

# International Federation of



# Gynecology and Obstetrics

**THREE-YEAR REPORT 2006–2009**

prepared by  
**The FIGO Secretariat**



## President's Introduction

The last three years have been transformational for FIGO. We have continued to build on our previous accomplishments with major strategic developments intended to benefit our member associations and the health and rights of women and newborns globally. Over the last three years we have secured grants for charitable activities including an anonymous donor, UNFPA (two grants) and the Bill and Melinda Gates Foundation and each one has clearly identified and valued our significant volunteer contributions in kind. I have also been able to use a grant from Schering for presidential activities on maternal mortality for selective activities as well as bridge funding for priority activities. With all that has transpired in the last three years, it is impossible in the pages of this report to provide you with more than an abridged account of the wide range of charitable activities undertaken by the organisation, using the best available scientific evidence to inform our efforts. FIGO has become recognised internationally by global leaders as a key organisation to involve in addressing the disparities in health care and women's rights articulated in the Millennium Development Goals and more broadly. FIGO is a co-founding member of the global maternal mortality campaign begun in 2008, as noted in Sarah Brown's invited address to the World Health Assembly in May, 2009. It has been a privilege to provide leadership during this time of significant growth and transforma-



tion and I am deeply indebted to all those whose dedicated work and volunteerism have led to our successes.

In addition to the charitable activities above, FIGO's headquarters have been radically transformed and reorganised over the last three years as planned. When I became President of FIGO there was an exceptionally small but dedicated team of three people employed at the FIGO Secretariat in London. Since that time, the Secretariat has grown and, as part of these far-reaching changes, new departments have been set up to handle all aspects of the organisation's administration. Of critical importance to our success was that we recruited a Chief Executive, Professor Hamid Rushwan, in September 2007, who has been pivotal in our grant acquisitions, strategic planning and increased representation. The decision for this recruitment was made in 1999 and President Acosta had the courage to move forward on implementation. Financial controls have been enhanced as appropriate for the management of large grants, all of which entail detailed deliverables and reporting for the grant funding received. We have recruited specific dedicated staff on a term basis as needed to ensure fiscal responsibility and facilitate proj-

ect success. We have almost completed our planned transformation into a UK Registered Charity.

Our colleagues at the *International Journal of Gynecology & Obstetrics* worked hard to ensure a smooth transition from an editorial office in Chicago to the FIGO Secretariat in London. Dr Tim Johnson as the innovative and prestigious new Editor has continued the traditions and excellence of the Journal, whilst introducing new and exciting features and increasing the number of pages. Clare Last is the outstanding new Managing Editor based in London and recently recruited Pete Chapman as Manuscript Editor. The FIGO website has been completely overhauled in the last year and continues to be improved, providing news on women's health as well as being an important source of information, including access to articles from the IJGO and news on FIGO activities. It also provides the possibility of on-line donations as our communications strategy evolves and provides greater interaction with wider audiences including civil society.

Again implementing agreed plans, FIGO recruited the experienced Marta Collins as Events and Meetings Manager, a critical role that meant FIGO could increasingly take a much more direct role in organising its own congresses and meetings, to enable the Federation to save costs and generate additional funding that will be used to support our charitable activities.

At the Congress in Kuala Lumpur, I indicated that we would continue the strong focus on the activities of our Committee on Safe Motherhood & Newborn Health (SMNH) in terms of their country level projects and the Prevention of Postpartum Haemorrhage Initiative (POPHI), in

partnership with the International Confederation of Midwives. Bruno Carbone and Sabaratnam Arulkumar have represented FIGO to provide technical expertise in the POPPHI initiative. André Lalonde, Co-Chair of the FIGO Committee has been outstanding in these initiatives and also at the International Partnership for Maternal Newborn Child Health (PMNCH), where he has been praised for his outstanding leadership at their Board. The expertise from our SMNH Committee as well as the President and Chief Executive and others has been utilised to represent FIGO at various international forums, including PMNCH, Women Deliver, Countdown, Engender Health, Gates Foundation, DFID, WHO, NORAD, POPPHI, AMDD and others. At the Global Health Workforce Alliance, Pius Okong has represented FIGO. Again through the President and Chief Executive as well as Committee Chairs and Working Group leaders and others, FIGO has been represented widely, including the UN General Assembly on Millennium Development Goals, ECOSOC, UNESCO and in fora such as cervical cancer, fistula, ethics, sexual and reproductive rights and diagnostic imaging. FIGO was the only health professional organisation represented at the Civil G8 NGO forum I attended in Kyoto in 2008 and progress was made in collaboration to get maternal newborn health on to the G8 agenda for the first time. This year, the G8 meets in Italy and FIGO was again represented at the Civil G8 in Rome by Giorgio Vittori.

In Kuala Lumpur I made it clear that we would use an evidence based approach to make progress in another major contributor to maternal mortality, that of unsafe abortion. To that end, a grant was secured from an

anonymous donor for just over US\$2.9 million and Anibal Faundes was recruited as the Project Director for the resultant initiative. I am gratified to inform you that 54 member associations committed to participate, 53 completed a situational analysis and 43 currently have action plans in the process of implementation. This impressive effort has been recognised by the donor, which is considering continuation of funding during the implementation phase to ensure a successful outcome. I am personally gratified by the level of interest this initiative has created and would like to publicly acknowledge Anibal Faundes, his outstanding leadership and that of the regional directors, towards reducing needless maternal deaths from this preventable cause.

More recently, FIGO has been involved in technical consultations on hypertensive disorders of pregnancy, another major cause of maternal and newborn morbidity and mortality. We can expect this area to come more into focus as research provides the evidence to identify those women in the community who are at risk of adverse outcomes.

Impressive progress has been made by the Committee on Fistula, not only with the continuation of their invaluable work in the areas of fistula treatment, including Francophone Africa, but also the training manual and classification system that has been agreed upon. Similarly, the ethical guidelines produced by the FIGO Committee for the Ethical Aspects of Human Reproduction & Women's Health and the Good Practice Guidelines produced by the FIGO Committee for Gynecologic Oncology provide an invaluable resource for practicing obstetricians and gynaecol-

ogists around the world. In addition, the Committee on Sexual and Reproductive Rights is focused on pre-service curriculum and adolescent sexual and reproductive rights and health. All of these have been the subject of concerted efforts by FIGO through its Committees and dedicated individuals over the past three years with the support of a remarkably small complement of staff at our headquarters in London.

In Kuala Lumpur the growing awareness of the need for organisational capacity building for our member associations made this a priority. A major team effort involving Hamid Rushwan, André Lalonde, SOGC and myself, led to success in obtaining a grant from the Bill and Melinda Gates Foundation for US\$10.5 million to improve maternal and newborn health in low-resource countries through strengthening the role of Obstetric and Gynaecological national associations. David Taylor has been recruited as the Project Director with Patrick Delorme as Project Manager. They are working actively to finalise the 8 countries selected for the first phase of this initiative.

In addition, thanks to the initiative of Jerker Liljestrand and Bill Dunlop, an on-line manual for organisational capacity building is underway and will be available to all member associations. This is particularly important with the likely addition of 12 new member associations to our FIGO family at the 2009 General Assembly, the greatest single increase in our history.

Combating Cervical Cancer was approved by the FIGO Executive Board as an activity to develop and initiate strategies for FIGO member societies and countries to engage in



advancing cervical cancer prevention and treatment in the era of vaccine development and increasing options for intervention. The two areas of education and advocacy, under the leadership of Joanna Cain, have been active and guidelines on the evolving technologies for cervical cancer prevention and management are imminent.

Sexual violence and HIV was identified as a priority, with a plan for international guidelines for sexual assault. With other activities occupying time, this initiative is now under way and soon to be completed, ably chaired by Stephen Munjanja of Zimbabwe.

During this triennium, we also have made progress with the classification of menstrual disorders, led by Ian Fraser as well as guidelines for training in Pelvic Floor Medicine and reconstructive surgery led by Oscar Contreras Ortiz.

The August 2009 issue of the *Journal of Women's Health*, guest-edited by President-Elect Gamal Serour. Having had the same role three years ago, I fully appreciate how much hard work is involved in putting together this highly prestigious publication. The report is being made available to all delegates of the FIGO World Congress in Kuala Lumpur. The *Journal* will also publish a special supplement containing Volume 27 of the *Annual Report on the Results of Treatment in Gynecologic Cancer* produced by Sergio Pecorelli under the auspices of the FIGO Committee on Gynecologic Oncology.

Collaboration with other organisations has continued to grow over the past three years. We have continued to collaborate with the International Confederation of Midwives and the

International Pediatric Association, as well as strengthening our links with organisations such as the World Health Organization, Cervical Cancer Action, UNFPA, International Planned Parenthood Federation, the White Ribbon Alliance, Family Care International, World Federation of Societies of Anaesthesiologists, and many more.

As I stand down at the end of my term as President of FIGO, I would like to thank all of the volunteer Officers, Committee Chairs and members of various Committees and Working Groups for their hard work, which has allowed us to accomplish so much and has made my term as President both enjoyable and tremendously satisfying. You may recall that Rodolphe Maheux was to have been the Chair of the Congress Scientific Programme Committee and we were all shocked by the untimely death of this great man in May 2007. I was very fortunate that Tom Baskett agreed to take on this responsibility and wish to publicly acknowledge Tom and his wife Yvette for their tremendous team effort in bringing us a wonderful scientific programme of which Rodolphe would be proud. The dedication of Ralph Hale and colleagues as well as Gerhard Lindeque and colleagues in South Africa in organising the XIX FIGO World Congress of Gynecology & Obstetrics, which I am confident will be an enormous success, also deserves special mention and the gratitude of us all. Cape Town marks the first time that FIGO will have managed the Congress using a PCO, Turners Conferences, only for specific local needs.

As I reflect on our achievements in the past three years, I believe that our founding fathers would be very proud

– particularly Professor Hubert de Watteville in whose honour the traditional De Watteville lecture will again be given during the forthcoming FIGO World Congress.

I would like, in particular, to thank my fellow FIGO Officers – President-Elect Gamal Serour, immediate Past-President Arnaldo Acosta, Vice President Shahida Zaidi, Honorary Secretary Ian Fraser and Honorary Treasurer Jerker Liljestrand. I think it is fair to say that the progress that we have achieved has only been possible through their collegial and unstinting support over the past three years. I wish President Elect Gamal Serour every success and am confident his leadership will continue to steer FIGO in the direction that is making a real difference to women and their children around the world. I further wish to acknowledge the mentorship of our past presidents and particularly Mahmoud Fathalla who has been a source of wise counsel to me over many years. Finally, it is difficult to adequately convey the personal and collective eternal gratitude due to our staff at the FIGO Secretariat, especially Bryan Thomas as Administrative Director, Marie-Christine Szatybelko, Senior Administrator and Committee Manager and our more recent recruit, Administrative Assistant David Jeffery. Their loyalty and commitment have been critical to our success.

I hope that you will enjoy reading this report, which in a very few pages summarises a tremendous amount of hard work by very capable and dedicated individuals.

**Dorothy Shaw**  
*FIGO President 2006–2009*



## About FIGO

**FIGO – the International Federation of Gynecology and Obstetrics – is the only worldwide organisation that groups together professional bodies of obstetricians and gynaecologists.**

### Vision statement

- FIGO has a vision that women of the World achieve the highest possible standards of Physical, Mental, Reproductive and Sexual Health and Wellbeing throughout their lives.

### Mission statement

- FIGO shall be a professional organisation that brings together obstetrical & gynaecological associations from all over the world.
- FIGO shall be dedicated to the improvement of women's health and rights and to the reduction of disparities in health care available to women and newborns as well as to advancing the science and practice of obstetrics and gynaecology. The organisation pursues its mission through advocacy, programmatic activities, capacity strengthening of member associations and education and training.

### Values

- The values of the organisation are those of innovative leadership, integrity, transparency, professionalism, respect for cultural diversity and high scientific and ethical standards.

### Commitment

- FIGO shall be committed to:
  - Encouraging all efforts for raising the status of women and for advancing their role in all

issues related to women's health.

- Promoting sexual and reproductive health and rights and services through education, research and advocacy as well as through the provision of accessible, efficient, affordable, sustainable comprehensive reproductive health services.
- Emphasising the importance of achieving the Millennium Development Goals by 2015. FIGO is committed to accelerating its efforts and activities to reach MDG targets especially in the area of safe motherhood and newborn health.
- Continually upgrading the practice of gynaecology and obstetrics through research, education and training and by maintaining the highest levels of professionalism and scientific and ethical standards.
- Improving communication with and between member associations and building the capacities of those from low-resource countries through strengthening leadership, management, good practice and the promotion of policy dialogues.
- Strengthening capacities to enable societies to play a pivotal role in the development and implementation of sustainable programmes aimed at the improvement of care available to women and newborns especially for poor and underserved populations.
- Recognising the importance of collaborative efforts for advancing women's health and rights, FIGO is committed to

strengthening partnerships with other international professional organisations, UN agencies, and the public/private sector to achieve its objectives.

FIGO has grown from an organisation representing the forty-two national societies which attended the founding meeting on the 26th July 1954 in Geneva, Switzerland into a worldwide organisation representing obstetricians and gynaecologists in 113 territories.

The original Swiss Federation – whose registered address is rue du 31 Decembre, Geneva, Switzerland – was incorporated under the Swiss Civil Code in 1954. A UK Registered Charity – International Federation of Gynecology and Obstetrics (Registered Charity No 1113263; Company No 5498067) – registered in England and Wales was established in June 2005 and became fully operational on 1st January 2008. It is a company limited by guarantee and governed by its Memorandum and Articles of Association.

FIGO Trading Limited (Company No 5895905), also registered in England and Wales, is a wholly owned commercial trading subsidiary of the UK Registered Charity. The Registered Office of both the UK Registered Charity and FIGO Trading Limited is FIGO House, Suite 3 – Waterloo Court, 10 Theed Street, London SE1 8ST, United Kingdom.

The FIGO Charitable Foundation is a US 501(c)(3) corporation incorporated in the State of Illinois, USA on 28th November 2001 as a Not for Profit Corporation. (EIN No 98-0362884). The Registered Office of

the FIGO Charitable Foundation is 222 North LaSalle Street, Suite 2600, Chicago, Illinois 60601, USA.

The International Federation of Gynecology and Obstetrics is a benevolent, non-profit organisation funded through subscriptions received from member societies, grants and the proceeds of its triennial World Congress.

## Governance

The governance of the International Federation of Gynecology and Obstetrics is set out in its Constitution and Bye-Laws. The organisation has a single management body, the Board of Trustees, who are the elected Officers. An Executive Board, which is composed of these 6 Officers and representatives of 24 affiliated societies, determines policy and is responsible for administration. Meetings are arranged as required by the demands of the organisation's business and, due to the international nature of this and the location of the Executive Board members, as much as possible is transacted by correspondence, facsimile and email. The Executive Board meets formally once a year and the Trustees/Officers at least twice yearly.

The General Assembly meets every three years at the time of the triennial World Congress and is composed of delegates from each affiliated association. It ratifies recommendations on the governance of the organisation made by the Executive Board and elects the Officers and new members of the Executive Board for the ensuing three-year term. Its

most recent meeting took place in Kuala Lumpur, Malaysia in November 2006. The next will take place in Cape Town, South Africa during the FIGO World Congress in October 2009. All registered participants in the Congress are invited to attend the sessions of the General Assembly.

A Chief Executive – Professor Hamid Rushwan – was appointed during the last three-year term to manage the day to day operations of the Charity.

## Activities

Since its foundation in 1954, FIGO has organised a World Congress of Gynecology and Obstetrics that takes place every three years. Some of the Federation's other major activities include:

- Prevention of Unsafe Abortion (pages 25–27).
- Saving Mothers & Newborns Initiative (pages 17–20).
- Initiative for the Prevention and Treatment of Fistula (page 14).
- FIGO "Improving maternal and newborn health in low-resource countries through strengthening the role of obstetric and gynaecological national associations" Initiative (page 37).

## Advocacy & Women's Rights

FIGO has continued its efforts to:

- educate and increase awareness of Ob/Gyn professionals about women's rights relating to reproductive health care
- involve Ob/Gyn professionals in an evaluation of their practice to assess whether they are protecting and promoting these rights
- encourage the development of a

## Trustees/Officers 2006–2009

<i>President</i>	<b>D Shaw</b>	Canada
<i>Vice-President</i>	<b>S Zaidi</b>	Pakistan
<i>President-Elect</i>	<b>G Serour</b>	Egypt
<i>Past-President</i>	<b>A Acosta</b>	Paraguay
<i>Honorary Secretary</i>	<b>I Fraser</b>	Australia
<i>Honorary Treasurer</i>	<b>J Liljestrand</b>	Sweden

## Executive Board Members 2006–2009

Australia & New Zealand	<b>K Clark</b>	
Belgium	<b>J M Foidart</b>	
Brazil	<b>N Roberto de Melo</b>	
Canada	<b>A Lalonde</b>	
Chile	<b>E Suarez Pacheco</b>	
Costa Rica	<b>G Montiel Larios</b>	
France	<b>B Carbonne</b>	
Germany	<b>R Kreienberg</b>	
Ghana	<b>K Apea-Kubi</b>	
Greece	<b>I Messinis</b>	
India	<b>B Anklesaria</b>	
Italy	<b>M Campogrande</b>	
Japan	<b>K Ochai</b>	
Jordan	<b>A Abdel Wahed</b>	
Lebanon	<b>G El-Kehdy</b>	
Malaysia	<b>A Aziz Yahya</b>	
Pakistan	<b>F Zaman</b>	
Palestine	<b>I Tawfiq-Arafat</b>	
Slovenia	<b>B Kralj</b>	
South Africa	<b>F Guidozi</b>	
Spain	<b>J Bajo Arenas</b>	
Sweden	<b>E Persson</b>	
Turkey	<b>I Itil</b>	
United States of America	<b>R Hale</b>	
<i>Chief Executive</i>	<b>H Rushwan</b>	Sudan/UK
<i>Administrative Director</i>	<b>B Thomas</b>	UK

code of ethics in the country, by health professionals based on rights language that will provide the basis for changes in gender-biased normative assumptions about health care

- develop and promote an international core for a code of professional ethics
- encourage the collaboration of Ob/Gyn professionals with other forces in civil society, to protect,

promote and advance women's rights to reproductive health care

### Other activities

The Federation's activities also include:

- The provision of assistance to societies involved in the organisation of national workshops on maternal mortality, safe motherhood or rights-based issues.
- The organisation of international workshops.
- The organisation of the De Watteville Lecture in collaboration with The international Federation of Fertility Societies – "IFFS" (given in memory of Professor Hubert de Watteville – the founding father of both FIGO and IFFS).
- The awarding of fellowships including those given in consultation with the Bayer Schering Pharma Research Foundation (formerly the Ernst Schering Research Foundation), the Chien-Tien Hsu Research Foundation and, at the World Congress, the host society.
- The publication of the World Report on Women's Health, published every three years to coincide with the World Congress. This special supplement to the *International Journal of Gynecology & Obstetrics* represents a comprehensive overview of women's health issues, both medical and social.

