

GENEVA FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH

WHO Collaborating Centre in Education and Research in Human Reproduction



ANNUAL REPORT 2013

www.gfmer.ch

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Preface by the president

The Geneva Foundation for Medical Education and Research (GFMER) is a non-profit organisation established in 2002. It is supported by the Republic and Canton of Geneva and the City of Geneva and works in close collaboration with the World Health Organization (WHO). GFMER is a WHO Collaborating Centre in Education and Research in Human Reproduction.

In 2013 the foundation and its partners launched for the fourth consecutive year, the distance training / online course on sexual and reproductive health research: a total of 186 health professionals from 52 countries attended the training program.

GFMER continues its active partnership with the UNFPA/WHO 'Campaign to end fistula'. The aim has been to create a 'Centre of Excellence for the prevention and treatment of obstetric fistula' in Northern Benin, which would serve other countries in the region under the name of "Tanguieta Model". During 2013 several missions were conducted to different African countries, where Prof. Charles-Henry Rochat, the overall responsible of fistula project with his team of specialists, operated a total of 134 fistula cases in different countries. Moreover, local doctors were trained on the management of obstetric fistula.

The Geneva Foundation for Medical Education and Research (GFMER) in collaboration with the Oxford Maternal and Perinatal Health Institute (OMPHI) offered a training course on Evidence-based Management of Pre-eclampsia and Eclampsia, developed by the University of Oxford. Another training package on Post Partum Haemorrhage (PPH) has been developed, which was offered to 675 health professionals from 92 countries.

In 2013, the GFMER developed and provided the first training course on the use of mobile phones (mHealth) in the field of sexual and reproductive health. Health professionals from 74 different countries have participated in this unique course.

GFMER has built a strong partnership with governmental and non-governmental organizations and universities for the exchange of information and expertise at the international level. The foundation's website has been enormously successful, as it has attracted 1'726'407 visitors from 227 countries in 2013.

We believe our efforts to assist the countries and programs give us the opportunity to contribute in improving the reproductive and sexual health status of the populations in need.

Finally I would like to thank the Republic and Canton of Geneva, The City of Geneva, the World Health organization and other institutions, for their financial and technical supports, which ensured the successful implementation of our projects and programs.



Prof. Aldo Campana
President

Mission

The Geneva Foundation for Medical Education and Research (GFMER) is a non-profit organization, cosponsored by the Republic and Canton of Geneva, the Department of Social Affairs of the City of Geneva and works in close collaboration with the World Health Organization (WHO). It aims at mobilizing resources, both technical and financial, from the public and private sectors. GFMER is a WHO Collaborating Centre in Education and Research in Human Reproduction.

The Geneva Foundation for Medical Education and Research has a mandate to address challenges, such as:

- The conduct of training programmes in Geneva, covering research methodology, epidemiology, reproductive and sexual health, and other medical areas.
- The dissemination of the Geneva training courses in other countries.
- The initiation and provision of support for researchers to plan, conduct and publish their scientific work.
- The dissemination of medical information on the Internet.
- The development of clinical guidelines for use in clinical training programmes.
- The collaboration with the UNFPA/WHO program to end obstetric fistula.

The Geneva Foundation for Medical Education and Research capitalizes on many years of experience and activities as a WHO Collaborating Centre in Human Reproduction, in Geneva.

As a WHO Collaborating Centre in Education and Research in Human Reproduction, the Geneva Foundation for Medical Education and Research is involved in the following activities:

- To provide a postgraduate training in research methodology in Reproductive Health.
- To develop & conduct research & research synthesis activities.
- To assist partner institutions in the conduct of postgraduate medical education programs.
- To collaborate with WHO on e-learning activities as well as on the conduct of short postgraduate courses in epidemiology.
- To provide expertise to WHO or to centers of WHO's network requesting collaboration in research, research training or clinical aspects in human reproduction.

