

# OPPORTUNITIES AND INNOVATIONS IN WOMEN'S HEALTH GLOBALLY

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## **Building academic partnerships to reduce maternal mortality**

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**Background:** Maternal morbidity and mortality remain high in low-resource settings. In sub-Saharan Africa (SSA), a 41% reduction in the maternal mortality ratio from 850 in 1990 to 500 in 2010 is incomplete progress. The Millennium Development Goal of reducing maternal mortality by 75% by 2015 will not be met. Capacity-building efforts to reduce maternal mortality have focused on the training of midwives, general physicians and increasingly on non-physicians to perform C-sections and other specific "tasks." These efforts have been effective in addressing many of the issues facing pregnant women, but for complicated pregnancies, comprehensive obstetric care at high level and quality can only be provided by an obstetrician/gynecologist. Sustainable increases in OBGYN capacity must occur in SSA to reduce maternal mortality to the levels seen in other settings, eliminate obstetric fistul, and improve women's health. In many SSA countries, OBGYN post-graduate training programs are either weak or nonexistent. Examples exist of academic partnerships between OBGYN departments in high- and low-resource countries that train physicians to become certified specialists in their home countries. They are associated with high in-country retention creating the potential for academic/clinical capacity to provide comprehensive OBGYN care to all women.

**Structure/Method/Design:** During the International Federation of Gynecologist and Obstetricians meeting in Rome, Italy in 2013, academic obstetricians/gynecologists from SSA and the United States met to discuss the current status of OBGYN training in SSA and create a Call to Action and Way forward to train 1000+ OBGYNs in SSA in the next 10 years. Proceedings from the meeting, entitled Building Academic Partnerships to Reduce Maternal Mortality describe the status of post graduate training in some SSA countries, with an emphasis on successes in Ghana. In a follow-up meeting planned for February 2014, OBGYNs from 14 SSA countries representing 17 SSA OBGYN departments with their American OBGYN counterparts, along with representatives from Ministry of Health and Ministry of Education, professional organizations and funders will meet to create plans to start or enhance postgraduate training in obstetrics and gynecology to train 1000+ obstetricians/gynecologists in the next 10 years and measure the impact.

**Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract):** Numerous

**Summary/Conclusion:** Every country requires a base of academic OBGYNs to inform policy, provide advocacy, conduct essential research, and train the next generation. Academic obstetrics and gynecology department collaborations—through direct partnerships and collectively through collaborative networks—can provide the context to comprehensively improve capacity in SSA to address development goals of reducing maternal mortality as well as creating the potential to comprehensively improve women's health.

## **Building confidence and trust in preventive women's health: Discussion from a campaign in a small Andean community**

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**Background:** In Peru, Pap smear coverage remains low, ranging from 7% to 42.9%. Because primary care is essential to primary and secondary prevention of many gynecologic malignancies, limited use presents a public health problem. One hypothesis is that a general lack of trust with the health system has created a barrier for women to seek primary care.

**Structure/Method/Design:** Since 2008, an annual medical campaign has been conducted in a remote Andean district of Peru through a partnership with the district health post. A women's health clinic was included in 2010. Services provided include wellness visits, pelvic and breast exams, Pap smears, and urgent care. Provider ≠ patient interactions emphasize the patient narrative, and principles of empathy, self-efficacy, and future planning are implemented.

**Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract):** Richmond Global Health Alliance  
PAN Peru

**Summary/Conclusion:** The number of pelvic exams and Pap smears performed during the women's health clinic has increased since its initial implementation. Additionally, the clinic sees a large proportion of patients who return from past years, and the ability to teach preventive and self-care has increased greatly.

The consistency in providers through the 4 years of the women's health clinic has engendered comfort and trust, which has increased the amount of pelvic exams and Pap smears performed, as well as the ability to teach self preventive care. Additionally, patient—provider interactions focused on the patient narrative and motivated behavior change could explain patients returning from past years. Future directions will build on our initial trust-building and require the application of evidence-based care, selected increase in clinic capabilities, and epidemiological investigation.

## **Acting locally to address global sex trafficking**

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**Background:** Trafficking of women and girls for commercial sexual exploitation into and within the United States is a serious public health problem. New York City is a hub for trafficking with many victims forced to work in massage parlors and underground brothels, or as streetwalkers.

We organized a campus-community conference —Hidden in Plain Sight: Sex Trafficking in NYC—with the goal of creating a local network to address this issue using the socioecological model.

**Structure/Method/Design:** Using social media as well as targeted outreach to community, academic, and professional networks, we drew over 70 representatives from health care, law enforcement, community-based organizations, and social service organizations. Attendees participated in discussions with experts in human trafficking in general and sex trafficking in particular.

Participants then generated recommendations for action within workshops on (1) working with victims in a clinical setting, (2)