

International Federation of



Gynecology and Obstetrics

THREE-YEAR REPORT 2009–2012

prepared by
The FIGO Secretariat

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Introduction

First and foremost, during the past three years I have had the distinct honour and pleasure to humbly serve as President of FIGO and it has been an enriching and rewarding experience for me.

In my inaugural address in Cape Town October 2009 I said, *“FIGO building upon its past achievements is undertaking a change – a change that will make FIGO more visible and palpable to the obstetricians and gynaecologists around the globe, particularly those in low-resource countries”*, and I have worked tirelessly over the past three years to fulfil my promises. The core of my change was education and training of obstetricians and gynaecologists to improve the health care service of women and newborns and capacity building of member societies in developing countries to ensure sustainability.

In Cape Town I proposed an 8-point work plan for the period 2009-2012 to enable FIGO to best play its role as a leading global professional organisation to improve women's and newborns' health and to advocate for women's and newborns' rights for the highest attainable standards of health and wellbeing to achieve the health-related MDGs.

Today I can confidently say that I am delighted to see that this ambitious 8-point work plan has been implemented, and in a sustainable way. To make it sustainable to continue, even with the changing leadership of the Federation, the President-Elect and the Vice President were kept well informed and involved in the



decision making process from the very first day of my term in office.

Such achievements would not have been possible without the group leadership of the Federation with my fellow FIGO Officers, FIGO Chief Executive, Chairs of FIGO'S Committees and Working Groups, members of the FIGO Executive Board, and the FIGO Secretariat, to all of whom I really am grateful.

The 8-point work plan was:

First: Advocacy, partnerships, and commitments

FIGO continued its leading advocacy role, partnerships, and commitments to promote the rights and access of women to quality reproductive and sexual health services; to meet the unmet need for contraception; to reduce maternal mortality, including unsafe abortion; and to fight violence against women, harmful practices and exploitation of women.

The launching of the Women's Health Report on *“Rights to Reproductive and Sexual Health: 15 years after the International Conference on Population and*

Development” in Cape Town 2009 was widely disseminated through a large number of workshops during the years 2010 and 2011 in several countries in Africa, Asia, Latin America and Eastern Europe. The report enjoyed the widest ever distribution.

FIGO was involved in a large number of consultations, dialogues and conjoint statements, and cooperation with the European Court of Human rights, WHO, UNFPA, IPA, ICM, USAID, JHPIEGO, Ford Foundation, sister member societies, governments, and the private sector within the universally accepted ethical and legal frames.

Second: Continuing with existing projects and pursuing new ones

FIGO continued with great enthusiasm all the good projects it has been running including the Saving Mothers and Newborns Initiative led by André Lalonde; the LOGIC Initiative (Leadership in Obstetrics and Gynaecology for Impact and Change, 2008–2013), funded by the Bill & Melinda Gates Foundation, led by Professor David Taylor; Ethics in Human Reproduction and Women's Health Initiative led by Professor Bernard Dickens; the Fistula Initiative led by Lord Patel; Adolescent and Reproductive Health Initiatives led by Professor Lesley Regan; Oncology Initiative led by Professor Lynette Denny; Prevention of Unsafe Abortion Initiative led by Professor Aníbal Faúndes; Pelvic Floor Dysfunction Initiative led by Professor Oscar Contreras Ortiz; Menstrual Disorders Initiative led by Professor Ian Fraser; and Prevention of Cervical Cancer

Initiative led by Professor Joanna Cain. FIGO pursued new projects with more donors including the Misoprostol for Post-Partum Haemorrhage in Low-Resource Settings Initiative, with Gynuity, led by Claire Waite; Fistula Prevention and Treatment Training Programme with the establishment of five fistula training centres and accreditation of Fistula Training Centres, with the support of UNFPA, EngenderHealth and WAHA; implementation of policies for Prevention of Unsafe Abortion with an anonymous donor; development of Bioethics Curriculum in RSH for developing countries with the Ford Foundation; Adolescent Sexual and Reproductive Health curriculum development with UNFPA; promoting advocacy for better practices in PPH and preeclampsia and eclampsia with JHPIEGO; FIGO–World Diabetes Foundation (WDF) initiative on links between Maternal and Child Health and Non-Communicable Diseases; and Minimally Invasive Surgery training centres on laparoscopy and hysteroscopy established in Sudan and the Ukraine with the support of Olympus Surgical Technologies Europe.

Third: Establishing a Committee for Capacity Building in Education and Training

The Committee was established and chaired by Professor Luis Cabero and composed from the chairs of the other six FIGO Committees, and Professor Eric Jauniaux, an expert in the development of educational materials for low-income countries.

Today the Committee has

conducted 46 hands-on workshops and educational sessions on Maternal and Perinatal Mortality and Morbidity, PPH, Ultrasonography, Basic Surgical Skills, Gestational Diabetes, Maternal Health and NCD, Pelvic Floor Dysfunction, MIS and Infertility in Developing Countries. The Committee has become a constant partner in most of the regional and member societies' scientific meetings around the globe. At the FIGO World Congress of Gynecology & Obstetrics in Rome in 2012 the Committee has organised seven "hands-on" Pre-Congress educational and training workshops for the first time in the history of FIGO Congresses.

The Committee contributed to FIGO's Newsletter and the *International Journal of Gynecology & Obstetrics (IJGO)* with cutting-edge knowledge on the various topics of our profession, particularly those of relevance to low-income countries.

It published a special issue of the IJGO on: *"Early Origins of Health: the Role of Maternal Health on Current and Future Burden of Chronic Non-communicable Diseases"*.

The Committee is arranging with regional federations in the different continents medium-sized Congresses to cover the three year gap between the triennial FIGO World Congress of Gynecology & Obstetrics. The first one will be held in Colombia from 9–11th May 2013.

Fourth: Establishing a Reproductive Medicine Committee:

The Committee was established in 2009 and chaired by Professor

David Adamson to address the medical and social infertility problems in the developing countries.

FIGO is well aware that WHO has recognised infertility as a disease that contributes to the global burden of diseases and should be alleviated by all means. Infertility prevention and treatment of 186 million infertile couples in the developing world, except China, is a reproductive right in line with the agenda of ICPD 1994. For successful family planning programmes and adoption of small-family norms, couples who are urged to postpone, delay, or widely space pregnancies should be reassured that, should they decide to have a child, they will be helped to do so. As Professor Fathalla said, family planning is not just contraception; it is also planning for a family. The Committee advocates for protection of infertile couples from exploitation through over-use and over-pricing of modern technologies for infertility treatment.

The Committee developed and tested its infertility Tool Box to address these issues and help governments, general obstetricians and gynaecologists and specialists to develop policies to prevent infertility, provide infertility care integrated in reproductive and sexual health services and adopt evidence based cost-effective, culturally sensitive treatment of infertility, with appropriate referral systems. The Committee, in collaboration with CBETC and Al Azhar University, WHO, ICMART and ESHRE, conducted three hands-on workshops on "Basic & Advanced Clinical and Laboratory Training Course in Infertility,



including ART for Developing Countries". One more workshop is in the pipeline to be held during December 2012.

Fifth: Optimising utilisation of FIGO Committees and Working Groups and their outcomes to increase their visibility

The various FIGO Committees and Working Groups held their annual meetings in several countries mostly outside the United Kingdom, and organised a large number of workshops. The Committees and Working Groups published their documents and guidelines in IJGO, FIGO's Newsletter and on the FIGO website.

Sixth: Ethics curriculum development in reproductive and sexual health for the low-resource countries

The FIGO Committee for the Ethical Aspects of Human Reproduction and Women's Health supported by Ford Foundation developed the Ethics curriculum in Reproductive and Sexual Health for disadvantaged women in low-income countries. This curriculum provides guidance and help for low-income countries to introduce a bioethics curriculum tailored to their needs in their medical schools and in their pre-service and in-service training of obstetricians and gynaecologists.

Bioethics should speak up for the powerless and disadvantaged women in the developing world and help them to find ways to speak loud for their health rights.

Seventh: Improving management, communication, and involvement of member

societies and regional federations

Over the past three years it became incumbent on FIGO management to minimise expenditure whenever possible. This has been achieved through changing the site of the Executive Board meetings, minimising the number of face to face meetings, and a wide use of electronic communications. Member societies and regional Federations actively participated and contributed to FIGO activities through various channels including:

- FIGO Executive Board meetings were held over the past three years outside London – in Cape Town, Dar es Salaam, Mexico City and Beijing – to tie in with a member society or regional federation's meetings; to contribute to education and training in the host society; to exchange expertise with member societies and country policy makers; and lastly to reduce cost.
- Member societies and regional federations were consulted for the development of the agenda of all FIGO Executive Board meetings and guidance for suggestions for topics to be discussed at the meeting.
- Officers and members of the FIGO Executive Board, Presidents and Officers of our member societies, and regional federations were asked to represent FIGO in the very many local and regional meetings that were of interest to FIGO and could not be attended by the President, Vice President or Chief Executive. They all reported back to FIGO Officers. This enabled wider

representation of FIGO with minimal cost to FIGO.

- Member societies and the regional federations were encouraged to involve FIGO in their on-going activities.

Eighth: Strengthening collaboration with UN organisations, regional federations, world federations, NGOs, and member societies

This three year period 2009–2012 has witnessed an unprecedented strengthening, collaboration, and coordination with our old partners and development of collaboration and MOUs with new ones including UN organisations, other sister organisations, NGOs, regional and member societies and the private sector.

FIGO World Congress of Gynecology & Obstetrics – Rome 2012

The 2012 FIGO World Congress of Gynecology & Obstetrics is the climax of collaborative efforts of FIGO with the Italian Society of Obstetrics & Gynecology (SIGO) and our Italian colleagues and partners over the past six years since Italy won the bid for the Congress in Kuala Lumpur in 2006.

I shall just highlight some of the features which characterise this Congress:

1. Seven educational and training Pre-Congress Workshops and courses will be held in the Italian teaching hospitals and institutes before the Congress.
2. The traditional WHO/FIGO/Alliance/SRH Pre-Congress Workshop will be held on 5th and 6th October. The first day is dedicated to addressing the most important underlying

factor of maternal mortality and morbidity, namely the unmet need of contraception, with the support of USAID, EngenderHealth, RESPOND and ACOG. The second day will address unsafe abortion, HIV/AIDs and adolescent RSH with the support of WHO, IPPF, UNAIDS, UNFPA and Ipas.

3. The updated version of "Why Did Mrs X Die?" (from pregnancy and childbirth) will be displayed at the end of the opening ceremony and will be introduced by the author of the original copy: Professor Mahmoud Fathalla (former FIGO President).
4. The President's Plenary session on Monday October 8th, 2012 involves an open dialogue between Presidents of concerned professional organisations and top officials from various UN organisations and global NGOs.
5. The large number of sessions dedicated to our member societies and regional federations including our host country.
6. The large number of sessions dedicated to various subspecialty world societies, global professional organisations, UN organisations and NGOs in relation with FIGO.
7. An outstanding scientific, social and spiritual programme arranged by FIGO's International Scientific and Organising Committees in collaboration with our Italian colleagues, including a Papal audience on Wednesday 10th October 2012.

It is now appropriate to express my sincere thanks to all those

involved in the preparation for this Congress, particularly the Congress Organising Committee chaired by Professor Jacques Milliez, and co-chaired by Lord Patel; the International Scientific Committee chaired by Professor William Dunlop and co-chaired by Professor Joanna Cain; and their Italian counterpart Committees chaired by Professor Giovanni Scambia and Professor Giovanni Monni. Many thanks to all of them for their unyielding efforts, dedication and determination to make this Congress a real success. Very many thanks to our Events and Meetings Manager, Miss Marta Collins, for her tremendous efforts over the past three years preparing for this Congress.

International Journal of Gynecology & Obstetrics

This report cannot be complete without a few words on our *International Journal of Gynecology & Obstetrics*. The editorial office in London is doing a great job. Professor Tim Johnson, the innovative and prestigious Editor in Chief, has continued the excellence of the Journal and introduced new and exciting features, and attracted more researchers and clinicians to publish in and cite the journal's articles. No wonder the journal's impact factor is now 2.045 (2011). Clare Addington, the outstanding Managing Editor based in London, is doing a great job.

The October 2012 supplement to the Journal is the World Report on Women's Health, guest edited by President-Elect Professor Sir Arulkumaran. Having undertaken the same task three years ago, I am well aware of the hard work which this task involves, in

putting together such a highly prestigious publication. The report will be available to all delegates attending Rome 2012 FIGO World Congress of Gynecology & Obstetrics and will be launched at a press conference.

I want to put on record that during my term in office I have been most privileged to work with an excellent hard-working team. Team work is the ability to work together towards a common vision **and we did**.

It is the ability to direct individual accomplishments towards organisational objectives **and we did**.

It is the fuel that allows common people to attain uncommon results **and we did**.

As my tenure as President of FIGO comes close to its end it is now most appropriate to say to my fellow FIGO Officers, FIGO Chief Executive Professor Hamid Rushwan, Executive Board members, Chairs and members of FIGO Committees and Working Groups, the Secretariat staff at FIGO headquarters (particularly Mr Bryan Thomas – Administrative Director – and Ms Marie-Christine Szatybelko – Senior Administrator), and in my Cairo Office particularly my PA Mrs Azza El Tobgi and Mrs Giham El Fiky: you were a wonderful team and thank you so much. You have all shown outstanding and exceptional commitment, enthusiasm, volunteerism and dedication which I greatly treasure. This is what makes FIGO the immensely valuable and influential global body that it has become over the years and enabled me to fulfil my promises to the FIGO General Assembly three years ago.



I say to you all: thank you so much – you have made my term in office so very productive, rewarding and enjoyable.

I say to various UN organisations, global NGOs, governmental organisations, sister professional organisations and medical industry: you all, through your support and our collaborative and integrated efforts, have helped FIGO to play the role it is supposed to do to improve women's health and newborns' health to the best of its abilities.

Last but not least, many thanks to my family: Misho my wife, my sons Ihab and Ahmed and daughter Menna, and my patients. During the past three years there were times when you needed me most and could not have me around because of my heavy commitments to my beloved **FIGO Federation**. I really am grateful for your unlimited support, sacrifice and understanding during the past three years.

Now as I handle the baton to my dear friend and colleague Professor Sir Arulkumaran, FIGO President-Elect, I really am confident that FIGO, under his competent leadership, will make tremendous progress and will be steered in the right direction to make a substantial difference to the health of women and newborns and their wellbeing, particularly in less privileged parts of the world.

My colleagues, I have tried very hard within the limited space available to relay to you what we have achieved together during the past three years. I just steered the ship but you all have voluntarily participated to make it

happen. I do wish you all a happy life, full of health and joy.

God bless you all.

Gamal Serour
FIGO President 2009–2012



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 and 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, U.N. agencies, and the public/private sector to achieve its objectives.

FIGO has grown from an organisation representing the 42 national societies which attended the founding meeting on the 26th July 1954 in Geneva, Switzerland into a worldwide organisation representing obstetricians and gynaecologists in 124 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 United Kingdom 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 United Kingdom Registered Charity. The Registered Office of both the United Kingdom 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, United States of America 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, United States of America.

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 FIGO World Congress of Gynecology & Obstetrics.

Governance

The governance of the International Federation of Gynecology and Obstetrics is set out in its Constitution and Bye-Laws. The charity is also subject to the requirements of United Kingdom legislation and the United Kingdom Charity Commission. The organisation has a single management body, the Board of Trustees, who are the elected Officers. An Executive Board, which is composed of these six Officers and representatives of 124 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 e-mail. The Executive Board meets formally at least once a year and the Trustees/Officers at least twice yearly.

The General Assembly meets every three years at the time of the triennial FIGO World Congress of Gynecology & Obstetrics 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 Cape Town, South Africa in October 2009. The next General Assembly will take place in Rome, Italy during the FIGO World Congress of Gynecology & Obstetrics in October 2012.

A Chief Executive – Professor Hamid Rushwan – was appointed in November 2007 to manage the day to day operations of the Charity.