GFMER main fields of activities

1. Training Course in Sexual and Reproductive Health Research 2013

<http://www.gfmer.ch/SRH-Course-2013/index.htm>

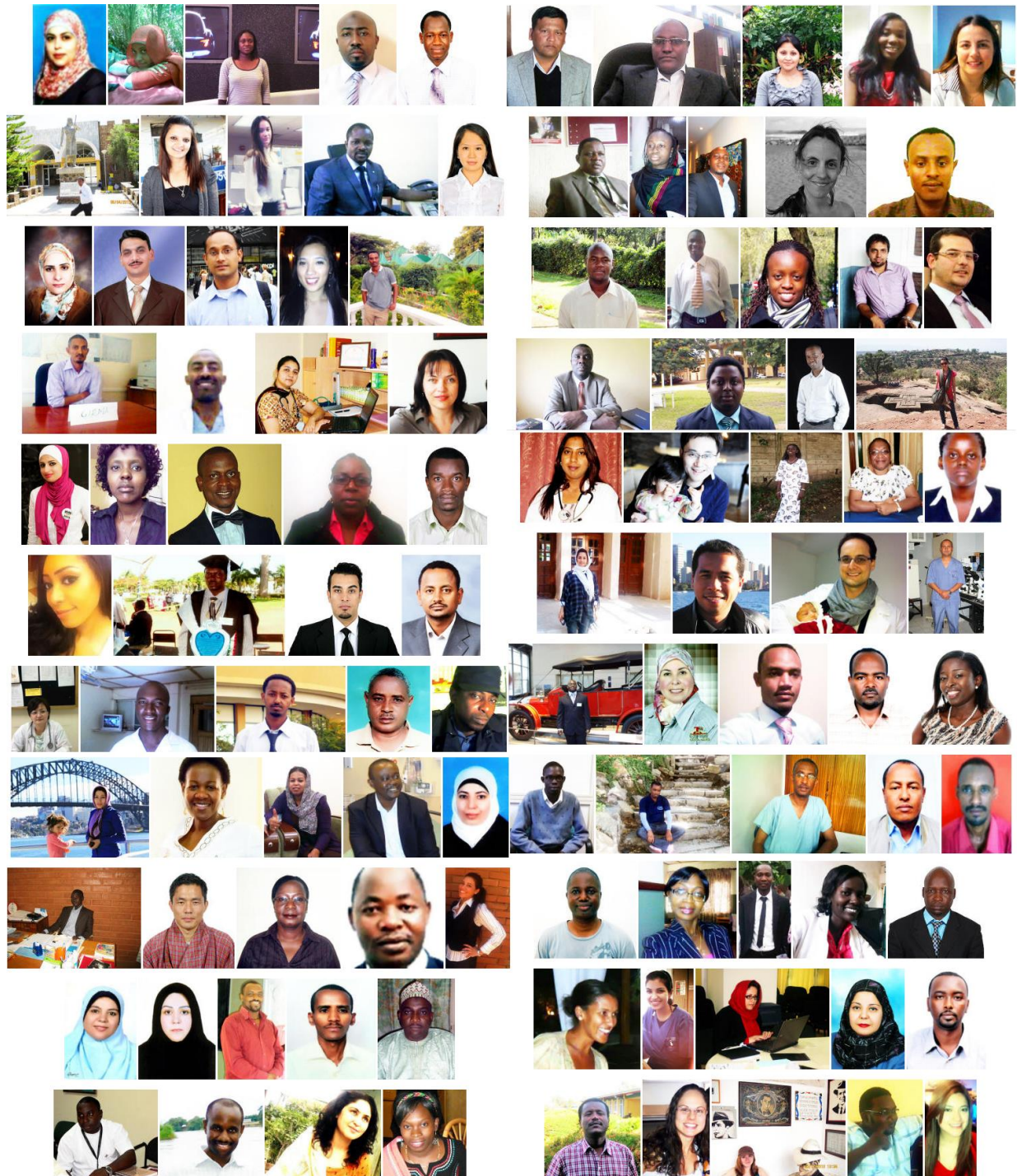
Since 2003 the Geneva Foundation for Medical Education and Research (GFMER), in partnership with the World Health Organization (WHO) and other partner institutions, organizes a training course on sexual and reproductive health research. The course focuses on research methodology and attracts participation of health professionals from different countries and particularly from developing countries. Through the pool of participants, GFMER has managed to disseminate the course in different countries: Afghanistan, Argentina, Cameroon, China, Indonesia, Laos and Romania.

In order to reach more health professionals, in 2010 GFMER in collaboration with WHO and other partners, launched the online course on sexual and reproductive health research. "From Research to Practice: Training Course in Sexual and Reproductive Health Research" that offers a training package specially developed for those health professionals involved in research, whose access to learning is limited by time, financial resource or other constraints and for whom access to quality education and learning is limited.

In 2013, the Geneva Foundation for Medical Education and Research (GFMER) successfully implemented the third edition of its online training course, with more experience gained from the 2010, 2011 and 2012 editions.

1.1 Course participants

<http://www.gfmer.ch/SRH-Course-2013/participants/participants-images/participants-images.htm>



A total of 186 health professionals from 52 countries were registered in the online training course of 2013. The majority of them were from developing countries.

1.2 Teachers, partner institutions

<http://www.gfmer.ch/SRH-Course-2013/teachers.htm>



Hanan Hamamy



Francis Ndowa



V. Chandra-Mouli



Heli Bathija



Charles-Henry Rochat



Mario Festin



Shyam Thapa



Mario Meriardi



Tomas Allen



Islene Araujo de Carvalho



Alfredo Fort



Moazzam Ali



Igor Toskin



Laura Guarenti



Mary Eluned Gaffield

A total of 43 teachers from WHO, GFMER and other national and international institutions were involved in teaching and tutorship for the online training course.

1.3 Course Coordinators at country level

<http://www.gfmer.ch/SRH-Course-2013/country-coordinators/GFMER-country-coordinators.htm>



Afghanistan - Homa Kabiri



Cameroon - Gregory Edie Halle-Ekane



Egypt - Mahmoud Ahmed Mahmoud Abdel-Aleem



Ethiopia - Mengistu Asnake Kibret



India - Krishnamurthy Jayanna



Iran - Shayesteh Hajizadeh



Kenya - Ameyo Bonventure Masakhwe



Macedonia - Gabriela Tavchioska



Mexico - Nayeli Martínez Cruz



Mongolia - Oyunaa Lkhagvasuren



Mozambique - Chadreque Muluana



Nigeria - Aminu Magashi Garba



Sudan - Khalifa Elmusharaf



Turkey - Ayşe Nilüfer Özyaydın



Uganda - Morris Okwir

In 2013 the GFMER appointed a total of 11 coordinators in Afghanistan, Ethiopia, India, Nigeria, Iran, Sudan, Mongolia, Turkey, Uganda, Mexico, Egypt, Mozambique and Kenya. For 2014 the Foundation is planning to expand country coordination to Nepal, Bolivia, Ecuador, Burkina Faso and Angola.

The main tasks of country coordinators consist of:

- Student coaching at local level, i.e., help the students to access the teaching material, and learning methods. As the majority of student's work (assignments and research protocol) is based on the analysis of local situation in regards to sexual and reproductive health problems, the local coordinators can offer the appropriate assistance to the students.
- Ensuring communication with the course organizers and students.
- Advertising course to various local training and research institutions.
- Recruiting eligible candidates for the course.
- Creating a network within the students from the same country.
- Organizing, when possible, meetings with students from the same country.
- Identify potential sponsors to provide scholarships for students. It is worth mentioning that the majority of institutions allocate funds for their human resource capacity building programs. This online course is advantageous for health professionals especially those from developing countries, where access to a quality education is limited by time, financial resources or both.