Through the work of five dedicated task-oriented Committees and two Working Groups, FIGO's work embraces many aspects of obstetrics and gynaecology such as oncology, safe motherhood, social activities on women's health, and ethics.

## FIGO Secretariat

**In an effort to reduce its long-term expenditure, FIGO purchased a new headquarters building at Theed Street in London, United Kingdom in 2004. The premises are centrally located within a few minutes walk of Waterloo national rail station with direct Underground links to the Heathrow Express terminal at London's Paddington station and Eurostar services from St Pancras International station.**

In an era of unrivalled expansion, during which the number of individuals working at the Secretariat has increased from three to ten with more to come as activities increase, the building provides adequate space for the existing Secretariat staff as well as allowing for the future long-term expansion of the staff needed to support FIGO's expanded activities. The Secretariat now houses all of FIGO's core activities – including the IJGO Editorial Office – under one roof to maximize the organisation's efficiency and facilitate cost reductions.

At its meeting in June 2006, the Executive Board agreed, for both pragmatic and financial reasons, to a proposal to restructure FIGO's internal organisational structure and to appoint a new Chief Executive.

The restructuring was designed primarily to allow the continuation of the administrative functions currently undertaken by the Secretariat as well as accommodating the relocation of the IJGO Editorial Office to the Secretariat, supporting FIGO's fundraising activities, and bringing "in house" many of the functions related to the management of

FIGO's triennial World Congress that had previously been delegated to an external Professional Congress Organiser.

Taking into account these principal aims, a number of separate "departments" have been established.

These include:

- Publications
- Events & Meetings
- Finance
- Administration

In addition, the Chief Executive is responsible for administering the affairs of FIGO on a day to day basis, delegating authority to the Administrative Director as appropriate, preparing the organisation's strategic plan, and supervising all the employees and departments of FIGO whilst implementing the policies, procedures and activities approved by the FIGO Officers and Executive Board.

The reorganisation forms a highly important blueprint for the future and will enable FIGO to move forward effectively and efficiently as it expands its interventions and activities.

The Secretariat therefore now handles all administrative matters on behalf of the organisation. Its staff is multilingual and can communicate in English, French, Spanish and a number of other languages.



## FIGO Member Societies

The membership of FIGO includes the following affiliated organisations:

### Africa-Eastern Mediterranean

- Association of Gynaecologists and Obstetricians of Tanzania
- The Association of Obstetricians & Gynaecologists of Uganda
- The Egyptian Society of Gynaecology & Obstetrics
- The Emirates Medical Association Obstetrics & Gynaecology Society
- Ethiopian Society of Obstetricians and Gynecologists
- The Jordanian Society of Obstetricians and Gynaecologists
- Kenya Obstetrical & Gynaecological Society
- Kuwait Medical Association: The Profession of Obstetrics & Gynaecology
- The Libyan Obstetrical & Gynaecological Association
- The Obstetrical & Gynaecological Society of the Sudan
- Sierra Leone Association of Gynaecologists and Obstetricians
- Société Algérienne de Gynécologie-Obstétrique
- Société de Gynécologie et d'Obstétrique de Bénin et du Togo
- Société de Gynécologie et d'Obstétrique de Côte d'Ivoire
- Société Guinéenne de Gynécologie-Obstétrique
- Société Libanaise d'Obstétrique et de Gynécologie (Lebanese Society of Obstetrics and Gynaecology)
- Société Malienne de Gynécologie Obstétrique
- Société Royale Marocaine de Gynécologie Obstétrique
- Société Tunisienne de Gynécologie et d'Obstétrique
- Society of Gynaecologists and Obstetricians of Ghana (Ghana Medical Association)
- Society of Gynaecology and Obstetrics of Nigeria
- Society of Gynecologists of Obstetricians of Cameroon
- The Society of Palestinian Obstetricians and Gynecologists
- The South African Society of Obstetricians and Gynaecologists
- Syrian Society of Obstetricians & Gynecologists
- The Zimbabwe Society of Obstetricians & Gynaecologists

### Asia-Oceania

- The Afghan Society of Obstetricians and Gynaecologists
- The Chinese Society of Obstetrics and Gynecology
- The Federation of Obstetric & Gynaecological Societies of India
- Japan Society of Obstetrics & Gynecology
- Korean Association of Obstetrics and Gynecology
- The Macao Association of Obstetrics & Gynecology
- Myanmar Medical Association Obstetrical & Gynaecological Society
- The National Association of Iranian Obstetricians & Gynecologists
- The Nepal Society of Obstetricians and Gynaecologists (NESOG)
- The Obstetrical & Gynaecological Society of Hong Kong
- Obstetrical & Gynaecological Society of Malaysia
- Obstetrical & Gynaecological Society of Singapore
- Obstetrical and Gynaecological Society of Bangladesh
- Papua New Guinea Obstetrics and Gynaecology Society
- Perkumpulan Obstetri Dan Ginekologi Indonesia (Indonesian Society of Obstetrics & Gynecology)
- Philippine Obstetrical & Gynecological Society, Inc
- The Royal Australian and New Zealand College of Obstetricians and Gynaecologists
- The Royal Thai College of Obstetricians and Gynecologists
- Saudi Obstetrical and Gynecological Society
- Society of Obstetricians & Gynaecologists of Pakistan
- Sri Lanka College of Obstetricians and Gynaecologists
- The Taiwan Association Of Obstetrics and Gynecology
- Vietnam Gynaecology and Obstetrics Association

### Europe

- The Albanian Association of Obstetrics and Gynecology
- The Association of Gynecologists and Obstetricians of Macedonia
- The Association of Gynecologists and Obstetricians of Serbia, Montenegro and Republic of Srpska
- Croatian Society of Gynecologists & Obstetricians
- Czech Gynecological and Obstetrical Society
- Dansk Selskab for Obstetric og Gynaekologi

- Deutsche Gesellschaft für Gynäkologie und Geburtshilfe
- Federacao das Sociedades Protuguesas de Obstetricia e Gineologia (FSPOG)
- Federation of Turkish Gynecologic Societies
- Félag Íslenskra Fæðinga – og Kvensjúkdómalækna (Icelandic Society of Obstetrics and Gynecology)
- Finnish Gynecological Association
- Georgian Association of Obstetricians and Gynecologists
- Gynecologic Association of the Slovenian Medical Society
- Hellenic Obstetrical & Gynaecological Society
- The Institute of Obstetricians & Gynaecologists of the Royal College of Physicians of Ireland
- Koninklijke Belgische Vereniging voor Gynecologie en Verloskunde/Société Royale Belge de Gynécologie et d'Obstétrique
- The Kosovo Obstetric Gynaecology Society
- Latvian Association of Gynaecologists & Obstetricians
- Lithuanian Association of Obstetricians and Gynecologists
- Magyar Noorvos Tarsasag (Hungarian Society of Obstetrics & Gynecology)
- Malta College of Obstetricians and Gynecologists
- The Medical Association of Israel – The Israel Society of Obstetrics & Gynecology
- Nederlandse Vereniging voor Obstetrie en Gynaecologie (The Netherlands Society of Obstetrics and Gynaecology)
- Norsk gynekologisk Forening (Norwegian Society for Gynecology & Obstetrics)
- Oesterreichische Gesellschaft für Gynäkologie und Geburtshilfe (Austrian Society of Gynaecology and Obstetrics)
- Pan-Cyprian Obstetrical and Gynaecological Society
- Polskie Towarzystwo Ginekologiczne
- Romanian Society of Obstetrics & Gynaecology
- The Royal College of Obstetricians and Gynaecologists (United Kingdom)
- Russian Society of Obstetricians and Gynaecologists
- Schweizerische Gesellschaft für Gynäkologie & Geburtshilfe/Société Suisse de Gynécologie & Obstétrique
- Scientific Medical Society of Obstetrics and Gynaecology in Bulgaria
- Slovak Gynecological and Obstetrical Society

- Sociedad Española de Ginecología y Obstetricia
- Società Italiana di Ginecologia e Ostetricia
- Société Luxembourgeoise de Gynécologie et d'Obstétrique
- Société Nationale de Gynécologie-Obstétrique de France
- Society of Estonian Gynaecologists
- Society of Obstetricians and Gynecologists of Republic of Moldova
- Svensk Förening För Obstetrik & Gynekologi (The Swedish Society of Obstetrics and Gynaecology)
- The Ukrainian Association of Obstetricians and Gynecologists

#### **Latin America**

- Asociación de Ginecología y Obstetricia de Guatemala
- Asociación de Obstetricia y Ginecología de Costa Rica
- Federação Brasileira das Sociedades de Ginecologia e Obstetricia
- Federación Argentina de Sociedades de Ginecología y Obstetricia
- Federación Ecuatoriana de Sociedades de Ginecología y Obstetricia
- The Grabham Society of Obstetricians and Gynaecologists (Jamaica)
- Sociedad Boliviana de Obstetricia y Ginecología
- Sociedad Chilena de Obstetricia y Ginecología
- Sociedad Colombiana de Obstetricia y Ginecología
- Sociedad de Ginecología y Obstetricia de El Salvador
- Sociedad de Ginecología y Obstetricia de Honduras
- Sociedad de Obstetricia y Ginecología de Venezuela
- Sociedad Dominicana de Obstetricia y Ginecología, Inc
- Sociedad Ginecotológica del Uruguay
- Sociedad Nicaragüense de Ginecología y Obstetricia
- Sociedad Panameña de Obstetricia y Ginecología
- Sociedad Paraguaya de Ginecología y Obstetricia
- Sociedad Peruana de Obstetricia y Ginecología
- Sociedad Cubana de Ginecología y Obstetricia
- Société Haitienne d'Obstétrique et de Gynécologie

#### **North America**

- The American College of Obstetricians and Gynecologists
- Federación Mexicana de Ginecología y Obstetricia
- The Society of Obstetricians and Gynaecologists of Canada



## FIGO Committees & Working Groups

### Committee Structure

The Executive Board discussed the priorities for action for the 2006–2009 “term” in depth and decided to approve the continuation of the “task oriented” Committees: the Committee for the Ethical Aspects of Human Reproduction and Women’s Health, Committee on Gynecologic Oncology, Committee for Safe Motherhood & Women’s Health and Committee for Women’s Sexual & Reproductive Rights. In addition, a new Committee for Fistula was established.

The Committees reflect a continuing determination to realise and expand FIGO’s mission to improve women’s health and rights and to reduce disparities in health care available to

women and newborns as well as its commitment to advancing the science and practice of obstetrics and gynaecology.

In addition, the continuation of the Alliance for Women’s Health was approved to provide an ongoing forum for collaboration between FIGO and other organisations and act as an Advisory Board to various projects including the triennial Pre-Congress Workshop.

At a meeting of the Executive Board in January 2007, it was also agreed that Working Groups should also be formed to supervise FIGO’s activities in the areas of prevention and management of unsafe abortion and combating cervical cancer.

A number of FIGO “business” Committees are also in place:

- The FIGO Congress Organising

Committee, which continues to be responsible for the organisation of the FIGO World Congress and the policy aspects of FIGO Congresses.

- The Audit Committee, which aims to ensure that FIGO’s strategic plan has been developed and implemented in an appropriate and clear fashion with appropriate goals, whilst being open in the conduct of its affairs.
- The Finance Committee, which undertakes periodic reviews of FIGO’s finances and financial planning and strategy.
- The FIGO Publications Management Board, which oversees the business and financial management of FIGO’s publications.

## Alliance for Women's Health

The Alliance for Women's Health began life as the WHO/FIGO Task Force in 1982. Its objective was to advance the health of women, particularly in low- and middle-income countries, by promoting an increased awareness and commitment about public health and social issues among obstetrician-gynaecologists through collaboration between FIGO and the World Health Organization ("WHO") and with other organisations. The Alliance for Women's Health remains a forum where FIGO shares information with other agencies to gain collective wisdom in dedicated and collaborative areas of FIGO activity and to identify further potential areas of collaboration. Besides FIGO and WHO, the following organisations are represented:

- International Confederation of Midwives
- International Pediatric Association
- IPPF (The International Planned Parenthood Federation)
- UNFPA (United Nations Population Fund)
- The World Bank
- UNICEF (United Nations Children's Fund)

Ipas also attends meetings in an "observer" capacity.

Professor Mahmoud Fathalla – a former President of FIGO – acts as a Senior Consultant to the Alliance, whilst Professor Rebecca Cook of the University of Toronto, Canada serves as an honorary consultant on matters relating to reproductive health and the law.

The Alliance has met on a number of occasions during the past three years – in July 2007 and September 2008 at the headquarters of FIGO in London, United Kingdom. At those meetings, the main focus of the discussions revolved around:

- Reviewing activities relevant to women's health & safe motherhood by the collaborating organisations
- The functions of the Alliance

- Preparations for the Pre-Congress Workshops – see below
- Publications on sexual and reproductive health

On 2nd and 3rd October 2009, a Pre-Congress Workshop organised under the auspices of the Alliance for Women's Health is being held in Cape Town, South Africa prior to the FIGO World Congress of Gynecology & Obstetrics.

### Members of the Alliance for Women's Health 2006–2009

<b>A Acosta</b> ( <i>Co-Chair</i> )	FIGO
<b>P Van Look</b> ( <i>Co-Chair</i> )	WHO
<b>A Bridges</b>	International Confederation of Midwives
<b>I Fraser</b>	FIGO
<b>J Liljestrand</b>	FIGO
<b>N Ortayli</b>	UNFPA
<b>K Rogo</b>	The World Bank
<b>J Schaller</b>	IPA
<b>G Serour</b>	FIGO
<b>D Shaw</b>	FIGO
<b>N Simelela</b>	IPPF
<b>Representative</b>	UNICEF
<b>S Zaidi</b>	FIGO

### Senior Consultant

**M Fathalla**

### Consultant

**R Cook**

### Observer

**B Crane** Ipas





## **FIGO Committee for the Ethical Aspects of Human Reproduction and Women's Health**

The FIGO Committee for the Ethical Aspects of Human Reproduction and Women's Health was established in 1985 to identify and study the important ethical problems confronting health care practitioners in human reproduction. These ethical problems were to be brought to the attention of physicians and the public in high income and low- and middle- income countries and ethical guidelines provided where appropriate. The Committee is composed of a broad range of international members who represent low- and middle-

income countries and high-income countries as well as having a significant interest and/or expertise in medical ethics.

The Committee's charge has assumed greater importance with the continuing world-wide challenge of ensuring that women are granted human and reproductive rights. Furthermore, the complexity of incorporating the many ethical aspects of reproductive issues in differing societies for issues such as cloning, or patenting of the human genome argue for the need for such a consensus body. There is no other body internationally that confronts these issues with a view towards the health care impact on women. Because of this, the Committee opinions are used by women's health practitioners worldwide to

assist them in setting national and local standards, to expand the depth of discussion of these issues locally and to support their advocacy for improvements in the health and status of women. This is a critical role and of greater need now in the face of rapid cultural and scientific change than ever before. Women are clearly vulnerable in territories where their health care rights are either non-existent or threatened and thus the Committee's guidelines can be a powerful force to support the rights of women worldwide.

The FIGO Committee for the Ethical Aspects of Human Reproduction and Women's Health considers the ethical aspects of issues that impact the discipline of obstetrics, gynaecology and women's health. The guidelines produced by the Committee represent the result of that

carefully researched and considered discussion. This material is intended to provide material for consideration and debate about the ethical aspects of the discipline for member organisations and their constituent membership.

The Committee has issued guidelines on a number of ethical issues, which are to be published in collected form in October 2009 in a booklet entitled *“Recommendations on Ethical Issues in Obstetrics and Gynecology by the FIGO Committee for the Study of Ethical Aspects of Human Reproduction”*. The text of the booklet is available in English, Spanish and French and may also be downloaded from the FIGO website.

The aims of the Committee are to:

- Record and study the contemporary ethical issues which emanate from research and practice in obstetrics, gynaecology, and reproductive medicine.
- Focus on international issues.
- Recommend guidelines on ethical problems in training, education, science and the practice of obstetrics and gynaecology.
- Bring ethical issues to the attention of FIGO member societies, physicians, and the public.
- Address the question of FIGO's policy towards sponsorship and relationships with Industry.