Activities

Since its foundation in 1954, FIGO has organised a World Congress of Gynecology & Obstetrics that takes place every three years. Some of the Federation's other major activities include, but are not limited to:

- FIGO Fistula Initiative (page 20)
- The FIGO LOGIC Initiative (Leadership in Obstetrics and Gynaecology for Impact & Change) (page 52)

- FIGO Misoprostol for PPH in Low Resource Settings Initiative (page 59)
- FIGO Prevention of Unsafe Abortion Initiative (page 35)
- FIGO Saving Mothers and Newborns Initiative (page 54)

Advocacy and 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 obstetric and gynaecologic professionals in an evaluation of their practice to assess whether they are protecting and promoting these rights
- encourage the development of a 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:

Trustees/Officers 2009–2012

<i>President</i>	G Serour	Egypt
<i>Vice-President</i>	T Maruo	Japan
<i>President-Elect</i>	S Arulkumaran	United Kingdom
<i>Past-President</i>	D Shaw	Canada
<i>Honorary Secretary</i>	I Fraser	Australia
<i>Honorary Treasurer</i>	W Holzgreve	Germany

Executive Board Members 2009–2012

Country/Territory	Society	Current Representative
Argentina	<i>Federación Argentina de Sociedades de Ginecología y Obstetricia</i>	N C Garelo
Australia & New Zealand	<i>Royal Australian and New Zealand College of Obstetricians and Gynaecologists</i>	C Tippet
Brazil	<i>Federação Brasileira das Sociedades de Ginecologia e Obstetricia</i>	N R de Melo
Canada	<i>Society of Obstetricians and Gynaecologists of Canada</i>	V Senikas
Chile	<i>Sociedad Chilena de Obstetricia y Ginecología</i>	H Munoz
China	<i>Chinese Society of Obstetrics and Gynecology</i>	Z Cao
Costa Rica	<i>Asociación de Obstetricia y Ginecología de Costa Rica</i>	K-U Sander Mangel
Finland	<i>Finnish Gynecological Association</i>	S E Grénman
France	<i>Collège National des Gynécologues et Obstétriciens Français</i>	B Carbonne
Germany	<i>Deutsche Gesellschaft für Gynäkologie und Geburtshilfe</i>	W Jonat
Ghana	<i>Society of Obstetricians and Gynaecologists of Ghana</i>	E Y Kwawukume
Italy	<i>Società Italiana di Ginecologia e Ostetricia</i>	F Petraglia
Japan	<i>Japan Society of Obstetrics and Gynecology</i>	T Kimura
Lebanon	<i>Société Libanaise d'Obstétrique et de Gynécologie</i>	A Adra
Malaysia	<i>Obstetrical and Gynaecological Society of Malaysia</i>	A A Yahya
Mexico	<i>Federación Mexicana de Colegios de Obstetricia y Ginecología</i>	E Castelazo Morales
Palestine	<i>Society of Palestinian Gynaecologists and Obstetricians</i>	S S Jaber
Paraguay	<i>Sociedad Paraguaya de Ginecología y Obstetricia</i>	A Acosta
South Africa	<i>South African Society of Obstetricians and Gynaecologists</i>	B D Goolab
Spain	<i>Sociedad Española de Ginecología y Obstetricia</i>	J M Laílla Vicens
Taiwan	<i>Taiwan Association of Obstetrics and Gynecology</i>	T-H Su
Turkey	<i>Turkish Society of Obstetrics and Gynaecology</i>	I M Itil
United Kingdom	<i>Royal College of Obstetricians & Gynaecologists</i>	A Falconer
Venezuela	<i>Sociedad de Obstetricia y Ginecología de Venezuela</i>	R Perez D'Gregorio
Chief Executive	H Rushwan	United Kingdom/Sudan
Administrative Director	B Thomas	United Kingdom

- 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 Chien-Tien Hsu Research Foundation

and, at the FIGO World Congress of Gynecology & Obstetrics, the host society

- The publication of the World Report on Women's Health, published every three years to coincide with the FIGO World Congress of Gynecology & Obstetrics. 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 seven dedicated task-oriented Committees and three Working Groups, FIGO's work embraces many aspects of obstetrics and gynaecology such as capacity

building in education and training, reproductive medicine, 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 located in 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 since the property was purchased, during which the number of individuals working at the Secretariat has increased from three to 14 as activities have increased, the building provides space for the existing Secretariat staff as well as allowing for modest future long-term expansion of the staff needed to support FIGO's activities. The Secretariat now houses all of FIGO's core activities – including the IJGO Editorial Office – under one roof to maximise the

organisation's efficiency and facilitate cost reductions.

A number of separate "departments" have been established, each of which handles a specific aspect of FIGO's work. These include:

- Projects
- Publications
- Events and 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 of the employees and departments of FIGO whilst implementing the policies, procedures and activities approved by the FIGO Officers and Executive Board.

The Secretariat 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.

Secretariat Staff

Chief Executive

H Rushwan

Administration

Administrative Director

B Thomas

Senior Administrator and Committee Manager

M-C Szatybelko

PA to the Chief Executive/Communications Assistant

A Gilpin

Administration Assistant

D Jeffery

FIGO LOGIC Initiative Project Team

Project Director

D Taylor

Senior Management Specialist

B Vander Plaetse (Independent Consultant)

Project Manager

H Andrews

Administrative Officer

C Bruneau

FIGO Misoprostol for Post-Partum Haemorrhage in Low Resource Settings Initiative

Project Manager

C Waite

Events and Meetings

Events and Meetings Manager

M Collins

International Journal of Gynecology & Obstetrics

Managing Editor

C Addington

Manuscript Editor

P Chapman

Finance

Independent Consultant

G Bialasz

Independent Consultant

R Waghela



FIGO Member Societies

The membership of FIGO includes the following affiliated organisations:

Africa-Eastern Mediterranean

- Associação Moçambicana de Obstetras e Ginecologistas
- Association of Gynaecologists & Obstetricians of Tanzania (AGOTA)
- Association of Obstetricians and Gynaecologists of Malawi
- Association of Obstetricians and Gynaecologists of Uganda
- Association Sénégalaise de Gynécologie-Obstétrique
- Egyptian Society of Gynaecology and Obstetrics
- Emirates Medical Association Obstetrics & Gynaecology Society
- Eritrean Medical Association
- Ethiopian Society of Obstetricians & Gynaecologists (ESOG)
- Jordanian Society of Obstetricians & Gynaecologists
- Kenya Obstetrical & Gynaecological Society
- Kuwait Medical Association
- Libyan Obstetrical & Gynaecological Association
- Obstetrical & Gynaecological Society of Sudan
- Saudi Obstetric & Gynaecological Society
- Sierra Leone Association of Gynaecologists & Obstetricians
- Société Algérienne de Gynécologie-Obstétrique
- Societe de Gynecologie et d'Obstetrique de Cote d'Ivoire
- Societe de Gynecologie et d'Obstetrique du Benin et du Togo
- Société de Gynécologie et Obstétrique du Niger
- Société des Gynécologues et Obstétriciens du Burkina
- Société Gabonaise de Gynécologie Obstétrique et de la Reproduction
- Societe Guineenne de Gynecologie-Obstetrique
- Societe Libanaise d'Obstetrique et de Gynecologie
- Societe Malienne de Gynecologie-Obstetrique
- Societe Royale Marocaine de Gynecologie Obstetrique
- Société Tunisienne de Gynécologie-Obstétrique
- Society of Gynaecologists & Obstetricians on Cameroon (SOGOC)
- Society of Gynaecology & Obstetrics of Nigeria (SOGON)

- Society of Obstetricians and Gynaecologists of Ghana
- Society of Palestinian Obstetricians and Gynecologists
- South African Society of Obstetrics & Gynaecology (SASOG)
- Syrian Society of Obstetricians & Gynaecologists
- Zambia Association of Gynaecology and Obstetrics
- Zimbabwe Society of Obstetricians & Gynaecologists

Asia-Oceania

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

Europe

- Albanian Association of Obstetrics and Gynecology

- Association of Gynecologists and Obstetricians of Macedonia
- Austrian Society of Obstetrics & Gynecology
- Bulgarian Society of Obstetrics and Gynecology
- Collège National des Gynécologues et Obstétriciens Français
- Croatian Society of Gynecologists and Obstetricians
- Cyprus Gynaecological and Obstetrics Society
- Czech Gynecological & Obstetrical Society
- Dansk Selskab for Obstetric og Gynaekologi
- Deutsche Gesellschaft für Gynäkologie und Geburtshilfe
- Estonian Society of Gynaecologists
- Federacao das Sociedades Protuguesas de Obstetricia e Gineologia (FSPOG)
- Finnish Gynaecological Association
- Georgian Association of Obstetricians & Gynecologists (COGRA)
- Gynecologic Association of the Slovenian Medical Society
- Hellenic Obstetrical & Gynecological Society
- Icelandic Association of Obstetricians and Gynecologists
- Institute of Obstetricians & Gynaecologists of the Royal College of Physicians of Ireland
- Israel Society of Obstetrics & Gynecology
- Kosovo Obstetric Gynaecology Society (KOGS)
- Kyrgyz Association of Obstetricians, Gynecologists & Neonatologists
- Latvian Association of Gynaecologists and Obstetricians
- Lithuanian Association of Obstetricians & Gynecologists
- Magyar Noorvos Tarsasag
- Malta College of Obstetricians & Gynaecologists
- Nederlandse Vereniging voor Obstetrie & Gynaecologie
- Norwegian Society of Gynecology and Obstetrics
- Polskie Towarzystwo Ginekologiczne
- Republic of Armenia Association of Obstetrician/Gynecologists & Neonatologists
- Romanian Society of Obstetrics & Gynaecology
- Royal Belgian Society of Obstetrics & Gynaecology
- Royal College of Obstetricians & Gynaecologists
- Russian Society of Obstetricians & Gynaecologists
- Association of Gynecologists and Obstetricians of Serbia, Montenegro and Republic Srpska
- Slovak Gynecological & Obstetrical Society
- Sociedad Espanola de Ginecologia y Obstetricia

- Societa Italiana di Ginecologia e Ostetricia
- Societe de Gynecologie et d'Obstetrique de Luxembourg
- Société Suisse de Gynécologie & Obstétrique
- Society of Obstetricians and Gynecologists of Republic of Moldova
- Svensk Forening For Obstetrik & Gynekologi
- Turkish Society of Obstetrics and Gynecology
- Ukrainian Association of Obstetricians and Gynecologists

Latin America

- Asociacion de Ginecologia y Obstetricia de Guatemala
- Asociacion de Obstetricia y Ginecologia de Costa Rica
- Federação Brasileira das Sociedades de Ginecologia e Obstetricia (FEBRASGO)
- Federación Argentina de Sociedades de Ginecología y Obstetricia, FASGO
- Federación Colombiana de Asociaciones de Obstetricia y Ginecología
- Federación Ecuatoriana de Sociedades de Ginecología y Obstetricia
- Grabham Society of Obstetricians & Gynaecologists
- Sociedad Boliviana de Ginecologia y Obstetricia
- Sociedad Chilena de Obstetricia y Ginecologia
- Sociedad Cubana de Obstetricia y Ginecologia
- Sociedad de Ginecologia y Obstetricia de El Salvador
- Sociedad de Ginecología y Obstetricia de Honduras
- Sociedad de Obstetricia y Ginecologia de Venezuela
- Sociedad Dominicana de Obstetricia y Ginecologia
- Sociedad Ginecotologica del Uruguay
- Sociedad Nicaraguense de Ginecologia y Obstetricia
- Sociedad Panamena de Obstetricia y Ginecologia
- Sociedad Paraguaya de Ginecologia y Obstetricia
- Sociedad Peruana de Obstetricia y Ginecologia
- Société Haitienne d'Obstetrique et de Gynécologie SHOG

North America

- American College of Obstetricians and Gynecologists
- Federación Mexicana de Colegios de Obstetricia y Ginecologia
- Society of Obstetricians and Gynaecologists of Canada



FIGO Committees and Working Groups

Committee Structure

The Executive Board discussed the priorities for action for the 2009–2012 “term” in depth and decided to approve the continuation of the following “task oriented” Committees: the Committee for the Ethical Aspects of Human Reproduction and Women’s Health, Committee for Fistula, Committee on Gynaecologic Oncology, Committee for Safe Motherhood

and Newborn Health and Committee for Women’s Sexual and Reproductive Rights. In addition, two new Committees were established: Committee for Capacity Building in Education and Training, and Committee for Reproductive Medicine.

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.

The Executive Board also agreed that the Working Group on the Prevention of Unsafe Abortion, the Working Group on Pelvic Floor Medicine and Reconstructive Surgery and the Working Group on Menstrual Disorders should continue their invaluable work.

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

- The Alliance for Women’s Health, which provides an on-going forum for collaboration

- between FIGO and other organisations and acts as an Advisory Board to various projects including the triennial Pre-Congress Workshop.
- The FIGO Congress Organising Committee, which continues to be responsible for the organisation of the FIGO World Congress of Gynecology & Obstetrics and the policy aspects of FIGO Congresses.
 - The FIGO Audit & Finance 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 as well as undertaking 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)
- UNAIDS
- UNFPA (United Nations Population Fund)
- UNICEF (United Nations Children's Fund)
- The World Bank

Ipas also attends meetings in an "observer" capacity.

Professor Mahmoud Fathalla – a

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

The Alliance met in February 2011 at the Royal College of Obstetricians and Gynaecologists in London, United Kingdom. At the meeting, the main focus of the discussions revolved around a review of the terms of reference of the Alliance and its future.

On 5th and 6th October 2012, a Pre-Congress Workshop organised under the auspices of the Alliance for Women's Health is being held in Rome, Italy prior to the FIGO World Congress of Gynecology & Obstetrics.

Members of the Alliance for Women's Health 2009–2012

D Shaw (Co-Chair)	FIGO
M Mbizvo (Co-Chair)	WHO
S Arulkumaran	FIGO
H Belhadj	UNAIDS
A Bridges	International Confederation of Midwives
M Chopra	UNICEF
S Chowdhury	The World Bank
I Fraser	FIGO
W Holzgreve	FIGO
W Keenan	IPA
T Maruo	FIGO
N Ortayli	UNFPA
I Rondinelli	IPPF
G Serour	FIGO

Ex-officio

H Rushwan	FIGO
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Senior Advisor

M Fathalla

Advisor

R Cook

Observer

B Crane	Ipas
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FIGO Committee for Capacity Building in Education and Training

The FIGO Committee for Capacity Building in Education and Training was one of two new “task-oriented” Committees established by FIGO’s Executive Board in October 2009.

The aims of the Committee are:

- To provide leadership in the educational and training activities of FIGO;
- To promote the educational objectives of FIGO in the field of women’s sexual and reproductive health and rights;
- To share the values of FIGO of innovative leadership, integrity, transparency, professionalism, respect for cultural diversity

and high scientific and ethical standards;

- To ensure that training is accompanied by an improvement in women’s health evaluated by appropriate indicators;
- To work with FIGO’s member societies to enhance educational and training capabilities; and
- To upgrade the practice of obstetrics and gynaecology through education and training.

FIGO, conscious of its responsibility, has placed a special emphasis on the fact that the Committee for Capacity Building in Education and Training should, in conjunction with various global institutions, act in such a way that it will achieve its objectives; education, preparation, training and capacity

building are the only logical route that exists to improve and advance opportunities for all women of the world.

The vision of the Committee is that all countries of the world should have effective educational and training programmes that increase the capabilities of women’s healthcare professionals and enable them to continue to increase their own professional capabilities through national educational and training programmes created by themselves to meet the healthcare needs of all women and children in their country.

The Committee aims to promote FIGO’s educational objectives in the field of women’s sexual and reproductive health worldwide and will develop training and capacity building programmes for

professionals involved in the field of women's sexual and reproductive health, including reproductive rights. The Committee is based on the structure of FIGO itself and shares its values, being those of innovative leadership, integrity, transparency, professionalism, respect for cultural diversity and high scientific and ethical standards.

The Committee's activities, according to its Terms of Reference, will be carried out in collaboration with national societies.

Professional training is accompanied by an improvement in performance indicators. There are many areas, especially in low-resource countries, in which training different levels of women's health care professionals can be improved, so that better outcomes can be achieved from the care of women, especially with respect to maternal and neonatal morbidity and mortality.

Strengthening communication with and among member associations and building the capabilities and capacity of those from low-resource countries through strengthening leadership, management, good practice and the promotion of policy dialogues will enable societies to play a pivotal role in the development and implementation of projects and policies aimed at the improvement of care available to women and their babies.

The Committee for Capacity Building in Education and Training is committed to:

- Improving communication with and among member associations and building the

capacities of those from low-resource countries through strengthening leadership, management, good practice and the promotion of policy dialogue.

