UPIGO ANNUAL GENERAL ASSEMBLY REPORT

ATHENS, GREECE, 23-24 June, 2017

Opening address: Athanasios CHIONIS

At the beginning of the meeting, President Chionis welcomed all the participants coming from Albania, Switzerland, France, Greece, Guinea, Mali, the Central African Republic, as well as a delegate from “Médecins du Monde”.

Report of the Secretary General: Moustapha TOURÉ

After a time of turmoil, the bureau has committed itself to the revitalization of UPIGO. For this purpose, the Secretary General has made contacts during the congress of the African Society of Gynaecology in Ouagadougou in order to enrol new members and to have them taking part in the next congress.Several exchanges of correspondence between the Secretary General, the President and the Treasurer/Past-President have led to the drafting of questionnaires on the two main themes of the meeting, the collecting of the presentations and the preparing of the programme of the General Assembly.

Report of the Treasurer: Guy SCHLAEDER

A detailed overview was presented during the plenary meeting. The books are well balanced and the Treasurer suggested initiating call for contributions according to the usual repartition.

The scientific session was dedicated to two main themes: cervical cancer prevention in underprivileged areas and the conditions of exercise for midwives.

1st MAIN THEME: CERVICAL CANCER PREVENTION FOR WOMEN IN PRECARIOUS SITUATION.

Coordination and summary: Jean-Jacques BALDAUF from Strasbourg (France)

Jean-Jacques BALDAUF presented an analysis of the situation of poverty in 11 European countries. Life in rural areas makes healthcare access more difficult. In all the countries, life in a deprived area has an impact on both the incidence of cervical cancer (+25%) and its mortality (+36%). In countries outside the EU, precarious situations are more frequent, not forgetting the consequences of illiteracy (see enclosed summary).

He then pointed out that a good organisation allowed a better HPV-vaccination coverage and increased the impact of Pap smear test. Various pilot projects

undertaken in France stress the value of involving associations and social workers, of using communication tools written in the various mother tongues of migrants and finally, of adapting healthcare schedules, in order to increase participation to prevention activities.

Patrick PETIGNAT and Pierre VASSILAKOS from Geneva (Switzerland) presented the first results of a pilot cervical cancer screening campaign based on a HPV-test. It has been conducted since 2010 in developing countries (CAMEROUN, MADAGASCAR) at the initiative of the department of Obstetrics and Gynaecology at GENEVA University Hospital, thanks to nearly 30 years of cooperation between the faculties of medicine of GENEVA and YAOUNDE. In order to improve acceptability, this pilot experiment was based on self-collected vaginal swab as primary screening. Its reliability was quasi-equivalent to swabs collected by a health professional. The self-collected dry swab was preferred due to its lower cost, its easier use and lower domestic risks compared to self-collected samples in liquid media. Its sensitivity to detect HPV infections seemed to be equivalent. Health education sessions (public information) are essential to promote self-collected swab and its proper use. Using a technology that can be replicated in a mobile unit placed in areas where women are living is another indispensable precondition for a good coverage.

Using a technology that permits genotyping for a triage towards either an immediate treatment (in case of HPV types 16, 18 or 45) or a cervical examination with application of acetic acid and Lugol in order to treat acidophilic and/or iodine-negative areas should allow a higher specificity without reducing sensitivity too much. This technique gives a result after a couple of hours and guarantees therapeutic care on the same day according to gynotyping or positive triage and improves compliance while reducing the number of secondary lost to follow-up patients.

In developing countries, this secondary treatment should be based on a destruction technique whose principal benefit is a lower obstetric morbidity. Usage of electrocoagulation for the destruction of detected lesions requires for these mobile unit-based campaigns access to a power generator in case of power failure.

For developing countries the pilot experiment has proven to be feasible, even outside hospital facilities. It is an interesting solution, economically sustainable and that can be repeated several times during the woman’s life in order to prevent cervical cancer.