The FIGO Ethics Committee met in Lyon, France, in 2007, and in Paris, France, in 2008. Overall 19 Recommendations were designed, published in the FIGO booklet to be distributed to delegates at the 2009 FIGO World Congress and in various issues of the IJGO. In addition, all Recommendations were forwarded by e-mail to FIGO member national

societies, with a request for comments, additional information, and suggestions for further topics to be submitted for debate. E-mail and the Internet appear to be promising means of communication on ethics with FIGO member national societies and this tool will hopefully be greatly developed in the near future.

Indeed one of the objectives of the Ethics Committee has been to gain heightened visibility and to spread the ethical aspects of human reproduction at the “grass root” level and integrate its reflections and Recommendations into regular medical practice. Ethics is not intended to be an abstruse speculation about moral behaviour but should be a guide for all practitioners as to the conduct of their professional lives and the decisions they make. These guidelines aim at being universal and applicable worldwide since the Committee members belong to all continents, all traditions, cultures, religions, societies, medical practices and to countries ruled by different laws and regulations. Despite this wide disparity, the FIGO Ethics Committee always achieves a consensus before finalising its Recommendations. Despite this, practitioners are warned that the FIGO Recommendations should not be applied in countries where they contradict national laws or regulations. However, if laws or regulations prejudice women's health, ie discrimination against HIV positive patients or limitations in access to family planning, Obstetricians and Gynaecologists, national societies, and professional bodies all have an obligation to make every possible effort to convince their governments to improve women's reproductive health to

enable their full enjoyment of their human and reproductive rights.

In the wake of the work achieved by the past Chairs of the Ethics Committee, (including Professors Joanna Cain and Gamal Serour and their predecessors), the most recent Recommendations of the Ethics Committee addressed a wide range of issues, including social issues such as violence against women, and embraced a broad field of reflections which focused on all aspects of human reproduction. They underline the unique role of the FIGO Committee in the field of Ethics relating to Women's Health. Indeed, the Recommendations issued during the past three years concerned a wide range of issues including:

- research or forthcoming practices: Ethical guidelines concerning Cytoplasmic Animal Human Hybrid Embryos, Professional Obligations related to developments in genomics and proteomics in human testing, Uterine Transplantation;
- social issues: Violence against Women, Pregnancy and HIV positive patients, Adolescent and youth reproductive health care and confidentiality, Informed consent; Disclosing adverse outcomes to patients;
- organisation of health care: Fertility Centres: who should they treat, Ethical framework for gynaecologic and obstetric care, Ethical aspects concerning neonatal screening, Ethics in family planning, HPV vaccination and screening to eliminate cervical cancer;
- pregnancy: Surrogacy, Termination of Pregnancy following



prenatal diagnosis, Safe motherhood and newborn health;

- tissue donation: The use of embryonic or foetal tissue for therapeutic clinical application, Anencephaly and organ transplantation, Donation of genetic material for human reproduction;

The task of the Ethics Committee was not limited to the publication of Recommendations. In between Committee meetings, the Committee members published many articles on ethics in various International Journals, delivered a great number of lectures and participated in the name of FIGO in meetings or workshops in collaboration with various international organisations such as UNESCO or WHO, or scientific societies such as ESHRE and ASRM.

The Recommendations of the FIGO Ethics Committee happen to be of practical use to many. On two occasions so far, the Centre for Women's Rights based in New York, USA, brought cases of women's reproductive rights denial to the European Court of Human Rights. The FIGO Ethics Committee Recommendations served as evidence to reinforce the plaintiff's request. One case concerned tubal sterilisations without patients' consent, the other concerned denial of prenatal diagnosis for a malformed baby.

These advances demonstrate that Ethics is not only an abstract notion; they are of real value to real people.

### Members of the FIGO Committee for the Ethical Aspects of Human Reproduction & Women's Health 2006–2009

<b>J Milliez</b> ( <i>Chair</i> )	France
<b>B Dickens</b> ( <i>Co-chair</i> )	Canada
<b>C-L Hu</b>	China
<b>A Martinez Palomo</b>	Mexico
<b>K Rao</b>	India
<b>G Serour</b>	Egypt
<b>F Shenfield</b>	UK/France

### Consultants

<b>J Cain</b>	USA
<b>I Cooke</b>	UK
<b>N Patel</b>	UK





## FIGO Committee on Fistula

**FIGO's activities in the area of fistula prevention and treatment had, until 2007, been undertaken under the auspices of the FIGO Committee for Safe Motherhood & Newborn Health. The topic was deemed to be of such importance, however, that a dedicated task-oriented Committee was established.**

The aims of the Committee are to:

- Co-ordinate effectively FIGO's activities in the field of fistula treatment and prevention.
- Produce effective proposals for the possible expansion and enhancement of the invaluable work undertaken in the prevention and treatment of fistula.
- Co-ordinate the production of a

competency-based training manual aimed at trainers and individual practitioners in low- and middle- income countries.

- Continue liaison with UNFPA and others on the establishment of training centres and dedicated fistula hospitals in Africa and elsewhere.
- Work with allied organisations – including UNFPA – on projects devoted to the prevention and treatment of fistula.
- Monitor and evaluate third-party projects supported currently or in the future by FIGO (such as the FIGO funded project being undertaken in Tanzania by AMREF).
- Recommend ways in which FIGO and its constituent societies can collaborate with national governments and other organisations to reduce unacceptably high levels of fistula in their countries. This

should include, where appropriate, collaboration with member societies in countries with a high incidence and/or expertise in fistula.

- Encourage and co-ordinate South to South collaboration where relevant and appropriate

One of the main priorities of the Committee has been the production of a competency-based training manual. This task was delegated to Dr Mulu Muleta – the Co-Chair of the Committee based in Ethiopia – who has been liaising closely with a small dedicated Working Group to complete the task. A support grant for the development of the training manual was provided by UNFPA. A series of meetings has been held with drafts of the manual being reviewed first by the Working Group

itself and then by a wider “Advisory Group” of practitioners.

FIGO is also hoping – with the support of other NGOs including UNFPA – to develop dedicated treatment centres. It is hoped that in due course new training centres can be established and existing ones enhanced.

FIGO has provided financial support of US\$150,000 over the past three years – from January 2005 to December 2007 – for a project in Tanzania co-ordinated by AMREF as part of the country’s national fistula programme. Support for the initiative has continued and additional funding of US\$337,321 has been agreed by FIGO’s Executive Board to fund the project over the next three years. This represents approximately 23.81% of the overall total of US\$1,416,619, with the remainder being supplied by the Royal Netherlands Embassy in Tanzania. Measurable objectives included the training of 28 doctors and 36 nurses in fistula treatment. The initiative to which FIGO contributes resulted in 549 repairs in 25 participating hospitals between July and December 2007 alone. The support provided by FIGO enabled 62 of these operations to be carried out during the period.

The Committee has been liaising on a project co-ordinated by the Collège National des Gynécologues et Obstétriciens Français – the FIGO member society for France – and the French Association of Urology that aims to provide support to a number of fistula centres that have been created in various West African countries including Benin. The centres are being designed to offer surgical repair to affected women

and to train African health professionals in the treatment of fistula. FIGO is providing support of €34,600 that will over the three-year period of the project:

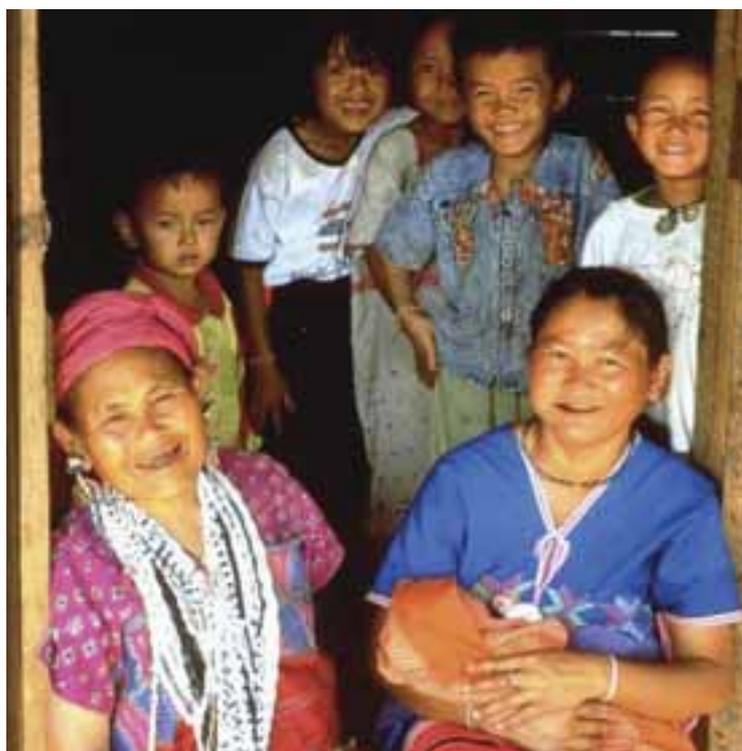
- train 12 obstetrician/gynaecologists; and
- contribute to the capacities of the French-speaking fistula network.

Expanded work has been undertaken with various organisations to increase advocacy in respect of fistula treatment and prevention. In particular, FIGO has continued to liaise with UNFPA on its “Campaign

To End Fistula” initiative coordinated by the international Obstetric Fistula Working Group (OFWG). This group was created by UNFPA in 2003 with the primary purpose of ensuring global coordination and collaboration efforts to eliminate obstetric fistula. The group includes international and regional NGOs, universities, governmental organisations, health facilities and UN agencies, all of which are working to raise awareness of obstetric fistula in the context of improving maternal and neonatal health.

#### Members of the FIGO Committee on Fistula 2006–2009

<b>N Patel</b> ( <i>Chair</i> )	UK
<b>M Muleta</b> ( <i>Co-Chair</i> )	Ethiopia
<b>A Browning</b>	Ethiopia
<b>W Dunlop</b>	UK
<b>S Elneil</b>	UK
<b>A Falconer</b>	UK
<b>T Raassen</b>	Kenya
<b>C-H Rochat</b>	Switzerland
<b>H Rushwan</b>	Sudan/UK
<b>K Waldijk</b>	Nigeria





## FIGO Committee on Gynecologic Oncology

The primary objectives of the FIGO Committee on Gynecologic Oncology for the period from 2006 – 2009 have been to:

- Make recommendations on the classification and staging of gynaecologic cancer.
- Make recommendations relating to research, screening, prevention, and management of gynaecologic cancer, particularly in developing countries.
- Liaise with other cancer societies
- Draft and supervise the publication of the FIGO *Annual Report on the Results of Treatment in Gynecologic Cancer*.

The fourth edition of the good practice guidelines booklet prepared in collaboration with the International

Gynecologic Cancer Society (IGCS) will be ready to be distributed to delegates and officially presented in a press conference at the FIGO World Congress of Gynecology & Obstetrics in Cape Town, South Africa in October 2009. It will also be available for download from the FIGO and IGCS websites.

The *Annual Report on the Results of Treatment in Gynecologic Cancer* is supervised by the Committee and is co-ordinated by Committee Chair Professor Sergio Pecorelli and a dedicated team based in Milan, Italy

### Members of the FIGO Committee on Gynecologic Oncology 2006–2009

<b>S Pecorelli</b> (Chair)	Italy
<b>L Denny</b> (Co-Chair)	South Africa
<b>A Bermudez</b>	Argentina
<b>N Hacker</b>	Australia
<b>D Mutch</b>	USA
<b>H Ngan</b>	Hong Kong

with support from the European Institute of Oncology. Volume 27 will be published as a supplement of the *International Journal of Gynecology & Obstetrics*, and will be presented during the FIGO World Congress in Cape Town, South Africa.

The Committee has also organised a series of workshops. In collaboration with the International Gynecologic Cancer Society and the University of Hong Kong, twelve fellowships were awarded which allowed young obstetrician-gynaecologists to study at the university. In addition, the FIGO Committee on Gynecologic Oncology and IGCS agreed to co-sponsor workshops in gynaecologic oncology in Colombia, India, Poland and Serbia. These 3-7 one-day programmes provided a series of lectures and discussions given by world experts in gynaecologic cancer in cooperation with local clinicians.

The goal is to provide improved care for women with gynaecological cancer and thus reduce the morbidity and mortality caused by this major health problem. Although these workshops broadly cover the entire field of gynaecologic cancer, emphasis is placed on specific areas that could help to establish local programmes to enhance women's health in combating gynaecological cancer.



## FIGO Committee for Safe Motherhood & Newborn Health

The FIGO Committee for Safe Motherhood & Newborn Health was originally established in January 2004 and aims to:

- Act as a focal point for all FIGO activities dedicated to safe motherhood and newborn health.
- Consider the possible continuation or expansion of the FIGO Saving Mothers & Newborns Initiative aimed at reducing unacceptably high rates of maternal mortality and morbidity in low- and middle- income countries.
- Monitor the activities being undertaken for the prevention and treatment of post-partum haemorrhage both independently and in consultation with The Interna-

tional Confederation of Midwives and other organisations.

- Identify other areas where FIGO might take an active role in safe motherhood activities.
- Act as a liaison point on behalf of FIGO with other organisations – including The Partnership for Maternal Newborn Child Health (“PMNCH”) – concerned with safe motherhood issues, and to represent FIGO at relevant and worthwhile meetings.

Over the last three years, the Committee has been very active in its efforts to contribute to reducing maternal mortality. During the period from 2006-2009, the committee has diversified its work and has been working in three areas:

- Taking a leadership role in initiatives and advocacy aimed at

reducing maternal morbidity and mortality globally.

- Country interventions (maternal and newborn health projects).
- Representing FIGO at various international fora.

## FIGO Leadership

### Task shifting

As a response to the global shortage of health workers, task shifting has been proposed as one way for national governments and the public health community to address this issue. “Task shifting involves the rational redistribution of tasks among health workforce teams. Specific tasks are moved, where appropriate, from highly qualified health workers to health workers with shorter training and fewer qualifications in order to make more

efficient use of the available human resources for health.”<sup>1</sup>

The Committee has discussed this approach within the context of its potential impact upon maternity services in low resource settings and there is a concern that the task shifting model could result in the replacement of well-trained health professionals with non-professional health workers. Some members of the Committee have attended conferences and meetings such as the WHO Technical Consultation on Scaling up of In-Country Maternal and Newborn Health Services Workforce, and the HRH (Human Resources for Health) Action Conference to represent the interests of the profession of obstetrics.

Dr Pius Okong has been representing FIGO at several meetings with The Global Health Workforce Alliance (GHWA). This network was created as a common platform for action to address the human resource crisis. The Alliance is a partnership of national governments, civil society, international agencies, finance institutions, researchers, educators and professional associations dedicated to identifying, implementing and advocating for solutions. The role of FIGO within this alliance is to participate in technical consultations and preserve the professional identity of obstetricians and gynaecologists, ensure proper training and minimal competencies of health professions and to ensure that maternal health does not get lost within other health issues such as HIV, tuberculosis and malaria.

The Committee has produced a

report that includes specific recommendations for policy and programming, which was published in the January 2009 issue of the IJGO entitled: Human resources for health in the low-resource world: Collaborative practice and task shifting in maternal and neonatal care. The report was approved by the FIGO Executive Board.

### **List of Essential Interventions in maternal care**

The Committee was approached by WHO to provide input about a list of essential interventions in maternal care. It voiced concerns about the purpose of the document and that it may be possibly unrealistic for many health professionals to implement these interventions. The Committee proposed ten interventions in a priority setting at various health care structures. This position was approved by the FIGO Executive Board and is being used in discussion with PMNCH, WHO and other health care professionals. Recently it was adopted by DFID in the UK and incorporated into the Sarah Brown Campaign.

### **Maternal Mortality Classification**

FIGO is being represented by Dr André Lalonde in a WHO committee to revise the classifications of maternal mortality within the International Classification of Disease (ICD). The new classification is to be released in 2011.

### **Creation of FIGO statement on Caesarean section**

In response to the ‘pandemic of

caesarean section’ and its appropriate use, the Committee published a statement in January 2007 regarding the obstetrician’s responsibility to provide evidence-based care and informed choice to women. Part of the statement reads: “Women should not be denied access to Caesarean delivery when needed for want of funds or infrastructure; neither should they be placed under pressure to have a Caesarean birth because of a lack of professional care to support a normal labour and delivery.”

A copy of the statement can be obtained at this website: [http://www.cngof.asso.fr/D\\_TELE/FIGO\\_cesar\\_230107.pdf](http://www.cngof.asso.fr/D_TELE/FIGO_cesar_230107.pdf).

### **Breastfeeding & HIV**

The Committee has been working on a joint statement about breastfeeding and HIV with the International Pediatric Association. Members are providing input, ensuring the health-needs of the woman/mother are addressed.

## **Country Interventions**

### **POPPHI**

Dr Bruno Carbonne and Dr Sabaratnam Arulkumaran represented FIGO at meetings of the Prevention of Postpartum Haemorrhage Initiative (POPPHI). This was a five year project which started at the beginning of 2004. Its overall goal has been to expand the use of active management of the third stage of labour to reduce post-partum haemorrhage – the greatest cause of maternal mortality worldwide. Within this group, FIGO continued to actively support



national societies to promote within their country FIGO/ICM joint statements related to the prevention and treatment of post-partum haemorrhage. The Committee also participated in a number of POPPHI task forces, in particular the “Uterotonic Drugs and Devices” and “First Intervention” groups.

### **Saving Mothers & Newborns Project**

This has been the major initiative achievement of the Committee. The Initiative is now approaching its mid-term point and the ten participating countries are progressing well. Members of the Committee provided support, supervision, troubleshooting and advice to the countries involved in the project. Dr André Lalonde assumed the overall supervisory role of this Initiative. The ten countries are: Haiti, Kenya, Kosovo, Moldova, Nigeria, Pakistan, Peru, Uganda, Ukraine and Uruguay. The Initiative is building and sustaining the capacity of ob/gyn and midwifery societies to conduct essential projects relevant to the promotion of safe motherhood and the improvement of maternal health.