- Enabling all countries of the world to have effective educational and training programmes that increase the professional capabilities of women's healthcare professionals and enable them to continue to increase their own professional capabilities through national educational and training programmes created by themselves to meet the healthcare needs of all women and children in their country. Regarding maternal mortality, it is well established that there are three factors for delays in providing adequate care that account for most maternal deaths and this could be reduced to a minimum when all professionals involved (doctors, midwives, nurses, etc.) are better skilled and work together.
- Sharing the values of FIGO of innovative leadership, integrity, transparency, professionalism, respect for cultural diversity and high scientific and ethical standards.
- Ensuring that professional training is accompanied by an improvement in performance indicators. There are many areas, especially in low-resource countries, in which training different levels of women's health care professionals can be improved, so that better outcomes can be achieved from the care of women, especially with respect to maternal and neonatal morbidity and mortality.
- Promoting sexual and reproductive health rights and services through education, research and advocacy as well as through the provision of accessible, efficient, affordable, comprehensive reproductive health services.

To achieve its goals, the Committee acts by:

- Organising meetings, workshops, courses, etc.,
- Organising training courses
- Designing the appropriate educational material for the purposes of education (videos, slides, pamphlets, books, etc.)
- Maintaining the high calibre of FIGO's triennial World Congress of Gynecology & Obstetrics as an inspirational forum for obstetricians and gynaecologists from all over the world, as well as the organisation of educational pre-Congress courses.
- To participate in relevant national, regional and international meetings and activities promoting women's health.
- To organise regional FIGO meetings on a different continent every year. The topics for these meetings will be in accordance with FIGO's objectives and goals.
- To organise the FIGO educational aspects of FIGO's official website. This will include educational and training material used in the different courses and meetings organised in various countries. It will also contain different links to other educational websites, with the appropriate permissions.
- To prepare different tools to be used in training courses such as videos, slide sets, pamphlets, etc.



- To prepare guidelines and reviews that will be published in the IJGO.
- The usual means of communication among the members will be electronic, by e-mail, Skype, etc.

Developing a competent health promotion workforce is a key component of capacity building for the future and is critical to delivering on the vision, values

and commitments of global health promotion.

Recognising the importance of collaborative efforts for advancing women's health and rights, FIGO and the Committee are committed to strengthening partnerships with other international professional organisations, UN agencies, and the public/private sector to achieve their objectives.

Current and future health challenges demand new and changing competencies to form the basis for education, training development and workforce planning. International developments in health promotion and evidence-based practice provide the context for developing health promotion competencies, standards, quality assurance and accountability in professional preparation and practice. In addition to filling the training and development gap, there is a need to develop a comprehensive system for competency-based standards and accreditation to strengthen global capacity in health promotion, which is a critical element in achieving goals for the improvement of global health.

In its first three years, the Committee has undertaken 48 activities in more than 20 countries with a participation of more than 5,000 attendees and 350 speakers from 29 countries.

FIGO would like to thank a number of donors, including Bayer Schering Pharma Middle East, Ferring Pharmaceuticals North-East Africa, and Olympus Surgical Technologies Europe for supporting the educational and training activities of the FIGO Committee for Capacity Building in Education and Training.

Members of the FIGO Committee for Capacity Building in Education and Training 2009–2012

Luis Cabero-Roura (<i>Chair</i>)	Spain
E Jauniaux (<i>Co-Chair</i>)	United Kingdom
D Adamson	United States of America
L Denny	South Africa
B Dickens	Canada
A Lalonde	Canada
N Patel	United Kingdom
L Regan	United Kingdom



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's 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 2012 in a booklet entitled *“Recommendations on Ethical Issues in Obstetrics and Gynaecology 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;
- To focus on international issues;
- To recommend guidelines on ethical problems in training, education, science and the practice of obstetrics and gynaecology;
- To bring ethical issues to the attention of FIGO member societies, physicians, and the public in developed and developing countries;
- To address the question of FIGO's policy towards sponsorship and relationships with industry; and
- To develop a bioethics curriculum in reproductive and sexual health for developing countries.

The FIGO Ethics Committee met in London, United Kingdom, in February 2010, in Cairo, Egypt, in November 2010, in Goa, India, in March 2011, and again in London, United Kingdom, in March 2012. Overall, 15 Recommendations were designed, updated and/or substantively factually or

otherwise amended, which will be published in the FIGO booklet to be distributed to delegates at the 2012 FIGO World Congress of Gynecology & Obstetrics and in various issues of the IJGO. In addition, all Recommendations were forwarded by e-mail to FIGO national member 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.

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 or purely philosophical 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. For instance in May, 2011, the European Court of Human Rights afforded FIGO Ethics Committee Statements and Recommendations the same status as UN and WHO declarations of principle, to identify the standards of practice and performance by which

medical professionals, professional associations and governmental health services will be assessed in their observance, or violation, of women's human rights to reproductive health care.

Despite the wide disparity of its membership, the FIGO Ethics Committee always achieves a consensus and usually unanimity before finalising its Recommendations. Despite this, practitioners are warned that the FIGO Recommendations should not be applied in countries where they would contradict national legislation, legally enforceable regulations or binding judgments of courts of authority. However, if laws, regulations or judgments prejudice women's health, for instance by upholding or implementing 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 act. Under the ethical duty to serve as advocates for women's health, they should make every possible effort to convince their governments to improve women's reproductive health by legal reform, enlightened administration or other effective means, to enable women's 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, Gamal Serour and Jacques Milliez and their predecessors), the most recent Recommendations of the Ethics Committee addressed a wide range of issues, including social issues such as negative stereotyping of women, whether



as patients or professional colleagues, non-consensual sterilisation of vulnerable women such as members of minority, socially or politically subordinated populations, and storage of cord blood as a social asset rather than an individual safeguard. Each meeting of the Committee embraced a broad field of reflections that focused on a rich variety of aspects of human reproduction. These deliberations 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 clinical and wider issues including:

- prenatal diagnosis and screening;
- management of severe congenital anomalies;
- gynaecological care of severely disabled women;
- care of patients seeking infertility care across national borders; and
- task-shifting when obstetrician/gynaecologists are unavailable.

A major commitment of the Committee over its three-year term was development of a bioethics training curriculum, particularly for students in resource-poor settings. Entitled *"The FIGO Introduction to Principles and Practice of Bioethics: Case Studies in Women's Health"*, this training tool presents key principles of modern bioethical analysis, and invites their application to a series of 27 simple case scenarios to which all participants in the Committee contributed. The case studies are accompanied by questions to provoke ethical

analysis, allowing a choice of responses on which students may differ among themselves, and references to FIGO and other sources of guidance. Students' conclusions of appropriate conduct may be in conflict with prevailing requirements of ethical practice, but others inconsistent with each other may conform to ethically acceptable conduct. This teaches that there may be different ways to act ethically, depending on priority given to competing principles and levels of case analysis. A brief Instructors' Guide reinforces that there are not necessarily "right" answers to the questions, and that students must be left to reach flawed analyses, and defend ethically untenable conclusions, before correction.

In addition to working on ethical recommendations, Committee members also published texts and articles on ethics for various professional readerships, delivered lectures and participated in the name of FIGO in meetings or workshops in collaboration with various national and international organisations,

such as the Indian College of Obstetricians and Gynaecologists, and ESHRE.

The Recommendations of the FIGO Ethics Committee are of practical use to many. On several occasions, for instance, supported by the standard-setting role of FIGO Ethics Committee Recommendations, the Centre for Reproductive Rights, based in New York, USA, brought cases of denials and violations of women's reproductive rights to international tribunals. These included the European Court of Human Rights, and the Inter-American Court of Human Rights. One case, for instance, concerned tubal sterilisations without patients' consent, and another concerned denial of prenatal diagnosis for a malformed baby.

These advances demonstrate that Ethics is not only an abstract notion, but also serves to promote the health and legitimate interests of people in general, and women in particular, in the struggle to overcome traditions and cultures that deny women their human rights.

Members of the FIGO Committee for the Ethical Aspects of Human Reproduction and Women's Health 2009–2012

B Dickens (Chair)	Canada
F Shenfield (Co-Chair)	United Kingdom
J Milliez	France
A Mohsin Ebrahim	South Africa
D Shah	India
J C Vargas	Colombia
Y F Wang	People's Republic of China

Advisors

J Cain	United States of America
N Patel	United Kingdom

Ex Officio

H Rushwan	United Kingdom/Sudan
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FIGO Committee for 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 and 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;
- To produce effective proposals for the possible expansion and enhancement of the invaluable work undertaken in the prevention and treatment of fistula;

- To co-ordinate the production of a competency-based training manual aimed at trainers and individual practitioners in low- and middle-income countries;
- To continue liaison with UNFPA and others on the establishment of training centres and dedicated fistula hospitals in Africa and elsewhere;
- To work with allied organisations – including UNFPA – on projects devoted to the prevention and treatment of fistula;
- To monitor and evaluate third-party projects supported currently or in the future by FIGO (such as the AMREF project in Tanzania);
- Unless there is a valid reason for not doing so, to involve FIGO member societies where

relevant in the activities proposed for their countries;

- To 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; and
- Encourage and coordinate South to South collaboration where relevant and appropriate.

The six year programme of working with the Royal Dutch Embassy for training of doctors and nurses in Tanzania came to an end in July 2011, but work continued a little longer. The FIGO

Executive Board has been given reports regularly, and during its visit to Dar es Salaam in 2010 had the opportunity to see the fistula hospital there and its facilities. Overall, the programme has been judged a success with – during the six year period – nearly 1,500 patients treated and over 40 doctors and 50 nurses trained. We have had regular reports from AMREF, who managed the programme for us. The total FIGO support for six years was in the region of US\$450,000 with the Royal Dutch Embassy contributing over US\$1.8 million.

Over the last three years activity has continued to develop training centres, producing a competency based training manual (in English and French – now available), and running “training the trainers” courses for those that train. To this end, FIGO now has partnership with UNFPA, EngenderHealth, WAHA, Johnson & Johnson, the Fistula Foundation USA, and the RCOG. Others who work in the field have also agreed to adopt the FIGO assisted core programme.

Courses have been run for fistula surgeons already training to learn how to use the Training Manual. ISOFS have adopted the manual and it will now be the only manual used globally.

With WAHA, FIGO has devised a standardised data collection system, now being implemented to be used in all training centres.

With the assistance of the organisation mentioned above, we now have funding for over 40 trainees, 20 of whom have recently been allocated to centres.

To date, training centres have

been developed or upgraded, or given approval for training, in Sudan, Ethiopia, Tanzania, Nigeria and Dakar. Centres are only approved for training on condition that they follow the approved training, and have the appropriate facilities. Further “training the trainers” courses are planned to train French-speaking fistula surgeons.

Funding has been obtained to ascertain the needs of centres to upgrade to full training centres. The evaluation visits will be carried out by fistula surgeons.

There is a commitment from the above group to at least have two new centres for training and treatment every year.

All centres will also have needs assessments carried out to identify their requirement for training materials. Modest funding for this has been obtained.

A computerised model of interactive training is being developed that will be unique in concept. Initial work has been completed, and it is hoped that this will be finalised by the end of 2012. It will follow the training manual at every stage and allows trainees to use it themselves for training. The overall cost of producing the module will be in the region of US\$250,000. Most of the funding has now been secured.

The most important development over the past three years has been that there is now commitment and agreement with all the organisations involved in this field to work jointly towards the same agreed goals and, for those that have funding, to channel the funding towards these aims.

FIGO's role will be to coordinate activities, develop training materials and the criteria for accreditation of centres, and be the international organisation that provides academic credibility.

There will be a separate meeting of fistula surgeons from around the world and organisations involved in developing the above agenda at the FIGO World Congress of Gynecology & Obstetrics in Rome. The meeting will aim to take stock of development, and to decide what works and what does not.

The FIGO Committee for Fistula works slightly differently to the other FIGO task-oriented Committees. Most of the work is done centrally at the Secretariat, and individuals and organisations who have been involved are based on need and purpose. This has had the advantage of involving more people, and the benefit of them feeling involved. There has always been a core group for advice, and these individuals are listed below.

Members of the FIGO Committee for Fistula 2009–2012

N Patel (<i>Chair</i>)	United Kingdom
M Muleta (<i>Co-Chair</i>)	Ethiopia
A Browning	Ethiopia
S Elneil	United Kingdom
T Raassen	Kenya
C-H Rochat	Switzerland
H Rushwan	United Kingdom/Sudan
K Waaldijk	Nigeria



FIGO Committee on Gynaecologic Oncology

The primary objectives of the FIGO Committee on Gynaecologic Oncology for the period from 2009–2012 have been:

- To monitor and facilitate the implementation of a new Staging System of the vulva, endometrium and cervix, which was finalised in 2009. Monitoring is accomplished by collating the published data from units using the new staging system and facilitation by ensuring that all national societies are aware of and are using the new staging system – one way of making sure this happens is through the official FIGO website;
- To discuss and call for proposals for Ovarian and Fallopian Tubes cancers' changes to staging. This process is completed and has had the approval of the UICC, the American Joint Commission on Cancer, the European and Japanese Societies of Gynaecology Oncology, and the International Gynecologic Cancer Society. Final edits are in process and the staging will be ready for a presentation to membership at the FIGO conference in Rome, October 2012.
- To develop the concept of Molecular Staging, which is likely to be the future direction of staging of all malignancies;
- To prepare classifications of:
 - Radical Hysterectomy
 - Lymphadenectomy
 - Vulvectomy
 - Complications and Adverse Events
- Although not finalised some of this work is presented in the new FIGO CANCER REPORT
- To prepare a revised version of the former "Annual Report on The Results of Treatment in Gynaecologic Cancer" – now renamed the "FIGO Cancer Report" – as a volume that includes guidelines on screening, staging, clinical guidelines, quality of life and palliative care, pathology in various resource settings and international cancer data;
- To ensure the link to the Cervical Cancer Guidelines developed by a dedicated sub-committee on Cervical Cancer is placed on the FIGO website. This has been accomplished and this committee continues to be very active and to forge strong collaborations with

- other national and international organisations working in cervical cancer prevention. A meeting was held in Goa, India in March 2011 to co-ordinate and synergise efforts, as well as to outline the Ethical issues related to the inequity of access of poor women to either cervical cancer prevention or treatment as well as HPV vaccination;
- To ensure that cervical cancer be placed on the 'health agenda' of developing countries by disseminating knowledge and understanding of the burden 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. This will be achieved through regional meetings, creation of educational webinars and linkage with sister societies to synergise activities;
 - The totality of the health implications of cervical cancer also need to be framed within the context of the MDGs (Millennium Development Goals) and the FIGO Oncology Committee is working closely with the UICC and other organisations on the United Nations programme against Non-Communicable Diseases (NCDs). This has become an important focus of the UN and a high-level meeting to address the issue was held in September 2011.
 - To encourage all countries to create national cancer registries to monitor disease incidence, with particular emphasis on cervical cancer, and to evaluate the impact of

various prevention of cervical cancer strategies, such as screening and vaccination. To this end, members of the FIGO Oncology Committee have collaborated with the WHO on updating a comprehensive text on all aspects of cervical cancer control and management.

- To 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;
- To 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; and
- To promote screening for secondary prevention of cervical cancer which is resource appropriate and evidence-based. In addition, to promote key messages and best practice documents produced by FIGO and its counterparts.
- To ensure 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 or cervical cancer prevention activities.

The latest edition of the good

practice guidelines booklet prepared in collaboration with the International Gynecologic Cancer Society (IGCS) will be published. The publication includes chapters on site specific gynaecological cancers with the latest staging and best-evidence based guidelines for diagnosis and treatment. All chapters have been written by recognised international experts in their fields. The report has added three separate chapters on Pathology, Chemotherapy and Radiotherapy and is aimed at health care workers in both developed and developing countries. A separate publication on Palliative care in Gynaecologic Oncology will be published in 2012/13 either as a separate booklet or a journal supplement.

The former *Annual Report on the Results of Treatment in Gynecologic Cancer* was supervised by the Committee and co-ordinated by Immediate Past Committee Chair Professor Sergio Pecorelli and a dedicated team based in Milan, Italy with support from the European Institute of Oncology. This group has performed outstanding work and ensured that the FIGO cancer staging is used internationally. They are to be congratulated and thanked.

