Since 1986, the University of Michigan's Department of Obstetrics and Gynecology has been actively involved in medical student and clinical training in Ghana. In 1986, the American College of Obstetricians and Gynecologists (ACOG) and the Royal College of Obstetricians and Gynaecologists (RCOG) came together to plan the auspices and support of the Carnegie Corporation of New York to renovate and induct postgraduate medical education in Ghana. It was a time when postgraduate training for Ghanaian medical school graduates mostly occurred in the United States or Great Britain, with low rates of repatriation. It was also a time of particular attention to the burden of maternal mortality: it was realized that, despite advances in global child health, over 500,000 women worldwide were dying from pregnancy-related causes each year.

In response, the World Health Organization launched the global Safe Motherhood Initiative with an emphasis on improvements in obstetric care of women. The late Dr. Thomas E. Elkurn (U-M) was one of several representatives of ACOG’s Planning Committee, which included Dr. Timothy Johnson (then at Johns Hopkins and now chair of Obstetrics and Gynecology at U-M) to partner with Ghanaian educational institutions to create sustainable and culturally appropriate models of capacity building to improve obstetric care in Ghana. Since that early initiative, over 60 obstetrician/gynecologists have been trained in Ghana with 99 percent in-country retention rate. Graduates of the program are now faculty members in clinical providers, and leaders including the chair of the Obstetrics and Gynecology Departments at both the University of Ghana Medical School in Accra and Kumasi, the University of North Carolina at Chapel Hill, and the University of California at San Francisco. The partnership between U-M and the medical schools of Ghana continues with yearly exchanges of students and senior residents, as well as research trips by undergraduate and graduate students through the Minority Health International Research Training Program (MHIRT), Global Reach, and the Global Intercultural Experience for Undergraduates (GIEU) programs.

**History of the Ghana Postgraduate Training Program**

Postgraduate training in obstetrics and gynecology in Ghana was established as a five-year program to meet the requirements of the Western African College of Surgeons. Faculty members from U-M have visited Ghana since 1986, the University of Michigan’s Department of Obstetrics and Gynecology is involved with a number of programs that allow for an informed interpretation of the medical reality. One resident, for instance, reported that the experience of the Obstetrics and Gynecology program in Ghana was a strong pull factor that, when coupled with the training for Ghanaian medical school graduates mostly occurring in the United States or Great Britain, with low rates of repatriation. It was also a time of particular attention to the burden of maternal mortality: it was realized that, despite advances in global child health, over 500,000 women worldwide were dying from pregnancy-related causes each year.

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**Future Direction**

The longstanding and productive relationships in obstetrics and gynecology are part of a large network of collaborative work between U-M and Ghanaian universities. As President Coleman’s February 2008 trip to Ghana attests, the future holds great promise for continued and expanded activities in any area of study. The hope is that the traditions of the Michigan OB-GYN style of partnership, which emphasizes equity, sustainable capacity development, and long-term relationships, will inform projects for years to come.

**References**


Anderson FRU, Matotchik J, Kwawukume EY, Danso KA, Klufio CA, Clinton Y, Pratt JL, Johnson TJB. Who will be there when women deliver? Obstet Gynecol

**Clinical Exchanges**

Currently, U-M’s Department of Obstetrics and Gynecology is involved with a number of programs that allow for a rich exchange of education, service, and research activities between the three universities. Ghanaian residents continue to visit U-M to observe cutting-edge obstetrics, gynecology, gynecologic cancer, infertility, and family planning care during their three-month rotation. Ghanaian medical students generally divide the three-month rotation between two weeks each for obstetrics and gynecology. Student rotations were recently expanded to include the Department of Family Medicine. Exposure to such rotations as robotic surgery, advanced ultrasonography, and electronic fetal monitoring give them an understanding of the breadth of emerging technologies, but students soon realize that the basics of health care are the same.

The Michigan medical students who travel to hospitals in Ghana see a very different type of patient than in Ann Arbor. At U-M, most pregnancy complications are addressed and solved before they become life threatening. In Ghana, however, lack of access to basic health care and education, poor recognition of pregnancy complications, and lack of emergency transport lead women to present for care in conditions rarely witnessed in the United States. One medical student who recently returned from Ghana reported seeing a woman die from a septic abortion on the first day of her visit and, during the course of her month-long stay, saw additional maternal mortalities. Adverse events such as these are indeed relatively rare in the developed world and have stimulated many students to strive to erase such disparities. American students also see the outstanding clinical skills, patience, diligence, and sheer dedication that are demonstrated by the Ghanaian physicians who work in very challenging conditions.

This ongoing relationship has provided U-M students with a number of opportunities to assist in research projects in Ghana. For two academic years, the University of Michigan’s Global Mobility and Health International Research Training Program studied barriers and stigma associated with testing for HIV during pregnancy and were able to proximate to strategies in maximizing testing rates. More recently, students have assisted in the development of a database of pregnancy complications that has been useful in devising further research and strategies to prevent complications from becoming severe or life threatening. Other students have been working with the staff of the Ghana Medical Students Association to determine the scientific properties of traditional healing practices that are used to stimulate uterine contractions. This summer, students participating in the GIEU program will be learning about maternal mortality by observing obstetric care at the Komfo Anokye Teaching Hospital in Kumasi and by experiencing conditions faced by rural women at the Sene District Hospital.

**Ongoing Partnership**

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