1.4 Course contents

<http://www.gfmer.ch/SRH-Course-2013/Course-modules.htm>

The online Training Course in Sexual and Reproductive Health Research consists in six modules:

- Maternal and Perinatal Health
- Sexually Transmitted Infections & HIV/AIDS
- Family Planning
- Sexual Health with a special focus on Adolescent Sexual and Reproductive Health
- Community Genetics

A core module on research methods and selective lectures on gender issues, female genital mutilation and other topics related to sexual and reproductive health supplement the five modules. The contents of each module is based on the reality of health care and addresses current problems and challenges in the field of sexual and reproductive health research. For its 2013 course, GFMER has developed a complementary module on sexual and reproductive rights.

1.4.1 Sexual and Reproductive Health Rights, Training Module

For the 2013 edition of its course, and to parallel the dedicated web site, (read further in this report) a training module has been developed on Sexual and Reproductive Rights.

1.4.2 Module objectives

- Build capacities of health professionals to incorporate sexual and reproductive rights in their professional practice.
- Increase knowledge on sexual and reproductive health and its links to gender equality among health professionals and reach the larger public through them.
- Strengthen advocacy skills of health professionals to influence policy at local, national and international levels with regards to sexual and reproductive rights and gender equality.

1.4.3 Module duration

The module on sexual and reproductive rights is integrated with other specific modules.

1.4.4 Topics to cover in this module

- The international human rights framework and sexual and reproductive rights
- Reproductive health: a new holistic vision
- Advancing sexual and reproductive health through gender equality and human rights
- The sexual and reproductive health and human rights of people living with HIV
- Health care practitioner's role in child protection
- FGM and human rights
- Violence against women: health consequences, prevention and response

1.4.5 Support documents

Within this module the participants have access to various WHO guidelines and reference documents covering a wide range of topics on sexual and reproductive health and rights.

1.4.6 Assignment

The participants are asked to choose one of the following options:

1. Write in a short text (max 5 pages) the situation in their country in terms of sexual and reproductive rights.
2. Write a short text (max 5 pages) on a thematic area of their interest in the field of sexual and reproductive rights (Family planning, Abortion, Female genital mutilation, Violence against women, Rights of people living with HIV /AIDS and etc).

1.5 Teaching methods

<http://www.gfmer.ch/SRH-Course-2013/Course-guide-2013.html>

Teaching methods consisted of on-line lectures (recorded, didactic presentations), key readings, reading materials, additional references and referrals to related websites. Compared to other courses, the Training Course in Sexual and Reproductive Health Research is extremely rich in terms of documentation and published teaching resources. For each module participants receive assignments. These help participants to become more familiar with scientific reading and writing and use the knowledge acquired in the training course in their day-to-day professional practice. A personal coach is assigned to each participant. Coaches are GFMER country coordinators, who facilitate the learning

process to the participants. As the majority of students' work (assignments and research protocol) is based on the analysis of local situation in regards to sexual and reproductive health problems, the assistance by country coordinators is very helpful.

GFMER has created an online community for the training course in order to improve communication with and between participants and provide access to academic and administrative support. The diversity among participants and the network facilitated by GFMER provide an opportunity to learn from and share experiences with peers from around the world.

1.6 Final evaluation

At the end of the course, participants of the Training Course in Sexual and Reproductive Health Research receive a certificate if they meet the following conditions:

Participants are required to have completed the assignments for the various course modules.

Participants must write either a bibliographic review on a topic relevant for their practice or a research paper, under the guidance of a tutor.

Throughout the training course, participants are supervised by country coordinators, coordinators of the modules, teachers and tutors.

1.7 Workshop in Geneva

<http://www.gfmer.ch/SRH-Course-2012/Geneva-Workshop/index.htm>



<http://www.gfmer.ch/SRH-Course-2012/Geneva-Workshop/Geneva-Workshop-Evaluation-Report-2012.html>

Of all participants of the 2012 edition of online training course, 13 were invited to attend a workshop from 16 to 20 September 2013 at WHO headquarters in Geneva. The objectives of this intensive

training course were to sharpen participants' skills in research protocol development and improve their research skills. The participants of the workshop were selected on the basis of their online course performance, completion and quality of the assignments and the quality of their review or paper. The strict selection ensured that those attending the workshop in Geneva were the most motivated participants of the online training course. The Geneva workshop provided participants with additional opportunities to interact with each other and share their experiences while improving their professional skills.

1.8 Supporting institutions

The Training Course 2013 has been supported by the Republic and Canton of Geneva and the Société coopérative médicale de Beaulieu.

2. Sexual and reproductive rights

<http://www.gfmer.ch/srr/index.htm>

In order to achieve sexual and reproductive health, people need to know their sexual and reproductive rights. The Geneva Foundation for Medical Education and Research (GFMER) therefore sees a close relationship between sexual and reproductive health on the one hand and the legal and political system on the other. For these reasons, the Foundation created a dedicated website on Sexual and Reproductive Rights. Since its establishment in 2002, GFMER has exchanged sexual reproductive health expertise with governmental and non-governmental organizations from all over the world. GFMER has become a resource centre for training and research in human sexuality and reproduction, creating a vast network of health professionals in developing and developed countries.

With this website GFMER seeks to contribute to a meaningful inclusion of human rights in sexual and reproductive health issues.

Content of the sexual and reproductive right website

- Introductions to major sexual and reproductive rights topics.
- Regularly updated summaries of national legislations for the major areas of sexual and reproductive health.
- Selected publications on (changes in) legislation and ethical issues in sexual and reproductive health.

3. Clinical training, prevention and treatment of obstetric fistula

http://www.gfmer.ch/Medical_education_En/Rochat-obstetric-fistula.htm



Charles-Henry Rochat

GFMER is a partner in the UNFPA/WHO campaign to end fistula. The aim of GFMER participation in this campaign is to create a “Centre of Excellence for the prevention and treatment of obstetric fistula” in Tanguieta (Northern Benin), which would serve as a model to other countries in the region.