Due to a number of factors this report will not be published until the next FIGO World Congress of Gynecology & Obstetrics in 2015, and will be incorporated into an updated and retitled "*FIGO Cancer Report*". Currently new data collection forms are being designed and the Oncology Institute of Catalonia, under the leadership of Dr Xavier Bosch, has agreed to help the Committee design new and

simplified data collection forms, create a web-based data entry site and to analyse both the integrity and validity of the data. The interpretation of the data will be supervised by a specially appointed Editorial Board. A worldwide survey of all international FIGO affiliated societies has been performed and the Committee has verified over 250 institutions that are willing to contribute data on incidence, treatment modalities and survival of women with gynaecological cancers. These data will be published in 2015 at the next FIGO World Congress of Gynecology & Obstetrics.

In 2011, permission was granted by the President of FIGO to expand the Committee to create greater regional and disciplinary representation. It was also decided not to include breast cancer as the responsibility of the Committee as it was felt that there was not sufficient expertise to allow this. However, plans are being developed for a FIGO Working Group on Breast Cancer under the auspices of the Committee that will be chaired by Professor Walter Jonat.

Members of the FIGO Committee on Gynaecologic Oncology 2009–2012

L Denny (<i>Chair</i>)	South Africa
A Bermudez	Argentina
J Cain*	United States of America
K Fujiwara	Japan
N Hacker	Australia
E Å Lundqvist	Sweden
D Mutch	United States of America
S Pecorelli	Italy
J Prat	Spain
M Quinn (<i>Deputy Chair</i>)	Australia
M A-F Seoud	Lebanon
S K Shrivasta	India

*Dr Cain is also Chair of the Sub-Committee on Cervical Cancer Prevention





FIGO Committee for Reproductive Medicine

Mission and Activities

The FIGO Committee for Reproductive Medicine (CRM) was one of two new “task-oriented” Committees established by FIGO’s Executive Board in October 2009.

The mission of the FIGO CRM is to create access to quality reproductive medical care for all women of the world. The FIGO CRM is focused on helping infertile women become pregnant

and/or on alleviating the burden of infertility.

FIGO CRM members have participated in professional meetings lecturing on infertility management in low-resource settings at ASRM, ESHRE, FOGSI, ISAR, Al Azhar University in Cairo and FIGO annual board meetings. It has also developed Memoranda of Understanding with the World Health Organization (WHO), International Planned Parenthood Association (IPPF), ESHRE, International Federation of Fertility Societies (IFFS) and the International

Committee Monitoring ART (ICMART) to collaborate on achieving its goals. Additionally, FIGO CRM has contributed documents and participated in the FIGO Committee on Capacity Building in Education and Training.

The FIGO Fertility Tool Box™

The major activity of the FIGO CRM is development of The FIGO Fertility Tool Box™. This is a “How To” document intended for use by stakeholders in infertility to provide a comprehensive and

integrated set of tools that will increase access to treatment and prevention, and so reduce the global burden of infertility.

The FIGO CRM recognises and appreciates the vastly different socioeconomic, cultural, religious and healthcare systems, and other differences among and within FIGO's 124 member societies. Therefore, the FIGO Fertility Tool Box™ focuses on universal principles, recognising that each country and region will decide how to utilise this resource in a unique way that is most appropriate for them.

FIGO is comprised of obstetrician/gynaecologist organisations globally. The vast majority of FIGO physician members practice in environments with other healthcare providers such as midwives and mid-level providers. Very few provide the technologically-sophisticated aspects of fertility treatment such as in vitro fertilisation (IVF) and other assisted reproductive technologies (ART) or perform complex reproductive surgeries. Therefore, The FIGO Fertility Tool Box™ is directed towards mid-level primary women's healthcare practitioners who can provide reproductive healthcare services, namely women's health nurses, nurse-midwives, and obstetricians/gynaecologists. Importantly, the Tool Box is not intended to address the more sophisticated infertility treatments, despite their importance in managing infertility, but it does include a Tool with instructions on appropriate referral to these resources.

While the FIGO Fertility Tool Box™ is intended primarily for women's healthcare providers, it

can also be used by policy makers/organisational leaders and patients. Different Tools are intended for use as appropriate and possible by stakeholders in their unique situations.

Development of Tool Box

The Tool Box was developed through a consensus process that was initiated with a conceptual discussion of the global status of infertility, unmet needs, problems and challenges, successes and failures of current approaches, the need for innovation, and goals. This was followed by a comprehensive literature search and identification of the best evidence and information that would be used. Much discussion ensued to create The FIGO Fertility Tool Box™. The FIGO CRM focused on reorganization and integration of content in an innovative and technologically usable format.

Current Status

The FIGO Fertility Tool Box™ consists of 7 Tools:

- Tool 1: The FIGO Fertility Daisy™ (Why you should care about infertility)
- Tool 2: Personal Barriers
- Tool 3: Societal Barriers
- Tool 4: Diagnosis
- Tool 5: Treatment
- Tool 6: Referral/Resolution
- Tool 7: Prevention.

Members of the FIGO Committee for Reproductive Medicine 2009–2012

G D Adamson (<i>Chair</i>)	United States of America
S Bhattacharya	United Kingdom
J Collins	Canada
E R te Velde	The Netherlands
K Diedrich	Germany
S Dyer	South Africa
C Robinson	United Kingdom
P C Wong	Singapore
F Zegers	Chile

These tools provide a comprehensive approach to infertility as both an individual and a global problem. Application of the principles of the Tool Box has been initiated in three pilot countries: Chile, India and South Africa.

The Tool Box will be launched at the FIGO World Congress of Gynecology & Obstetrics in Rome at the Pre-Congress course on Sunday 7th October 2012 at Hospital G B Grassi (Ostiaas), and during the Congress on Wednesday 10th October 2012 at 9.55am in Hall 9B in the Scientific Session "Management of Infertility in Low Resource Settings".

A programme to introduce and teach the Tool Box to FIGO national members societies, thought leaders and other stakeholders is available and can be presented whenever a FIGO meeting or FIGO related meeting is held. Web dissemination and teaching will be done through the FIGO website.

FIGO would like to thank a number of donors, including Merck Serono Egypt and Institut Biochimique SA, for supporting the activities of the FIGO Committee for Reproductive Medicine.



FIGO Committee for Safe Motherhood and Newborn Health

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

- Act as a focal point for all FIGO activities related to safe motherhood and newborn health;
- Oversee FIGO's Saving Mothers and Newborns Initiative. The Committee will provide support, supervise and troubleshoot as required;
- Provide technical support to the FIGO LOGIC Project and to respond to requests from the President and Chief Executive;
- Identify and present new opportunities and/or projects for FIGO;
- Monitor and, where agreed

and appropriate, participate in international initiatives aimed at improving maternal and newborn health such as Prevention of Postpartum Haemorrhage Initiative (POPHI), Global Alliance to Prevent Prematurity and Stillbirth (GAPPS), Maternal and Child Health Integrated Program (MCHIP) and any other organisation that may be requested by the FIGO Officers or Executive Board. Committee members will ensure the representation of FIGO at these meetings, independently and in collaboration with ICM;

- Identify any other area where FIGO might take an active role in safe motherhood activities with a view to making recommendations to the FIGO officers and Executive Board by creating guidelines, position papers, etc.

- Act as a liaison, on behalf of FIGO, with organisations concerned with maternal or child health such as the Partnership for Safe Motherhood & Child Health (PMNCH), the Global Health Worker Alliance (GHWA), and the Maternal Health Task Force (MHTF) by representing FIGO at relevant and worthwhile meetings.
- Establish close liaison with WHO, UNFPA, UNICEF, IPA, ICM.

Over the last three years, the Committee has been very active in its efforts to contribute to maternal/newborn health. During the period from 2009–2012, 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 projects in 10 low-resource countries.
- Representing FIGO at various international fora.

FIGO Safe Motherhood Guidelines

1. Task Shifting

In 2009-2010 FIGO published the Task Shifting Paper and Guideline developed by the Committee. This calls upon all countries to make sure that the health professional closest to the patient has the ability to use essential medications for given indications.

2. PPH Guidelines

The PPH Guidelines have been published in the May 2012 issue of the *International Journal of Gynecology & Obstetrics*. This innovative Guideline talks about prevention and treatment of PPH. It starts with physiology and moves to active management of third stage of labour and then discusses individual drugs and procedures to treat PPH. These should be made available wherever a woman is birthing.

3. Breastfeeding in HIV Positive Woman

This Guideline was published in June 2011 and addresses an important issue in low resource countries.

4. Management of Second Stage of Labour

This quite extensive Guideline addresses a very urgent issue in obstetrical care given the rise in caesarean section, the decrease in instrumental delivery. There is a concern that practicing physicians are not properly trained in the use of forceps, and

vacuum extraction. The Guideline also defines staffing required for safety in all birthing units.

5. Prevention of Rh disease in lower resource countries

This joint statement is now produced with the International Pediatric Association and will be submitted to the World Health Assembly in the next few weeks. It calls upon all countries to establish this as part of the essential care in pregnancy.

Collaboration with other organisations

1. WHO/PMNCH

a. Essential interventions

FIGO, with partners in ICM and IPA, have worked for at least three years through PMNCH and WHO to reduce the number of essential interventions that are proposed to health care professionals in low resource settings. These interventions have been proven to be lifesaving and they can be applied in a graduated manner in all units that offer obstetrical care. These are publicised by WHO and available throughout the world.

b. Countdown 2015

FIGO has worked hard to be part of the Countdown 2015, especially in regards to maternal health and maternal indicators. We have worked very closely with WHO and recently two members of our Committee have been named to the Countdown 2015 Maternal Group. These indicators will be used for the 2013–2014 reports.

c. WHO PPH Guidelines

We have collaborated in the final review of these Guidelines which offer advice similar to those published by FIGO, but using a different method of recommendations. Our recommendations are also evidence based, but add clinical experience in areas where RCTs are lacking, whereas the WHO Guidelines are strictly based on review of trials and leave very little space for clinical practice experience.

2. IPA (International Pediatric Association)

We are discussing future projects with IPA such as prematurity and low birth weight. We hope to continue this close collaboration, which has been established with joint representation at PMNCH.

3. ICM (International Confederation of Midwives)

We have sent to the President of ICM our Guidelines and have asked for endorsement and/or support. We have met the President of the ICM in London, UK to discuss the possibility of having midwives represented on our committee. They will be discussing this at their next executive meeting and we hope that this will become a reality soon.

4. MCHIP

This is a USAID programme that is aiming to reduce maternal mortality due to PPH and pre-eclampsia. FIGO has nominated its Chair, Dr André Lalonde, to represent the organisation at various meetings and discussions. There is an on-going discussion about a possible



project with MCHIP that will occur in the next 18 months.

FIGO Projects

1. FIGO Saving Mothers and Newborns Initiative Final Report

The five-year project in 10 low-resource countries has just ended and the final report has been submitted to SIDA. The external evaluation by UK Options revealed the wealth of positive impact of these projects in each different country. The projects were all different, were all chosen by the country itself and/or conducted in collaboration with a mentor from a high-resource country. The tremendous challenges faced by these projects were clearly met by Ob-Gyn Societies in these countries and individual volunteers. From a very small budget, the success and continuing involvement of members of these countries in addressing maternal health issues is continuing. An example of a major breakthrough was the Uruguay Project. In a country with restricted laws on abortion, we succeeded in bringing a change in attitude of the health care professionals receiving women who had had or planned to have an illegal abortion. The public was also involved in forums where these were discussed and where women were counselled that the only drug safe for an abortion was misoprostol. The Programme was so successful that the final report was honoured to have the President of the country, the Honourable Jose Mujica, attend the dissemination meeting where he declared that no woman should die because of illegal abortion in Uruguay. This will

definitely become a model for progress towards abortion services in Latin America and other countries where restriction of laws are great.

2. Booklet for FIGO World Congress of Gynecology & Obstetrics

The Committee Chair is working on producing a booklet on the 10-country FIGO Save The Mothers Projects. This will illustrate the Project outline, the challenges and successes of these Projects.

3. FIGO Misoprostol for PPH Project

FIGO has obtained a grant from Gynuity to run a misoprostol for PPH project for the next four years. Guidelines on the prevention and treatment of PPH with misoprostol have been developed and were submitted for approval to the FIGO Executive Board meeting in May 2012.

4. FIGO LOGIC (Gates Project, Gates funded)

The Committee has been collaborating with the project and the Committee Chair and Co-Chair are members of the Advisory Team for support and supervision of this Project directed from FIGO Headquarters in London under the direction of Professor David Taylor.

5. FIGO representation

The following are just some examples of the representation of Committee members throughout the last three years:

a. FIGO Saving Mothers & Newborns Initiative

Most members of the Committee have been busy being utilised to provide support-supervision to various

projects of the FIGO Saving Mothers and Newborns Initiative.

b. WHO

Drs Rushwan, Lalonde and Okong have participated in various meetings of WHO towards the study of Guidelines, position papers and consensus documents.

c. MCHIP

Drs Hamid Rushwan and André Lalonde

d. Gynuity

Drs Hamid Rushwan and André Lalonde

e. PMNCH

Dr Lalonde finished representation in late 2010. The representatives of FIGO have been Dr Pius Okong, seconded by Dr Farrukh Zaman.

f. GHWA

Dr Pius Okong

6. Special collaboration of Pre-Eclampsia/Eclampsia Project

Directed by Dr Peter Von Dadelszen. The FIGO Committee is collaborating with this project which is set up for the next three years.

FIGO World Congress of Gynecology & Obstetrics Preparation

1. The Committee Chair has been involved in preparation of the FIGO World Congress of Gynecology & Obstetrics. We are coordinating three symposia as well as organising a pre-Congress Workshop.

- a. Maternal Mortality In Low Resource Countries.
 - b. Postpartum Haemorrhage Prevention and Treatment Guidelines.
 - c. FIGO Saving Mothers and Newborns Initiative 10-country reports.
2. FIGO Pre-Congress Workshop: Postpartum Haemorrhage. This will be a didactic and practical session given on Sunday 7th October prior to the FIGO World Congress of Gynecology & Obstetrics.
2. PPH treatment proposal. This will be a large project to reduce PPH mortality and morbidity.
 3. PPH essential drugs and tray.
 4. Prevention of first caesarean sections.
 5. NASG research collaboration.
 6. ICM representation on a committee.
 7. Partogram.

Future Project Considerations

1. IPA/FIGO low birth weight prematurity.

met every year, usually at the time of another meeting in order to reduce expenses. It has been very active in production of guidelines and representation and keeping FIGO members at the forefront of discussions on maternal and newborn health.

The FIGO Saving Mothers and Newborns Initiative project 2006–2011 was the first FIGO long term project involving a partnership between countries and within countries to reduce maternal mortality and morbidity. The final report and external evaluation may be found on the FIGO website at <http://www.figo.org/projects/newborns>.

Conclusion

The FIGO Committee for Safe Motherhood and Newborn Health has nine standing members and a number of corresponding members (see list below). Teleconferences have been held every six weeks during these last three years and the Committee has

Members of the FIGO Committee for Safe Motherhood and Newborn Health 2009–2012

A Lalonde (<i>Chair</i>)	Canada
P Okong (<i>Co-chair</i>)	Uganda
A Abdel Wahed	Jordan
L Adrien	Haiti
S Z Bhutta	Pakistan
P Dadelszen	Canada
C Fuchtnr	Bolivia
C Hanson	Germany
W Stones	Kenya

Corresponding Members

S Arulkumaran	United Kingdom
B Carbonne	France
J Liljestrand	Cambodia
S Miller	United States of America
D Taylor	United Kingdom
C Waite	United Kingdom

Ex-officio Members

H Rushwan	United Kingdom/Sudan
G Serour	Egypt





FIGO Committee for Women's Sexual and 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 2001 under the leadership of Dorothy Shaw. During her FIGO presidential term (2006–09) Dr Shaw worked tirelessly to raise the profile of reproductive rights and women's health. When the Committee met in 2008, under the chairmanship of Dr Kamini Rao, FIGO had already agreed to produce a booklet that could be used by medical students to raise awareness of

reproductive rights issues and to clarify the terminology in use.

Following the 2009 FIGO World Congress of Gynecology & Obstetrics, Professor Lesley Regan was invited to chair the committee in its next developmental stage – the design of a generic medical school curriculum that integrates the teaching of women's health and human rights, thereby ensuring that the next cadre of qualified young doctors appreciate the importance of a rights-based approach to women's reproductive healthcare.

Background

When FIGO charged the Committee with developing this curriculum, its members recognised the challenges of designing an educational process that could a) be adapted to the

local healthcare needs of women and b) be accepted into the myriad curricular requirements and course work of medical schools around the world. They also realised that, to accomplish this transformational change in physician education, they must respond to four demands:-

1. create generic tools that can be adapted to local health and educational needs;
2. make the materials easily available and accessible;
3. ensure they are understandable with minimal training and easily delivered so that instructors will welcome the approach and integrate the content into established coursework.

