopia and as the coauthor of the internationally acclaimed community based maternal mortality study in Addis Ababa, Ethiopia published in 1985⁹. Dr Guenet G/Selassie who served for many years at the Saint Paul's hospital was also one of the early female gynecologists in Ethiopia.

Expansion of Obstetric and Gynecologic Care – Establishment of the Addis Ababa University Graduate Program in Obstetrics and Gynecology

A health manpower study conducted by the Ministry of Health in 1980 showed that there were a few obstetrician-gynecologists in the country, almost all of them residing in Addis Ababa¹.



Dr Widad Kidanemariam
1935- 1988

The first female Ethiopian Gynecologist and founding member of the Family Guidance Association of Ethiopia.

Of the 42 gynecologists then present, 34 were expatriates and only 8 were Ethiopians. The establishment of the Graduate Program of the Addis Ababa University Medical Faculty in 1980 marked a turning point in the expansion of reproductive health care in Ethiopia at the level of specialists. Officials of the then Ministry of Health and the Faculty of Medicine deserve credit for taking the bold decision to initiate the program despite a long list of perceived and actual, seemingly impossible hurdles faced at the time. From the handful specialists then present, the number of gynecologists has grown to well over a hundred at present. This has led to a marked improvement in the health

manpower available in Addis as well as expansion of the service to some rural areas; a fact which was unthinkable just a few decades ago. The program has also enabled the Department of Obstetrics and Gynecology at the Addis Ababa University (AAU) to stand on its feet. The graduate program has rapidly Ethiopianized, with the recruitment of most of its early graduates as academics at the Faculty. Dr Seyoum Yoseph is remembered as the first Ethiopian Department Head who chaired the graduate program during its tender years. Dr Seyoum together with Dr Mekonnen Bekele, also an early academic admired and respected by many of the early graduates are regarded as the individuals who enabled graduate training in Obstetrics and Gynecology to take root in Ethiopia.

In addition to the graduate expansion at AAU, many doctors received scholarships abroad due to the amicable relationships developed between Ethiopia and the then Eastern Block countries following the 1974 revolution.



Dr Seyoum Yoseph

First Ethiopian Chair of Department of
Obstetrics and Gynecology,
Addis Ababa University;
ESOG President 1996-1998



Dr Mekonnen Bekele

One of the Senior Consultants of the
AAU Obstetrics and Gynecology
Graduate Program

A substantial number of obstetricians
and gynecologists trained in the Soviet

Union, Cuba, East Germany and other
Eastern European countries came back
to practice in the field. The increased
number of specialists that followed the
initiation of the graduate program and
scholarship returnees from abroad
eventually provided the critical mass of
professionals that led to the
establishment of ESOG in 1992.

Research efforts in the area of
reproductive health began in earnest in
the 1960's and 70's with the earliest
publications by the founding expatriate
parents mentioned above. The landmark
maternal mortality study of Barbara
Kwast- a senior public health specialist
that worked in Ethiopia in the 70's and
80's- in collaboration with senior
gynecologists, that studied community
maternal deaths in Addis Ababa,
indicated a very high rate with a
significant contributions from unsafe
abortion.



Dr Barbara Kwast

Author of the 1985 landmark maternal mortality study in Ethiopia.

This was later confirmed by many hospital based studies as well. These few early studies indicated the heavy load of maternal illness in the country and the need for more concerted efforts and attention to maternity care. These in country evidences and the increased international awareness of the burden of maternal mortality that led to the launching of the international Safe Motherhood Initiative at the Nairobi conference in 1987, eventually led to the momentum that culminated in the establishment of ESOG in 1992.

Partnership and bracing for the Bigger Challenge- Founding of ESOG

By the early 1990's the number of obstetrician-gynecologists in Ethiopia

has grown to a little over seventy. There was an increasing awareness among the then specialists that the status of women's health in the country was dismal and the challenge of SRH provision was daunting. It was abundantly clear that individual efforts at clinical care with the few professionals in the country was not going to achieve many results and that the national task of improving women's health required concerted efforts in advocacy, team work and organizational efforts. There was also the realization that the problem needed focus at the national level and required tackling from the policy level down to improving health care provision.