3.1 Objectives of the project

- To train local specialists in fistula repair.
- To raise awareness about prevention and treatment of obstetric fistula.
- To develop research on obstetric fistula.

In 2013 Professor Charles-Henry Rochat, responsible for the fistula project, together with a group of specialists and local medical doctors conducted missions in several African countries where fistula cases were operated on. In addition, Prof. Rochat and his team (composed of specialists from Switzerland, France, USA, Cameroon and Madagascar) organized conferences and workshops on diagnosis, treatment and follow up of fistula cases and advocated for a multidisciplinary approach for care of women suffering from obstetric fistula. The table below shows the number of fistula patients operated on in several countries.



Hospital	Country	No of fistula cases operated
Hôpital St-Jean de Dieu de Tanguiéta	Benin	76
Hôpital Central de Yaoundé	Cameroon	16
Hôpital de Kissidougou, Hôpital Labé, Hôpital Kankan et centre Jean Paul II Conakry	Conakry Guinée	42
Total		134

In addition to the provision of training to local doctors and surgical care to fistula patients the following activities have been started in 2012 and will continue throughout 2013:

- Provision of scholarships to doctors from Benin, Madagascar and Cameroon, who are involved in the provision of care to fistula patients.
- Active contribution in the mobilisation and prevention of obstetric fistula.
- Financial support to patients' hospitalisation.
- Provision of surgical equipment and materials.
- Provision of financial support for the construction of a building for fistula patients' consultation.
- Dissemination of "Tanguiéta Model" for obstetric fistula repair.

3.2 Supporting institutions

The GMER obstetric fistula program is supported by the City of Geneva, the communes of Thônex, Chêne-Bougeries and Collange-Bellerive, Bank Pictet & Cie, Ambre Foundation, Rumsey & Cartier Foundation, Global Foundation for Life Sciences, Comité Philanthropique de la famille Firmenich and private donors.

The GMER is grateful for the valuable technical support of the UNFPA and MSF Suisse.

3.3 Publications

Yves-Jacques Castille, Chiara Avocetien, Dieudonné Zaongo, Jean-Marie Colas, James O. Peabody, Charles-Henry Rochat. Impact of a program of physiotherapy and health education on the outcome of obstetric fistula surgery - International Journal of Gynecology and Obstetrics 2013.

Pierre Marie Tebeu,, Gisele Kengne Fosso, Valentin Vadandi, Julius Sama Dohbit, Joseph Nelson Fomulu, Charles-Henry Rochat. Prognostic value of repeated surgery on obstetric vesico-vaginal fistula outcome: A Cameroonian experience – Asian Pacific journal of Reproduction 2013; 2(4)330-332.

4. GFMER global consultation on WHO infertility guidelines: Addressing evidence-based guidance on infertility diagnosis, management and treatment

<http://www.gfmer.ch/infertility/index.htm>



GFMER and WHO, in partnership with American Society for Reproductive Health, The Walking Egg Foundation and Women Create life, developed global guidelines for infertility diagnosis, management and treatment and a related on-line training course focussing on male and female infertility in developing countries