The result is a competency-based educational approach that simultaneously advocates for human rights and health, by

Integrated Human Rights and Women's Health Check list to Determine Competencies for Clinical Practice

Physicians must be able to apply the principles of human rights to the daily practice of women's health care.

1. Right to life: Everyone has the right to life.
2. Health: Everyone has the right to the highest attainable standard of physical and mental health.
3. Privacy: Everyone has the right to respect for privacy in the field of health care.
4. Confidentiality: Everyone has the right to confidentiality in relation to information on health care and health status.
5. Autonomy and decision making: Everyone has the right to autonomous decision-making in matters concerning their health.
6. Information. Everyone has the right to receive and impart information related to their health.
7. Non-discrimination: No one shall be subject to discrimination on any grounds in the course of receiving health care.
8. Right to decide number and spacing of children: Everyone has the right to decide freely and responsibly on the number and spacing of children and to have access to the information, education and means to enable them to exercise these rights.
9. Freedom from inhumane and degrading treatment: Everyone has the right to be free from torture or cruel, inhuman or degrading treatment or punishment in the field of health care;
10. Benefit from scientific progress: Everyone has the right to enjoy the benefits of scientific progress and its applications.

developing standards for performance and tools for training teachers and students in both the classroom and clinical settings. The competencies are currently described for graduating medical students; however the materials and the approach could easily be adapted for use in training a wide variety of individuals in the health care and legal professions. This approach recognises the fact that saving the lives of women and

enhancing their wellbeing is less a function of technology and sophisticated medical skills than of changes in the way that women access and benefit from established standards of care. Such changes require us to alter the way we educate our health care providers to uphold the highest possible standards of human dignity and health. The tools and dissemination of the project are designed to integrate the teaching of women's health and human rights within case studies. The FIGO approach encourages medical faculties to adapt the framework to local and national curriculum standards.

WSRR Curriculum Objectives

1. Describe the medical competencies and the human rights principles that underpin the delivery of high standards of women's health care.
2. Develop clinical case studies that promote inquiry about the fundamental links between human rights and quality health care around the world.
3. Provide instructional tools for utilising the case studies and rights framework within a wide range of learning environments.
4. Develop workshops for faculty (training the trainers) who can then adapt the tools to their local educational needs for teaching students and other faculty.
5. Conduct workshops at meetings of professional societies and educators to disseminate and improve the tools and methods in different settings.
6. Make the materials freely available through FIGO via on-

site dissemination and internet downloads.

7. Plan for global dissemination using a variety of media, including formal presentations, interactive workshops and internet-based videos.

The WSRR curriculum project – progress report

By January 2010 the core members of the new WSRR working party (four ob/gyn clinicians, a medical educator and a reproductive rights lawyer) had been identified and recruited to the project. This talented group of professionals met in London in March 2010 in order to define the project and determine how they could produce a teaching curriculum for clinicians in the field of reproductive healthcare based on human rights principles. The first step was to draft an outline document describing ten universal human rights and the health care competencies that are necessary to ensure them in the course of daily medical practice. It was proposed that each statement of rights would be accompanied by a case study or exemplar, references to relevant medical, ethical and legal literature and followed by a list of specific discussion questions that would guide the student and teacher to consider local practices, laws and governance. The Committee recognised that guidelines for the teachers of this new curriculum would need to be produced along with recommendations for dissemination and implementation in medical schools around the world. A provisional plan and time frame for future work was considered



and approved by the FIGO Executive Board in June 2010.

The WSRR committee met again in May 2011 in London to finalise the list of ten human rights and the Sexual and Reproductive Health care competencies that needed to be developed to complement them. A final document of competencies embedded into a framework of ten human rights was produced alongside plans and a timetable for dissemination and these documents were presented to the FIGO executive board meeting held in Mexico City in June 2011. This included a request to hold a plenary session and a training workshop at the Rome 2012 FIGO World Congress of Gynecology & Obstetrics. The FIGO Executive Board approved the human rights checklist and competencies in autumn 2011 and agreed that the project would be enhanced by the addition of case studies and reference materials.

During the next six months draft outlines for case studies to illustrate the human rights and health care competencies checklist were proposed by the WSRR team. The Committee held a weekend workshop in January 2012 at which they reviewed and completed the editing for eight of the ten clinical case studies which now include the case narrative, questions specific to each and references. The references have been deliberately weighted more heavily towards human rights standards on the assumption that medical teachers and their students have more ready access to texts and references describing the health conditions than they do human rights literature. There

is a common theme to the five over-arching questions beginning with the medical dilemma and the threat to rights, then progressing to explore the complexities of the relationship of health and rights for the case scenario and for the general health care system which is in place locally for that student and teacher.

List of five over-arching questions

1. What is the nature of the health care problem?
2. What is the threat to human rights posed by the scenario?
3. How does the health care system support or infringe human rights?
4. What are the local regulations governing delivery of care?
5. How can the health care system be improved to respect human rights and ensure health care?

The WSRR Committee welcomed FIGO President-Elect Professor Sir Sabaratnam Arulkumaran on the second day of their January 2012 workshop and he participated in the discussion and editing of one of the cases. It was encouraging to note how relatively easily a newcomer to the project could both follow the format and swiftly move to a position in which they were actively contributing. Following this meeting, Professor Regan was invited to present a concept document for the project together with plans for dissemination and implementation to the President and Chief Executive of FIGO, in order to inform them of the financial resources that will be required to ensure that the curriculum project is successfully completed.

In May 2012 a small subgroup of

the WSRR Committee met again for a weekend workshop to complete the last two cases and reference materials and now need to start designing the format of the teaching materials guide and curriculum assessment tools. The Committee will hold their next meeting in Rome during the FIGO World Congress of Gynecology & Obstetrics in October 2012 but will be using every opportunity before that to start disseminating its project in the form of presentations and interactive workshops. For example, Dorothy Shaw and Lesley Regan piloted the first interactive workshop entitled "Women at the centre of family health: a human rights approach" at the Royal Society of Medicine's Global Health conference held in London in March 2012. The workshop sparked considerable interest and many requests for further opportunities by both ob/gyn physicians and medical educators.

Plans for the FIGO World Congress of Gynecology & Obstetrics in Rome – October 2012

The WSRR Committee has been given the opportunity to disseminate its project at the next FIGO World Congress of Gynecology & Obstetrics to be held in Rome. A plenary session entitled "Integrating Human Rights and Health – introducing the FIGO project to transform women's healthcare" is scheduled for Monday 8th October. The aim is to attract global leaders in women's health and Human Rights, representatives of ob/gyn specialist societies, together with Education and Ethics teachers, as the target audience. Following an introduction and brief history

of the project by Dorothy Shaw, the core Committee will describe the educational tools they have developed and demonstrate how the checklist of Human Rights can be applied to an individual case study and hence easily incorporated into the day to day teaching of women's reproductive health. This will be followed by a moderated panel discussion with the audience invited to participate. At the end of this plenary session the audience will be invited to download and use the educational materials on the FIGO website and to register for the Congress workshop on Tuesday 9th October 2012.

This interactive workshop "Integrating Human Rights and Women's Health into your

educational and clinical practice" has been designed for invited leaders from national societies and training colleges who will have the opportunity of role playing a health care encounter and leading a rights-based discussion. In this way it is hoped to recruit a cadre of future trainers who will help to disseminate the project more widely across the globe. Every workshop participant will be actively encouraged to contribute critical feedback in order to improve and refine the materials and tools that are being developed.

Summary

This is an ambitious transformational project that is still evolving. The WSRR

Committee is not writing a textbook which would be a relatively simple task. Instead they have been charged with developing a novel medical curriculum to train the next cadre of young doctors about the importance of Sexual and Reproductive Healthcare. This curriculum aims to move Women's Health and reproductive needs from the marginal position that they currently occupy in most curricula to mainstream thinking. The goal is to turn the tables on traditional approaches to medical teaching and student learning and ensure that in the future Sexual and Reproductive Healthcare teaching and practice has a central focus based on Human Rights principles.



Members of the FIGO Committee for Women's Sexual and Reproductive Rights 2009–2012

L Regan (<i>Chair</i>)	United Kingdom
P C Ho	Hong Kong
D Magrane	United States of America
D Apter	Finland (2009–11)
A Faúndes	Chile (2011–12)
S Munjanja	Zimbabwe

Legal Resource

C Zampas	United States of America (2009–11)
A Lamackova	Croatia (2010–12)

Collaborating Agencies

B Crane	Ipas
K Culwell	IPPF
M Haslegrave	Commat
S Kabir	BRAC UK
E Kismodi	World Health Organization
N Ortayli	UNFPA
K O Rogo	The World Bank
S Schlitt	Amnesty International



FIGO Working Group on the Prevention of Unsafe Abortion

In January 2007, the FIGO Executive Board 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;
- To build national and international consensus for overcoming the constraints to providing evidence-based methods for reducing the burden of unsafe abortion;
- To 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;
- To develop situational analyses on unsafe abortion in FIGO's member countries and territories;
- To organise national workshops to construct plans of action to reduce unsafe abortion, based on the results of the situational analyses;
- To organise regional workshops to develop collaboration between countries and territories;
- To follow up on the implementation of national/regional plans for reducing the burden of unsafe abortion;
- To 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 – 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
- Membership should be multi-national, multi-cultural, and possibly multi-disciplinary. Ideally, it should be drawn from countries with different experiences on abortion – from countries that have always had liberal abortion laws, those who moved from a regime of restrictive laws to more liberal laws, and those who have always had different forms of abortion restrictions. This will encourage exchange of

information and views within the group. While the group should encourage diversity of opinion among the group members, we believe that extremists on both sides should be excluded in order not to derail the work of the Group;

- The Group should include one or two non-FIGO members with long standing experience working on unsafe abortion. A good representation by women would also be critical; and
- The Working Group should work in collaboration with the FIGO Committee on Women Sexual and Reproductive Rights, but should be independent of the Committee and should report directly to the FIGO Officers and the Executive Board.

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 1,000 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 originally extended from the launching of the action plan until November of 2009. Later on it was extended for an unlimited period, in the understanding that the problem of unsafe abortion and its consequences was not going to be completely solved in a relatively short period of time.

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 original Regional Coordinators were as follows: Luis Távara for Latin America in Lima, Peru; Robert Leke for Western and Central Africa (WCA), in Yaounde, Cameroon; Florence Mirembe for Eastern-Central-Southern Africa (ECSA), in Kampala, Uganda; Ezzeldin Osman Hassan for North Africa and Eastern Mediterranean (NAEM), in Cairo, Egypt; Shahida Zaidi for South-Southeast Asia (SSEA), in Pakistan; and Stelian Hodorogea for Eastern-Central Europe (ECE), in Chisinau, Moldova. An Assistant Regional Coordinator for Central America and the Caribbean (CA&C) was also identified and enrolled in the project – Dr Marina Padilla, based in San Salvador, El Salvador.

A few changes in the Regional Coordinators have occurred over time. Since 2009, the Assistant Coordinator CA&C became Regional Coordinator because Latin America had more than twice the number of countries than any other region, and was divided into South America (SA) and Central America and the Caribbean. In addition Dr Florence Mirembe requested that she be replaced by Dr Joseph Karanja who was the regional Coordinator for ECSA during 2010 and 2011, when he also

asked to step down. The current Regional Coordinator for ECSA is Dr Guyo Jaldesa, from Nairobi, Kenya.

The focal points from each participating member society complete the management structure of the project.

Scope of the FIGO Initiative for the Prevention of Unsafe Abortion and its Consequences

The 43 countries which committed to implement plans of actions approved by the government were: Eight from **Central America and Caribbean** (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).

During the last three years there have been a few changes: Since 2011 we have lost communication with the Syrian society, meaning that we are currently working with only four countries in the NAEM region. Other countries in that region have shown interest in being part

of this FIGO Initiative and have attended some of the Regional Workshops, but have failed to prepare a situational analysis and plan of action as yet. They are Iraq, Lebanon and Jordan. In the CA&C region there has been a misunderstanding between the Nicaragua Government and FIGO, causing a temporary suspension of communication, which should be resolved soon.

In the South America region, Ecuador had originally prepared a plan of action, but in 2008 had decided not to participate in the initiative. In 2011, however, it requested re-admission, prepared a plan of action, which was presented at the last Regional Workshop of 2012, and has been officially admitted as part of this FIGO Initiative. Finally, Cambodia expressed interest in being part of this initiative, so much so that the last Regional Workshop for SSEA was held in Phnom Penh, Cambodia. It means that SA has now nine member societies and SSEA has seven countries, while the total number increased to 44, in spite of the temporary loss of Syria.

Implementation of the plans of action

During the period from November 2009 to 2012, the 43 member societies have continued with the implementation of their plans of action, with different levels of achievement. It should be remembered that most societies do not have the capacity of providing services, but many are actively involved in training and influence their governments and provide political support to a number of international and national agencies for the implementation of the activities included in the plans of action.

Plans of Action

The FIGO Working Group on the Prevention of Unsafe Abortion has proposed that the Plans include all or some of the four levels of prevention: Primary Prevention, to reduce unintended pregnancies and abortions; Secondary Prevention, to make unavoidable abortion safer; Tertiary Prevention, for timely and correct treatment of abortion complications; and Quaternary Prevention, to reduce the repetition of abortion. Examples of these four levels of prevention will be presented at the Session on Prevention of Unsafe Abortion at the FIGO World Congress of Gynecology & Obstetrics 2012, in Rome.

A number of international and national agencies and NGOs are working in all or some of these four prevention strategies. Consequently, they are contributing to the implementation of the plans of action in the different countries. The list of collaborating agencies is large and includes:

1. ACMS
2. Amnesty International
3. CLACAI
4. Concept Foundation
5. EngenderHealth
6. Family Care International (FCI)
7. Global Doctors for Choice
8. Gynuity
9. Ibis
10. ICMA
11. Ipas
12. IPPF
13. Marie Stopes
14. MSI/K
15. OPS/OMS
16. Orientame/ESAR
17. PAHO/CLAP
18. PATH
19. Pathfinder
20. Population Council

21. PSI
22. RHN
23. RHRA(PPFA)
24. UNFPA
25. UNICEF
26. WHO

The plans of action are dynamic and change over time. As some of the objectives are accomplished new ones are added to the plan or the same objective is expanded to serve larger populations or geographical areas. Most countries have achieved great progress, but mostly have understood and adopted the concept that abortion is a problem that exists, cannot be ignored for its public health significance and its meaning to women's lives, and consequently, action needs to be taken to reduce its number and its consequences.

FIGO support for the implementation of the plans of action

The main mechanisms through which the FIGO Initiative has to ensure that the plans are properly implemented are the frequent communications with the focal points and the collaborative agencies, the monitoring visits by the Regional Coordinators and the General Coordinator to the countries, and the Regional Workshop, one for each of the seven regions every year.

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.

It is convenient for the continuity of the execution of the plans of action that the focal points remain

in their position for a long period and do not change with each new society directive. In fact, they have remained largely the same since the beginning of the project, although some societies have changed the focal point every two years or so. It is interesting that in many countries, the government representative in charge of the plan of action has also remained the same even after changes in the respective national government.

The monitoring visits to each participating country are carried out by the Regional Coordinators at least once a year and sometimes more than once a year, with a few exceptions. The General Coordinator also collaborates with such visits after special requests from the country or when there are political or geographic limitations for the Regional Coordinator (for example, Dr Tavera does not tolerate the high altitude of La Paz, capital of Bolivia; Dr Zaide has had problems in getting a visa for India).

The Regional Workshops are carried out once a year, with the attendance of at least the society's focal points, one representative of the Ministry of Health and representation from the agencies that collaborate in the implementation of the plans. Sometimes the societies and the governments send additional members, such as the President of the national society or more than one representative from the government.

The following table shows the sites and dates of the Regional Workshops carried out in 2010, 2011 and 2012.