A more detailed report on the Saving Mothers & Newborns Initiative may be found on pages 17–20.

### **FIGO/Gates MNH Initiative**

In January 2009 FIGO was awarded a five-year, US\$10.5 million grant from The Bill & Melinda Gates Foundation to implement an Initiative entitled “Improving maternal and newborn health in low-resource countries through strengthening the role of obstetric and gynaecological national associations”.

The Initiative will focus on fifteen FIGO member associations in low- and middle-resource countries in Asia and Africa. The first phase of the project will focus on eight countries with high rates of newborn mortality and morbidity. This phase aims to strengthen the member associations in these countries and develop advocacy activities to raise awareness of maternal and newborn health issues at the national and regional level.

In the second phase of the project, seven additional countries will be introduced with the goal of developing “South-South” collaborations. This phase will develop communication mechanisms for knowledge and experience sharing, partnership development and exchanges of information, skills and lessons learned.

This initiative is at the beginning of its implementation and the Committee will be providing technical support throughout its duration.

A more detailed report on this Initiative may be found on page 37.

### **Representation at Various International Fora**

#### **Women Deliver**

Several Committee members participated in two panel presentations during the Women Deliver Conference that took place in October 2007. These panels focused on key aspects of strengthening the capacity of health professionals, collaboration and advocacy. A short film was made by Global Health TV entitled “*Health Professional Organisations-Critical Partners*” and this

can be viewed on its website: [http://www.globalhealthtv.com/conference/women\\_deliver\\_2007/#/conference/women\\_deliver\\_2007/health\\_professional\\_organisations\\_critical\\_partners/](http://www.globalhealthtv.com/conference/women_deliver_2007/#/conference/women_deliver_2007/health_professional_organisations_critical_partners/).

### **Countdown to 2015 Initiative**

Members of the Committee were present at conferences held by the Countdown to 2015 Initiative together with the Chair of the FIGO Committee on Women’s Sexual & Reproductive Rights, Dr Kamini Rao. This Initiative is tracking progress of MDGs 1, 4 and 5 and is promoting the use of evidence to enhance decision and policy making and increase health investments at the country level. FIGO has asked for official representation within this initiative.

### **Partnership for Maternal, Newborn and Child Health**

The Chair of the FIGO Committee for Safe Motherhood & Newborn Health, Dr André Lalonde, sits also on the Board of the Partnership for Maternal, Newborn and Child Health and is a member of the executive and finance committees.

Within this partnership, FIGO played an important role in the conduct of regional Health Care Professionals (HCP) multi-country workshops in Malawi by Dr Pius Okong (2007), Burkina Faso by Dr André Lalonde (2008) and Pakistan by Dr Shereen Bhutta (2009).

### **International Meetings**

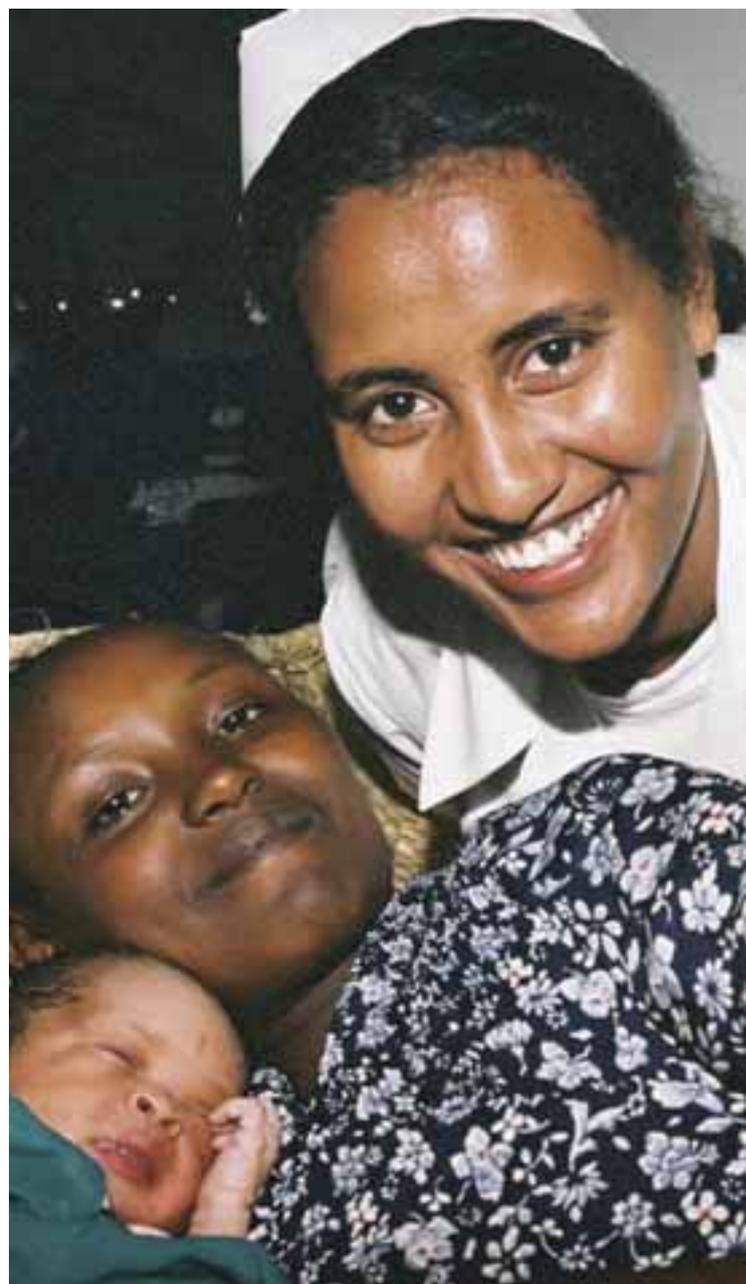
Committee members were present at meetings hosted by Engenderhealth Maternal Health Task Force, Norwegian Agency for Development

### Members of the FIGO Committee for Safe Motherhood & Newborn Health 2006–2009

<b>A Lalonde</b> ( <i>Chair</i> )	Canada
<b>P Okong</b> ( <i>Co-Chair</i> )	Uganda
<b>S Bhutta</b>	Pakistan
<b>A Bridges</b>	The Netherlands
<b>B Carbonne</b>	France
<b>J Liljestrand</b>	Sweden
<b>H Menendez Arriola</b>	Guatemala
<b>W Stones</b>	UK/Kenya

### Corresponding Member

<b>A Acosta</b>	Paraguay
-----------------	----------



Cooperation (Norad), UK Department for International Development (DFID) and the Gates Meeting on Misoprostol.

### Sarah Brown Campaign/DFID

Dr Will Stones represented FIGO at a two day workshop hosted by the UK Department for International Development (DFID ) and the Sarah Brown Campaign. The meeting provided a forum for all involved to start a dialogue to lead a more effective collaboration between different organisations in order to achieve Millennium Development Goal 5 – improve maternal health. A consensus statement was produced that defines a five-point checklist of policies and prioritised interventions to be provided through a health systems approach: leadership, evidence-based interventions, free health services for women, skilled work force and accountability.

This involved UN agencies and a major mapping initiative of who is doing what, where and prioritising countries based on high maternal mortality ratios.



## FIGO Committee for Women's Sexual & Reproductive Rights

**At its meeting in Cape Town in October 1998, the FIGO Executive Board approved the establishment of a FIGO Study Group on Women's Sexual and Reproductive Rights. The activities of the Working Group were so successful that it was reinstated as a full Committee from 2000 onwards.**

The objectives of the Committee are to:

- Produce effective proposals for the possible expansion and enhancement of the invaluable work undertaken in preceding years through the *Obstetrician/Gynaecologists for Women's Sexual and Reproductive Rights* project.
- Emphasise the important role of the profession, alone and in collaboration with others, in the respect, protection and implementation of human rights related to women's sexual and reproductive health.
- Increase social consciousness and awareness among members of the profession.
- Encourage member societies to use existing international human rights to improve women's reproductive and sexual health in their countries through collaboration, education and advocacy.
- Review and add, where appropriate, technical content to the definition of sexual and reproductive rights.
- Review and update, where appropriate, standards for the respect of these rights, to which countries can be held accountable.

- Monitor and review guidelines to the health profession for the respect of these rights.
- Recommend ways in which FIGO and its constituent societies can collaborate with national governments and other organisations to further advance these rights

The emphasis of the FIGO Committee for Women's Sexual & Reproductive Rights is on the importance of the professional role of the obstetrician /gynaecologist, working alone and in collaboration with others to guarantee the respect, protection and implementation of human rights related to women's sexual & reproductive health and to increase social consciousness and awareness among other members of the profession. The Committee has continued its activities to achieve its objectives and mandate through as many avenues as possible.

One of the main aims of the Committee is to develop a concrete pre-service curriculum on women's sexual and reproductive rights that can be applied at the national level. The aim of this initiative is to address curricular gaps and redundancies in the current medical school curriculum and provide minimum standards so that every medical student regardless of his/her specialty graduates with the skill to ensure that a woman's sexual & reproductive rights are protected. It is intended that the curriculum should be produced as a small booklet, similar to the FIGO staging and ethical guidelines booklets that could be referred to easily.

Various ways of integrating the proposed curriculum into courses for medical, nursing and midwifery stu-

dents are currently under discussion, which will then be complemented by activities aimed at integrating these rights into all areas of training. It has been generally acknowledged that implementing any changes to teaching methods will be a very difficult task, as many teaching institutions are very conservative.

The Committee has decided to prioritise the reproductive rights of adolescents and young people. With this in mind a workshop was organised in Lahore, Pakistan on Adolescent Sexual & Reproductive Rights just prior to the SAFOG meeting in March 2007. The objective of the Workshop was to bring about awareness regarding Adolescent friendly sexual and reproductive health services and orient the medical fraternity in this direction.

The meeting reiterated that definitive actions would be required for endorsing, articulating and advocating for adolescent sexual & reproductive rights:

- Obstetrics and gynaecology societies should be instrumental in translating WHO & other guidelines for adolescent sexual and reproductive health into protocols.
- Societies should play an active role in modifying the guidelines to make them more country specific and should take the responsibility of carrying out regular reviews of the guidelines based on new evidence, in collaboration with the health authorities.
- Continuous medical education (CME) and in service training for physicians and other health workers was essential, whilst

- influencing curricula development and content review.
- Orientation Programmes should be developed to enable programme managers and service providers to implement and deliver adolescent-friendly health services.

An orientation session on women's sexual and reproductive rights was organised in Nepal in April 2007 to sensitise and orient the participants including specialists in Ob/Gyn about women's sexual and reproductive rights issues and to advocate the rights based approach for protection and promotion of women's sexual and reproductive health. FIGO's vision and mission regarding women's sexual and reproductive rights was shared with participants including the expectation of FIGO that member societies should be active in ensuring women's sexual and reproductive rights in their countries.

As a result of a meeting held in Mozambique in September 2007 an action plan – The Operationalisation of the Continental Policy Framework for Sexual and Reproductive Health and Rights 2007–2010 – has been produced. This, it is hoped, will help in improving the status of women's sexual and reproductive health in the African region.

In continuation of the plan of the Committee to prioritise reproductive rights of adolescents and young people, the FIGO-UNFPA Adolescent Reproductive Health And Rights Project was launched. The project is currently ongoing and the first phase involves obtaining information on existing tools and guidelines, conducting a literature review and carrying out a KAP sur-

## Members of the FIGO Committee for Women's Sexual & Reproductive Rights 2006–2009

<b>K Rao</b> (Chair)	India
<b>P Ndavi</b> (Co-Chair)	Kenya
<b>J Milliez</b>	France
<b>L Regan</b>	UK
<b>D Magrane</b>	USA
<b>R Molina Cartes</b>	Chile
<b>K Haldre</b>	Estonia

## Legal Resource

<b>L Cabal</b>	USA
----------------	-----

## Consultant

<b>M Fathalla</b>	Egypt
-------------------	-------

## Collaborating Agencies

<b>J Cottingham</b>	WHO
<b>B Crane</b>	Ipas
<b>M Haslegrave</b>	Commat
<b>S Kabir</b>	BRAC UK
<b>N Ortayli</b>	UNFPA
<b>K Rogo</b>	The World Bank
<b>G Saghal</b>	Amnesty International
<b>N Simelela</b>	IPPF

vey focusing on adolescents both as young people and as patients. FIGO has appointed an agency to carry out these tasks on its behalf. The KAP survey results of the literature review are awaited.

It has been decided that the Committee for Women's Sexual and Reproductive Rights should act as the technical arm of the project. Once the first phase of the project is completed, three regional task forces will be appointed in Africa, Asia & Latin America and the following Committee members have been nominated as the regional focal persons:

- Dr Kamini Rao – Asia
- Dr Patrick Ndavi – Africa
- Professor Molina Cartes – Latin America

These focal persons will endeavour to take this forward and will liaise with the countries that are eventually chosen. An informal meeting has been planned in South Africa at the time of the World Congress.

During the second phase of the project each of the regions will be expected to hold a series of workshops which would be attended by young people, representatives from partners of each region's participating countries, representatives from Ministries of Health and Education, health professional associations and societies, civil society and youth organisations. These workshops would encourage dialogue with young people and discussion of the KAP survey and literature review results. They would constitute a regional forum for expanding collaborative partnerships and knowledge sharing in sexual and reproductive health.

The long term goal of the Committee is to sensitise Ob/Gyn professionals all over the world and train them to uphold and advance human rights principles on which reproductive and sexual health depends.



## FIGO Working Group on Combating Cervical Cancer

At its meeting and “retreat” held in Selsdon Park, United Kingdom in January 2007, the FIGO Executive Board approved the establishment of a FIGO Working Group on Combating Cervical Cancer, intended to build on the work undertaken during the preceding three years by the FIGO Study Group on HPV.

The aims of the Working Group are to:

- Ensure that health policy decision makers, National Health Ministries and Health professionals in low-, middle- and high-income countries understand the range and burden of disease, both benign and malignant, caused by infection with HPV.
- Ensure that cervical cancer be placed on the ‘health agenda’ of low- and middle- income countries by disseminating knowledge of and understanding of the bur-

den of cervical cancer in these countries and the necessity of allocating resources to cervical cancer prevention, early detection, treatment and palliation for the advancement of women’s health.

- Encourage all countries to create national cancer registries to monitor disease prevalence, with particular emphasis on cervical cancer and to evaluate the impact of various prevention of cervical cancer strategies.
- Disseminate widely an understanding of primary and secondary disease prevention, with particular emphasis on primary prevention of HPV infection with HPV vaccine.
- Ensure that the rationale behind HPV vaccination, the potential benefits of vaccination and the programmatic challenges are clearly understood by policy makers, health ministries and health care professionals.
- Facilitate and promote the intro-

duction of the HPV vaccine into developing countries in a manner which is affordable and accessible to women and which achieves the widest possible coverage of the targeted population

- Advocate for the establishment of adolescent health care infrastructure to facilitate dissemination of the HPV vaccine and to use this platform for the promotion of adolescent health
- Promote screening for secondary prevention of cervical cancer including an evaluation of different methods of screening pertinent to different health care settings e.g. VIA, HPV DNA testing and cytology
- Promote key messages and best practice documents produced by FIGO and its counterpart’s effective communication with all relevant stakeholder groups including FIGO member societies, Women’s Health advocacy groups and educational establishments – including those representing other key professional groups such as General Practitioners, Paediatricians, Midwives, and Nurses – Ministries of Health, and pharmaceutical companies involved in the production of HPV vaccines.

The Working Group was charged to develop and initiate strategies for FIGO member societies and countries/territories to engage in advancing cervical cancer prevention and treatment in the era of vaccine development and increasing options for intervention.

The Group met in London in June 2008. The organising mission for the work is:

*Cervical cancer incidence and*

deaths track a map of inequity for women and women's health internationally. Now is the time to change this. We have the knowledge and the tools, so how can we continue to allow these women – mothers, daughters and wives – to suffer and die.

The group identified a two-fold strategy, education and advocacy, which is ongoing:

### Education

Gaps in knowledge to link prevention and treatment opportunities existed, and continue to exist in present literature from WHO and other organisations. A basic background paper of options for care throughout the continuum of disease from prevention through advanced disease for all resource settings was needed as foundational documentation for members to turn to.

The Group has completed its paper and this will form part of the World Report on Women's Health being published to tie in with the FIGO World Congress in Cape Town.

There is ongoing linkage with Cervical Cancer Action – New reports on Cervical Cancer prevention and management tools are posted on the FIGO website to provide a rapid access site for developments.

The Working Group is also developing a "Guideline" or menu of options for cervical cancer control that informs member societies about evidence based strategies with a cost efficacy approach that will assist in moving forward in a rationed environment.

The Guideline is needed because the major guides and training manu-

## Members of the FIGO Working Group on Combating Cervical Cancer 2006–2009

<b>J Cain</b> (Chair)	USA
<b>H Ngan</b>	Hong Kong
<b>C Trimble</b>	USA
<b>T Wright Jr</b>	USA
<b>S Garland</b>	Australia
<b>M Jacob</b>	India
<b>H Kitchener</b>	UK
<b>L Denny</b>	South Africa
<b>S Shelbaya Goltz</b>	USA

als, including "Comprehensive Cervical Cancer Control: A guide to essential practice" from WHO are outdated by recent research, programmatic experience and increasing availability of HPV testing and HPV vaccines in developing countries – in both the public and private sectors. With FIGO partners in Cervical Cancer Action, we recognise that WHO is unlikely to be able to revise this in the coming years, and the update needs to be done now. By establishing and broadcasting its own Guideline, FIGO could provide rapid legitimising guidance and play an important role in encouraging the rapid and effective introduction of these tools at the country level.