The establishment of ESOG (the first specialty society in Ethiopia) in 1992 originated from these convictions and from the commitment of the seventy or so gynecologists then present; towards the improvement of SRH in Ethiopia. The then Minister of Health, Dr Adanech Kidanemariam also actively supported its establishment with close collaboration with the initiators of the idea. ESOG's vision was clearly

articulated at its founding conference as “the achievement of optimum sexual and reproductive health to the Ethiopian people”. That aim still stands and serves as the yardstick for measuring success or failure for present and future members of the society.

Due to the dedicated efforts of its members and the commitment of the successive Executive Committees during the years, the society has achieved considerable strength and commendable results towards improving SRH in Ethiopia. Its annual conferences conducted without interruption over the years have raised important themes on SRH in Ethiopia, serving as important venues for the entire SRH community to exchange relevant and timely information. Important consensus and recommendations have originated from these conferences that have led to efforts in improving areas of reproductive health. The themes of the annual conferences are listed below. Proceeding publications exist for each conference which can be accessed at the societies website or procured as hard copy from the office.

1. Second annual conference- 1994- Status of Abortion in Ethiopia.
2. Third annual conference- Essential Obstetric Care- 1995.
3. Fourth Annual Conference- 1996- Adolescent Reproductive health Issues in Ethiopia.
4. Fifth Annual Conference- 1997- STI, HIV/AIDS in Women.
5. Sixth Annual Conference- 1998- Violence against women.
6. Seventh Annual Conference- 1999- Illegal and unsafe abortion in Ethiopia.
7. Eighth Annual Conference- 2000- The Role of NGOs in supporting RH/FP services in Ethiopia.
8. Fourth ECSAOG’s Conference- 2001- Taking RH to the People.
9. 10th Annual conference- 2002- Violence against women.
10. 11th Annual Conference- 2003- Integration of PMTCT into SMP.
11. 12th Annual Conference- 2004- Promoting skilled attendance at delivery- a call for action
12. 13th Annual Conference- 2005- MDGs in relation to National

Strategy of RH: Challenges and opportunities.

13. 14th Annual Conference- 2006-
Implementing Best Practices-
The Way Forward

The following members served as the Presidents and Honorary Secretaries of ESOG in the past fifteen years. They performed their duties as part of their civic responsibilities without any financial remuneration whatsoever. Their services have maintained the society during its difficult early years when there were no office facilities or projects to be undertaken. It is to be hoped that the present and future generations will take inspiration from their dedication in moving the society forward during the coming decades.

Presidents of ESOG (1992-2007)

1. Dr Yohannes Workineh – 1992-94
2. Dr Adane Gossa – 1994-1996
3. Dr Seyoum Yoseph – 1996-98
4. Dr Tekleab Mekbib – 1998-2000
5. Dr Zufan Lakew- 2000-2002
6. Dr Feiruz Surur- 2002-2003

7. Dr Abdulhamid Isehak- 2003-2004
8. Dr Solomon Kumbi-2004-2006
9. Dr Asheber Gaym -2006-

Honorary Secretaries of ESOG (1992-2007)

1. Dr Tekle-Ab Mekbib- 1992-94
2. Prof Lukman Yusuf- 1994-96
3. Dr Michael Isehak- 1996-98
4. Dr Getenet Abebe- 1998-2000
5. Dr Yirgu G/Hiwot – 2000-02
6. Dr Abdulhamid Isehak – 2002-03
7. Dr Biruk Tafesse- 2003-2004
8. Dr Nuru Abseno – 2004- 06
9. Dr Asheber Getachew – 2006-

ESOG has undertaken several national projects on SRHR that have yielded considerable results including some that can be mentioned as best practices in SRH. The first RH project undertaken by the society was the Ambo Save the Mothers Project (1998-2003) that introduced and strengthened emergency obstetric care (EmOC) to Ambo hospital and referral health centers in West Shoa zone of Oromia Regional State. The project achieved increased utilization of

maternity care in the zone and reduction of case fatality rates from the very high baseline levels. Other projects undertaken by the society include the Prevention of Post Partum Hemorrhage Project (PPH) that introduced active third stage management of labor into many health care facilities in the country and into health training curricula. The PPH prevention project conducted in collaboration with Intrahealth International has produced an important guideline on active management of the third stage of labor widely used in the country at present. The Mainstreaming Emergency Contraception Project conducted in collaboration with EC Afrique and the Concept Foundation introduced the first dedicated EC the levonorgestrel based preparation - Postinor 2- into the country by rounds of training and service delivery. The ESOG-International Federation of Gynecology and Obstetrics Sexual and Reproductive Rights project has resulted in the first ever Guideline on the Management of Sexual Assault in Ethiopia and the establishment of a Model Clinic for Victims of Sexual