Region		2010	2011	2012
SSEA	Site Dates	Colombo, Sri Lanka June 13 and 14	Dhaka, Bangladesh August 1 and 2	Phnom Penh, Cambodia June 9 and 10
ECE	Site Dates	Istanbul, Turkey July 13 and 14	Istanbul, Turkey July 27 and 28	Riga, Latvia May 28 and 29
NAEM	Site Dates	Alexandria, Egypt May 10 and 11	Istanbul, Turkey July 13 and 14	Istanbul, Turkey May 9 and 10
ECSA	Site Dates	Alexandria, Egypt May 10 and 11	Momabasa, Kenya July 28 and 29	Johannesburg, S. Africa May 7 and 8
WCA	Site Dates	Douala, Cameroon June 24 and 25	Cotonou, Benin July 20 and 21	Yaounde, Cameroon May 15 and 16
CA&C	Site Dates	Panama, Panama June 29 and 30	Panama, Panama August 8 and 9	San Jose, Costa Rica May 31 and June 1
SA	Site Dates	Lima, Peru July 2 and 3	Lima, Peru July 11 and 12	Lima, Peru May 28 and 29

In addition, during 2011 and 2012 we obtained financial support from the anonymous donor to offer emergency funds of up to US\$15,000 to a group of 17 priority countries, when some activities included in the plans of action got delayed due to a delay in obtaining funding from other sources. These priority countries are four from SSEA (Bangladesh, Nepal, Pakistan and Sri Lanka), six from ECSA (Ethiopia, Uganda, Kenya, Tanzania, Zambia and Mozambique), four from WCA (Ivory Coast, Cameroon, Benin and Gabon), two from CA&C (Nicaragua and Honduras) and one from SA (Bolivia). Most, but not all, countries have benefited with these funds.

The future

As expressed earlier, the task of reducing unsafe abortion and its consequences is not an easy one and cannot be achieved in a short period of time. Thus, the FIGO Officers believe that the Working Group and the FIGO Initiative for the Prevention of Unsafe Abortion should continue

its work for the foreseeable future with the same or a different team. Moreover, it is possible that a few additional societies may join this FIGO Initiative. The current donor has expressed its intention to

continue its support and a new three-year proposal is being reviewed. The whole team is committed to continue working regardless of the financial situation.

Members of the FIGO Working Group on the Prevention of Unsafe Abortion 2009–2012

A Faúndes (<i>Chair</i>)	Brazil
K Gemzell	Sweden
S Hodorocea	Moldova
G W Jaldesa	Kenya
E Osman Hassan	Egypt
M Padilla de Gil	El Salvador
I Shah	Switzerland
D Shaw	Canada
L Tavana	Peru
S Zaidi	Pakistan

Partner organisations

K Culwell	IPPF
B Ganatra	World Health Organization
N Ortayli	UNFPA
B Crane	Ipas
S Chowdhury	The World Bank
S Schilt	Amnesty International



FIGO Working Group on Pelvic Floor Medicine and Reconstructive Surgery

The FIGO Working Group in Pelvic Floor Medicine and Reconstructive Surgery was a proposal accepted by FIGO in 2006.

The current proposed denomination is Pelvic Floor Medicine and Reconstructive Surgery, Pelviperineology or Pelvic Floor Dysfunction and Reconstructive Surgery denominations that included genital prolapse, urinary incontinence, faecal incontinence, vesicourethral dysfunction, pelvic

floor rehabilitation, genital fistulae and pelvic pain syndrome.

Due to the advances of these areas aimed at giving adequate health care tools to obstetricians and general gynaecologists, residents and fellows is that we have convened international opinion leaders independently of the society they belong to.

Upon this basis, we have worked following an action plan with the objectives outlined in three subgroups:

Subgroup 1: “Educational Programme on Pelvic Floor Medicine and Reconstructive Surgery”, Chairman: Morton Stenchever;

Subgroup 2: “Pelvic Floor Dysfunction Classification”, Chairman: Stefano Salvatore;

Subgroup 3: “Pelvic Organ Surgery in Women”, Chairman: Mohamed Hefni.

Our goal is to identify the knowledge and skill that should be required from each of the three educational levels, which concerns to OB/GYN:

Level 1: General obstetrics and gynaecology practitioners

Level 2: OB/GYN Residents

Level 3: Pelvic Floor Medicine and Reconstructive Surgery fellows

Due to the impact of quality of life and the socioeconomic one of this area that have numerous aspects under discussion, is that we try to give care tools to the different groups that work in OB/Gyn.

Subgroup 1

1. The initial proposal of guidelines corresponding to this subgroup (FIGO guidelines for training residents and fellows in Urogynaecology, female urology and female pelvic medicine and reconstructive surgery. International Journal of Gynecology and Obstetrics 107 (2009) 187-190) were developed and published.
2. A brief questionnaire was constructed in order to know the point of view of the OB/GYN societies of each country.
3. The outcomes of the questionnaire show the need of adding to these answers, societies from other countries in order to obtain globalize and agreed educational objectives in the different levels of OB/GYN care. The good news is that we did get an assortment of replies from both developed and developing countries.
4. In January 26–28 2012 a meeting of the FIGO Working Group with the three subgroups was held in Rome, Italy. The main proposal was to offer FIGO minimum global requirements of knowledge in this area.
5. In the near future we aim at developing learning and enabling objectives for the FIGO objectives.

Subgroup 2

1. Up to this moment the classification of the Pelvic Floor lesions were addressed to the acknowledgement of the magnitude of the symptoms and the signs of pelvic dysfunctions according to the classification of Baden

y Walker, POP-Q or Modified POP-Q (Swift S., et al. Int Urogynecol J 2006; 17:615-620).

The first step was to analyse the existing classifications and the frequency with which they were used in the different OB/Gyn centres.

A score was made based on symptoms, signs and a form of quality of life questionnaire with an holistic concept of Pelvic Floor Dysfunction was accepted in the meeting in Rome last January.

2. We have been working during these years in designing and validating an holistic score.

3. Plans for the future

Further testing of these FIGO pelvic floor dysfunction assessment-scoring systems will be performed in order to assess their ability to provide prognostic information on outcomes. In addition, we will assess their ability to determine response to therapies of various levels of complexity ranging from non-invasive behavioural treatments to complicated surgical procedures.

Subgroup 3

1. Due to:
 - The different therapeutical proposals
 - The different designs about the material and the analysis of the surgical therapeutical answers
 - The different criteria in the consideration of cure/improvement
 - The numerous proposed techniques
 - The interpretation of the grades of evidence that

allow delimiting grades of recommendation, is that specific groups were established for the consideration of the treatment of pelvic reconstructive surgery.

Group 1: “Anterior compartment repair”

Group 2: “Posterior compartment repair”

Group 3: “Middle compartment including vaginal vault prolapse”

Group 4: “Surgery of urinary incontinence including intrinsic sphincter deficiency”

2. The bibliography of the last 10 years and the proposal of the use of different medical devices for the treatment of pelvic floor dysfunction and reconstructive surgery were analysed.

Taken into account were:

- The FDA alert communication of July 13, 2011 and others.
- Due to the fact that many reports come from centres with conflict of interests, we count with the important collaboration of Subgroup 3 in order to give FIGO aseptic information based on levels of evidence and grades of acknowledgement together with the agreed opinion of international leaders.
- Recommendations with bibliography and level of evidence and Recommendations based on experience and expert opinion referred to each one of the surgeries, risk factors, recommended procedures that will be presented during the FIGO World Congress of Gynecology & Obstetrics in Rome.

Members of the Working Group on Pelvic Floor Medicine and Reconstructive Surgery 2009–2012

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Harry Vervest The Netherlands

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Jorge Milhem Haddad Brazil

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FIGO Working Group on Menstrual Disorders

The FIGO Working Group on Menstrual Disorders was formally established in 2006 in order to extend the progress made at two initial Workshops convened in Paris in April 2004 and in Washington in February 2005 to explore agreements on terminologies, definitions and classifications around abnormal uterine bleeding (initially focussing on coagulopathies).

Its main objectives during the 2009–2012 “term” have been:

- To bring together a small group of experienced individuals to provide an international review and recommendation process around developing issues in the fields of menstruation and menstrual disorders;
- To, initially, finalise and publish

a series of documents setting out internationally agreed recommendations for terminologies and definitions around normal and abnormal menstruation;

- To publish a document, for international debate, with new directions for the classification of causes underlying abnormal uterine bleeding for use at family practitioner, specialist and research levels;
- To develop a program for widespread dissemination of proposed menstrual terminologies, definitions and causes, and revision of international documentation;
- To develop a structured menstrual history questionnaire for widespread clinical use;
- To further define the issues which affect the burden of illness from menstrual disorders in different cultures;
- To identify, investigate and make recommendations on

other matters relevant to menstrual disorders, which require an international perspective; and

- To review and update these “living documents” on an approved, regular basis (nominally at the time of each FIGO World Congress).

Immediately prior to the FIGO World Congress held in Cape Town in 2009, a very successful Pre-Congress Workshop was held to plan the next three years of work and the publication strategy. This Workshop also finalised the content of an extremely successful two-hour symposium on ‘Abnormal Uterine Bleeding’, which was held during the main part of the scientific Congress. This symposium successfully incorporated audience responder questions, which gave valuable insight into audience understanding.

Over the last three years,



significant progress has been made. Many of the ideas from the Cape Town Congress have been developed into publications (see below). Notably, a whole issue of the journal 'Seminars in Reproductive Medicine' with eight separate chapters on aspects of abnormal uterine bleeding was published in September 2011. Various individuals associated with the Group have spoken at many meetings in different countries, and the FIGO messages are now being widely disseminated. There have been many positive reactions to the FIGO MDWG proposals and many organisations have accepted that these offer a useful basis for international agreement. The FIGO Executive Board has kindly approved – after due consideration – all the proposals on terminologies, definitions and classification of underlying causes of AUB from the Working Group, and these now appear on the FIGO website.

Recent work has focussed on preparations for the FIGO World Congress in Rome, October 2012, where another Pre-Congress Workshop is scheduled, followed by a major symposium in the Congress on "Current Challenges in Abnormal uterine Bleeding". It is recognised that there continue to be several areas of immediate importance within the ambit of abnormal uterine bleeding which require future research and international attention. The Working Group has already identified an important work plan for the next three years.

Publications

Thirty publications have already resulted from the work of the Group since 2005:

2005:

Munro MG, Lukes AS, AUB Consensus Group. Abnormal uterine bleeding and underlying hemostatic disorders: report of a consensus process. **Fertil Steril** 2005; 84: 1335–1337.

Lukes AS, Kadir RA, Peyvandi F, Kouides PA. Disorders of hemostasis and excessive menstrual bleeding: prevalence and clinical impact. **Fertil Steril** 2005; 84: 1338–1344.

Kouides PA, Conard J, Peyvandi F, Lukes AS, Kadir RA. Hemostasis and menstruation: appropriate investigation for underlying disorders of hemostasis in women with excessive menstrual bleeding. **Fertil Steril** 2005; 84: 1345–1351.

Kadir RA, Lukes AS, Kouides PA, Fernandez H, Goudemand J. Management of excessive menstrual bleeding in women with hemostatic disorders. **Fertil Steril** 2005; 84: 1352–1359.

Fraser IS, Bonnar J, Peyvandi F. Requirements for research investigations to clarify the relationships and management of menstrual abnormalities in women with hemostatic disorders. **Fertil Steril** 2005; 84: 1360–1365.

2007:

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**.

Fraser IS, Critchley HOD, Munro MG. Abnormal uterine bleeding – getting our terminology straight. **Curr Opin Obstet Gynecol** 2007; 19: 591–595.

2008:

Fraser IS, Munro MG, Critchley HOD. Terminologies and definitions around abnormal uterine bleeding. In: O'Donovan PJ, Miller CE, eds; **Modern Management of Abnormal Uterine Bleeding**. Chapter 3. Milton Park, Oxon: Informa Healthcare. 2008;17–24;

Critchley HOD, Warner PA, Fraser IS. Practical Assessment and Measurement of Abnormal Uterine Bleeding. In: O'Donovan PJ, Miller CE, eds; **Modern Management of Abnormal Uterine Bleeding**. Chapter 5. Milton Park, Oxon: Informa Healthcare. 2008, pp 29–33.

Munro MG, Fraser IS. Pathogenesis of abnormal uterine bleeding. In: O'Donovan PJ, Miller CE, eds; **Modern Management of Abnormal Uterine Bleeding**. Chapter 6. Milton Park, Oxon: Informa Healthcare. 2008, pp 34–41.

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; 2007, e-pub; DOI: 10.1016/j.fertnstert.2007.10.060.

Fraser IS. Menstrual confusion. **Int J Gynecol Obstet** 2008; 100: 1–3;

2011:

Fraser IS, Munro MG, Critchley HOD. The FIGO Classification of causes of abnormal uterine bleeding. A Special Editorial. **Int J Gynecol Obstet** 2011; 113: 1–2.

Munro MG, Critchley HOD, Broder MS, Fraser IS. The FIGO classification system (PALM-COEIN) focauses of abnormal uterine bleeding in non-gravid women of reproductive age, **Int J Gynecol Obstet** 2011; 113: 3–13.

Munro MG, Critchley HOD, Fraser IS. The FIGO classification system (“PALM-COEIN”) for causes of abnormal uterine bleeding in non-gravid women in the reproductive years including guidelines for investigation. **Int J Gynecol Obstet** 2011; 113: 3–13.

Munro MG, Critchley HOD, Fraser IS. The FIGO Classification of causes of abnormal uterine bleeding in the reproductive years (Executive Summary). **Fertil Steril** 2011; 95: 2204–2208.

Munro MG, Critchley HOD, Fraser IS. Outcomes from leiomyoma therapies: comparison with controls. **Obstet Gynecol** (letter) 2011; 117: 987–988.

Fraser IS, Munro MG, Critchley HOD (Issue editors). **Abnormal uterine bleeding**. **Semin Reprod Med** 2011, September Issue; 29: 375–458.

Fraser IS, Critchley HOD, Munro MG. (Eds) An international perspective on abnormal uterine bleeding; Preface. **Semin Reprod Med** 2011, 29: 375–376.

Critchley HOD, Munro MG, Broder M, Fraser IS. A five year international review process concerning terminologies, definitions and related issues

around abnormal uterine bleeding. **Semin Reprod Med** 2011, 29: 377–382.

Fraser IS, Munro MG, Broder M, Critchley HOD. The FIGO recommendations on terminologies and definitions for normal and abnormal uterine bleeding. **Semin Reprod Med** 2011, 29: 383–390.

Munro MG, Critchley HOD, Broder M, Fraser IS. The flexible FIGO concept for classification of underlying causes of abnormal uterine bleeding. **Semin Reprod Med** 2011, 29: 391–399.

Critchley HOD, Maybin J. Molecular and cellular causes of abnormal uterine bleeding of endometrial origin. **Semin Reprod Med** 2011; 29: 400–409.

Munro MG, Heikinheimo O, Hatthootuwa R, Tank J, Fraser IS. The need for investigations to elucidate causes and effects of abnormal uterine bleeding. **Semin Reprod Med** 2011, 29: 410–422.

Matteson K, Munro MG, Fraser IS. The structured menstrual history: developing a tool to facilitate diagnosis and aid in symptom management. **Semin Reprod Med** 2011, 29: 423–435.

Munro MG, Broder M, Critchley HOD, Matteson K, Hatthootuwa R, Fraser IS. An international response to questions about terminologies, investigation and management of abnormal uterine bleeding: use of an electronic audience response system.

Semin Reprod Med 2011, 29: 436–445.

Hatthootuwa R, Desai S, Senanayake L, Goonewardena M, Tank J, Fraser IS Management of abnormal uterine bleeding in low and high resource settings. Consideration of cultural issues. **Semin Reprod Med** 2011, 29: 446–458.

2012:

Fraser IS, Munro MG, Critchley HOD. Abnormal uterine bleeding – terminologies, definitions and classifications. **UpToDate** 2012; in press.

Munro MG, Critchley HOD, Fraser IS. The FIGO systems for nomenclature and classifications of abnormal uterine bleeding in the reproductive years. Who needs them? **Am J Obstet Gynecol** 2012; doi: 10.1016/j.ajog.2012.01.046.

Main contributors to the FIGO Working Group on Menstrual Disorders leading up to and through 2009–2012

I S Fraser (Co-Chair)	Australia
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M G Munro (Co-Chair)	USA
M Broder	USA
O Heikinheimo	Finland
F Petraglia	Italy
K Matteson	USA
R Hatththootuwa	Sri Lanka
J Maybin	UK
P Warner	UK
S Sheth	India
Z van der Spuy	South Africa



FIGO Audit & Finance Committee

Following a decision by the Executive Board in October 2009, the former “FIGO Audit Committee” and former “FIGO Finance Committee” were merged to form the new “FIGO Audit & Finance Committee”.

