

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

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## Message from the President

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Dear Esteemed Members, Colleagues, and Partners,

I am delighted to extend my warmest greetings to each of you as I reflect on the remarkable strides and impactful initiatives undertaken by the Ethiopian Society of Obstetricians and Gynecologists (ESOG) during this quarter. Our commitment to advancing maternal and perinatal health in Ethiopia remains unwavering, and I am proud to share the highlights of our recent activities.

At the heart of our efforts is the collaborative project with the Ministry of Health, aiming to scale up self-care policies and practices in the national health system. The launch event, held on June 20, 2023, marked a pivotal moment in our journey towards empowering individuals with autonomy and control over their healthcare. By establishing the National Self Care Network (NSN), we envision a coordinated advocacy strategy at both national and subnational levels. This inclusive network, comprising representatives from diverse sectors, is poised to drive positive transformation by enhancing service coverage, reducing disparities, improving quality, and optimizing the efficient use of healthcare resources.

In May 2023, ESOG dedicated its advocacy efforts to raising awareness about preeclampsia, a significant contributor to maternal and perinatal mortality. Our commitment to this cause is underscored by ongoing projects, including a pilot study in collaboration with the University of Illinois. The study aims to demonstrate the operational feasibility of a urine point-of-care test, the Congo Red Test, for early identification of preeclampsia in Ethiopia and Uganda. Through such initiatives, we strive to address the critical need for diagnostic tools suitable for low and middle-income countries, ensuring timely intervention and ultimately saving lives.

ESOG's commitment extends beyond projects and initiatives; it encompasses advocacy for increased investment in public health, access to quality preeclampsia care, and continued access to reproductive health services. We persist in our efforts to educate professionals and communities through various channels, including continuous medical education, scientific publications, social communication platforms, weekly radio programs, and newspaper columns.

## ESOG Launches Self Care Project



The Ethiopian Society of Obstetricians and Gynecologists (ESOG) in collaboration with the Ministry of Health (MoH) launched a project entitled- Support for the scale-up of self-care policy and practice in the national health system by national and sub-national advocacy planning and implementation.

The project was launched on an event held at Inter Luxury Hotel on June 20, 2023.

The main objective of the project is to establish and support NSN, which will coordinate self-care advocacy at the national and subnational level to transform healthcare systems to ultimately achieve autonomy, power, and control of health care in the hands of individuals.

By implementing the project ESOG hopes to increase service coverage and access, reduce health disparities and inequity, increase quality of services, improve health and social outcomes, and reduce cost and efficient use of healthcare resources and services.

The project also foresees the establishment of National Self Care Network, which is expected to lead a consultative process to define a coordinated advocacy strategy for self-care. Members of the Network are expected to include representatives of multilateral and bilateral organizations, private foundations, govern-

ments, civil society, intergovernmental and non-governmental organizations, advocacy groups, research and academic institutions, and the private sector.

MoH and ESOG have proposed NSN member organizations: From the Government, MOH (Maternal, Child & Adolescent Health Service Lead Executive Office), Ethiopian Public Health Institute (EPHI), Professional Societies, ESOG, Ethiopian Midwives Association (EMwA), Ethiopian Public Health Association (EPHA), Intergovernmental:-WHO, UNFPA, UNICEF, Non-governmental organizations:- EngenderHealth, PATH, Ipas-E, PSIE, Pathfinder, MSI-E, JHPIEGO, AMREF, local non- governmental organizations: Family Guides Association of Ethiopia, St. Paul Institute for Reproductive Health and Rights (SPIRHR), The Consortium of Reproductive Health Associations (CORHA), and Academic institutions:- St. Paul's Hospital Millennium Medical College (SPHMMC) and Emory University.

The launching event was attended by health care professionals and program officers from associations, NGOs and MoH including H.E. Dr. Meseret Zelalem, Director of maternal and child health and nutrition directorate, Ministry of Health.

## ESOG's Response to Preeclampsia



Ethiopian Society of Obstetricians and Gynecologists  
Preeclampsia: ESOG's Advocacy Agenda for the month of May, 2023

Most maternal deaths in Ethiopia are linked to preventable causes such as post-partum hemorrhage (PPH), preeclampsia and sepsis as major contributors. Preeclampsia is a pregnancy-specific hypersensitive disorder and is the second leading cause of maternal and perinatal death of nearly 76,000 mothers and 500,000 infants throughout the world every year. World Preeclampsia Day, celebrated globally on May 22 every year, aims to raise awareness about preeclampsia. It also highlights the importance of early symptom recognition as this life-threatening pregnancy complication can occur rapidly without any warning signs.

In resource limited settings, for example in low and middle-income countries (LMIC) where the disease is less likely to be recognized, the risk of maternal death is approximately 300-fold higher than in developed countries.

Most preeclampsia-related deaths and other harmful outcomes are the result of a delay in diagnosis or misdiagnosis. If identified early, effective management and treatment can reduce the risk of maternal and fetal death. The chief problem is that currently there are no preeclampsia-specific diagnostic tests suitable for LMIC. Diagnosis depends on the non-specific symptoms of high blood pressure and protein in the urine. However, the urine protein dipstick is an unreliable and poor predictor of preeclampsia. Further-

more, blood pressure is challenging in LMIC where there may be limited screening, unavailable or poorly calibrated devices, and inadequate provider training. Another impediment is that the current diagnostic guidelines for severe preeclampsia are based on tests which require repeated blood analyses and sophisticated equipment and thus are impractical in LMICs. There is a clear need for a protocol suitable for LMICs to identify women who need care for preeclampsia.

