

**Minutes of UPIGO's annual general assembly
from September 22nd, 2001 in MARRAKECH (Morocco)**

Opening speech of the president, Nicolas TSATSARIS.

First of all, the president wants to express his horror and sorrow following the appalling events from September 11th. He wishes to thank all the delegates for having overcome their fear and come to Marrakech.

This general assembly will be a landmark for UPIGO: September 22nd will be the day when UPIGO will regain authority in international matters. It was the case on its foundation in 1953, but it was then more or less limited to Europe.

The president is delighted to greet two new delegates: Dr. Rose Wardini Hachem from Senegal and Prof. Eusèbe Alihonou from Benin-Togo.

Finally, he wishes to thank Dr. Agoumi and the secretary general for all their efforts in organising this first outer-Europe meeting.

Speech of the secretary general, Guy SCHLAEDER.

The activity of the secretariat has been intense this past year. Numerous contacts and mail exchange were made among European, African and other colleagues. Our different delegations have actively taken part in the survey on contraception that was initiated in Poznan. A report has been written and sent to each delegation.

Represented by the secretary general, UPIGO takes regularly part in a workshop on education to health and sexuality at the Council of Europe, alongside with other NGOs (non-governmental organisations).

The important project on CME (continuous medical education) carried out in Dresden has been copied and handed out quite broadly.

Report from the treasurer, Raymond BELAICHE.

A detailed account has been communicated to each delegate during the session. Accounts are well balanced. On October 15th, the balance amounts to 25 546,31 Euros.

Special conference: mother's health in Morocco according to several indicators by Dr. Abdelwouhab ZERRARI, head of maternal and infantile health division at the ministry of health in Morocco.

Maternal and neonatal mortality are major public health concerns. In Morocco, the estimated rate of maternal deaths is 228 for 100 000 deliveries with significant differences among regions, provinces and social classes.

Neonatal mortality rates to 19 for 1000 live births.

A national survey conducted in Morocco in 1997 showed that 33% of maternal deaths occur before delivery, 21% during delivery and 46% during the two months after delivery.

The same survey showed that in rural environment, only 20% of women are giving birth in a secure environment as opposed to 70% in the cities. Prenatal care concerns only 42% of pregnant women. These maternal and infantile mortality and morbidity could be reduced to a maximum through targeted actions, concerning mainly health professionals and many other sectors.

Among the different available strategies that the Ministry of Health has developed to reduce this acute problem, we can mention:

Prenatal care.

This activity aims to allow pregnant women to benefit from a periodic clinical examination of good quality in order to diagnose troubles hindering a good evolution of pregnancy, to screen and manage high risk pregnancies. Women having complications during pregnancy or considered as high risk should be referred to a medical environment.

Promotion of delivery in medical environment.

Delivery in a maternity or in a “delivery house” with qualified staff, appropriate technical means and drugs, and evacuation facilities to a higher level if complications: these are the elements insuring a low risk pregnancy.

Management of obstetrical complications.

Obstetrical complications are not predictable, nor avoidable, but they are curable. Some complications occur during pregnancy, during delivery or during post-partum.

The management of these complications is based on the notion of the three deadlines and allows a maximum of women and newly born children to be saved from death or from life-lasting sequels.

Postnatal care.

During the post-partum, women and newly-born children do not seem to benefit from appropriate care. If one wants to reduce maternal and neonatal mortality and morbidity in Morocco, one would necessarily have to improve the quality of care granted to the mother and the new-born child and to have a systematic monitoring of the post-partum.

The recent efforts made by the Ministry of Health are focusing on improving the quality of emergency obstetrical care: improvement of the delivery structure and its equipment with technical and pedagogical material, evacuation facilities, education of the working team. These efforts should be reinforced by improving the quality of maternal and child monitoring in the post-partum.

The impact of these actions can only be profitable. According to the present data, maternal and neonatal mortality have significantly diminished.

Main theme 1 : PRACTISING GYNECOLOGY AND OBSTETRICS IN 2001

Coordinator: Guy SCHLAEDER.

This UPIGO survey was possible thanks to the collaboration of delegates from 12 European and African countries.

Mettre le link survey.

MAIN THEME 2: THE SOCIAL COVERAGE OF THE MATERNITY. Coordinator: Saad AGOUMI.

The study of the nature and the functioning of the coverage of the maternity concerned the following countries:

France, Germany, Czech republic, Slovakia, Italy, Denmark, Senegal, Morocco, Switzerland, Benin, Luxemburg.

With the exception of Morocco and of Benin, the general system of health covers 100 % of the population. In Morocco, this social coverage only concerns 15 % and in Benin 10 %.