Moustapha TOURÉ from Bamako (Mali) presented the current situation of cervical cancer screening in Mali. He stressed the lack of prevention programme in most developing countries, shortage of personnel and materiel resources for a Pap-smear-based screening programme and the value of visual inspection with acetic acid and Lugol as an alternative solution that is simple, low-cost, not too time-consuming, and that can be performed by healthcare personnel after a short training course.
The first results, based on more than 26 000 participating patients, showed a positive rate of circa 8%. Conclusions of these early efforts highlight the feasibility of the project at a community health centre level thanks to motivated staff, to the expectation of the population and to a national policy to fight cancer. But they also pinpoint the difficulty of performing medical acts outside hospital facilities.
Continuation of these campaigns will require to first consider the creation of these decentralised treatment possibilities.
Abdoulaye SEPOU from Bangui (Central African Republic) presented cervical cancer prevention in the Central African Republic. Not only is it running up against a lack of prevention policy at a national level but also against a significant shortage of technical and above all human resources (there are only 10 gynaecologists, 1 cancer specialist and 1 anatomopathologist in the whole country).
To promote vaccination, humanitarian agencies should be urged to subsidise anti-HPV vaccination, to inform the population and raise awareness about the benefits of this preventive tool in order to remove taboos. To promote screening and treatment of pre-cancerous lesions, visual inspection technique should be used, by devolving competences and by training non-doctor health personnel.
Evripidis BILIRAKIS from Athens (Greece) presented the situation of cervical cancer prevention in GREECE. In the absence of any organized screening programme, it is recommended in Greece to have an annual Pap smear test from the year following the first sexual intercourse. Anti-HPV vaccination is recommended to young girls between ages 12 and 18. It is free and allows a coverage of about 39%. In Greece, the number of women who have never had a Pap smear test has dropped from 31,2% in 2009 to 21,3% in 2014. From that date, the austerity plan is likely to have inverted this participation curve.
Gjergji THEODOSI from Tirana (Albania) presented the experience of cervical cancer prevention in ALBANIA.

The annual incidence in this country is estimated at 6,2 per 100 000 during the period between 2004 and 2015. In this country, there is neither organised screening (still predominantly based on cytology) programme, nor organised anti-HPV vaccination programme. Its coverage is low (6 to 7%) and mainly concerns young girls between ages 16 to 20. It is neither free nor reimbursed.

André KIND from Basel (Switzerland) presented cervical cancer prevention in SWITZERLAND. Screening is individual in this country where its inhabitants rank fourth in the world in terms of income. Cervical cancer incidence is estimated at 3,6 per 100 000 and per year. Cervical cancer mortality is 50% higher among women with low educational level. Anti-HPV vaccination coverage approached 50% in 2012. In Switzerland, the already low cervical cancer incidence could be even more reduced by organising screening campaigns and implementing a quality assurance of the various stages.

SECOND MAIN: CONDITIONS FOR THE EXERCICE OF MIDWIVES (MW) IN DIFFERENT EUROPEAN AND AFRICAN COUNTRIES

COORDINATION and SYNTHESIS Prof. Moustapha Touré, Bamako,Mali.

and Prof. Guy SCHLAEDER, Strasbourg (France)

We conducted an international survey thanks to the contributions of: Patricia DOOLEY, midwife, Royal Prince Alfred Hospital, Sidney (Australia); Regina Patricia PEPA-MAYKOUA SAMMY, midwife teacher FACSS, (Central African Republic); Martina GISIN, midwife, magister in medical sciences, University Hospital of Basel (Switzerland); Sophie BECKER, coordinator midwife, Regional Hospital of Mulhouse and Catherine BURGY, midwife teacher, Midwifery School of Strasbourg (France); Kalliope MALFA, independent midwife, President of the Greek Psychoprophylaxis Society (Greece), Hawa KEITA, midwife, CHU/GT (Guinea); Kaysa WESTLUND, midwife, magister in philosophy, General Secretary of the Swedish Association of Midwives, Stockholm (Sweden).

SYNTHESIS AND COMMENTS:

In Western countries (AUS, CH, F, GR, S), the concentration of midwives is strong and goes from 1MW for 1500 inhabitants in Sweden to 1MW for 5000 inhabitants in

Australia. In African countries the density is weak and goes from 1MW for 9600 inhabitants in Mali to 1MW for 20 000 inhabitants in Guinea; the density of midwives is particularly weak in rural areas.