The discovery of unique misfolded proteins in the urine of women with preeclampsia has led to a novel diagnostic approach that could address this need. A commercially manufactured, yet simple, urine point-of-care test for rapid testing and identification of women with preeclampsia was developed. The feasibility studies of diagnosing preeclampsia with this test in LMIC hospitals in Bangladesh, South Africa, and Mexico were completed during 2018 and laid the groundwork for urine point-of-care test. From these prior studies in LMICs and comparing with what was found in the U.S. using the same test, it was learned that most of the women triaged at tertiary centers in LMICs already have severe disease. In other words, by the time these women reached the tertiary hospital, it was already too late. Therefore, for optimal impact, it was needed to investigate implementing the test in the routine antenatal care (ANC) setting at primary and secondary level facilities. Identifying preeclamptic women there can facilitate getting them directly to a hospital properly equipped to take care of women with severe preeclampsia prior to the onset of end-organ damage, thereby saving lives.

Through partnership with University of Illinois ESOG is currently conducting a pilot study aimed at demonstrating operational feasibility of urine point-of-care test (Congo Red Test) for rapid testing and identification of women with preeclampsia in Ethiopia and Uganda. The evidence generated from the study could be used to develop preeclampsia protocols which would enable early identification of preeclamptic women in LMICs.

Congo Red Test – Reducing Preeclampsia Morbidity and Mortality through Clinical Protocols Incorporating the Urine based Test with the main objective of documenting the feasibility and acceptability to perform and interpret the Congo Red Test, a diagnostic test, by health care workers at selected health facilities.

In 2009, ESOG launched a project entitled- Magnesium Sulphate use for prevention of Preeclampsia and Eclampsia related mortality in Ethiopia.

## ESOG's Response....

The objective of the project was to contribute towards the reduction of maternal mortality by introducing Mgso4 in all public hospitals in Ethiopia. The project started in April 2009 and ended in July 2011. The activities included training of Obstetricians and Gynecologists, General practitioners, Health Officers and midwives, an advocacy on magnesium sulphate at the ESOG 2010 annual conference, data collection in 24 hospitals selected for audit and distribution of Mgso4 drug.

ESOG strongly supports the initiative taken by FMOH in collaboration of with OB-GYN department of SPHMMC in commemorating the 2nd celebration of World Preeclampsia Day in Ethiopia under the theme: 'Move Preeclampsia Research Forward'.

As always, health care workers including members of ESOG nationwide keep helping preeclampsia patients by contributing, fundraising, or volunteering to the concerted national efforts to improve equity and quality of preeclampsia care for better maternal and perinatal outcomes in the country through partnership with concerned stakeholders.

ESOG supports the prioritization and sustainability of preeclampsia research for pregnant and postpartum women affected with hypertensive disorders by advocating for additional partnership for research including through implementation of recommendations outlined by Specific evidence to [preeclamptic Pregnant and Postpartum Women.

ESOG supports increased investment in public health by advocating for additional partnership with concerned stakeholders or funding, for Expansion of federal and regional public health initiatives focused on improving preeclampsia care and for Additional resources for data collection and program evaluation to identify successful preeclampsia care

programs and facilitate implementation at a scale significant to impact population health.

ESOG supports access to appropriate preeclampsia care by advocating for increased access to prenatal and postnatal care, for access to telehealth services, for access to the full range of maternity care providers necessary to achieve optimal outcomes, for appropriate quality metrics and data collection methods to improve outcomes and care, for securing Universal Health Coverage and essential health services package, and by opposing efforts that are not in line with ESOG's vision and mission: 1. All pregnant, postpartum women and newborns would have affordable health coverage that provides all medically necessary, situation-appropriate benefits that promote healthy pregnancies and perinatal development, 2. All pregnant, postpartum women and newborns would have access to the full range of appropriate health care providers, including specialists and facilities throughout their pregnancies, 3. All pregnant, postpartum women and newborns would have continuous, consistent coverage with no gaps in care

ESOG supports continued and unrestricted access to reproductive health services by advocating for increased access to family planning and safe abortion care to pregnant and postpartum women affected with preeclampsia/eclampsia for optimal maternal and perinatal outcomes and for Full coverage of and access to contraception to preeclamptic women.

ESOG continues educating the professionals and the community through the various educational activities including continuous medical educations, scientific publications, social communication platforms, weekly radio programs and newspaper columns to increase awareness about preeclampsia.

Executive Board

## The President's Message Cont'd

As we move forward, ESOG remains dedicated to its vision of ensuring affordable health coverage for all pregnant, postpartum women, and newborns. We will continue advocating for universal access to quality healthcare, comprehensive reproductive health services, and the prioritization of preeclampsia research.

In closing, I express my gratitude to each member, partner, and supporter of ESOG. Your commitment and enthusiasm drive our collective efforts to make a lasting

impact on maternal and perinatal health in Ethiopia. Let us forge ahead with determination, knowing that our work today paves the way for healthier, more empowered communities tomorrow.

Wishing you all continued success and fulfillment in our shared mission.

Sincerely,