In its implementation and its functioning, we find 3 big systems:

- The state having full powers, because it controls private actors or mutual insurance companies.
- The state only actor because it is the unique actor assuring the social coverage (Slovakia, Czech republic).
- The state co-actor, it participates with private bodies and mutual insurance companies (Germany, Benin, Morocco).

All the systems include coverage of the maternity with the exception of Morocco and of Greece. For the first country mentioned, only civil servants of the public sector benefit from this peculiarity. For Greece, the coverage of this sector is not assured if the patient goes to liberal practitioners. In its overall functioning, the coverage of the maternity depends, in two countries out of three, on the number of consultations and the number of ultrasounds. One country out of three imposes a compulsory declaration of the pregnancy, usually in the first quarter (ex: France, Morocco). When the couple is unemployed, it can generally benefit from social state help. Independently of the follow-up of the pregnancy, France and Luxemburg are the only countries to systematically cover delivery. In parallel, one country out of two grants a fixed fee instead of the coverage of delivery (ex: privates insurances in Morocco). Whatever the type of delivery, the amount of the coverage is the same and can reach the total cost in 50 % of the cases. The only aberration is a practice of the privates refunds, or only at lesser rates than by doctors. During post-partum, one country out of two does not take in charge perinatal physiotherapy. Maternity leave is usually 12 weeks long; with the exception of Slovakia, where it lasts 3 years. Voluntary abortion is authorized in all the countries, with the exception of Morocco and of Benin, for religious reasons.

To conclude, we are still far from the coverage of the maternity by a system of Social Security that would insure the quality of mother's and child's health. A particular effort is to be made in developing countries. Help in counsel and logistics can come from developed countries, who have a long experience in this domain.

STATUARY GENERAL ASSEMBLY

- The reports from the secretary general and the treasurer are unanimously adopted.
- New candidatures proposed: Eusèbe Alihonou proposes Benin-Togo and Rose Wardini Hachem proposes Senegal. These candidatures are immediately accepted.
- The next UPIGO board is composed as follow:
 - President : Nicolas TSATSARIS
 - Past President : Giovanni ADINOLFI
 - Deputy President : Martin LINK
 - Treasurer : Raymond BELAICHE
 - Secretary General : Guy SCHLAEDER
- For the next general assembly: 3 proposals have been made.
 - ° Bratislava, by Jan STENCL
 - ° Dakar, by Rose WARDINI HACHEM
 - ° Rome, by Romano FORLEO

We need further information on each city, in order to decide the time and place of our next general assembly.

Main theme 1: practising ob-gyn in Africa,

co-ordinator: Eusèbe ALIHONOU

Main theme 2: judiciary expertise in ob-gyn,

co-ordinator: Raymond Belaiche.

Miscellaneous : our past President Giovanni Adinolfi has expressed in a letter his wish to publish a booklet celebrating UPIGO's 50th anniversary. This matter will be on the agenda of the general assembly in 2002.

OTHER THEMES

UEMS-UPIGO collaboration: Hans Henrik Wagner, present President of the ob-gyn section of UEMS suggests a official meeting between the two organisations. It has been decided that some members of the UPIGO board will attend the next section meeting in Frankfurt, in November 2001.

Professionnal civil liability (PCL), by Raymond BELAICHE.

Obstetrics is nowadays the most expensive speciality when it comes to PCL. Patients demand a birth without complication, with the perfect child. The smallest abnormality, the smallest hitch, any problem, whether serious or not during delivery can bring the ob-gyn to court. This evolution, probably under the influence of the United States, has transformed the medical insurance issue. Media often spread the vision of a "0 risk" delivery. Ob-gyn practitioners can be driven in public disgrace, should they be responsible or not. Under this influence, judiciary compensations are getting higher and higher. The absence of law on medical hazard in most of European countries and the obligation for every practitioner to be well insured has worsened a already precarious situation.

In France, there are only three insurance companies covering the PCL for obstetricians. As competition diminishes, a near monopoly situation emerges, with all the risks of inflation that it can bring.

What are the possible answers, especially for us, private practitioners?

Our colleagues from the public sector will also soon be concerned, as the fault is less and less imputed to the duty, but more and more to the practitioner.

Together, we stand strong: we have to get a group contract, every time it is possible, and why not, whether dream or utopia, an international group contract.

Why?

- first of all, the fees altogether will be bigger and thus, more profitable for the insurance company.
- because the percentage of “border line” or “at risk” practitioners will be smaller compared to the number of serious and competent practitioners.
- use of guidelines at an international level concerning “risk management” will have a greater influence on practitioners.
- working in complementary networks, as it is being done in France, will diminish the risk. Working on a neonatal and prematurity risk network, and thus, on maternal morbidity and mortality allows the distinction of three hospital levels:

°level 1: pregnant women without risk and deliveries between week 38 and week 41.