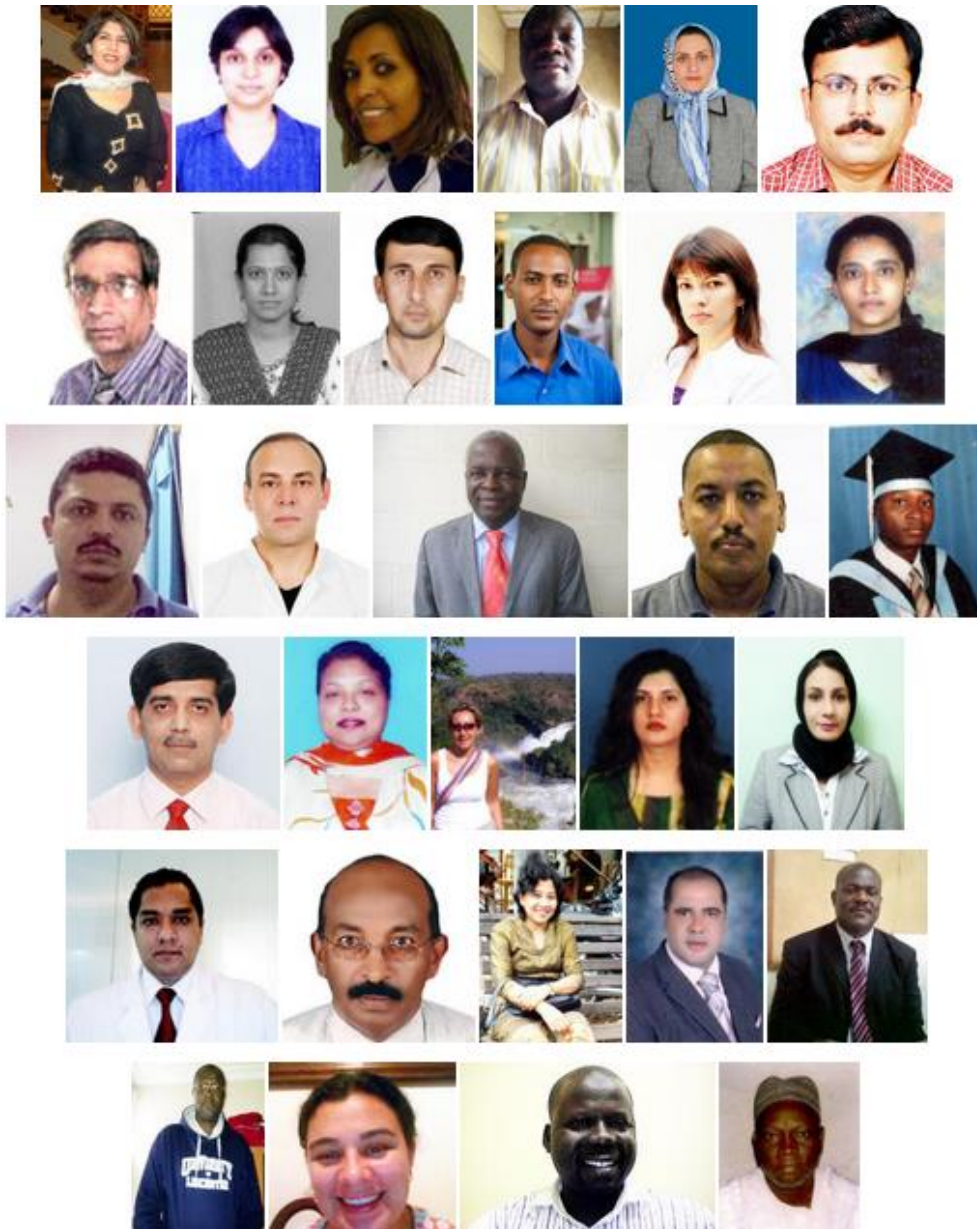
4.1 Course duration

October 2012 to March 2013.

4.2 Course participants

<http://www.gfmer.ch/infertility/participants.htm>





The participants of this course are health professionals, who hold a medically related degree or degree certificate in gynaecology or obstetrics (or related field)/ and or andrology, with at least a minimal amount of experience in reproductive medicine and/or andrology. A total of 71 health professionals from 28 countries are enrolled in this virtual training course.

This project is still on going, as some of the participants have requested extensions on their paper submission.

5. GFMER collaborative activities with Oxford Maternal and Perinatal Health Institute and Harvard Maternal Health Taskforce.

<http://www.gfmer.ch/omphi/index.htm>

5.1 The Evidence-based management of pre-eclampsia and eclampsia training

<http://www.gfmer.ch/SRH-Course-2010/pre-eclampsia-University-of-Oxford/index.htm>

The Geneva Foundation for Medical Education and Research (GFMER), in collaboration with the Oxford Maternal and Perinatal Health Institute (OMPHI) offers training on Evidence-based Management of Pre-eclampsia and Eclampsia, developed by the University of Oxford. The training course is accessible online in English and in Spanish. The training is divided in two modules: a basic training for second level health workers and an advanced module for doctors and trained midwives.

The Foundation continues the dissemination of this computer-based training module through its international network of health professionals.

The screenshot shows the website for the 'Evidence-based management of Pre-eclampsia and Eclampsia' course. The header includes the OMPHI logo and navigation links for Home, Pre-eclampsia and eclampsia module, Course de pre-eclampsia / eclampsia, Files, OMPHI, and GFMER. The main content area features the University of Oxford logo and navigation links for Home, Basic Course, and Advanced Course. It also includes logos for EngenderHealth and MacArthur. The text describes the course as an interactive module for healthcare professionals, available in basic and advanced versions. It mentions the course's development by a group of professionals led by Stephen Kennedy, José Villar, and Gabriela Munoz. A reference is provided: Langer A, et al. Reducing eclampsia related deaths – a call to action Lancet 2008; 371: 703-5. The footer contains copyright information for 2010 University of Oxford.

5.2 The evidence-based management of postpartum haemorrhage

<http://www.gfmer.ch/omphi/pph/>

Experiences with online training courses for health care professionals working in the field of reproductive health, developed through the collaborative efforts of OMPHI and GFMER, have been very positive. The collaboration first resulted in the very successful computer-based training course 'The Evidence-based management of Eclampsia and Pre-eclampsia', which was developed by OMPHI

and offered (in an English and Spanish version) to a total of 1000 health care professionals in different countries through the joint efforts of the GFMER and OMPHI. After the success of this training course, OMPHI and GFMER started working on an online training course on the evidence-based management of postpartum haemorrhage (PPH) in 2012. The target beneficiaries of this course are health care professionals worldwide with a special focus to those working in developing countries. Using the much-appraised structure of 'The Evidence-based management of Eclampsia and Pre-eclampsia' it was decided that the structure of the PPH course would have a modular basis.

Drs Raqibat Idris and Marloes Schoonheim from GFMER developed the course based on the PPH guidelines of the World Health Organization and the UK Royal College of Obstetricians & Gynaecologists, a process started in March 2012. The final version of the evidence-based management of Post-partum Haemorrhage online training course, finished in June 2013, consists of the following modules:

- Module 1 - What is Postpartum Haemorrhage (PPH)?
- Module 2 - What are the risks for Postpartum Haemorrhage (PPH) and how can they be minimised?
- Module 3 - How should Postpartum Haemorrhage (PPH) be managed?
- Module 4 - How should a retained placenta be managed?
- Module 5 - How should secondary Postpartum Haemorrhage be treated?
- Module 6 - Postpartum Haemorrhage (PPH) risk management

The knowledge assessment testing is done through a multiple-choice questionnaire (MCQ). All participants who correctly answer at least 15 of the 20 multiple choice questions are entitled to a certificate jointly signed by GFMER and the Nuffield Department of Obstetrics & Gynaecology of the University of Oxford.

5.2.1 Review and evaluation

The review of the evidence-based management of Post-partum Haemorrhage online training course consisted of the following steps:

1. Review of the course by the advisory board consisting of Professor Aldo Campana and Dr Karim Abawi of GFMER and led by Professor José Villar from the University of Oxford.
2. Review of the course by a team of specialists in obstetrics and gynaecology consisting of Drs. Friday Okonofua of the Department of Obstetrics and Gynaecology, University of Benin, Dimitrios Siassakos of the Department of Obstetrics and Gynaecology, University of Bristol, and Edwin Chandraharan from the Department of Obstetrics and Gynaecology, St. George's Healthcare NHS Trust led by Dr Aris Papageorgiou from the Department of Obstetrics and Fetal Medicine, St George's, University of London, who also contributed to the course content.
3. Review of the course by selected participants from different countries, all specialists in gynaecology and obstetrics, who were invited to fill out a feedback form on their occupational background, availability of internet, their interest in the course and its separate modules, the time it took them to take the course, etc.