The method of work will be to provide an evidence based Guideline by the time of the FIGO Congress in South Africa, and convene a working "editorial" meeting with the members of the FIGO Committee for Gynecologic Oncology and the Working Group to edit and adopt the Guideline for use by FIGO members and to publish broadly through the FIGO website.

### Advocacy

FIGO joined the Cervical Cancer Action (Coalition) which has been highly active in providing background papers for WHO and SAGE deliberations regarding HPV vaccines and continues to work through and with its member organisations to deliver a congruent advocacy

message. The Working Group felt strongly that a congruent and consistent message from ALL organisations was more likely to have an impact rather than FIGO taking this on separately from others. This was reinforced with the recent publication of the WHO papillomavirus vaccine position paper, which utilised a background position paper presented by CCA. In addition, FIGO joined with IPA to present editorial papers in newspapers internationally to support advancing vaccine use for girls, and had representation at international conferences regarding cervical cancer control.

The Working Group feels that FIGO should continue active involvement (which has been through the Working Group) with the coalition to ensure that there is no fracturing of message and to expand the impact of the educational materials developed by FIGO.

In addition, the Working Group will develop with IPA a statement of support for the WHO position paper on HPV vaccines, advocate together for international donor leadership and evidence based decision making at the country level.

(Members of the CCA include: American Cancer society, AIDS Vaccine Advocacy Coalition, Cancer Research UK, FIGO, International AIDS Vaccine Initiative, IPPF, Pan American Health Organization, PATH, UICC).



## FIGO Working Group on the Prevention of Unsafe Abortion

At its meeting and “retreat” held in Selsdon Park, United Kingdom in January 2007, the FIGO Executive Board also approved the establishment of a FIGO Working Group on the Prevention of Unsafe Abortion.

The aims of the Working Group are to:

- Understand the extent to which unsafe abortion poses health risks to women in the member countries/territories of FIGO, and the policy and service delivery factors that need to be addressed to reduce the size of the problem.
- Build national and international consensus for overcoming the constraints to providing evidence-based methods for reducing the burden of unsafe abortion.
- Increase awareness of Ob/gyn

professionals about their ethical obligations to increase women's access to evidence-based methods and solutions for reducing the burden of unsafe abortion

- Develop situational analyses on unsafe abortion in FIGO's member countries and territories.
- Organise national workshops to construct plans of action to reduce unsafe abortion, based on the results of the situational analyses.
- Organise regional workshops to develop collaboration between countries and territories.
- Follow up on the implementation of national/regional plans for reducing the burden of unsafe abortion
- Identify potential areas of collaboration and engagement between Ob/gyn professionals with other stakeholders in the civil society, to promote and advance women's access to safe abortion and post-abortion services; and to develop – in consultation with allied organisations such as IPPF, ICM, WHO,

UNFPA and Ipas – issuance of statements, position papers, guidelines and policy documents on the following topics:

- Education and evidence-based information provided to women.
- Creating awareness on evidence-based methods of contraception (in collaboration with other professional associations, such as midwifery and nursing associations).
- The empowerment of women.
- Documenting and obtaining country specific data on unsafe abortion, needed for specific actions within individual countries and territories.
- Advocacy by FIGO to national societies, and advocacy by national societies to their local policymakers and communities.
- Promotion of pre-service training on methods of managing safe abortion and the complications of unsafe abortion, and the decentralisation of these procedures to mid-level providers.
- Exchange of experiences on abortion between FIGO member countries and territories.

The Working Group works in collaboration with the FIGO Committee on Women's Sexual & Reproductive Rights.

The FIGO initiative for the Prevention of Unsafe Abortion is financially supported by a grant from an anonymous donor. The project has two phases:

- Phase one started with an invitation to FIGO member societies to participate in the initiative, giving priority to countries with an

induced abortion rate of 30 per 1000 women 15–44 or an unsafe abortion rate of 10/1000. Those who agreed to participate were required to name a focal point and to carry out a situational analysis of the unsafe abortion situation in their respective countries. After completion of the analysis each country was to hold a national workshop with the participation of the government and other interested parties to discuss the results and set the bases for the development of an action plan that responded to the deficiencies identified by the analysis. Those plans of action were to be adopted as a country commitment by the government and the civil society.

- The next step was to organise a regional workshop in each of seven regions, where the different problems and actions to solve them were presented and the representatives of the governments would be asked to commit themselves to implementing the plan of action during the ensuing two years.
- Phase two consists of the implementation of an action plan by each country. This phase extends from the launching of the action plan until November of 2009.

All these activities were carried out in collaboration with a number of other international organisations and governmental agencies that have similar objectives.

### Management Structure of the Project

A Project Coordinator was named, who is also the Chair of the Working Group, avoiding duplications and overlapping of functions. The project

Coordinator reports directly to the FIGO President and Chief Executive. The FIGO Secretariat provides general administrative support.

The Project Coordinator identified and contacted six Regional Coordinators, one for each of the six regions of the world included in the project. The Project Coordinator commits 100% of his time to the project and the Regional Coordinators between 25% and 30% of their time. The Project Coordinator (Anibal Faúndes) is based in Campinas, SP, Brazil; the Regional Coordinator for Latin America (Luis Távara) in Lima, Peru; for Western and Central Africa (Robert Leke) in Yaounde, Cameroon; for Eastern-Central-Southern Africa (Florence Mirembe) in Kampala, Uganda; for North Africa and Eastern Mediterranean (Ezzeldin Osman Hassan) in Cairo, Egypt; for South-Southeast Asia (Shahida Zaidi) in Pakistan, and for Eastern-Central Europe (Stelian Hodoroagea) in Chisinau, Moldova. An Assistant Regional Coordinator for Central America and the Caribbean was also identified and enrolled in the project – Dr Marina Padilla, based in San Salvador, El Salvador. The focal points from each participating member society complete the management structure of the project.

### Activities

The obstetrics and gynaecology societies of 54 countries agreed to participate in the initiative and to complete situational analyses. Fifty of these countries held a national workshop where the situation on unsafe abortion was discussed and the bases for a Plan of Action set, with the involvement of the national government. Not all these countries,

however, were able to develop a full plan of action that was approved both by the National Member Society and by the Government.

All seven regional workshops were carried out as planned. The workshops were held in:

- South America – Lima, Peru (June 2008).
- Central-America – Panama City, Panama (June 2008).
- Western-Central Africa – Douala, Cameroon (July 2008).
- South-Southeast Asia – Mumbai, India (August 2008).
- North Africa/Eastern Mediterranean – Istanbul, Turkey (August 2008).
- Eastern, Central Southern Africa – Johannesburg, South Africa (September 2008).
- Central and Eastern Europe – Chisinau, Moldova (September 2008).

Fifty three of the 54 societies that prepared situational analyses presented a plan of action at the Regional workshops, but only 43 countries succeeded in getting their plans of actions approved – Eight from **Central America** (Costa Rica, Cuba, Dominican Republic, El Salvador, Guatemala, Honduras, Nicaragua and Panama), eight from **South America** (Argentina, Bolivia, Brazil, Chile, Colombia, Peru, Uruguay and Venezuela), five from **Western Central Africa** (Benin, Cameroon, Côte d'Ivoire, Gabon, Nigeria), seven from **Eastern Central Southern Africa** (Ethiopia, Kenya, Mozambique, South Africa, Tanzania, Uganda, Zambia), five from **North Africa/Eastern Mediterranean** (Egypt, Syria, Sudan, Tunisia, Turkey), six from **South-Southeast Asia**



(Bangladesh, India, Nepal, Pakistan, Sri Lanka, Thailand), and four from **Central and Eastern Europe** (Georgia, Kyrgyzstan, Macedonia, Moldova).

### Implementation of the Plans of Action

The Regional Coordinator as well as the General Coordinator have been following the implementation of the plans of action in the 43 countries, through several mechanisms.

All focal points have been contacted periodically to check if they need assistance, particularly in their contact with agencies which are potential collaborators with different components of the plans.

The focal points have remained largely the same since the beginning of the project, although the societies are free to nominate new focal points should they wish to do so. In fact we have recorded only two countries where the focal point has changed during the last few months.

Monitoring visits have been carried out to over 50% of the countries with the purpose of reinforcing the involvement and commitment of the national obstetrics and gynaecology societies, and particularly of the focal points, to help them to establish contact with international agencies that may potentially collaborate in the execution of the plans of action, and to confirm the commitment of the national government with the implementation of the plans.

The project does not include in the budget any funding to help the Ob Gyn Societies in the implementation of the plans of action. This instead depends on the allocation of

resources by the national government and by international organisations and agencies interested in the different aspects of the prevention of unsafe abortion.

Looking at the plans of action and activities planned or already taken by the diverse agencies in the countries participating in the FIGO initiative, it is easy to see that there are large areas of overlap. It became clear that the implementation of the plans of action would depend largely on the capacity to coordinate the activities of the several agencies with those proposed in the plans.

The diverse agencies and organisations, whose objectives and activities coincide with those of the FIGO initiative and of the countries' plans of action, were approached. We share with them the plans of action of the countries in their geographic area of interest, highlighting the objectives and activities that corresponded with those within the scope of work of each of the agencies.

### Members of the FIGO Working Group on the Prevention of Unsafe Abortion 2006–2009

<b>A Faúndes</b> ( <i>Chair</i> )	Brazil
<b>K Gemzell</b>	Sweden
<b>S Hodorogea</b>	Moldova
<b>T Johnson</b>	USA
<b>R Leke</b>	Cameroon
<b>F Mirembe</b>	Uganda
<b>E Osman Hassan</b>	Egypt
<b>L Tavera</b>	Peru
<b>S Zaidi</b>	Pakistan

### International partner organisations

<b>S Schilt</b>	Amnesty International
<b>R Ponce de Leon</b>	Ipas
<b>Marcel Vekemans</b>	IPPF
<b>N Ortayli</b>	UNFPA
<b>P Axemo</b>	The World Bank
<b>I Shah</b>	WHO

In view of the very good results of the first series of workshops, we decided to organise a new series termed "Follow-up workshops". They do not only aim to make the countries accountable for their commitment to implement the plans of action, but also will offer a great opportunity to the various agencies involved to show their own plans for each country.

### The future

The General Coordinator feels that the momentum achieved should be maintained by continuing the initiative beyond November of 2009. The General Coordinator and the Regional Coordinators have expressed their willingness to continue working as volunteers. A proposal for a continuation of the project to ensure the implementation of the current plan of action and their continuity in the future has been prepared and presented to the current donor.



## FIGO Task Force on Pelvic Floor Medicine and Reconstructive Surgery

The level of knowledge on Female Pelvic Floor Dysfunction, its diagnosis and treatment has increased dramatically over the last three decades.

At present, the contribution of different specialties has created an holistic concept of Female Pelvic Floor Dysfunctions and Pelvic Reconstructive Surgery. In an attempt to engage world leaders in the field, the Task Force was established at the 2006 FIGO World Congress in Kuala Lumpur, Malaysia. The incorporation of new methodologies of study (urodynamics, ultrasound, MRI, etc.) and the updating of diagnosis and treatment guidelines has been a principal aim.

The Task Force develops proposals that it feels should be capable of being implemented in all societies, regardless of different levels of capability and development.

To facilitate the work of the Group, the Task Force General Coordinator decided to divide the work into three separate areas: Level 1 (aimed at General gynaecologists, Primary Health Care providers), Level 2 (regarding educational objectives for residency training in Ob/Gyn) and Level 3 (aimed at Fellows devoted to Pelvic Floor medicine or Pelviperineology).

Based on these objectives, four sub-groups were appointed which form an integral part of the Task Force:

- Educational Programme on Pelvic

Floor Medicine and Reconstructive Surgery

- Pelvic Floor Dysfunction Classification
- Pelvic Organ Surgery In Women
- Pelvic Floor Rehabilitation

### Educational Programme on Pelvic Floor Medicine and Reconstructive Surgery

This group was appointed to develop guidelines for training residents and fellows in Urogynecology (also known as female urology and female pelvic medicine and reconstructive surgery). It includes leading members from a number of countries and its objectives are to develop standards for training that could apply worldwide. In doing this, the care of women with pelvic floor disorders could, hopefully, be improved. The group's report provides basic, general outlines for training that are not overly extensive or too narrow, so that they may be implemented in countries with different grades of development of this discipline and different characteristics of medical training and health care resources.

There are several published guidelines available from gynaecologic and urologic organisations suggesting curricula for training residents and fellows in pelvic floor dysfunction problems. Most medical school curricula include an introduction to the subject as part of an obstetric and gynaecologic or urology clerkship. Such medical school training, however, will depend on the needs perceived in different regions and countries and by faculty and resources available to teach the subject.

The principal aim of this group is to devise a core and standardised international curriculum for training residents and Urogynecology subspecialists in the essential and advanced elements, respectively, of medical and surgical management of female pelvic floor disorders.

### Pelvic Floor Dysfunction Classification

In the past three years this group worked very actively in classifying and reviewing literature on symptoms associated with pelvic floor dysfunction in five groups:

- Lower urinary tract symptoms
- Bowel symptoms
- Vaginal symptoms
- Sexual function
- Pain

The group continues to assess these groups with the POP-Q system proposed by the International Continence Society and the classification of Baden and Walker (1992). At present we are waiting the outcomes of the modifications of the group's investigations.

### Pelvic Organ Surgery in Women

This group has carried out an exhaustive meta-analysis on current surgical management for the correction of symptomatic pelvic floor relaxation that includes conventional techniques that show 10 to 30% of recurrent cases and current proposals regarding primary routes of access (abdominal, vaginal and laparoscopic) and the use of meshes as a primary surgery. Due to recurrence rate and complications a greater number of randomised controlled trials are required to evaluate the role of surgical procedures in reconstructive surgery, to determine

## Members of the Task Force on Pelvic Floor Dysfunction

**O C Ortiz** (*General Coordinator*) Argentina

## Educational Programme on Pelvic Floor Medicine and Reconstructive Surgery

**M Stenchever** (*Chair*) USA

**D E Rizk** Egypt

**G Falconi** Italy

**J Hsieh** Taiwan

**S Athanasiou** Greece

**A Singla** USA

**J Corcos** Canada

**E Guzman** Chile

**T Hasaart** Netherlands

**A Lukanovic** Slovenia

**H P Dietz** Australia

which type of techniques are most suitable.

## Pelvic Floor Rehabilitation

Pelvic floor rehabilitation and conservative or non-surgical treatment has gained a place in the treatment and prevention of Female Pelvic Floor Dysfunction. This group was established to offer FIGO the opinion of international leaders in this field. The group focuses on the following items:

- Current Knowledge in Female Pelvic Floor Rehabilitation;

- Guidelines for Prevention, Treatments and Equipment;
- Proposals for Developing Countries;
- Training Knowledge and Goals for: Physicians, Physical therapists, nurses and Midwives.

This group will investigate which guidelines are available for prevention and treatment, how adequate they are, how they are implemented in the different parts of the world, how these can be adapted to and implemented in the different health care systems, keeping in mind and respecting the regional culture and circumstances.



## Pelvic Floor Dysfunction Classification

**S Salvatore** (*Chair*) Italy

**P G Escoto** México

**D S Rodriguez** México

**T Mascarenhas** Portugal

**A P Caba** Dominican Republic

**A Lukanovic** Slovenia

**D E Rizk** Egypt

**M Karram** USA

**S Swift** USA

## Pelvic Organ Surgery In Women

**B Deval** (*Chair*) France

**O C Ortiz** Argentina

**M Murphy** Canada

**C Birch** Canada

**C Falconer** Sweden

**C Medina** USA

**P Von Theobald** France

**H Koebl** Germany

**E Delorme** France

**G Zanni** Italy

**B O'Reilly** Ireland

**S O'Sullivan** Ireland

**R Morley** UK

**F La Torre** Italy

**C Chan** UK

**C Domoney** UK

**R Rogers** USA

**H Vervest** The Netherlands

**S Mourad** Egypt

**M Hefni** UK

**Al Pigne** France

## Pelvic Floor Rehabilitation

**B Berghmans** (*Chair*) The Netherlands

**L Brubaker** USA

**H van de Vaart** The Netherlands

**J F Motta do Santos** Brazil

**G van Koeveringe** The Netherlands

**A Sultan** UK

**K Bø** Norway

**S Mørkved** Norway

**M van Kampen** Belgium

**V Riso** Argentina

## FIGO Task Force on Menstrual Disorders

The FIGO Working Group on Menstrual Disorders was established in 2006 in order to extend the progress made at an initial Workshop convened in Washington in February 2005 to explore agreements on terminologies, definitions and classifications around abnormal uterine bleeding.

Over the last three years, significant progress has been made. The most recent meeting of the core group was held in Barcelona, Spain in July 2008 during the ESHRE Conference. This meeting helped to define the main issues which required resolution – notably a two-level classification scheme for underlying causes of abnormal uterine bleeding (AUB). It also established initial planning for a one-day Pre-Congress Workshop to be held immediately prior to the 2009 FIGO World Congress of Gynecology & Obstetrics and for a formal session during the main scientific programme.

The Pre-Congress Workshop will aim to finalise terminologies, definitions and classifications, whilst the two-hour scientific programme session will focus on presentations around Abnormal Uterine Bleeding and the testing of AUB concepts with the audience through the interactive use of electronic keypads.