°level 2: pregnant women in week 34 or more.

°level 3: pregnant women suffering from serious condition or with high risks for the new born child (high prematurity – under 34 weeks; low birth weight; malformation or serious illness) requiring neonatal intensive care, with possible resuscitation.

Such an organisation benefits to the mothers, to the children and... to the insurance companies.

If we could create such a structure within UPIGO, we could negotiate better fees for our PCL with a high level insurance company, adaptable to our new approach.

Committees managed in partnership with insurance companies would allow to assess the situation on “risk management” on a regular basis and to establish obstetrical guidelines.

Other “at risk” specialities, such as anaesthesiology, neonatology and surgery will soon be concerned by this kind of partnership. This will strengthen our credibility and our leading role in an uncertain political and medical environment, where economy and public health are unsteady.

The damage after medical act by Pier Francesco TROPEA

The evolution of jurisprudence in Europe leads us to distinguish different damages likely to compensations: material or moral damage. Indirect damage was admitted in the case of parents of a newborn child suffering from serious injuries provoked by the delivery. It has led to a significant rise of the premium of professional assurance.

The gynaecologist facing uncertainties of the law by Claude COLETTE

Facing the diversity, if not the incoherence of national laws regarding the foetus and the embryo, one suggests to facilitate the appeal to international jurisdictions. UPIGO should develop a legal structure to help the professionals and their national organizations.

For a future collaboration with FIGO by Romano FORLEO

The author insists on the purely professional goals of UPIGO. The respective activities of UPIGO and the FIGO should benefit from their complementary nature.

The situation in gyn-ob for new UPIGO members:

Senegal by Rose WARDINI HACHEM **Benin** by Eusèbe ALIHONOU

These two subjects will be developed within the first main theme on the agenda of the 2002 General Assembly.

MOTIONS ADOPTED IN MARRAKECH.

1. UPIGO declares that health policies regarding mothers and new-born children should be elaborated in collaboration with gynaecologists and obstetricians.

Early managing of every pregnancies, screening for high risk pregnancies, assessment of the quality of care, improvement of the social security cover of pregnant women and managing obstetrical emergencies are compulsory to insure births in a secure environment and to reduce maternal and infantile mortality.

UPIGO asks the authorities of each country to acknowledge the essential role of qualified professional organisms.

2. UPIGO suggests, for all the concerned countries, to organise a better protection of the mother and the future child by:

- Giving widespread recommendations of good practice.
- Creating organisations within private and public hospital structures that will associate their skills on the foetal-maternal prognosis.

3. UPIGO asks for:

- the appointment of international ob-gyn experts with juridical competence, who could study the cases of practitioner coming from member-countries of UPIGO. They even could give legal advice.
- The negotiation by UPIGO's bureau of a group insurance contract for professional responsibility with a high level insurance company.

4. UPIGO suggests that its ethic commission should be allowed to voice its opinion on problems encountered by colleagues from member-countries of UPIGO.

5. UPIGO supports the demand for humanitarian action coming from some of our member-countries in order to allow sanitary education, training and if necessary, care in areas without medical structures. All of this, in close collaboration with politicians and medical leaders of the concerned countries.

All these motions were unanimously voted during the general assembly of Marrakech.

Thanks to the excellent organisation of Saad AGOUMI et his collaborators, discussions were numerous and very beneficial during this general assembly.

The delegates present in Marrakech were :

Benin-Togo: E. ALIHONOU - **CH:** H.J. WELTI – **DK:** H.H. WAGNER – **F:** C. COLETTE, G.M COUSIN – **GR:** N. TSATSARIS – **I:** R. FORLEO – **LUX:** A. CONZEMIUS – **MA:** S. AGOUMI, N. CHRAIBI, F. LAYACHI – **SK:** J. STENCL – **SEN:** R. WARDINI HACHEM.

Members of the board :

President : N. TSATSARIS – Treasurer : R. BELAICHE – Secretary general : G. SCHLAEDER.

Apologies for absence : **Cameroon:** R.J. LEKE – **CZ:** M. KUDELA – **D:** M. LINK Deputy President – **GR:** L. MAMMAS – **I:** G. ADINOLFI Past President; P.F. TROPEA; E. LENZI; A. ZACUTTI – **IL:** J. SCHENKER – **LIT:** A. VATKUVIENE – **PL:** M. SPACZINSKI – **YU:** V. KESIC.

Report written by G. SCHLAEDER
Secretary general UPIGO
Strasbourg, December 2001