Once the content of the course were developed, [eXact learning solutions](#) developed the e-learning format and added an interactive design to the user interface that motivates and challenges participants of the course.

5.2.2 Course dissemination

The objective of the dissemination of the evidence-based management of Post-partum Haemorrhage online training course was twofold: prompting awareness of the course and acquiring evaluations of the evidence-based management of Post-partum Haemorrhage online training course to improve design and contents.

As for the Evidence-based Management of Eclampsia and Preeclampsia, the project consists of three

activity components:

1. Provision of this training as pilot testing to health professionals, asking their feedback about the module in order to obtain information on the use of evidence-based protocols for the management of post-partum haemorrhage in different developing countries.
2. Provision of the training module to a much larger number of health care providers worldwide.
3. Dissemination of this course, through the Foundation network of collaborating institutions and former students in some countries (Afghanistan, Ethiopia, Mexico and India).

The participants in this large-scale e-learning initiative are drawn from the pool of health professionals providing obstetric care in over 90 developing countries, who are part of GFMER's network of members, country representatives, former course participants and members of partner institutions in different countries.

As mentioned, the evidence-based management of Post-partum Haemorrhage online training course was launched on June 12, 2013. For the dissemination of the course the following trajectory was followed:

- A special web page was created for the evidence-based management of Post-partum Haemorrhage training course on the GFMER site:
<http://www.gfmer.ch/omphi/pph/>
- Links to the course were disseminated through the twitter accounts of Maternal Health Taskforce (@MHTF) and GFMER (@Marloes4GFMER). Retweets were followed by Maternal Health Taskforce. Links to the PPH course were also made available on GFMER's Facebook and Google group page and through LinkedIn accounts of GFMER members.
- An online knowledge assessment test was developed by the University of Oxford and GFMER in order to evaluate the knowledge acquired by the participants of the course:
<http://www.gfmer.ch/omphi/pph/assessment.htm>
- The evidence-based management of Post-partum Haemorrhage online training course was incorporated in GFMER annual course 'From Research to Practice Training Course in Sexual and Reproductive Health Research 2013'.
<http://www.gfmer.ch/SRH-Course-2013/maternal-health/Maternal-health.htm>
- Participants of the 2010, 2011 and 2012 editions of 'From Research to Practice Training Course in Sexual and Reproductive Health Research' were sent an invitation to take the PPH course.
- Participants of the evidence-based management of Eclampsia and Pre-eclampsia online training course were sent an invitation to take the PPH course.
- Participants who completed the PPH course were asked to fill out a feedback form developed by GFMER, evaluating the course design and contents. The request for feedback was stopped after 127 participants had filled out the forms. The total number of feedback forms was decided on the basis of information saturation.

5.2.3 Findings

A total of 127 health professionals, directly involved in the provision of health care, provided the feedback about the evidence-based management of Post-partum Haemorrhage online training course.

Table 1 shows that the largest group of participants of the PPH course (39%) are between ages 31 and 40 with those between ages 41 and 50 and 20-30 following suit (26% and 23% respectively). This means that the majority of the PPH course participants are part of the working age population. Over half of the participants (57%, see table 2) are female health care professionals, a great outcome for a course dedicated to women's health. As table 3 shows, the country of residence of participants is diverse. Table 4 shows the participants feedback about the course. It clearly shows that most of the participants agreed that it was interesting and that it would change their current practice in managing PPH. Almost all the participants (99%) (strongly) agree to recommend this course to other colleagues and 96 % are in favour of applying the same format to other topics. Only 3% of the participants

experienced some difficulties when navigating through the module, which could mainly be due to unstable Internet connections.

Table 1. Age distribution of participants (proportions).

Age group	Participants
20-30	29 (23%)
31-40	50 (39%)
41-50	33 (26%)
51-60	11 (9%)
61-70	4 (2%)

Table 2. Sex ratio of participants (proportions and numbers) as of August 7 2013.

Female	Male
72 (57%)	55 (43%)

Table 3. Country of residence of participants.

Afghanistan , Argentina, Australia, Bahrain, Bhutan, Bolivia, Botswana, Brazil, Burkina Faso, Cameroon, Canada, DR Congo, Ecuador, Egypt, El Salvador, Ethiopia, Georgia, Ghana, Guatemala, India, Indonesia, Iran, Kenya, Kuwait, Lebanon, Lithuania, Macedonia, Malaysia, Mexico, Mozambique, Netherlands, New Zealand, Nigeria, Pakistan, Palestine, Peru, Rwanda, Seychelles, Sierra Leone, Somalia, South Africa, Sudan, Sweden, Tanzania, Turkey, Uganda, Ukraine, United Kingdom, United State of America.

Table 4. Participants' feedback about the PPH module.