The outcomes of the Cape Town Pre-Congress Workshop and the main scientific session on Abnormal Uterine Bleeding will need to be translated into terms which can be negotiated with organisations such as the World Health Organization, the American College of Obstetri-

cians and Gynecologists, the American Society for Reproductive Medicine, the European Society for Human Reproduction and Embryology, the Royal College of Obstetricians and Gynaecologists, and others, and then reviewed for widespread circulation with journal Editors-in-Chief. These matters have been informally discussed with organisations and editors from time to time and the overall attitude is very positive and receptive.

Short conference presentations or discussion sessions have been presented by members of the Working Group at meetings of the European Society for Human Reproduction and Embryology, The Philippines Obstetric and Gynaecology Society, The Society of Obstetrics and Gynaecology of Indonesia, The American Society for Reproductive Medicine and The Population Council.

### Publications

Five publications have arisen from the work of the Group, the most important being the following

(please note that the first two indicate the planned simultaneous publication of the same paper in both Human Reproduction and Fertility and Sterility:

- Fraser IS, Critchley HOD, Munro MG, Broder M Can we achieve international agreement on terminologies and definitions used to describe abnormalities of menstrual bleeding? **Hum Reprod** 2007; 22: 635-643; Simultaneous publication in **Fertility and Sterility**;
- Fraser IS, Critchley HOD, Munro MG, Broder M. A process designed to lead to international agreement on terminologies and definitions used to describe abnormalities of uterine bleeding. **Fertil Steril** 2007; 87: 466-476; Simultaneous publication in **Human Reproduction**.
- Woolcock J, Critchley HOD, Munro MG, Broder M, Fraser IS. Review of the confusion in current and historical terminology and definitions for disturbances of menstrual bleeding. **Fertil Steril** 2008; 90: 2269-2280.

### Members of the FIGO Working Group on menstrual Disorders 2006-2009

<b>I Fraser</b> (Co-Chair)	Australia
<b>H Critchley</b> (Co-Chair)	UK
<b>M Munro</b> (Co-Chair)	USA
<b>D Archer</b>	USA
<b>C Farquhar</b>	NZ
<b>P Warner</b>	UK
<b>M Topozada</b>	Egypt
<b>I Milsom</b>	Sweden



## FIGO Audit Committee

The aims of the FIGO Audit Committee are to:

- Ensure that FIGO's strategic plan has been developed and implemented in an appropriate and clear fashion with appropriate goals by the Officers and committees.
- Ensure that FIGO is open in the conduct of its affairs, except where there is a need to respect confidentiality.
- Ensure that FIGO complies with all relevant legal and regulatory requirements.
- Ensure that FIGO carries out its aims in accordance with the Constitution and Bye-Laws.
- Encourage member societies to take into account gender representation when selecting their delegates to the FIGO General Assembly with the aim of achieving a minimum of 20% female representation and to review the

composition of delegations following each FIGO General Assembly to bring this aim to the attention of those societies that fall short of this goal.

To fulfil their responsibilities, each Committee Chair and Project Head files a report to the Audit Committee with an update on the completion of its goals and objectives on an annual basis prior to the Audit Committee meeting.

The Audit Committee has met once a year the day before the Executive Board meeting and has undertaken a full review of the activities being undertaken by the various FIGO Committees. Prior to each meeting, the Committee Chairs completed a ten-item questionnaire and addressed the key issues of the

Committee and their response. At the subsequent review, matters relating to the described activities, priorities, funding and additional needs of each Committee were addressed. As a result of the reviews, the Audit Committee stated emphatically to the Executive Board that all Committees were fulfilling their FIGO approved goals and objectives and were addressing the issues raised in their prior approved Committee mandates.

Issues in each Committee that FIGO needed to address to improve the functioning of the Committee were identified by the Audit Committee and a number of detailed recommendations made to the FIGO Officers and Executive Board, each of which was accepted and subsequently implemented.

### Members of the FIGO Audit Committee 2006–2009

<b>E Persson</b> ( <i>Chair</i> )	Sweden
<b>A Paradis</b> ( <i>Co-Chair</i> )	Dominican Republic
<b>K Clark</b>	New Zealand
<b>A Falconer</b>	UK

## FIGO Finance Committee

The objectives of the FIGO Finance Committee are to:

- Regularly carry out a solid review of FIGO's finances (expenditure, income, investment, accounting, sponsorship and budget when applicable).
- Suggest, on the basis of these reviews and where appropriate, alternative arrangements for consideration by the Chief Executive, Officers, and, when appropriate, the Executive Board.
- Provide an independent and objective view of systems of internal control and review the annual financial audit of FIGO.
- Ensure that FIGO manages and accounts for its resources in the most economic and efficient manner.

The Finance Committee was formed in 2008, and currently consists of two Executive Board members with a financial/management back-

ground (Dr Aziz Yahya and Dr Ken Clark), one professional banker (Mr Andy Rogers), the Honorary Treasurer (Dr Jerker Liljestrand) – all volunteers – and FIGO's Chief Executive, Professor Hamid Rushwan.

The Committee met for the first time in conjunction with the FIGO Executive Board meeting in September 2008, and a further meeting took place for a longer duration at the time of the Board meeting in June, 2009.

At the first meeting, the two important over-arching issues that were discussed, were, firstly, if and when to move FIGO's long term savings – managed by a professional investment agency – to a “discretionary” basis, thereby giving the investment agency a more active and freer role.

It was agreed that this should be negotiated and carried out, particularly in the light of the current financial crisis that has hit most charities, including FIGO, hard. Such an agreement has since been made with the investment agency.

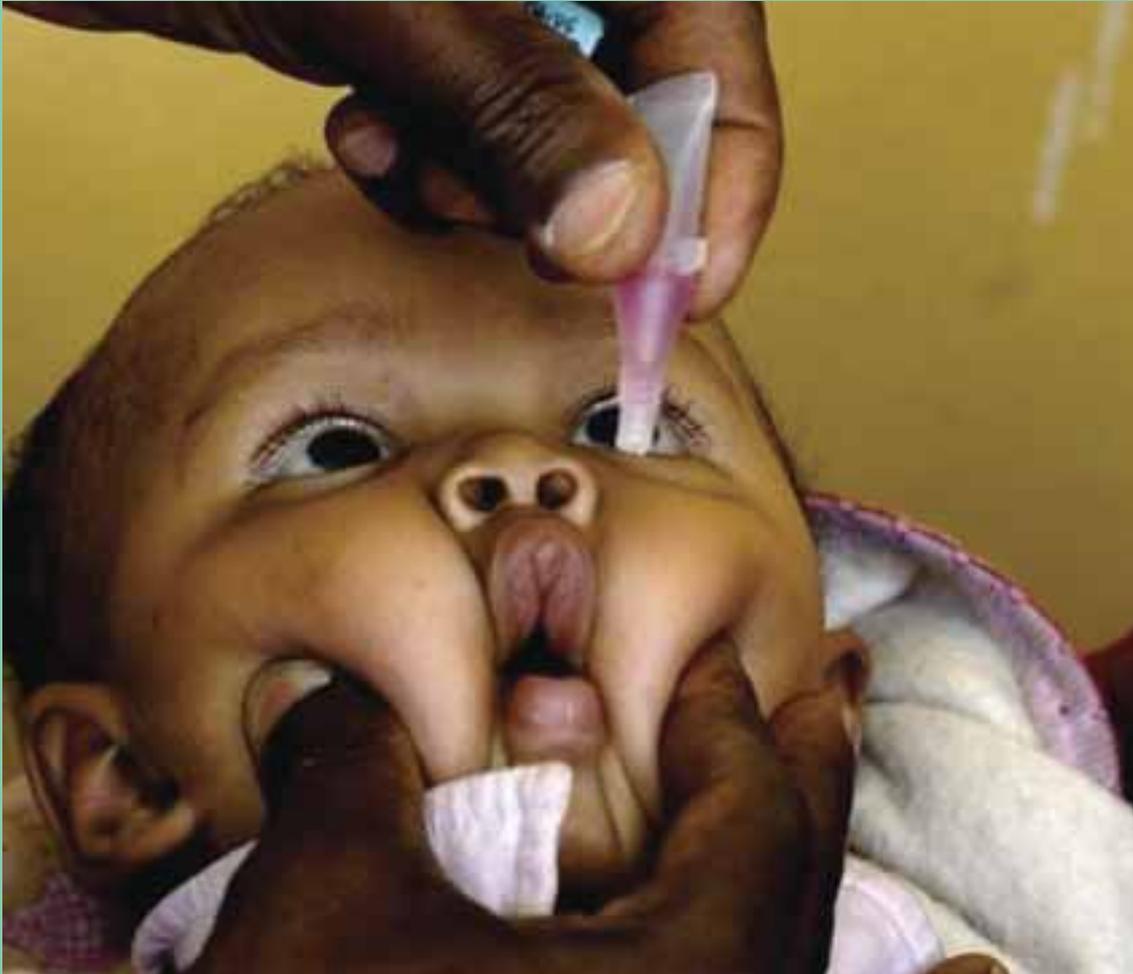
Secondly, the committee recommended a broader funding base for FIGO; this could, for example, be enhanced by a more frequent congress schedule – a proposal that is being considered by the Executive Board.

The Finance Committee has already at this early stage proven to be particularly valuable in view of the volatile global markets – it is felt to be essential to nurture a Committee of experienced members with broad insight into FIGO's financial situation.

### Members of the FIGO Finance Committee 2008–2009

<b>J Liljestrand</b> ( <i>Chair</i> )	Sweden
<b>A Aziz Yahya</b>	Malaysia
<b>K Clark</b>	New Zealand
<b>A Rogers</b>	UK
<b>H Rushwan</b>	Sudan/UK





## FIGO Publications Management Board

At its meeting in September 2001, the FIGO Executive Board agreed that a Publications Management Board should be established to supervise and monitor all FIGO Publications (including the *International Journal of Gynecology & Obstetrics*).

The Editorial Board of the *International Journal of Gynecology & Obstetrics* continues to work towards ensuring the excellence specifically of the Journal whereas the Publications Management Board looks at the business side of publications to ensure that the publisher(s) work to obtain the maximum benefit for FIGO.

The Publications Management Board meets annually to:

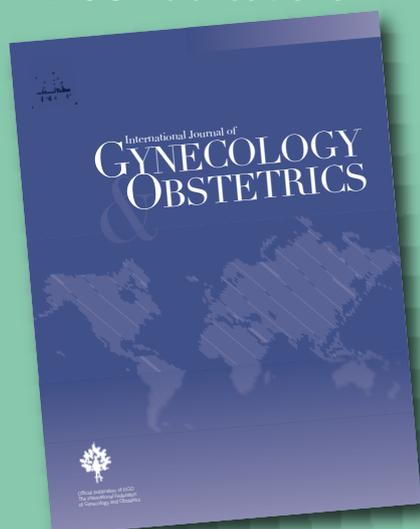
- Oversee the business and financial management of FIGO's publications.
- Invite tenders for the publication of individual publications with a view to maximising both income to FIGO and distribution.
- Select from tenders received a publisher for the publication in question.
- Negotiate and review with the chosen publisher the terms of the contract for publication.
- Review periodically with the publisher marketing strategies with a view to maximising profitability for FIGO and to increasing distribution.
- Appoint the editor and editorial board for specific publications.
- Report to the Officers and Executive Board on the foregoing.

### Members of the Publications Management Board 2006–2009

<b>W Holzgreve</b> ( <i>Chair</i> )	Switzerland
<b>T Johnson</b>	USA
<b>H Rushwan</b>	Sudan/UK



## FIGO Publications



### International Journal of Gynecology and Obstetrics (IJGO)

Since its inception, the *International Journal of Gynecology & Obstetrics* (IJGO) has had two primary purposes:

- To serve an international audience by publishing original scientific articles and communications originating in low- and middle-income countries, emphasising the important obstetric and gynaecologic problems, issues, and perspectives of these regions of the world, such as maternal mortality and family planning, as well as publishing original articles and communications from the scientific community of high-income countries, with particular emphasis on sharing advances in the specialty of obstetrics and gynaecology;
- To further the organisational purposes of FIGO by providing a means of bringing to the readership articles of worldwide interest in the field of women's health and information from the FIGO Secretariat, and by providing information from the World Health

Organization and those other important international organisations that deal with women's health and the specialty of obstetrics and gynaecology.

The IJGO publishes approximately 1,224 printed pages in four volumes each year. Clinical articles form the basis of the IJGO, and the Editor strives to maintain an appropriate balance between obstetrics and gynaecology articles.

All submitted manuscripts receive editorial review followed by peer review if the topic is considered appropriate. The editorial process is similar to most quality medical journals.

In accordance with the mission of the IJGO, the Editor seeks to publish a balance of articles addressing the interests of the constituencies of the journal: low-, middle- and high-income countries, as well as a broad and representative geographic distribution of authors.

Total annual submissions have increased dramatically in the past few years. In 2006, 894 manuscripts were submitted. Of these, 252 (28%) were accepted and 642 (72%) were not accepted. In 2007, 1065 manuscripts were submitted, of which 251 (24%) were accepted and 814 (76%) were not accepted. In 2008, 1,217 manuscripts were submitted, of which 255 were accepted (21%) and 962 (79%) were not accepted.

Between 2006 and 2008, the geographic origin of the 748 accepted and published papers was:

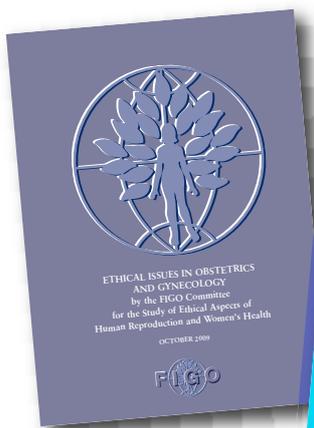
- Africa (10.3%)
- Asia/Australia (29.3%)
- Europe (21.7%)
- Latin America (7.0%)

- Middle East (16.3%)
- North America (15.3%)

Articles are published quarterly in a special section of the IJGO focusing on Averting Maternal Death and Disability (AMDD). The AMDD articles are made available for use on the website of the sponsor, Columbia University, as well as on the FIGO website, and are also uploaded with unrestricted access on Elsevier's Reproductive and Women's Health Resource online website. Other sections include contemporary issues in women's health, social issues in reproductive health, surgery and technology, ethical and legal issues in reproductive health, and a Special Editorial feature begun in 2007 to highlight FIGO Officers and Executive Board members and their interests.

The *International Journal of Gynecology and Obstetrics* represents a successful collaboration between FIGO and the Publisher, the Editor, and the contributing authors. The IJGO continues to grow in scientific quality, breadth and scope of contents, and in representation of its constituencies. While the scientific community of high-income countries is well represented in the IJGO as well as in many other specialty journals, for authors in low- and middle-income countries, some of which have no journal in our specialty, the IJGO is an important, and perhaps the sole, venue for publication. The *International Journal of Gynecology and Obstetrics* provides an essential service to FIGO and its constituent societies, to the international obstetrics-gynaecology community, and to the journal readership worldwide.

Dr John Sciarra stepped down as Editor of the *International Journal of*



*Gynecology & Obstetrics* in 2007 and was succeeded by Dr Timothy Johnson, who is based in the University of Michigan, Ann Arbor, USA. At that time, the Editorial Office was relocated to the FIGO Secretariat in London.

### World Report on Women's Health

Every three years, FIGO publishes a *World Report on Women's Health* to coincide with the triennial FIGO World Congress of Obstetrics & Gynecology. This special issue of the *International Journal of Gynecology & Obstetrics* represents a comprehensive overview of women's health issues, both medical and social. The sixth edition of the *World Report on Women's Health* focuses on Reproductive and Sexual Health Rights: 15 years after the International Conference on Population and Development.

As in previous years, the articles aim to meet the objectives of FIGO as they reflect on the realities that affect women in most parts of the world and the dire need for advocacy, expertise and collaboration to promote health, well-being and the status of women through the obstetrics-gynaecology community, using available evidence.

The 2009 edition of the *World Report on Women's Health* has been produced with the generous support of Ipsa, the Ford Founda-

tion, and UNFPA. Its Guest Editor is the incoming President of FIGO – Professor Gamal Serour from Egypt.

### FIGO Annual Report on the Results of Treatment in Gynecologic Cancer

Despite its title, *The FIGO Annual Report on the Results of Treatment in Gynecologic Cancer* is published every three years by the FIGO Committee on Gynecologic Oncology. Data are collected by contributing centres world-wide on patients treated for gynaecologic malignancies over a three-year period with a five-year follow-up from the beginning of treatment.

The *Annual Report* has its roots in work originally produced by the Radiological Sub-commission of the Cancer Commission of the Health Organisation of the League of Nations. In 1928, this group was asked to explore the possibility of having uniform statistical information on the results of radiotherapeutic treatment methods for uterine cervical cancer. The recommendations of these experts were adopted by the Sub-commission and published in 1929. One of the major items that emerged from this activity was a classification system for grouping carcinoma of the uterine cervix into different stages according to the extent of the growth. This system became known as the League of Nations Classification for Cervical Cancer and was amongst the first attempts at having an international staging system for this disease. In July 1934, the Health Organisation held a conference that recom-

mended that a publication, in the form of an annual report, should be issued by the Health Organisation analysing the results of treatment by radiotherapy in cancer of the uterine cervix estimated after an observation of five years or more.

The first three Annual Reports were issued in 1937, 1938, and 1939. Since then it has provided the greatest possible comparability between therapeutic statistics in cancers of the female genital tract in order to reliably evaluate the different methods of treatment. In 1958, FIGO became the official patron of the *Annual Report* and Volume 12, issued in 1961, was the first published under its auspices. Since 1973, the *Annual Report* has been published every three years to coincide with the triennial FIGO World Congress.