Theorically, in all countries, the midwife takes care of prenatal care, deliveries and post-partum; on the ground, the reality is very different. If in Sweden, midwives take care of the majority of prenatal care and the majority of deliveries, the situation is quite different in other Western countries. At the extreme end, in Greece, only a minority of midwives takes care of prenatal care or deliveries. The situation is again different in 3 African countries where midwives are often overcharged by the number pregnancies.

Salaries are relatively high in Europe. The gross monthly salary starts at 800 to 1000 € in Greece, 2024 € in France and 3100 € in Sweden. The average gross salary is 2900 € in Australia, 5000 € in Switzerland. In Africa the average gross salary in early career is 120 € in Guinea,120 € in Central African Republic and 147€ in Mali.

In most of countries, midwives would like some improuvement implemented in their profession. Sometimes it can be a best recognition of their job or a broadening of their competences: midwives from Switzerland would like to be allowed to suture episiotomies, the African ones would like to be allowed to apply ultrasound, some would like to perform cesareans.

COMMENTS: There are relatively few international surveys on the profession of midwife. We are convinced that an international in-depth survey would allow to get valuable data on the professional organization, and its impact on public health and economy. A good distribution of tasks is a guarantee for success in industrial or commercial organisms. In our opinion, this could also apply to the organization of the profession of midwife.

For details of contributions by country: see French version in “compte-rendu annuel 2017”

THIRD SECTION: OTHER PRESENTATIONS

A: Prevention of preterm birth in singletons by George Daskalakis Associate Professor, 1st Dept. of Obstetrics and Gynecology, Alexandra Hospital, University of Athens (Greece).

B: **Cell –free DNAin screening for fetal aneuploidies** by Panagiotis Benardis MD, DipFetMed(FMF) Consultant Obstetrician & Gynecologist, Fetal Medicine Specialist, Diploma in Fetal Medicine (FMF, London).

C:State of art Psychopharmacology in Postpartum Depression .An update by Nicholas Tsopelas, MD Associate Professor of Psychiatry, Former Associate Director of Psychosomatic Medicine, University Hospital of Pennsylvania

.**D: Médecins du Monde/ Doctors of the World** : experiences in the prevention of the cancer of the cervix with people in precarious situation by Giorgos PAPADOMANOLAKIS Athens (Greece)

Through special brochures in three languages (Greek,English,French) we try to inform them about the cervical smear .We have prepared these brochures in Arabic and Farsi/Dari but we have been advised not to distibuate them to everybody cause somethings are still thought to be taboo and such actions could bring opposite results. We perform special designed courses, for diferent kind of gynecological matters in wich one of them is the cervical smear ,for the health practitioners that come in contact with these people at the policlinics and the camps.We can also mention here that, as a preventive measurement against the HPV , we provide ,when possible, free condoms

General Assembly of UPIGO in Athens on the 24th June 2017

The report of the General Secretary has been approved unanimously.

The report of the Treasurer has been approved unanimously and the Treasurer's call for membership's fees has also been approved unanimously.

The members of the board have been reappointed as follows:

President: Athanasios CHIONIS (Greece)

General Secretary: Moustapha TOURÉ (Mali)

Treasurer and past-President: Guy SCHLAEDER (France)

Scientific consultant: Jean-Jacques BALDAUF (France)

The next General Assembly will take place in Paris on 6th and 7thJuly, 2018.The selected main themes are "prematurity prevention" and "basic ultrasound for African midwives".

PATICIPANTS present in Athens :

ALBANIE : Gjergji THEODHOSI.

CENTRAFRIQUE : Abdoulaye SEPOU ; Patricia

Regina PEPA-MAYKOUA-SAMMY

GREECE: Athaniassios CHIONIS; Nicolas TSATSARIS; Evripidis BILIRAKIS

Giorgos;PAPADOMANOLAKIS; Nicolas TSOPELA ;Georges DASKALAKIS.

Panagiotis BERNADIS ; Kalliopi MALFA .

FRANCE: Jean-Jacques BALDAUF ; Sophie BECKER ; Guy SCHLAEDER ;

SWITZERLAND: André KIND ; Patrick PETIGNAT ; Pierre VASSILAKOS ;

MALI: Moustapha TOURE ; Molobaly DIALLO ;

GUINEA: Hawa KEITA;

At the G A closing, the whole participants warmly thanked the president CHIONIS for his welcoming reception and the excellent organization of the meeting. GS/mt 6.18