	Participants' feedback (%)				
	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
1. The course was interesting	106 (83%)	20 (16%)	0 (0%)	0 (0%)	1 (1%)
2. The course will change my practice	61 (48%)	57 (45%)	5 (4%)	3 (2%)	1 (1%)
3. The content of this course was at the right difficulty level for me	34 (27%)	48 (38%)	19 (15%)	22 (17%)	4 (3%)
4. Much of the information was relevant for me	82 (65%)	40 (31%)	2 (2%)	1 (1%)	2 (2%)
5. I enjoyed doing this course	101 (80%)	24 (19%)	1 (1%)	0 (0%)	1 (1%)
6. This course will be useful for doctors/nurses working in primary health care	104 (82%)	21 (17%)	1 (1%)	0 (0%)	1 (1%)
7. Using links to documents	73 (57%)	36 (28%)	9 (7%)	7 (6%)	2 (2%)
8. Easy navigation through the course	88 (69%)	34 (27%)	1 (1%)	3 (2%)	1 (1%)
9. Recommendable course	104 (82%)	22 (17%)	0 (0%)	0 (0%)	1 (1%)
10. I would take a similar course on other health topics	104 (82%)	19 (15%)	1 (1%)	1 (1%)	2 (2%)

5.2.4 Conclusion and recommendations

In reference to the feedback, the overall majority of the participants agree (strongly) that the teaching method is very useful because it is evidence-based, easy to follow and to understand. Internet access does not seem to be a hurdle in taking the course, though bandwidth remains a challenge in remoter parts of developing countries. The other advantage identified is that health professionals who cannot attend a training program because of distance, financial or time constraints, can still be part of a quality training course. It also enables the care providers to better manage patients and disseminate information. It creates and provides access to continuous medical education when time and distance or both separate the source of information and the clinicians.

Review by the advisory board, the specialists in obstetrics and gynaecology and participants of the course who filled out the feedback form resulted in a number of debugs, improvements of the design and alterations in the content of the course, the most important ones being:

- Flexible links between the course modules
- Links to the course content at the end of each module
- More images from health care in a setting of a developing country
- De-crowding of panels
- A smaller font for the source format

The evaluation of the first part of the evidence-based management of postpartum haemorrhage project shows a very effective joint initiative of GFMER, OMPHI and the Maternal Health Task Force.

Online training courses that are developed and reviewed by renowned specialists obviously remain a great opportunity to assist training and practise of health care professionals in developing countries.

In order to keep the evidence-based management of postpartum haemorrhage course accessible for all interested, it is recommended that a version of the course be made requiring less bandwidth. For that reason the course contents are currently made available in PDF format. The knowledge assessment test (MCQ) will remain the same. As most participants of the evidence-based management of postpartum haemorrhage course don't report problems with their Internet or bandwidth, numbers of participants are not expected to change drastically with the availability of a PDF version of the course. It remains important however to keep the course open and accessible for all health care professionals, including those with poor Internet connections.

GFMER has also started the implementation of the second part of the project, i.e provision of the training module to a much larger number of health care providers worldwide. The GFMER and its partner are using their international networks for the dissemination of this module to health professionals in different countries. The participants who complete the module and answer correctly the Multiple Choice Question assessment test (multiple choice format) with equal or more than 15/20 correct questions are considered to have passed the course and are awarded a certificate jointly signed by the University of Oxford and GFMER.

During 2013 a total of 679 health professionals have completed the course. GFMER, OMPHI and partners continue to mobilise their networks to disseminate this training package to a maximum number of health professionals from different countries.

6. mHealth for sexual and reproductive health on-line training course

<http://www.gfmer.ch/mhealth/course-2013.htm>

6.1 Background to the training course

Mobile health or mHealth refers to health-related uses of mobile telecommunication and multimedia technologies within health service delivery and public health systems. Mobile phone use continues to rise rapidly in whole world, especially the poorest areas that have not been reached before. Because mHealth eliminates distance barriers and improves access to medical services, it has a huge potential for low-income nations and help especially hard-to-reach populations.

This on-line course - the first in the world on this topic! - was developed by GFMER because mHealth offers new possibilities to overcome challenges related to sexual and reproductive health and it is important for professionals working in the domain of sexual and reproductive health or in information and communication technologies, to understand these opportunities and take advantage of them. Until now the training opportunities on mHealth have been limited to few universities.

Using mobile phones for collecting real-time (or almost real-time) health data helps policymakers and the public to become more aware of health risks, governments respond better to health needs, health workers make better treatment decisions and hospitals provide higher quality and safer care. Disseminating health care information to patients and the general public through a very personal tool such as mobile phone makes it possible to make informed choices for their own better health. Local and national information systems support the development of appropriate, evidence-based, and effective health systems, while remote monitoring of patients helps to provide clinical health care from a distance.

mHealth has many challenges. While mHealth can dramatically transform the way in which people can receive health information and manage their own care, mHealth initiatives tend to include very little coordination across funders and implementers. However, coordination is important, for example to ensure that health workers don't end up with multiple phones required for different applications. National standards need to be set up so that health systems can minimize redundancies. Unfortunately, in some cases where countries have endeavored to develop national standards and a way to integrate systems, these efforts have often been challenged by legacy systems and variation in national and donor requirements.

mHealth opportunities as well as the challenges were examined as a part of this initiative.

6.2 Objectives of the training course

- To describe why and how mHealth is revolutionizing health care in general.
- To provide examples of successful mHealth approaches for sexual and reproductive health - those providing solutions for community members and those empowering health workers and those where mobile devices are used for data collection and transfer.
- To explore the research needs relating to mHealth for sexual and reproductive health and how to respond to these needs.

6.3 Participants

There were 74 registered participants from 28 countries. 36 participants successfully completed the course.