The unique feature of the Report is the collection of data from many different countries in all continents where it is known from epidemiology that cancer incidence, prevalence, treatments, and survivals may be strikingly different. Such diversity enables a worldwide picture to be obtained for each cancer site of the female reproductive system. The staging of gynaecologic cancers is included in the Report. The new classification and staging for uterine sarcomas will also be included in the next volume. Data on patients treated for uterine sarcomas will be gathered and published in Volume 28.

The *Annual Report on the Results of Treatment of Gynecologic Cancer* is produced by Professor Sergio Pecorelli and a dedicated team based in Milan, Italy with support from the European Institute of

Oncology. Volume 27 will be published as a Supplement to the *International Journal of Gynecology & Obstetrics* and will be officially presented during a press conference at the FIGO World Congress in Cape Town. It will also be available for purchase throughout the Congress.

### **FIGO Newsletter**

The FIGO Newsletter – containing news and information about FIGO's activities and projects – is published two or three times per year, and is circulated to approximately 2,750 addresses, including all FIGO-affiliated societies, heads of department of ob/gyn world-wide, medical libraries and international organisations in official relations with FIGO.





## FIGO “Improving maternal and newborn health in low-resource countries through strengthening the role of obstetric and gynaecological national associations” Initiative

**In November 2008, FIGO officially launched a new initiative designed to improve maternal and newborn health in low-resource countries with the support of a US\$10.5 million grant from the Bill & Melinda Gates Foundation. The initiative aims to improve the lives and health of women and newborns in the world’s most underserved regions.**

Maternal and newborn health constitutes a major international health and development issue in low resource countries. Concerned that Millennium Development Goal 5 (improve maternal health) has not made significant progress, FIGO’s project will work toward the overarching goal of reducing maternal and newborn mortality and morbidity.

The project will focus on fifteen FIGO member associations in low- and

middle-resource countries in Asia and Africa. Over five years, FIGO hopes to enable these member associations to play a catalytic role in making positive changes in policy and practice and improve maternal and newborn health services for underserved populations. While the importance of national health professional organisations in tackling maternal mortality in low resource countries has been noted, it could be argued that insufficient consideration has been given to the readiness and capacity of these organisations to take on this role. This project intends to help address this, allowing FIGO and its member associations to work more effectively toward saving the lives of mothers and newborns.

The first phase of the project will focus on eight countries with high rates of newborn mortality and morbidity. This phase aims to strengthen

the member associations in these countries and develop advocacy activities to raise awareness of maternal and newborn health issues at the national and regional level.

In the second phase of the project, seven additional countries will be introduced with the goal of developing “South-South” collaborations. This phase will develop communication mechanisms for knowledge and experience sharing, partnership development and exchanges of information, skills and lessons learned.

Health professional associations aim to support their membership to do their best work, and to have the best skills, knowledge, practices and resources to promote maternal and newborn health effectively. They also have unique roles as advocates for maternal and newborn health at the national and international levels. This project will assist FIGO’s membership in lower resource countries to take advantage of this influential position when circumstances make it difficult to do so, ultimately reducing maternal and newborn mortality and morbidity.

For the past decade, maternal and newborn health has been a priority area for FIGO and it is actively involved in a series of safe motherhood and newborn health initiatives in a number of low- and middle-resource countries.

FIGO is pleased to have the support of The Bill & Melinda Gates Foundation to accelerate its work by promoting the role of obstetric and gynaecological professional associations in improving the lives and health of women and newborns worldwide.



## FIGO Saving Mothers & Newborns Initiative

**Globally, over 500,000 women die each year from complications of pregnancy and childbirth. Approximately 90% of these deaths occur in sub-Saharan Africa and Asia, making maternal mortality the health statistic with the largest discrepancy between high and low resource countries. Indeed, of all the indicators monitored by the World Health Organization (WHO), maternal mortality ratios demonstrate the largest gap between developed and developing countries. More than 70% of all maternal deaths are due to five major complications that are largely preventable and treatable using evidence-based and cost-effective interventions: haemorrhage, sepsis, unsafe abortion, hypertensive disorder of pregnancy and obstructed labour/uterine rupture. For every woman who dies from a pregnancy-related cause, another 20 suffer from serious but non-fatal health problems and long term disabilities such as: uterine rupture, vaginal tearing, severe anaemia resulting from haemorrhage, obstetric fistulae.**

The economic and social impact of these deaths and disabilities on families, communities and nations is quite enormous, encompassing the cost of caring for disabled or sick women and children; lost earnings; and an ongoing cycle of poverty and deprivation for poor families and societies.

While effective knowledge and new technologies exist to reduce mater-

nal mortality and newborn deaths, to make a real difference, they must be made available in the areas where the majority of deaths occur – largely the community. In simple terms, to decrease maternal and newborn mortality and morbidity, women must have access to skilled care during pregnancy and birth, providing safe and clean delivery and care of the newborn at birth and access to emergency care when and where needed.

Professional associations have a leadership role in promoting and advocating for actions related to the reduction of maternal and newborn mortality and morbidity worldwide. Ob/gyn and midwives, as the specialties directly involved with sexual and reproductive health in general, and specifically pregnancy and childbirth have an important role to play with regard to:

- The development of national policies, strategies and action plans related to sexual and reproductive health;
- The strengthening of health systems and health teams;
- The development and implementation of standards and protocols of care;
- The monitoring and evaluation of quality services;
- The investigation of causes of maternal deaths, and the identification of problems and strategies to address these;
- The development and implementation of educational services or CME programs for health professionals involved in sexual and reproductive health;
- The identification of social and cultural barriers affecting women's use of health services and further, the implementation of

actions to reduce these barriers; and

- Discussions and actions on issues of controversy such as the elimination of harmful practices, access to services independent of age, race or lack of money, post abortion services, etc.

Since 2006, FIGO has been overseeing a project known as the “*FIGO Saving Mothers and Newborns*” Initiative. The overall goal of the project is to contribute to the reduction of maternal and neonatal mortality in ten low to mid-resource countries.

The Saving Mothers and Newborns Initiative employs a twinning mechanism whereby low and middle resource professional associations are paired with professional associations from higher resource settings. The twinned associations work together to obtain the project's objectives.

The project's secondary objectives include:

- Strengthening the capacity of national professional societies to engage in maternal-newborn health through the design and implementation of maternal and neonatal health projects;
- Strengthening cooperation between FIGO and national societies, and also between societies in regions or of different economic levels;
- Strengthening cooperation between national societies and national stakeholders involved in safe motherhood and newborn health;
- Increasing the credibility of national societies locally to provide technical support to Ministries of Health and national professional councils.

Funding for nine of the projects is provided by the Swedish International Development Agency (Sida) and FIGO. The Ukraine initiative was supported by the Capacity Project (a USAID funded consortium) for phase one of the project and then by FIGO's President Fund along with the Society of Obstetricians and Gynaecologists of Canada for phase two of the project.

The national societies from each country are responsible to manage and report to FIGO on project activities and funds. FIGO has the overall responsibility for guidance and supervision, as well as for financial accountability to donors. Each professional association provides in-kind contribution to the project in the form of volunteering their personal time to the activities of the project.

### Country Interventions

The initiatives included within this project were developed in keeping with the respective countries national policies and with the aim of being sustainable. Each project integrates at the practice level evidence-based, low-cost technologies which often do not get down to the service delivery level, outside pilot initiatives.

Each country project aims:

- To develop, execute and evaluate a project to improve access to new and well-known affordable technologies, interventions, audits, and skilled attendants;
- To strengthen the capacity and credibility of national professional societies committed to maternal-newborn health (nurses, midwives, obstetricians);
- To strengthen the cooperation

between national societies and national stakeholders (women's health groups, governments, etc.) by institutionalising confidential inquires into maternal deaths and ensuring the long-term sustainability of interventions to reduce it;

- To strengthen the engagement of women's groups and civil society as well as of mothers and their families on initiatives to reduce maternal mortality and improve care of newborns.

The project themes range in scope from facilitating the provision of basic emergency obstetric care in underserved communities to the implementation of clinical audits for improving quality of care, to the development of new maternal and newborn health protocols to addressing unsafe abortion. Table 1 provides a summary of the countries involved and the maternal and newborn health activities being conducted.

All country interventions are committed to the achievement of the Millennium Development Goals (MDGs), especially those related to child and maternal health. It directly supports the global strategy for safe motherhood and newborn health which advocates for skilled attendance at birth, emergency obstetrical care and strengthening of emergency referral/transport systems as a means by which to reduce maternal morbidity and mortality. The results of these projects will be channelled into their national public health policy processes.

Advocacy, to place safe motherhood as high priority in policy formulation and to ensure adequate budgetary allocations for maternal

health, has intensified in these countries. It is expected that the proposed initiatives will contribute to national efforts to scale up resources, strategies and political commitments to ensure that all women have a right to health and safe pregnancies and child birth and deliver a healthy child.

### Role of FIGO

FIGO monitors the project through the constitution of a FIGO Project Advisory Committee under the umbrella of the FIGO Committee for Safe Motherhood & Newborn Health. Each country has incorporated a monitoring and evaluation component in the design of their project and measures their achievements of the objectives.

To ensure an objective evaluation, FIGO engaged an independent external evaluator, called Options. Up to now, Options has performed a baseline review of the nine Sida funded projects. Evaluation focused on:

- Programme achievements and challenges;
- Programme management in terms of the local team relationships and composition;
- Relationship between the programme teams and FIGO; and
- Relationship between the twinning society and the programme teams.

The baseline evaluation occurred between 2007 and 2008 and confirmed collaboration at international and local levels and north to south partnerships. At the same time the evaluation described the successes and challenges to the projects in order to provide country specific

**Table 1: Saving Mothers and Newborns Project Summary**

Country	Project title	Key Activity
Haiti	<i>Strengthening the Health Centre of Croix Des Bouquets</i>	Expansion of the district health centre to ensure 24-hour emergency obstetric care by providing midwifery services, equipment, supplies and referral for complicated cases. Promotion of active management of the third stage of labour.
Kenya	<i>Improving the quality of antenatal, delivery and postnatal care through clinical audits</i>	Training of multidisciplinary team in four health facilities to use tools to collect baseline data and to perform clinical audits to evaluate and improve quality of care.
Kosovo	<i>Reducing maternal and newborn mortality in Gjakova, Gjilan and Pristina, Kosovo</i>	Train obstetric staff in three health facilities and develop national protocols regarding maternal and newborn care using the ALARM International Program.*
Moldova	<i>Implementing new approaches for reviewing maternal and perinatal deaths in the Republic of Moldova</i>	Provision of training seminars for multidisciplinary health staff to perform perinatal death audits to identify problems and causes of deaths in term newborns of normal weight in order to improve the capacity of the health system.
Nigeria	<i>Improving emergency obstetric care in Edo, Amambra and Kaduna States, Nigeria</i>	Collection and analysis of hospital data to determine the case fatality rates and causes of maternal deaths in three state hospitals. This data is used for advocacy purposes and to evaluate the impact of an emergency obstetric training programme of health care providers in these hospitals.
Pakistan	<i>Reducing maternal and perinatal mortality and morbidity in Thatta District</i>	Provision of 24-hour emergency obstetric and neonatal care by upgrading facilities, ensuring staff presence and improving referral in two sub-districts of rural Sindh.
Peru	<i>Improving access to maternal and newborn care in Peru</i>	Evaluation of maternal and perinatal health care using community surveys to identify barriers in accessing care. Training of health care providers and community education regarding maternity care. Development and implementation of standards of care.
Uganda	<i>Capacity building by providing emergency obstetric and essential newborn care in Kiboga and Kibaale districts</i>	Training in emergency obstetric skills and provision of on-site continuing medical education and supervision in two underserved districts. Provision of delivery kits and supplies to ensure BEOC or CEOC in six health facilities. Community education regarding emergency preparedness and danger signs during the childbearing year.
Ukraine	<i>Improving emergency obstetric care in Ukraine: applying the ALARM international program</i>	Expanding coverage of the ALARM International Program*, evaluating behavioural change of health care staff, monitoring specific maternal health indicators at health facilities and improving skills of national instructors in delivering the course.
Uruguay	<i>Protecting women's health and lives by reducing unsafe abortion</i>	Aims to reduce unsafe abortion by providing pre and post abortion counselling services for women with unwanted pregnancies in six health centres. Community education about available counselling service and sensitisation of health professionals to provide confidential and non-judgemental services.

\*The ALARM International Program is a five day training course in emergency obstetric care that also aims to address the reproductive and sexual rights of women. It is produced by the Society of Obstetricians and Gynaecologists of Canada.



recommendations to ensure the success of these projects.

Finally, strategies are integrated into the project to ensure the sustainability of the projects and incorporate the results into national policies and practice. By the end of these projects, in June 2011, each country expects:

- the results of the project to be disseminated to all health institutions in the project countries;
- the developed treatment guidelines and protocols to be disseminated to all health institutions in the countries for diagnosis and professional care;

- to have existing structures to institutionalise and consolidate quality midwifery care at community level; and
- to identify, document and circulate best practices and lessons learned.

By relying on the professional expertise and knowledge of their members, the project develops the capacity, technical skills and experience of professional associations to not only act as technical experts on issues related to safe motherhood and newborn health, but also make use of their political and social clout

to advocate for increased commitments and investment in the field.

The efficiency of the initiative thus lies in developing national capacity with regard to safe motherhood and newborn health instead of relying on international capacity. Active and effective professional associations will in the long run be efficient as they will ensure national access to experts in the field which will contribute to efforts to scale up safe motherhood programmes.

### People involved in the FIGO-SMNH Initiative

Country Project	Twinned Country
Haiti: <b>Dr L Adrien</b>	Canada: <b>Dr R Laliberté, Ms C Landry RM</b>
Kenya: <b>Dr O Ogutu, Dr E Were, Dr P Ndavi</b>	United Kingdom: <b>Dr T Falconer, Prof W Stones</b>
Kosovo: <b>Dr S Lulaj, Dr A Lila</b>	Canada: <b>Dr F Pauls, Ms C Ellis RM</b>
Moldova: <b>Dr S Petru, Dr A Curteanu, Prof S Hodorocea</b>	United Kingdom: <b>Prof J Gardosi</b>
Nigeria: <b>Dr J Akuse, Dr H Galadanci</b>	Denmark: <b>Dr Prof S Bergström (from Sweden)</b>
Pakistan: <b>Dr S Syed, Dr R Korejo, Dr H Ur Rehman Soomro</b>	Sweden: <b>Dr B Möller, Ms C Grunewald RM</b>
Peru: <b>Dr J Trelles, Dr E Maradiegue, Dr M G Ramos, Ms T Salazar RM</b>	Spain: <b>Prof L C Roura</b>
Uganda: <b>Dr F Kaharuzza, Dr O Kakaire, Dr D Zaake, Ms E Mwebaza RM</b>	Canada: <b>Dr J Chamberlain, Ms A Lovold RM</b>
Ukraine: <b>Dr I Imogilevkina, Dr V Kaminsky</b>	Canada: <b>Dr V Senikas, Dr E Hutton RM</b>
Uruguay: <b>Dr L Briozzo, Ms A Labandera RM, Dr V Fiol</b>	Canada: <b>Dr A Lalonde, Ms S Gervais RM</b>



## FIGO Fellowships & Awards

As part of its ongoing mission to improve the practice of obstetrics and gynaecology, FIGO makes a number of fellowships available, each of which is deigned to enhance the level of knowledge of either an individual or a group of ob/gyn professionals.

### FIGO/BSP Fellowship

The FIGO/BSP Fellowship (formerly the FIGO/ESRF Fellowship) is an annual post-doctorate fellowship donated by the Bayer Schering Pharma Research Foundation intended to stimulate and encourage post-graduate research by junior obstetricians and gynaecologists from low- or middle- income countries in a centre of excellence abroad.

To be eligible for the FIGO/BSP Fellowship, applicants must be:

- 40 years old or younger
- resident of a low- or middle-income country
- able to communicate fluently in English and/or the language of the host institution
- holder of a postgraduate degree in obstetrics and/or gynaecology
- holder of an academic post in a teaching institution

For logistical reasons, no fellowship was awarded in 2006 but, in 2007, the Fellowship was awarded to Dr Mselenge Hamaton Mdgela from Tanzania whilst the 2008 award was made to Dr Deeksha Pandey from India.

Regrettably, due to the current economic downturn, FIGO has been advised that BSP is unable to continue the Fellowship for 2009 and

beyond. FIGO would nevertheless like to thank everyone involved for their unstinting support of this initiative over many years

### FIGO/Chien-Tien Hsu Fellowship

The FIGO Chien-Tien Hsu fellowships were established in 1993 in honour of Professor Chien-Tien Hsu, who was professor of obstetrics, gynaecology and biochemistry at the Taipei Medical College and, subsequently, professor of obstetrics and gynaecology at the National Yang-Ming Medical College, both in Taipei, Taiwan. Professor Hsu developed an international reputation in gynaecologic oncology, especially in relation to radical surgery for cervical cancer.

The objective of the fellowship is to enable trainees/fellows who are beginning a career in gynaecologic oncology to attend the FIGO World Congress and to visit a gynaecologic oncology centre in the country where a FIGO World Congress is being held.

To be eligible for the FIGO/Chien-Tien Hsu Fellowship, applicants must be:

- 35 years old or younger.
- Able to communicate fluently in English.
- Holder of a postgraduate degree in obstetrics and gynaecology.
- Engaged in a research project in oncology.
- Able to present an oral communication or poster at the FIGO World Congress of Gynecology and Obstetrics.

In 2006, Fellowships were awarded to Dr Arnoldas Bartusevicius from Lithuania and Dr See Wai Sylvia Leung from China.

At the time of going to press, the Selection Committee was still deliberating on the identities of the 2009 Fellows.