The aims of the new 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;
- To ensure that FIGO is open in the conduct of its affairs, except where there is a need to respect confidentiality;
- To ensure that FIGO complies

with all relevant legal and regulatory requirements;

- To ensure that FIGO carries out its aims in accordance with the Constitution and Bye-Laws;
- To 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 its responsibilities the Audit Committee should be composed of a minimum of four representatives from four regions of FIGO and meet at

the end of the first, second and third years of the FIGO “term” following completion of the annual audit of FIGO;

- To fulfil its responsibilities, each Committee Chair and Project head should file the goals of the committee or project at the onset of the programme and supply the Audit Committee with an update on the completion of the goals and objectives every six months, the annual report being sent prior to the Audit Committee meeting;
- To regularly (at least once per year) carry out a solid review of FIGO's finances (expenditure, incomes, investments, accounting, sponsorships; budget when applicable);
- On the basis of these reviews,

- to suggest where appropriate alternative arrangements for the Chief Executive, Officers, and, when appropriate, the Executive Board to consider. (It is anticipated that these reviews would not take more than half a day, and that they could take place in connection with other FIGO meetings, notably the Executive Board);
- To provide an independent and objective view of systems of internal control and to review the annual financial audit of FIGO; and
 - To ensure that FIGO manages and accounts for its resources in the most economic and efficient manner.

The FIGO Audit & Finance Committee should be consulted on any expenditure of FIGO funds over £50,000.

The merged FIGO Audit & Finance Committee has held a two-session meeting a day before the Executive Board meeting every year since it first convened in June 2010.

Typically, the first session was devoted to a structured individual interview of Chairs of all the other task-oriented FIGO Committees to assess the progress of their work, goals achieved and hurdles/constraints that the Chair and the Committee members may have faced. The second session comprised a review of the Honorary Treasurer's Report, comprehensive scrutiny of the yearly statement of the accounts and investments, detailed review of the auditors' report, and discussion regarding the proposed budget for the subsequent year.

At the FIGO Executive Board meeting in June 2010, it was

agreed that, in order to properly monitor and evaluate the progress of the task-oriented FIGO Committees and Working Groups, the FIGO Audit & Finance Committee should receive a written progress report from each Committee/Working Group on a semi-annual basis so that, if necessary, the FIGO Audit & Finance Committee could identify any shortfalls that may have arisen and suggest solutions. To facilitate this process, "reporting templates" were developed based on each group's individual approved Action Plan. A summary with recommendations of these semi-annual reports was provided for the FIGO Officers.

At the end of the 2009–12 term, the FIGO Audit & Finance Committee reports with a sense of satisfaction that, with a few inevitable exceptions, all of the Committees have accomplished their assigned tasks and made important contributions to FIGO objectives that will have a significant impact on women's health globally both now and in the future. Commendable as it is, this becomes all the more laudable as eminent members of the ob-gyn community fraternity

contribute a huge amount of their time and effort without any remuneration.

The periodic reviews of FIGO's statement of accounts indicate that the financial matters of FIGO are handled with care. The auditors did not have any issues and the statement of accounts fulfilled all their requirements. The yearly budgets were made with prudence and were based on realistic assumptions. Keeping in view the current market trends the Committee recommended that the current arrangement for the investments should be continued.

As a matter of importance, strategies for fund raising remained a recurring subject. The Audit & Finance Committee discussed various ways to improve the financial position of FIGO through increasing the frequency of Congresses, collaborations with other agencies, and funding from various donors for FIGO projects. Being the major source of income, the proposal of more frequent Congresses has its pros and cons. This committee is of the view that a programme of regional meetings/conferences should be initiated.

Members of the FIGO Audit & Finance Committee 2009–2012

F Zaman (<i>Chair</i>)	Pakistan
W Holzgreve	Germany
A Yahya	Malaysia
B Carbonne	France
N R de Melo	Brazil
C Tippet	Australia
A Rogers	United Kingdom

Ex-officio

H Rushwan	United Kingdom /Sudan
B Thomas	United Kingdom



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; and
- Report to the Officers and Executive Board on the foregoing

In 2011, the Board undertook a major review of the publication arrangements for the "*International Journal of Gynecology & Obstetrics*" that involved seeking tenders from a wide range of potential publishers. After an exhaustive, transparent and open tender and review process, it was agreed that Elsevier Ireland Ltd should be awarded the contract to produce the *Journal* until the end of 2016.

Members of the Publications Management Board 2009–2012

W Holzgreve (Chair)

Switzerland

T Johnson

United States of America

H Rushwan

United Kingdom/Sudan



FIGO Publications

International Journal of Gynecology & 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 1,320 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 2009, 1,280 manuscripts were submitted. Of these, 280 (22%) were accepted and 1000 (78%) were not accepted. In 2010, 1,316 manuscripts were submitted, of which 280 (21%) were accepted and 1036 (79%) were not accepted. In 2011, 1,323 manuscripts were submitted – at the end of March 2012, 244 had been accepted (18%), 1,006 (76%) were not accepted, and 73 (6%) were pending a decision.

Between 2009 and 2011, the geographic origin of the 804 accepted and published papers was:

- Africa (10.3%)

- Asia/Australia (29.1%)
- Europe (24.0%)
- Latin America (6.6%)
- Middle East (14.7%)
- North America (15.3%).

Journal sections include Contemporary Issues in Women's Health, Ethical and Legal Issues in Reproductive Health, Special Editorials to highlight FIGO Officers and Executive Board members and their interests, Special Communications, FIGO Guidelines and Committee Reports, and FIGO joint statements. The Journal's impact factor is 2.045 (June 2011) and has increased each year since 2001.

The *International Journal of Gynecology & 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 & Obstetrics* provides an essential service to FIGO and its constituent societies, to the international obstetrics-gynaecology community, and to the journal readership worldwide.

The Editor of the *International Journal of Gynecology & Obstetrics* is Dr Timothy Johnson, who is based in the University of Michigan, Ann Arbor, United

States of America and has undertaken the role since 2007, when the Editorial Office was relocated to the FIGO Secretariat in London, United Kingdom.

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* – to be published to tie in with the 2012 FIGO World Congress of Gynecology & Obstetrics – has a broad focus and is titled “Improving Women's Health”.

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 2012 edition of the *World Report on Women's Health* has been produced with the generous support of WAHA International, Ipas, and Gynuity Health Projects. Its Guest Editor is the incoming President of FIGO – Professor Sir Sabaratnam Arulkumaran from the United Kingdom.

FIGO Cancer Report

Despite its title, the former FIGO *Annual Report on the Results of Treatment in Gynaecologic Cancer* was published every three years by the FIGO Committee on Gynaecologic Oncology up until 2006.

The *Annual Report* had 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 radio-therapeutic 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 recommended 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. In 1958, FIGO became the official patron of the *Annual Report* and Volume 12, issued in 1961, was the first published under its auspices.

The current FIGO Committee for Gynaecologic Oncology has undertaken an exhaustive review of the purpose of, and information contained in, the *Annual Report*. The Committee has decided to modernise the *Annual Report* and has renamed it the *FIGO Cancer Report*, the unique feature of which will be the collection of data from many different countries in all continents where it is known from epidemiological studies that cancer incidence, prevalence, treatments, and survival may be strikingly different. Such diversity enables a worldwide picture to be obtained for each cancer site of the female reproductive system and to evaluate the validity of the staging requirements. The process of collecting international data has commenced and over 250 organisations willing to share data with FIGO have been contacted and verified. The submission of data will begin shortly with newly designed data collection forms and through a web-based data entry site. The new data analysis will be completed by 2015 and will be supervised by a specially selected Editorial Board. Staging and the best-evidenced based guidelines for the diagnosis and treatment of individual gynaecological cancers are included as well as special



chapters on Pathology, Chemotherapy and Radiotherapy, all taken from both a developed and a developing world perspective.

The *FIGO Cancer Report 2012* will be guest edited by Professor Lynette Denny, Chair of the FIGO Committee for Gynaecologic Oncology, as a supplement to the *International Journal of Gynecology & Obstetrics*. It will also be available for purchase during the Congress.

FIGO Newsletter



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



FIGO “LOGIC” (Leadership in Obstetrics and Gynaecology for Impact and Change) Initiative in Maternal & Newborn Health

The FIGO “LOGIC” Initiative, funded by the Bill & Melinda Gates Foundation, was launched at the XIX FIGO World Congress of Gynecology & Obstetrics in Cape Town, South Africa in 2009. The initiative recognises the enormous potential of national professional organisations of obstetrics and gynaecology to contribute to the achievement of the United Nations Millennium Development Goals 4, to reduce child mortality, and 5, to improve reproductive and maternal health.

The goal and objectives of the FIGO “LOGIC” Initiative are as follows:

Goal

To improve Maternal and Newborn Health (“MNH”) policy and practice by strengthening FIGO Member Associations (“MAs”) and using their position and knowledge to facilitate and contribute to these improvements, leading to better MNH for under-served populations in low- and middle-resource countries.

Objective One

Evidence informed policy, strategy and action plans on MNH influenced and supported through MAs advocating to raise and maintain awareness of and investment in MNH and engaging in dialogue with health sector stakeholders (Policy Influence).

Objective Two

Progress made in delivering evidence informed policy, strategic objectives and operational/annual plans with MAs’ active role in implementation, monitoring and evaluation (Practise Improvement).

Objective Three

National and sub-national MA organisation strengthened to enable effective participation in national and sub-national strategic and operational fora related to MNH (Capacity Building).

Objective Four

FIGO’s facilitative role with MAs strengthened.

Objective Five

Dissemination Phase

The eight participating professional associations are: SOGOB, Burkina Faso; SOGOC, Cameroon; ESOG, Ethiopia; FOGSI, India; AMOG, Mozambique; NESOG, Nepal; SOGON, Nigeria and AOGU, Uganda. The project is supported by a Technical Advisory Group composed of international experts from differing backgrounds, including advocacy, gynaecology and obstetrics, midwifery, neonatology, maternal death reviews, and organisational capacity development.

Objective One (Policy Influence)

Raising awareness of the tragedy of maternal and newborn mortality and morbidity is pivotal to achieving increased investment in the relevant health, education and transport services. The FIGO “LOGIC”

Initiative has provided MAs with training in advocacy and communication, so that they are better able to influence Ministries and Parliamentarians, but also increase demand through working with the media and civil society, particularly women’s groups. Training partners have included INTRAC (International Training and Research Centre for NGOs), the White Ribbon Alliance and the Patricia Galvao Institute, Brazil. An example of a success in this area is that AOGU, together with partners such as the White Ribbon Alliance, has influenced the Ugandan government to take out a loan of \$131 million, with \$31 million ring fenced for maternity services.

Objective Two (Practise Improvement)

The FIGO “LOGIC” Initiative has focused on using two instruments for improving MNH i.e. evidence based guidelines and maternal death and “near miss” reviews. Guidelines for the treatment of severe pre-eclampsia/eclampsia and the prevention and treatment of post-partum haemorrhage have been developed, where they did not exist, and are now in the process of being implemented. Several MAs have also been instrumental in research, piloting and scaling up of new treatment approaches such as misoprostol for post-partum haemorrhage and magnesium sulphate for (pre-) eclampsia.

A major success has been the development of facility based

maternal death and “near miss” reviews. A faculty of international experts has been recruited and is directly supporting the MAs in their endeavours in this domain. These include Alberta Bacci (Italy), Carine Ronsmans and Veronique Filippé (School of Hygiene & Tropical Medicine, London, United Kingdom), Vincent de Brouwere and Therese Delvaux (Institute of Tropical Medicine, Antwerp, Belgium) and Gwyneth Lewis, (University College London, United Kingdom). Overcoming local deficits in resources, such as ambulances, staff, equipment, blood, laboratory reagents and drugs, and improved professional practise, such as note keeping, use of partograms, and improved referral and care pathways, are already being witnessed. These successful review processes have resulted in three professional organisations, AOGU, ESO and SOGOB, being approached by their Ministries of Health to lead national programmes of maternal death reviews.

Objective Three (Capacity Building)

The FIGO “LOGIC” Initiative has provided support to MAs through site missions, personal coaching and theme-specific capacity building workshops. Pivotal, the initiative has provided capacity improvement through the Society of Obstetricians & Gynaecologists of Canada (“SOGC”) and its organisational capacity improvement framework, which develops organisational structures. The framework has four main elements, which have been applied to the eight participating MAs:

- **Capacity Assessment.** This was a two day process, whereby the organisation assessed its own strengths and weaknesses in five domains – culture, operational capacity, performance, external relations and how it is perceived.
- **Data Analysis.** An analysis of the capacity assessment identified areas for capacity improvement and established a baseline, from which progress is measured during and after the FIGO-LOGIC Initiative.
- **Capacity Improvement Plan.** Action plans were developed to address the weak domains of the organisation.
- **Implementation and Progress Measurement.** This tracks the progress of the capacity improvement plan by a time line and outcome indicators in annual work plans.

As a result of the FIGO “LOGIC” Initiative, all MAs now have fully equipped offices with telephones, computers, internet, websites and administrative staff. Their capacity has been improved in every aspect of their work including mission, strategy, governance, leadership, administration of human resources, financial management and legal framework, programme development and implementation, fund raising and income generation, diversity, partnerships, advocacy and policy change, marketing, positioning and planning.

Objective Four (FIGO Facilitating Role)

The FIGO-LOGIC team has provided continuous support for the MAs through regular



communication, conference calls, field visits, coaching, thematic workshops (eg project management, financial management, advocacy and communication, maternal death reviews, verbal autopsy), identification and implementation of expert support, annual review meetings and technical advisory group meetings.

Objective Five (Documentation and Dissemination)

As the project nears its end (October 2013), a focused effort is being made to document the lessons learned, successes and challenges, with an aim to extend the impact of the FIGO “LOGIC” Initiative beyond the current MAs and to inform a wider audience of decision makers and donors.



FIGO Saving Mothers and Newborns Initiative 2006–2011

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, and 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 on-going cycle of poverty and deprivation for poor families and societies.

While effective knowledge and new technologies exist to reduce maternal 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 programmes 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 10 low- to mid-resource countries.

The Saving Mothers and Newborns Project 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 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 Cooperation 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 for managing and reporting 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 inquiries 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.

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 program 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.



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 childbirth 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. Options has completed a review of the ten 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. The final evaluation of all of the project was performed in the second half of 2011. The final evaluation described the successes and challenges of the projects and provided FIGO and country recommendations.

Finally, strategies are integrated into the project to ensure the sustainability of the projects and incorporate the results into national policies and practice. The projects ended between June and November 2011; each country expects the results of the project to be disseminated to all health institutions in the project countries.

By relying on the professional expertise and knowledge of their members, the project developed 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 to 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 access to national 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: Dr Lauré Adrien	Canada: Dr René Laliberté, Ms Charlotte Landry RM
Kenya: Dr Omondi Ogutu, Dr Edwin Were, Dr Patrick Ndavi	United Kingdom: Dr Tony Falconer, Prof Will Stones
Kosovo: Dr Shefqet Lulaj, Dr Albert Lila	Canada: Dr Ferd Pauls, Ms Cathy Ellis RM
Moldova: Dr Stratulat Petru, Dr Ala Curteanu, Prof Stelian Hodorocea	United Kingdom: Prof Jason Gardosi
Nigeria: Dr James Akuse, Dr Hadiza Galadanci	Denmark: Dr Prof Staffan Bergström (from Sweden)
Pakistan: Dr Shershah Syed, Dr Razia Korejo, Dr Habib Ur Rehman Soomro	Sweden: Dr Bo Möller, Ms Charlotta Grunewald RM
Peru: Dr Juan Trelles, Dr Eduardo Maradiegue, Dr Miguel Gutierrez Ramos, Ms Tania Salazar RM	Spain: Prof Luis Cabero Roura
Uganda: Dr Frank Kaharuzza, Dr Othman Kakaire, Dr Dan Zaake, Ms Enid Mwebaza RM	Canada: Dr Jean Chamberlain, Ms Ann Lovold RM
Ukraine: Dr Iryna Imogilevkina, Dr Viachexlav Kaminsky	Canada: Dr Vyta Senikas, Dr Eileen Hutton RM
Uruguay: Dr Lionel Briozzo, Ms Ana Labandera RM, Dr Veronica Fiol	Canada: Dr André Lalonde, Ms Sandra Gervais RM

The FIGO Saving Mothers and Newborns Initiative project 2006–2011 was the first FIGO long-term project involving a partnership between countries and within countries to reduce maternal mortality and morbidity.