6.4 Training activities

- Seven training modules (five mandatory, two optional) with 19 recorded online lectures by 19 guest experts from seven countries across the world, 10 live question and answer sessions (recorded for the benefit of those who were not able to participate), resource documents and videos
- Five online discussion forums
- Five Quizzes with multiple choice questions
- One assignment on inventory and analysis of mHealth for sexual and reproductive health projects in the home countries of the participants
- one assignment on future plans in mHealth

6.5 Summary of the Content

Introduction: What is mHealth; Why mHealth is important; Growth trends in mHealth

Module 1: Policies, strategies and standards for mHealth: Processes for initiating and development of policies and strategies; Governments responsibilities; Role of WHO and partners

Module 2: Overview of successful projects and programmes of mHealth for SRH; Facilitating community access to information and care; Strengthening data gathering and information sharing; Empowering health personnel

Module 3: Monitoring and evaluating mHealth for SRH projects and programmes: M&E Methodologies; Research Needs; Presenting results; Funding mHealth

Module 4: Planning for new mHealth for SRH initiatives: Framework; Importance of integrating; Partnerships; Budgeting and funding

Module 5: Way forward: Sharing of learning experiences; Announcing results of assignments; Describing individual and team future plans

Module 6: Psychosocial aspects of mHealth and Fostering Change: Barriers at individual and institutional level for mHealth; Principles for fostering change

Module 7: Essential surgical care for Obstetrics, facilitated by mHealth approaches: Introduction of The WHO Integrated Management for Emergency & Essential Surgical Care e-learning toolkit

Course training materials are accessible on www.gfmer.org/mhealth/coursefiles2013

6.6 Some examples of student plans after the course

- Phone messages for mothers and husbands to encourage family planning utilization - Sudan
- Improving Follow-up of Mother-Infant Pairs using SMS Mobile Technology – Malawi
- SMS to support and inform people who have just tested for HIV- South Africa
- Reaching the youth with SRH information via mobile phones - Vietnam

7. Early childhood development (ECD)

Early child development is recognized as a critical component of children's well-being, and is vital for their long term health, learning, behaviour, coping and productivity, particularly for disadvantaged children. Poverty, poor health, undernutrition and lack of early stimulation can undermine children's brain development during the first three years when it is most sensitive to the influences of the external environment.

Effective interventions to promote child development exist that prevent or ameliorate against loss of developmental potential, but programme coverage is very low in the developing countries. There are relatively few investments made by governments in young children - particularly during the prenatal period through the first three years of life - and families are often not prepared, or not aware, of the critical role they can play in protecting and stimulating early psychosocial development. In the recent past, evidence about simple though effective interventions that families and care givers could use in all contexts to promote early development has become available. The recommendations of such interventions are derived from a number of overlapping approaches which have a synergistic effect on growth, cognitive and socio-emotional development, and which enhance the capacity of the mother/caregiver to carry out responsive care giving behaviours. If implemented on a wide-scale such interventions will have significant public health and social benefits, especially for the most disadvantaged children and families.

The health sector has a unique role to play in ensuring each child has the opportunity not only to survive but also to thrive. Countries are encouraged to incorporate promotive and preventative care for early child development into the primary health care sector, with outreach to families.

In order to assist in the uptake and scalability of ECD interventions with special reference to developing countries, GMER in collaboration with partners, proposes to develop and launch a set of eLearning tools on ECD including an online training course for programme managers and health workers. It will thus take advantage of the many benefits of innovative learning technologies to transfer ECD knowledge and skills through out-of-classroom and in-classroom education using various technology platforms, from CD-ROMs and computer-based instruction to videoconferencing and virtual educational networks.

The aim is to contribute in building ECD capacity in countries by allowing participation of those health care professionals whose access to learning is limited by lack of training opportunity, time, financial resources or other constraints. The course will be proposed for in-service and basic training of health workers allowing for learner-directed and self-paced instruction. Mobile learning applications - which a learner can access remotely from anywhere using a hand-held or mobile device such as smart phones, mobile phones, and tablets - will also be developed. A systematic process will be used for the participation of health professionals through country teams.

GFMER Website (www.gfmer.ch)



The GFMER website is extensive, regularly updated and provides easy access to useful information. The website contains information about the foundation, education programs (courses), Partners, international collaboration and information resources such as publications, presentations and databases. The GFMER website contains information in English, French, German, Italian and Spanish.

In 2013 the GFMER website had 1'726'407 visitors from 227 countries (see http://www.gfmer.ch/Usage_statistics/pdf/GFMER-visitors-2013.pdf).

Activities planned for 2014

In addition to the activities mentioned above, the GFMER has planned the following activities for 2014.

INTERGROWTH-21st

The International Fetal and Newborn Growth Consortium for the 21st Century is a global multidisciplinary network of more than 300 researchers and clinicians from 27 institutions in 18 countries worldwide. We are dedicated to improving perinatal health globally and committed to reducing the millions of preventable newborn deaths that occur as a result of preterm birth or poor intrauterine growth.

In order to meet this goal, we need international growth standards to measure and improve maternal and newborn clinical care, and compare outcomes across populations. Such standards exist to monitor the growth of infants and children. They are the WHO Child Growth Standards and their release in 2006 was a landmark achievement. These scientifically based standards are now used worldwide.

However, the fetal and newborn counterpart has been missing, which led us to implement the INTERGROWTH-21st Project. Our aim was to extend the WHO Child Growth Standards into the fetal and neonatal period, providing tools for continuity of care from conception to 5 years of age.

The INTERGROWTH-21st Consortium implemented three population-based studies using standardized methods and clinical and research protocols. We gathered a rich body of data on health, growth and nutrition from pregnancy to early infancy from close to 60,000 women and newborns across five continents, making the INTERGROWTH-21st Project the largest collaborative venture in the field of perinatal health research to date.

The resulting data provide unique insights into growth and development for the 21st century. The findings also provide new ways of classifying preterm and small for gestational age newborns. In addition, we have produced a new international equation for estimating gestational age through ultrasound early in pregnancy based on the first international crown-rump length standards, and we have developed the resources necessary for enabling the adoption and scale-up of these tools at all levels of the health care system.

By improving the ability of clinicians to monitor growth and development, standardizing research methods, and providing maternal and newborn health program and policymakers with new, practical, international tools, we believe we can improve the health of women and newborns worldwide.

The Geneva Foundation for Medical Education and Research has been designated as one of the principle partners for the dissemination and implementation of the INTERGROWTH-21st at a global level through its international network of health professionals and partner institutions.