### FIGO/IGCS Gynecologic Oncology Fellowships

The FIGO/IGCS Observer Programme organised by the FIGO Committee for Gynecologic Oncology and the International Gynecologic Cancer Society ("IGCS") was designed to allow health care workers with an interest in gynaecologic oncology from a low-resource country to train at an internationally recognised gynaecological oncology centre in order to acquire expertise in the field. It also served as a mechanism for the exchange of intellectual and academic materials between the host and the Fellow. During 2006–2009, Fellowships were awarded to:

- **Dr A Bhat**
- **Dr A Kamer-Bartosinska**
- **Dr P Dursen**
- **Dr R P Franco**
- **Dr V Kesic**
- **Dr G Martinez**
- **Dr A P Manjunath**
- **Dr F M S Moeity**
- **Dr E Nowak-Markwitz**
- **Dr M A Palomino**
- **Dr F Al Reshoud**
- **Dr Vaitkiene**

## **FIGO World Congress of Gynecology and Obstetrics**

Every three years since FIGO was founded in 1954, thousands of gynaecologists and obstetricians gather in one city to spend a week not only analysing and discussing new medical discoveries but also looking at problems and issues that can be addressed by the application of low cost techniques. The site for the World Congress rotates between the Africa-Eastern Mediterranean, Asia-Oceania, Europe, Latin America and North America regions of FIGO. The site is selected six years in advance by a majority vote at the General Assembly.

### **FIGO Congress Organising Committee**

The FIGO Congress Organising Committee is responsible for all aspects of the organisation of the World Congress and in addition has a brief to investigate the feasibility of intermediate regional meetings, seminars or workshops according to perceived needs.

Planning of the scientific programme for the Congress is delegated to a dedicated Scientific Programme Committee.

### **Scientific Programme**

The Scientific Programme is one of the most important elements of any FIGO World Congress and consists of seminars, "meet the experts" sessions, debates, plenary sessions, discussions on new technology, new developments, updates and interactive sessions. The programme

invariably includes free oral communications sessions and sponsored symposia.

### **XVIII World Congress – Kuala Lumpur, Malaysia 2006**

The host society for the 2006 Congress was The Obstetrical and Gynaecological Society of Malaysia. The Congress was attended by 6,505 delegates and 727 accompanying persons from 149 countries/territories. The final programme involved 442 invited speakers and 1,891 presentations, FIGO received 2,141 abstracts, of which 1,092 were ultimately accepted.

The Exhibition attracted 112 organisations from around the world.

### **XIX World Congress – Cape Town, South Africa 2009**

The XIX FIGO World Congress takes place in Cape Town, South Africa from 4th to 9th October 2009.

An outstanding scientific and cultural programme has been put together which it is hoped will more than satisfy the interests of all participants. The scientific and industrial exhibits will present the latest information and will prepare attendees for the ongoing changes in women's health care. The FIGO World Congress is built around science and its advancement, and a varied, interesting and informative science-based programme is being developed by Dr Tom Baskett from Canada and his dedicated team that not only presents the latest science and practice but also seeks to address the many issues that affect women's health world-wide. Each congress day will include plenary sessions,

keynote lectures, seminars and free communications sessions. Key areas of interest will be the focus of plenary sessions, while seminars will feature leading experts addressing different aspects of a specific topic. Young scientists will be encouraged to present their work and poster presentations will be featured heavily.

The Congress is being undertaken with the assistance of The South African Society of Obstetricians and Gynaecologists.

### **FIGO/IFFS De Watteville Lecture**

Ever since 1991 the De Watteville Lecture has been organised jointly by FIGO and the International Federation of Fertility Societies (IFFS) in memory of Professor Hubert de Watteville, the founding father of both organisations.

The De Watteville Lecture occupies a prominent place among the special lectures that take place at the triennial FIGO World Congresses. The De Watteville Lecture in 2009 will be given by Professor Alan Trounson at the XIX FIGO World Congress in Cape Town, South Africa.



## Treasurer's Report

**The organisational structure of FIGO has changed substantially over the past three years. On 1st January 2008, virtually all of the assets of the Swiss Federation were transferred, following a decision taken by the General Assembly, to a new United Kingdom Registered Charity (see below). All financial transactions since 1st January 2008 have been handled through the Registered Charity or its trading subsidiary "FIGO Trading Limited". Further information on the rationale for the establishment of the UK Registered Charity may be found below.**

As a UK Resisted Charity, the organisation must comply with UK legislation and adhere to the requirements of the UK Charity Commissioner. The format for the audited accounts of the UK Registered Charity is substantially different from the format used for the accounts of the Swiss Federation in the past and the opportunity was also taken, as indicated below, to move the organisation from a US Dollar currency base to a Pounds Sterling currency base. As such, comparison of financial information over the three-year period between 2006 and 2008 becomes exceptionally difficult and complicated. The information provided below is therefore offered as an illustration only of the organisation's finances over the period in question. Copies of the more detailed audited accounts may be obtained upon request from the FIGO Secretariat.

Despite the significant restructuring that has taken place over the past

three years, FIGO remains a benevolent, non-profit organisation, with a membership of 113 societies that aims – subject to the approval of the General Assembly – to expand further in 2009 and beyond.

As at 31st December 2008, FIGO's combined net worth (total assets less current liabilities) was £4,894,974 compared with £2,531,766 as at 31 December 2005. The last three years have seen continued income streams from Congress and grants received but the latter fall primarily under a category of "restricted funds" that can only be expended for the explicit purpose of that specific grant and – with the exception of agreed funds within project budgets to cover overheads – not for the general running of the organisation or other charitable activities. The FIGO administration continues to work towards making FIGO financially stable but this must be an ongoing effort and one that must always remain in focus. FIGO must continue to seek more funds and find new partners for its projects whilst continually restricting internal expenditures at a minimum.

### Establishment of UK Registered Charity

At the General Assembly in 2006, it was recognised that, although the FIGO Secretariat had been based in London for over 20 years, the Federation had actually been established under Swiss civil law. A separate United Kingdom Registered Charity was established in 2005 both in order to facilitate the solicitation of donations from United Kingdom residents and to formalise the status of the organisation within the United Kingdom. Taking this into

account, it was agreed that, whilst the Swiss entity would remain in existence, to all intents and purposes the "business of FIGO" would be undertaken through the United Kingdom Registered Charity and its trading subsidiary, with the assets of the Swiss entity being transferred to the United Kingdom Charity.

This move was designed to put FIGO on a more stable footing for the future and to regularise the Federation's tax and legal status. To facilitate this, the assets of FIGO were transferred into the new United Kingdom Charity and it was agreed that any income accruing to the Swiss entity from membership fees and other sources should in the future be paid directly to the new United Kingdom entity.

As a consequence of this, it was subsequently agreed by the Executive Board that, when the UK Registered Charity became fully operational on 1st January 2008, the base currency of FIGO should be Pounds Sterling rather than United States Dollars. All financial statements issued by the organisation are now, as a consequence, stated in Pounds Sterling.

### Society Contributions

Until 2008, FIGO charged each affiliated society US\$3.50 for each of its individual members. However, following a change in the organisation's base currency to Pounds Sterling, this was changed by the Executive Board to £2.20 for each of the affiliate's individual members.

FIGO's audited accounts for 2008 reveal that the amount of subscriptions due in that year was £164,694. This figure is, however, the sum that

FIGO would receive if all societies paid their membership fees in full. In fact, the income actually received from this source was less than this figure (£105,348). It is, however, not unusual in “non-Congress” years for such a situation to arise and many societies remedy their arrears prior to the FIGO General Assembly (which takes place during the World Congress) in order to enable them to vote during this event. FIGO’s auditors adopt a policy of providing for bad debts and in 2008 the total allocated for bad debts in respect of errant member societies was £6,000.

As at 31st May 2009, 61 of FIGO’s 113 member societies (54%) were technically in arrears, having not paid their fees for 2009. Strenuous efforts are made by the Secretariat to recover these amounts and a number of societies have brought their subscriptions up to date subsequently.

### Investments

At its meeting in June 2006, the FIGO Executive Board agreed that, in order to support a series of safe motherhood projects being co-ordinated by the FIGO Committee for Safe Motherhood & Newborn Health in countries around the world, up to US\$1,000,000 of the investments held by FIGO could be liquidated in case of need over the four-year period from 2006–2010. Due to prudent financial management, it has not proven necessary to date for the organisation to liquidate any investments to fund this commitment.

This is particularly noteworthy given that, in line with most other institutions and individuals, the value of the organisation’s investment portfolio



fell from £1,145,254 at 31st December 2005 (excluding Deposits & Cash) to a comparable figure of £968,886 at 31st December 2008 largely due to a cautious investment policy and prudent financial management, although it is fair to note that the value had risen above the earlier figure prior to this valuation. In an effort to try and improve the performance of the investment portfolio, the basis and management of the assets by FIGO’s investment bankers was changed from “advisory” to “discretionary”.

### Congress income

FIGO is heavily reliant on income from its triennial Congress to support its ongoing activities and the administration of the organisation. Some difficulties were experienced in reaching a final agreement with the Congress organizers in respect of Congress 2000. As a result, contractual arrangements were put in place for both the 2003 and 2006 Congresses that guaranteed specified levels of income to FIGO, with regular payments made in advance by the Congress organisers, thereby ensuring that FIGO received specified levels of income before the

events began. For the 2006 Congress, the sum involved was approximately US\$2,217,000 (£1,092,052).

FIGO has now taken over full responsibility for the organisation and management of its own congresses, only outsourcing items that cannot be centrally managed. The 2009 Congress is the first event being arranged on such a basis. It is hoped that the net profit to FIGO will increase, thereby allowing additional funds to be channelled into the organisation’s charitable activities.

### Funding from other organisations

Despite the economic downturn, FIGO has received substantial funds from NGOs, the pharmaceutical industry and other donors to further its activities in areas such as the prevention and treatment of fistula, safe motherhood and newborn health, capacity building of member associations, combating cervical cancer and the prevention of unsafe abortion. A number of organisations donated sums of money for specific purposes, including (but not limited to) the following:

Contributor/Purpose	Period	Amount (£)
Bill and Melinda Gates Foundation – Organisational Capacity Building	2008	1,689,360
Chien-Tien Hsu Research Foundation – Fellowship	2006	4,870
Ford Foundation – World Report on Women’s Health 2009	2008	25,000
GSK Biomedicals – HPV	2006	48,780
Ipas – Prevention of Unsafe Abortion	2007–2008	22,195
Ipas – World Report on Women’s Health	2006–2008	30,843
Nordic Federation – Women’s Sexual & Reproductive Rights	2006	758
POPPI – Safe Motherhood	2006–2008	31,780
Schering – Presidential Activities Support	2006	128,841
Sida – Saving Mothers & Newborns Initiative	2006–2008	906,434
UNFPA – Fistula	2006–2007	91,210
UNFPA – World Report on Women’s Health	2006–2007	39,093
UNFPA – Adolescent Sexual & Reproductive Health	2008	69,542
University of Hong Kong (Oncology Fellowship)	2006	2,427
US Donor – Prevention of Unsafe Abortion	2007–2008	1,040,794
Various Donations – Fistula	2006	6,702

NB: Because of a change in accounting procedures during the period in question, some sums shown include items of interest received on sums donated.

Please note that the sums indicated above represent the sums actually received by FIGO during 2006-2008 and not the total amount committed by the donor. For example, the grant from The Bill & Melinda Gates Foundation actually totals US\$10,498,028 (£6,440,507) over 5 years. The sum shown above represents the initial tranche of US\$2,554,314 (£1,689,360) disbursed to FIGO in 2008.

FIGO’s overall fundraising has been enhanced since 2008 by the recruitment of a Chief Executive, one of whose main priorities has been securing additional funding for charitable activities.

FIGO would like to acknowledge with thanks all of its donors (including those listed above) that have contributed to the success of the organisation’s activities.

### Expenses

Despite a significant increase in its workforce, the Administration and Management expenses of FIGO have been kept to a minimum by maintaining a slim and efficient workforce. The costs of salaries for staff engaged in specific project work are generally sourced from the grants provided by donors to support the specific activities.

Salaries and wages were £164,867 for the year to 31st December 2006, £286,210 for 2007 and £477,899 for 2008. It should be noted, however, that the figures for 2006 and 2007 are based on US Dollar figures converted to Pounds Sterling. The situation is complicated by the fact that the original US Dollar figures were themselves converted from Pounds Sterling at the exchange rate prevailing at the time of preparation of the audited accounts. FIGO staff are paid in Pounds Sterling and fluctuations in the value of Pounds Sterling against the US Dollar impact on the figures used by FIGO’s auditors. The average salary increase in Pounds Sterling for 2006-8 did not exceed an average of 6% per annum.

Funding for the purchase of a FIGO headquarters building in 2004 was obtained partly from a bank loan of US\$735,962 (approximately £375,874) and partly from FIGO’s own liquid resources. As at the time of writing, through prudent financial management, FIGO has not had to liquidate any of its other investments to finance the property purchase.

The bank loan relating to the property purchase will be repaid by March 2019, whereupon the organi-

sation will face no more rental or loan repayments.

### FIGO Charitable Foundation

In 2002, FIGO established a separate “US 501 (c) (3)” Foundation in the USA in order to allow US resident individuals and corporations to donate to FIGO activities on a tax-deductible basis. Grants provided by some donors shown in the list of “Restricted Funds” were made through the FIGO Charitable Foundation. Separate accounts are prepared for the Foundation by FIGO’s independent auditors for submission to the US regulatory authorities. All sums donated to the Charitable Foundation are transferred to the main UK Registered Charity.

### Financial audit

FIGO’s accounts are audited annually by a professional auditing company, Shipley’s. The complete “clean” audit report in 2009 (for the year to 31st December 2008) reflects the fact that FIGO’s accounts and financial transactions are in good order, and that internal controls and transparency have been developed gradually to respond to the needs of a growing organisation with a diverse project portfolio.

### Conclusion

Overall, whilst the value of the organisation’s investments has fallen in line with generally poor market performance, FIGO’s financial status is relatively healthy. The organisation’s officials will strive to maintain this standard, focusing on satisfying the financial demands of existing and future charitable activities, whilst also servicing the core administrative needs of the organisation.



## Summary Consolidated Balance Sheet for the three years ended 31st December 2008

All figures in Pounds Sterling

	2006	2007	2008
<b>FIXED ASSETS</b>			
Furniture and equipment	773,131	772,168	799,951
Investments	1,233,365	1,028,593	968,886
	<u>2,006,496</u>	<u>1,800,761</u>	<u>1,768,837</u>
<b>CURRENT ASSETS</b>			
Debtors	99,745	590,688	504,734
Bank balances	903,682	1,179,053	3,422,962
	<u>1,003,427</u>	<u>1,769,741</u>	<u>3,927,696</u>
<b>CREDITORS AMOUNTS FALLING DUE WITHIN 1 YEAR</b>			
	(171,233)	(103,371)	(421,024)
<b>NET CURRENT ASSETS</b>	<u>832,194</u>	<u>1,666,370</u>	<u>3,506,672</u>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>			
	<u>2,838,690</u>	<u>3,467,133</u>	<u>5,275,509</u>
<b>CREDITORS AMOUNTS FALLING DUE AFTER MORE THAN ONE YEAR</b>			
	(306,924)	(290,596)	(380,535)
<b>NET ASSETS</b>	<u>2,531,766</u>	<u>3,176,536</u>	<u>4,894,974</u>
<b>RESERVES</b>			
Unrestricted funds	1,982,100	2,061,655	1,776,269
Restricted funds	549,666	1,114,881	3,118,705
	<u>2,531,766</u>	<u>3,176,536</u>	<u>4,894,974</u>

Because FIGO's accounts were prepared in US Dollars up to and including 31st December 2007, we have used the exchange rate applicable as at the end of each year to provide comparative figures, which are provided as an approximate guide only.

## Summary Statement of Financial Activities for the three years ended 31st December 2008

All figures in Pounds Sterling

	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>INCOMING RESOURCES</b>			
Grants received	592,976	823,521	2,736,287
Congress income	635,056	456,996	-
Contribution income	128,771	129,287	164,694
Investment income	56,672	58,986	43,230
Other income	161,583	176,461	178,552
Currency gains	-	-	473,750
<b>TOTAL INCOMING RESOURCES</b>	<b>1,575,058</b>	<b>1,645,251</b>	<b>3,596,513</b>
<b>RESOURCES EXPENDED</b>			
Costs of charitable activities	537,273	556,940	1,113,601
Governance costs	359,939	588,107	698,093
Congress expenditure	215,462	(80,526)	
<b>TOTAL RESOURCES EXPENDED</b>	<b>1,112,674</b>	<b>1,064,521</b>	<b>1,811,694</b>
<b>NET INCOMING/(OUTGOING) RESOURCES</b>			
	462,384	580,730	1,784,819
Gain/(loss) on investment	13,638	13,676	11,696
Increase/(decrease) investments	124,393	50,364	(78,077)
<b>NET MOVEMENT OF FUNDS</b>	<b>600,415</b>	<b>644,770</b>	<b>1,718,165</b>
<b>RESERVES BROUGHT FORWARD AS AT 1 JANUARY</b>	<b>1,931,351</b>	<b>2,531,766</b>	<b>3,176,536</b>
<b>RESERVES CARRIED FORWARD AT 31 DECEMBER</b>	<b>2,531,766</b>	<b>3,176,536</b>	<b>4,894,974</b>



**International Federation of Gynecology and Obstetrics**

**FIGO Secretariat**

**FIGO House, Waterloo Court, Suite 3**

**10 Theed Street, London SE1 8ST**

**United Kingdom**

**Tel: + 44 20 7928 1166**

**Fax: + 44 20 7928 7099**

**E-mail: [figo@figo.org](mailto:figo@figo.org)**

UK Registered Charity No 1113263

Company No 5498067