The final report and evaluation are available from the FIGO website at <http://www.figo.org/projects/newborns>



FIGO Misoprostol for Post-Partum Haemorrhage in Low Resource Settings Initiative

The number of women dying as a result of complications related to pregnancy and childbirth remains unacceptably high. This is especially true in low resource countries across sub-Saharan Africa and South Asia where almost all these deaths occur and where a high percentage of women deliver at home or outside a health facility without immediate recourse to emergency obstetric care or a skilled birth attendant.

Post-partum haemorrhage (PPH) is the most significant direct cause of maternal mortality in low resource countries, accounting

for approximately 30% of maternal deaths worldwide, and is one of the most preventable. The most common cause of PPH is uterine atony, a failure of the uterus to contract adequately after delivery of the newborn. A key aspect in PPH prevention and treatment is uterotonic therapy and the most widely recommended agent is injectable oxytocin. Certain factors can hinder its use in low resource settings. Oxytocin requires parenteral administration, and, therefore, skills to give injections as well as sterile equipment, and refrigeration.

In settings where injectable uterotonics are neither available nor feasible, misoprostol, a synthetic E1 prostaglandin analogue, has increasingly been adopted as an alternative intervention strategy for PPH care

– one endorsed by FIGO and other international bodies. Misoprostol is available in tablet form, relatively inexpensive, stable at room temperature, well absorbed orally and sublingually, and requires few skills to administer.

Recent research points to misoprostol's potential in settings without access to oxytocin. A large scale trial, involving 1,119 home births attended by trained traditional birth attendants in Pakistan, for example, showed that compared with placebo, 600mcg oral misoprostol significantly reduced the rate of PPH (500 mL) (16.5% versus 21.9%, RR 0.76, 95% CI 0.59–0.97) and incidence of post-partum declines in haemoglobin > 3 g/dl [Mobeen 2010]. A randomised controlled trial, assessing the effectiveness of

800 mcg sublingual misoprostol to 40 IU IV oxytocin for treatment of PPH in women not exposed to oxytocin prophylaxis, showed that oxytocin was more effective at controlling active bleeding within 20 minutes (96% vs. 90% of women) and preventing additional blood loss of 300 mL or more (17% vs. 30%) but that sublingual misoprostol could be an effective first-line alternative when oxytocin is not available, providing many women from low resource countries who deliver at home or at low level facilities with the potential for immediate treatment of PPH [Winikoff, 2010]. The results of a second trial involving women diagnosed with PPH, all of whom were given oxytocin prophylaxis, indicated that misoprostol was non-inferior to oxytocin at controlling active bleeding within 20 minutes (90 per cent versus 89 per cent) and preventing additional blood loss of 300 mL or more (31% versus 34%) [Blum, 2010].

In 2012, FIGO published guidelines on the Prevention and Treatment of PPH with Misoprostol which reflect the current best available evidence¹. For PPH prevention, FIGO recommends a single dose of 600 mcg misoprostol administered orally immediately after delivery of the newborn and after it is established that there are no additional babies *in utero*. For PPH treatment, FIGO recommends a single dose of 800 mcg misoprostol, administered sublingually immediately after PPH is diagnosed and if 40 IU IV oxytocin is not immediately

available (irrespective of the prophylactic measures).

The FIGO Initiative (2010–2014)

The FIGO Initiative, funded by a grant to Gynuity Health Projects from The Bill & Melinda Gates Foundation, advocates for and disseminates evidence-based information on misoprostol for PPH, aimed at healthcare providers and clinical policymakers. It is part of a global project that is looking at ways to translate scientific and operational research on misoprostol for PPH into effective policies, programmes and practice.

In collaboration with FIGO's Committee for Safe Motherhood and Newborn Health, professional associations and others, FIGO's activities include:

- Conducting expert panel sessions at global obstetric and gynaecologic meetings to present current evidence and to discuss programmatic implications.
- Publishing scientific articles, editorials and communications in FIGO's official journal, the *International Journal of Gynecology & Obstetrics* (IJGO).
- Producing an IJGO supplement on Misoprostol for PPH.
- Conducting expert panel sessions at the FIGO World Congress of Gynecology & Obstetrics in Rome.
- Developing guidelines, protocols and other training materials.
- Conducting national workshops.

Project Team

<i>Project Director</i>	Hamid Rushwan (FIGO Chief Executive)
<i>Project Manager</i>	Clare Waite
<i>Financial Administrator</i>	Raj Waghela



¹ For a comprehensive overview of a combination of best practice approaches and life-saving interventions along a continuum of care from community to hospital, readers are referred to FIGO's Guidelines on the Prevention and Treatment of Postpartum Haemorrhage in Low-Resource Settings (2012).



“The Cutting Tradition”

One of the highlights of the 2009 FIGO World Congress of Gynecology & Obstetrics in Cape Town, South Africa was the official launch of a documentary film funded by FIGO – *“The Cutting Tradition: insights into Female Genital Mutilation”* – produced and directed by filmmaker Nancy Durrell McKenna of SafeHands

for Mothers, with award-winning actress Meryl Streep as narrator.

The film aims to educate health professionals and members of the public worldwide on the issues surrounding this highly controversial subject. The film was subsequently screened at several international film festivals around the world including the Strasbourg International Film Festival and festivals in Florida,

USA and the London incarnation of the Raindance Film Festival.

It was awarded the “Best Documentary” prize at the Victoria Independent Film Festival in Australia and received recognition in the “Best Direction” category by the Jury of the Philadelphia Documentary & Fiction Festival. It was also broadcast nationally in Denmark as part of the state broadcaster’s principal documentary strand.



FIGO Fellowships and Awards

As part of its on-going mission to improve the practice of obstetrics and gynaecology, FIGO makes a number of fellowships available, each of which is designed to enhance the level of knowledge of either an individual or a group of practitioners.

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 of Gynecology & Obstetrics and to visit a gynaecologic oncology centre in the country where a FIGO World Congress of Gynecology & Obstetrics is being held.

- To be eligible for the FIGO/Chien-Tien Hsu

Fellowship, applicants must be:

- 40 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 & Obstetrics

In 2009, Fellowships were awarded to Dr Imran Oludare Morhason-Bello from Nigeria and Dr Spela Smrkolj from Slovenia

In 2012, Fellowships were awarded to Dr Eun Ji Nam from Korea and Dr Samir Hidar from Tunisia.



FIGO World Congress of Gynecology & 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 FIGO World Congress of Gynecology & Obstetrics 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 FIGO World Congress of Gynecology & Obstetrics 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 FIGO World Congress of Gynecology & Obstetrics 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 of Gynecology & Obstetrics 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 communication sessions and sponsored symposia.

XIX FIGO World Congress of Gynecology & Obstetrics – Cape Town, South Africa 2009

The host society for the 2009 FIGO World Congress of Gynecology & Obstetrics was The South African Society of Obstetricians and Gynaecologists (SASOG). The Congress was attended by 6,395 delegates and 838 accompanying persons from 155 countries/territories. The final programme involved 351 invited speakers and 668 invited and special presentations, FIGO received 2,270 abstracts, of which 2,248 were ultimately accepted.

The Exhibition attracted over 100 organisations from around the world.

XX FIGO World Congress of Gynecology & Obstetrics – Rome, Italy 2012

The XX FIGO World Congress of Gynecology & Obstetrics takes place in Rome, Italy from 7th to 12th October 2012.

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 on-going changes in women's health care. The FIGO World Congress of Gynecology & Obstetrics is built

around science and its advancement, and a varied, interesting and informative science-based programme is being developed by Professor William Dunlop from the United Kingdom 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, concurrent and free communications sessions. Young scientists will be encouraged to present their work and poster presentations will be featured heavily.

The XX FIGO World Congress of Gynecology & Obstetrics is being undertaken with the assistance of Società Italiana di Ginecologia e Ostetricia (SIGO).

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 each triennial FIGO World Congress of Gynecology & Obstetrics. The De Watteville Lecture in 2012 will be given by Professor Bruno Lunenfeld at the XX FIGO World Congress of Gynecology & Obstetrics in Rome, Italy.



Honorary Treasurer's Report

The organisational structure of FIGO has changed substantially in recent years. On 1st January 2008, virtually all of the assets of the Swiss Federation established in 1954 were transferred, following a decision taken by the General Assembly, to a new United Kingdom Registered Charity. All financial transactions since 1st January 2008 have therefore been handled through the United Kingdom Registered Charity or its trading subsidiary "FIGO Trading Limited".

As a United Kingdom Registered Charity, the organisation must comply with United Kingdom legislation and adhere to the requirements of the United Kingdom Charity Commissioner. FIGO remains a benevolent, non-profit organisation, with the affiliation of 124 societies worldwide.

As at 31st December 2011, FIGO's combined net worth assets (total assets less current liabilities) was £4,525,252 compared with £4,894,974 as at 31 December 2008. The last three years have seen continued income streams from the FIGO World Congress of Gynecology & Obstetrics 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 on-going 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 to a minimum.

United Kingdom Registered Charity

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 at the FIGO General Assembly in 2006 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

FIGO currently charges each affiliated society an annual subscription of £3.50 for each of the affiliate's declared individual members. This will increase to £4.15 for each of the affiliate's declared individual members from 2013.

FIGO's audited accounts for 2011 reveal that the amount of subscriptions due in that year was £288,129. 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 (£232,395). 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 FIGO World Congress of Gynecology & Obstetrics) in order to enable them to vote during this event. FIGO's auditors adopt a policy of providing for bad debts and in 2011 the total allocated for bad debts in respect of errant member societies was £6,850.

As at 30th June 2012, 57 of FIGO's 124 member societies (46%) were technically in arrears, having not paid their fees for 2012. 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 the equivalent of 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, however, it did not prove necessary to date for the organisation to liquidate any investments to fund this commitment.

After suffering from a marked downfall in 2009 and 2010 in line with the worldwide economic downturn, FIGO's portfolio gradually began to recover and the value of the organisation's investment portfolio has increased from £968,886 as at 31st December 2008 (excluding Deposits & Cash) to a comparable figure of £1,105,378 as at 31st December 2011. In an effort to try and improve the performance of the investment portfolio further, the management of the assets by FIGO's investment bankers is now undertaken on a "discretionary" rather than "advisory" basis allowing greater investment flexibility within defined parameters.

Congress income

FIGO is heavily reliant on income from its triennial World Congress of Gynecology & Obstetrics to support its on-going activities and the administration of the organisation. As a result of historical difficulties regarding the financial management of the FIGO World Congress of Gynecology & Obstetrics, contractual arrangements were



put in place for the 2006 FIGO World Congress of Gynecology & Obstetrics that guaranteed a specified level of income to FIGO.

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 FIGO World Congress of Gynecology & Obstetrics was the first event arranged on such a basis and, as a result, the Congress generated income of 2,683,747 for FIGO.

Because of the specific peculiarities of organising a Congress in Italy, a decision was taken to revert to the earlier model for the 2012 FIGO World Congress of Gynecology & Obstetrics with a local Congress organiser (supervised by the FIGO Events and Meetings Manager) undertaking to pay to FIGO a guaranteed sum subject

to certain specified levels of delegates and sponsors being achieved; it is nevertheless hoped that the net profit to FIGO will be sufficient to allow funds to be channelled into the organisation's charitable activities.

Funding from other organisations

Despite the economic downturn, FIGO has continued to attract substantial funds from a number of NGOs, the pharmaceutical industry and other donors to further its activities in areas such as the prevention and treatment of fistula, guidelines on prevention of cervical cancer, safe motherhood and newborn health, capacity building of member associations, 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 10.11	2008–2011	4,607,612
Chien-Tien Hsu Research Foundation – Fellowship	2009	6,024
EngenderHealth – Fistula activities	2011	85,552
GSK Biomedicals – HPV	2011	1,642
GSK Biomedicals – Guidelines on prevention of Cervical Cancer	2010	46,732
Gynuity Health Projects – Prevention & Treatment of Postpartum Haemorrhage with Misoprostol	2010–2011	110,005
Gynuity Health Projects – World Report	2011	5,217
IBSA And Merck Serono – Committee for Reproductive Medicine Support Grant	2009–2011	84,649
Ipas – World Report on Women's Health	2011	6,385
Johnson & Johnson – Fistula activities Fellowship program	2011	25,950
Johnson & Johnson – Obstetrics and Neonatal care	2010	85,888
Open Society Institute – FIGO Congress discussion panel	2009	4,924
PATH – Guidelines on prevention of Cervical Cancer	2009–2010	109,644
PMNCH Latin America – Maternal & New-born Health	2009–2010	49,185
POPPHI – Prevention of Postpartum Haemorrhage	2009–2010	45,608
SIDA – Saving Mothers & Newborns Initiative	2006–2009	1,159,769
SOGC – Saving Mothers & Newborns Initiative	2009	6,868
Tolkien Trust – Fistula Activities	2010	10,025
UNFPA – Fistula	2010	4,905
UNFPA – Adolescent Sexual & Reproductive Health	2008–2011	366,247
US Donor – Prevention of Unsafe Abortion 10.11	2007–2011	2,957,108
World Diabetes Foundation – World Report	2011	59,973
Various Donations – Fistula 11	2009–2011	32,353
Various Donations – Flood Disaster of Pakistan	2010	1,867

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

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 undertaking new projects, and consequently 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 £572,273 for the year to 31st December 2009, £674,383 for 2010 and £743,130 for 2011. The average salary increase in Pounds Sterling for 2009–11 did not exceed an average of 5.5% 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 organisation 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 United States 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 virtually "clean" audit report in 2012 (for the year to 31st December 2011) 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.

Copies of the audited accounts may be obtained upon request from the FIGO Secretariat.

Conclusion

Overall, whilst the value of the organisation's investments has fluctuated over the last three years in line with generally poor market performance, FIGO's financial status is relatively healthy. The organisation's officials will continue to 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 2011

All figures in Pounds Sterling

	2009	2010	2011
FIXED ASSETS			
Furniture and equipment	798,125	794,840	794,840
Investments	1,076,707	1,221,306	1,105,378
	<u>1,874,832</u>	<u>2,020,945</u>	<u>1,900,218</u>
CURRENT ASSETS			
Debtors	694,245	689,934	501,689
Bank balances	3,728,550	2,341,342	2,782,447
	<u>4,422,795</u>	<u>3,031,276</u>	<u>3,284,145</u>
CREDITORS AMOUNTS FALLING DUE WITHIN 1 YEAR			
	(578,898)	(457,592)	(434,216)
NET CURRENT ASSETS	<u>3,843,897</u>	<u>2,573,684</u>	<u>2,849,929</u>
TOTAL ASSETS LESS CURRENT LIABILITIES	<u>5,718,729</u>	<u>4,594,629</u>	<u>4,750,147</u>
CREDITORS AMOUNTS FALLING DUE AFTER MORE THAN 1 YEAR			
	(291,805)	(261,648)	(224,895)
NET ASSETS	<u>5,426,924</u>	<u>4,332,981</u>	<u>4,525,252</u>
RESERVES			
Unrestricted funds	2,646,021	2,563,067	2,166,271
Restricted funds	2,780,903	1,769,914	2,358,981
	<u>5,426,924</u>	<u>4,332,981</u>	<u>4,525,252</u>

Summary Statement of Financial Activities for the three years ended 31st December 2011

All figures in Pounds Sterling

	2009	2010	2011
INCOMING RESOURCES			
Grants received	1,860,681	1,350,923	2,956,388
Congress income	2,683,747	–	–
Contribution income	162,678	286,189	288,129
Investment income	39,088	38,528	33,356
Other income	226,943	242,043	284,238
Currency gains	84,055	135,204	50,163
TOTAL INCOMING RESOURCES	5,057,192	2,052,887	3,612,274
RESOURCES EXPENDED			
Costs of charitable activities	2,142,110	2,505,565	2,541,350
Governance costs	711,882	755,882	831,693
Congress expenditure	1,740,001	–	–
TOTAL RESOURCES EXPENDED	4,593,993	3,261,447	3,373,043
NET INCOMING/(OUTGOING) RESOURCES	463,169	(1,208,560)	239,231
Gain/(loss) on investment	(3,056)	49,039	13,500
Increase/(decrease) investments	71,837	65,578	(60,460)
NET MOVEMENT OF FUNDS	531,950	(1,093,943)	192,271
RESERVES BROUGHT FORWARD AS AT 1 JANUARY	4,894,974	5,426,924	4,332,981
RESERVES CARRIED FORWARD AT 31 DECEMBER	5,426,924	4,332,981	4,525,252

International Federation of Gynecology and Obstetrics

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