

# Leadership in Obstetrics and Gynaecology and Contribution to the Millenium Development Goal 5



## Taylor D J

FIGO Leadership in Obstetrics and Gynaecology for Impact and Change (LOGIC) Initiative

*“Leadership is ultimately about creating a way for people to contribute to making something extraordinary happen!”*

In 2012, the World Health Organisation (WHO), the United Nations Children’s Fund (UNICEF), the United Nations Population Fund (UNFPA) and the World Bank estimated that the number of women dying due to complications during pregnancy and childbirth had declined from 546,000 in 1990 to 287,000 in 2010.<sup>2</sup> This reduction in mortality was consistent with that which had been reported by the same organisations in 2010 i.e. 358,000 deaths in 2008.<sup>3</sup> Hogan et al, earlier the same year had reported a reduction in deaths to 342,000 deaths in 2008, down from 526,300 deaths in 1980.<sup>4</sup> Although, the overall decline is welcomed, the mortality in developing countries is still dire, with sub-Saharan Africa and South Asia accounting for 85% of all deaths. The maternal mortality ratio (MMR) in 2010 was 500 in sub-Saharan Africa and 220 in South Asia. Notwithstanding this progress, it is insufficient for the United Nations Millennium Developmental Goal (MDG) 5A (reduce the maternal mortality ratio by three quarters from the 1990 baseline) to be achieved by 2015. The disappointing progress towards MDG 5A is a reflection of many factors, but low prioritization of women’s health care on political agendas, and consequent low investment in the relevant services is a universal factor.

The reasons for this low prioritization arise from a lack of awareness of the scale of the problem; the perception that the challenges to improve care are too difficult or

two expensive to solve, which they are not; the case for investment has not been made, particularly the benefits to the long term health of a nation’s social and economic development from the health and wellbeing of women and children; and perhaps most importantly, women have historically lacked advocates to promote their agendas, their needs and demands in policy fora. It can be argued that one organisation above all others could advocate and overcome the reasons for low prioritization of women’s health care i.e. the national professional associations of Obstetrics and Gynaecology.<sup>5</sup>

The Partnership for Maternal, Newborn & Child Health articulated the potential contribution of health professional organisations to the achievement of the MDGs 4 & 5 in 2007.<sup>6</sup> “Strong professional organizations provide leadership. They set standards of education, practice and professional competency assessment, and can work together with governments and other stakeholders in setting and implementing health policies to improve the health of women, newborns, children, and adolescents. However, the ability of professional associations to make such contributions depend on individual organizational and institutional capacities at country level. This is especially true in resource-poor settings, where the vast majority of maternal, newborn and child deaths and morbidity occur”. A decade earlier, the Society of Obstetricians

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## CORRESPONDENCE

Prof. David J Taylor, MD, FRCOG  
 Director of the FIGO Leadership in Obstetrics and  
 Gynaecology for Impact and change (LOGIC) Initiative  
 FIGO Secretariat, FIGO House, Suite 3 - Waterloo Court,  
 10 Theed Street, London, SE1 8ST, UK  
 Email: davidtaylor@figo.org

and Gynecologists of Canada (SOGC) had recognised the potential contribution of national professional obstetrics and gynaecology associations to improving women's health care and initiated a Partnership Programme to increase the capacity of three in 1998.<sup>7</sup> These were the Association of Obstetricians & Gynaecologists of Uganda, Uganda,<sup>8</sup> Asociación de Ginecología y Obstetricia de Guatemala, Guatemala and Societe Haitienne d' Obstetrique et Gynecologie, Haiti.

Arising out of that work, the International Federation of Obstetrics & Gynaecology (FIGO), with a grant from the Bill & Melinda Gates Foundation has been developing the organisational capacity of eight national professional organisations of Obstetrics & Gynaecology in eight countries, to enable them to contribute to improvements in maternal health through policy and practise.

### **FIGO Leadership in Obstetrics and Gynaecology for Impact and Change (LOGIC) Initiative**

The FIGO-LOGIC Initiative was launched at the XIXth FIGO World Congress in Cape Town, South Africa in 2009. The goal and selected objectives are as follows:

#### **Goal**

To improve policy and practice by strengthening FIGO Member Associations (MAs) and using their position and knowledge to facilitate and contribute to these improvements, leading to better maternal & newborn health (MNH) for under-served populations in low and middle resource countries.

#### **Objective One**

Evidence informed policy, strategy and action plans on MNH influenced and supported through MAs advocating to raise and maintain awareness of and investment in MNH and engaging in dialogue with health sector stakeholders. (Policy Influence)

#### **Objective Two**

Progress made in delivering evidence informed policy, strategic objectives and operational/annual plans with MA's active role in implementation, monitoring and evaluation. (Practise Improvement)

#### **Objective Three**

National and sub-national MA organisation strengthened to enable effective participation in national and sub-national strategic and operational for a related to MNH. (Capacity Building)

The eight participating professional associations are: SOGOB, Burkina Faso; SOGOC, Cameroon; ESOG, Ethiopia; FOGSI, India; AMOG, Mozambique; NESOG, Nepal; SOGON, Nigeria and AOGU, Uganda.

Under the auspices of FIGO-LOGIC, NESOG has made significant capacity improvements. NESOG developed its first Strategic Plan, which was ratified on 31st March 2012 at the XII th Annual Conference in Chitwan. Underpinning this plan, has been the amendment and adoption of the NESOG constitution. Perhaps, the developments with the most impact have been those to increase the effectiveness of communication with the members of NESOG. These include the publication of new member details in the annual conference program and newsletter; free distribution of the Nepal Journal of Obstetrics & Gynaecology bi-annually; enhancing the communication systems in the NESOG office so that members can be communicated with by email and SMS, these systems have been used to elect the 2013 Officers and Executive; upgrading of the NESOG website; adoption of a Facebook page; siting, for the first time, the annual conference and other post-graduate educational programs outside the Kathmandu valley. These communication innovations are a paradigm for developing professional organisations. .

Amongst the contributions to improved maternal and newborn care by NESOG, under the auspices of FIGO-LOGIC have been new services in Dhankuta, maternal health guidelines, maternal and perinatal death reviews and near miss reviews. At policy level, NESOG is consistently and strongly referenced as a key partner. Indeed, advocacy and support of government and partners in policy development has been seen as one of the strengths of NESOG throughout the FIGO-LOGIC support period. This places NESOG in a strong position to influence maternal health policy and practice, as Nepal seeks to achieve MDG 5.

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