Assault in Addis Ababa. The **ESOG-Packard Safe Motherhood and RH** Project is implemented at three regions of the country with the main objective of improving (EmOC) provision at several referral levels. The project is made possible with the generous financial assistance of the David and Lucile Packard Foundation.

Through all these and other activities, the society has developed a strong working relationship with the Ministry of Health, Ethiopia; the International Federation of Obstetrics and Gynecologists (FIGO) and numerous sister societies in the world. ESOG has established a strong national reputation among the local SRH community in the country. It has revised its constitution three times and formulated a five years strategic plan until the year 2010. It has nearly doubled its membership base. It is currently engaged in strengthening its organizational structure with the development of various office administrative, procedural, project management, accounting and procurement manuals to strengthen its organizational capacity. The Executive

Board has recently decided to begin taking steps to organize local chapters in various parts of the country as stipulated in its constitution. Initiation of efforts towards publication of a scientific journal in the area of SRH has begun and the society hopes to issue the first volume of “The Ethiopian Journal of Reproductive Health” sometime in 2007. ESOG has also established a Sexual and Reproductive Health and Rights Research Unit within the society’s premises to utilize the huge potential of the society in the area of SRH research. The future challenges to the society include continued establishment and strengthening of local chapters; strengthening of the SRHRU (a Research Institution on SRH- the first one for Ethiopia) and increased engagement of the society in the overall social and professional well being of its members.

It is worth emphasizing on some of these future directions and strategies that ESOG might pursue in greater detail to highlight their significance towards enabling the society to achieve its mission.

1. Establishment of Local Chapters-

The ESOG constitution stipulates that the society shall organize chapters (branches) in various parts of the country to implement its objectives. This has not materialized so far as strengthening the main society premises in Addis in terms of offices and essential experiences in project management and partnership building took most of the decade and a half of its existence. At present, the society has established a firm basis in office organization and management and accumulated extensive experience in SRH related project management. The current Executive Board has taken the decision that the time is ripe to begin the constitution of local chapters in various locations of the country based on the availability of members. These local chapters are expected to organize themselves and begin undertaking the mission of ESOG in their respective localities. Detailed modalities of the relationships between the local chapters and the parent society are in the process of development at the moment. The formation of local chapters is going to

aid ESOG activities in many ways as outlined below.

Local chapters will give ESOG the power to plan and execute its activities at the grassroots level and cover the country much more effectively than from a single office located in the capital. This is specially important and urgent as the country is large and population size is increasing over the years. The SRH challenges in specific communities are also diverse requiring locality specific actions to tackle. They also enable the society to communicate with the Regional and Local health beaureaus at different levels as the need arises.

The second advantage of local chapters is in the execution of ESOG projects as the society is currently facing difficulties in the execution, monitoring and evaluations of projects particularly when they are far away from the capital. Local chapters will take these responsibilities in their respective localities and thereby improve the success of these projects. Involvement of members in the various projects and a sense of collective

ownership will also be enhanced in the process.

The third advantage is in providing the society to have an organized presence throughout the country thereby making it a unique and indispensable organization with the capacity in undertaking national research or intervention projects relevant to SRH. It is because of these clear advantages that the Executive Board urges all members to act in a determined fashion towards the success of this undertaking.

2. Establishment of the ESOG Sexual and Reproductive Health and Rights Research and Training Unit- Perhaps the major strength of ESOG is the fact that it has the highest concentration of highly specialized human resources in the area of SRH in Ethiopia. This gives it a major advantage in research capability particularly in national SRH research projects as its members are distributed throughout the country. The Society has already accumulated extensive experiences in national SRH related research in the National Abortion Survey it conducted in 2002 as well as

the many operational researches it conducts as part of its projects.

The Executive Board has recently established a SRHR research unit within the society. To this end, it has employed a data manager as well as equipped the unit with essential IT technology and data processing capability. Activities are underway to introduce the unit and its comparative advantages to the numerous partners in the country. ESOG hopes that this will enable its many able members to contribute their enormous potential to the national SRH research efforts which they have not been able to do so due to the limited institutional capability they face at their respective institutions. This activity is naturally suited to ESOG and will create a venue in which the society can make its unique mark in the national effort towards optimal reproductive health to the Ethiopian people. Therefore it is prudent that all members of the society contribute their utmost to enable this unit to achieve its stated vision.

3. Strengthening the “Ethiopian Journal of Reproductive Health”- ESOG has decided and taken steps to begin publishing its journal; a

culmination of the efforts of successive generations of ESOG members over the years. As a new and fledgling journal, it needs the dedicated support of all members in contributing articles to the journal and the editorial board to sacrifice unreservedly to make the journal the major SRH communication channel in the country, which the Executive Board of ESOG strongly believes it has the potential to eventually be.

4. ESOG’s active engagement in ascertaining its members rights in the professional and working environment arenas- The primary impetus for the formation of ESOG has been the concern of its members on the alarmingly poor maternal health status in the country. To this end, its constitution, strategic plan and major societal activities over the years have focused on this major objective of the society. Nevertheless, one of the natural reasons for the formation of a professional society is to uphold and stand for the respect of its member’s rights and livelihoods and work towards that end. Historically, professional medical

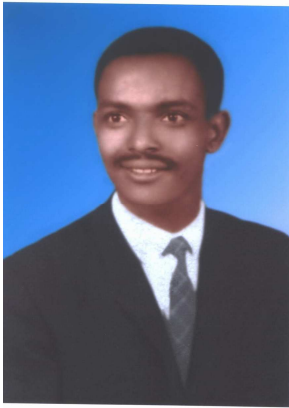
societies in Ethiopia including the oldest – the Ethiopian Medical Association – have not made enough efforts towards this end. This, despite the increasingly difficult and progressively worsening living standards and working conditions of medical doctors in the country and the resulting massive emigration of doctors abroad.

This apparent indifference of professional societies to their members' welfare has led to a progressive lack of faith in the relevance of these societies with a resultant continuous decline in the number of memberships. This has been clearly apparent in the membership profile of EMA.

The Executive Board of ESOG has taken the decision to constitute a "Member's Affairs Committee" to study ways in which the society can actively engage in

ensuring that its members livelihoods and rights are improved.

This and other activities currently underway, will surely aid in further strengthening the society in the coming years. The challenge is for all its members towards constructive engagement to build on good experiences and correct mishaps. Particular onus lies on the younger generation, who are the majority and to whom the future of the profession belongs. The call is out for them to come to the fore and assume the responsibility of improving the lives of millions of Ethiopian women, present and future.



Dr Adane Gossa
1994-96



Dr Tekleab Mekbib
1998-2000



Dr Zufan Lakew
2000-2002

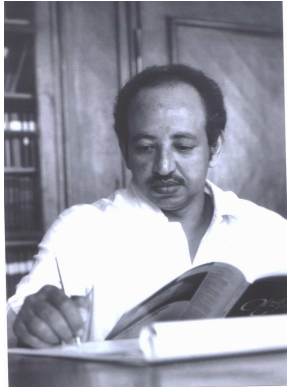


Dr Feiruz Surur
2002-2004

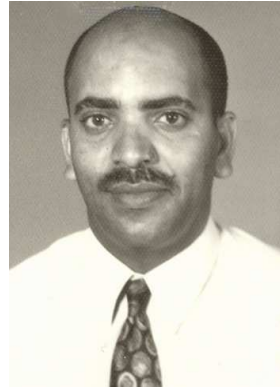


Dr Solomon Kumbi
2004-2006

Presidents of ESOG



Professor Lukman Yusuf
1994-96



Dr Michael Isehak
1996-1998



Dr Getenet Abebe
1998-2000



Dr Yirgu G/Hiwot
2000-2002



Dr Abdulhamid Isehak
2002-2004



Dr Nuru Abseno
2004-2006

Honorary Secretaries of ESOG since its establishment



A rare group photograph showing a partial congregation of ESOG members

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