

International Federation of



Gynecology and Obstetrics

THREE-YEAR REPORT 2012–2015

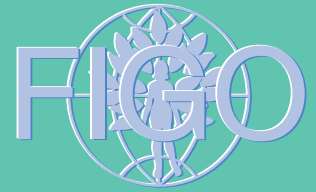
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The FIGO Secretariat

INTERNATIONAL FEDERATION OF GYNECOLOGY AND OBSTETRICS
FÉDÉRATION INTERNATIONALE DE GYNÉCOLOGIE ET D'OBSTÉTRIQUE
FEDERACIÓN INTERNACIONAL DE GINECOLOGÍA Y OBSTETRICIA

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President's Introduction

My sincere thanks to all colleagues for electing me as FIGO President. The legacy of excellent work performed by my predecessor, Professor Gamal Serour (Egypt), and the unstinting support of the other Officers – President-Elect, Professor Chittaranjan Narahari Purandare (India); Vice President, Professor Ernesto Castelazo Morales (Mexico); Honorary Secretary, Professor Gian Carlo Di Renzo (Italy); Honorary Treasurer, Professor Wolfgang Holzgreve (Switzerland); and Chief Executive, Professor Hamid Rushwan (Sudan/UK), has made my task easier.

It has been a pleasure to work with the Officers and the Executive Board. The FIGO Senior Management Team – Professor Hamid Rushwan, Bryan Thomas (past Administrative Director), Sean O'Donnell (Administrative Director), Marie-Christine Szatybelko (Corporate Affairs Director), Paul Mudali (Finance Director) and Linda de Caestecker (Deputy Project Director) command our admiration for the tremendous work they do with minimal staff. I thank the Member Societies that have helped FIGO to work with governmental and non-governmental organisations and the donor organisations that have entrusted us with funds to activate specific projects in many countries to help us achieve the Millennium Development Goals (MDGs), and now the new Sustainable Development Goals (SDGs). FIGO's vision and mission perfectly encapsulate these goals – helping to realise



Professor Sir Sabaratnam Arulkumaran, FIGO President (2012–2015)

this global vision is our public health responsibility. We also have to enhance our Members' capabilities to deliver better, safer, advanced and compassionate care of the highest quality.

The Officers and Executive Board members have contributed new ideas to reinvigorate FIGO, and all FIGO colleagues, including Project Managers and Committee and Working Group Chairs, have done a tremendous job in completing the workplans which were detailed at the beginning of my term of office. This comprehensive report provides an overview of all activities undertaken by FIGO, which is currently in a healthy position financially, benefiting from both 'restricted' donor funds and 'unrestricted' funds from FIGO's own revenues. FIGO should now be able to invest more of its available resources on Committee/Working Group activities, and work on the ground. We have adapted five governing principles that are essential for the successful implementation of sustainable and reproducible projects.

The five principles behind success stories in improving maternal health are:

- 1) To form a collaborative group of interested parties (the National Society and the NGOs) to influence the government to make saving mothers' lives and women's health a national priority, and strengthen the existing coalition.
- 2) To focus on selected issues rather than trying to target too many activities within a country, integrating issues within the existing portfolio of activities.
- 3) To strengthen the ownership at 'grassroots' level through advocacy workshops, and working with local women's and patients' groups.
- 4) To innovate continually to provide cost-effective care and maximise available resources, especially to overcome the financial and transport barriers in the maternity eco-system.
- 5) To measure activities through regular audits of structure, process and outcome – accountability by measuring outcomes will aid continued improvement.

The now-concluded FIGO LOGIC (Leadership in Obstetrics and Gynecology for Impact and Change) project is a perfect example of Principle 1 in action, as it worked successfully in eight countries with the help of generous funding from the Bill & Melinda Gates Foundation. This project produced a valuable Toolkit (www.figo-toolkit.org) that can be used by all National Societies to strengthen their organisations.

FIGO's contribution to Millennium Development Goal (MDG) 5 (Improve



maternal health) and Sustainable Development Goal (SDG) 3.1 (By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births)

MDG 5 and SDG 3.1 aim to reduce global maternal mortality. Governments, many NGOs and professional organisations have worked to reduce maternal mortality and to improve sexual and reproductive health. This has been with countries' own funding, with often little help from international donors. The reduction of maternal mortality can be attributed to three areas: good contraceptive coverage (a possible reduction of 30 per cent), achieving safe abortion care (15 per cent) and emergency obstetric and medical care (55 per cent). FIGO has been working steadily in all three areas.

Contraception

FIGO has launched a major initiative for the provision of long-acting reversible contraception (LARC) in institutions by adding post-partum intrauterine devices (PPIUD) to the already available menu of post-partum contraceptive services. On talking to governments from the developing world, it's clear that it was a welcome move as copper IUDs were affordable for these countries. It gives ten years of contraception for very little investment, helps to avoid surgical sterilisation of young women who have completed their families, and if after three years the woman wants a child, the IUD can be removed. With funding from an anonymous donor and the help of governments and National

Societies we are working on Institutionalising PPIUD services in 48 health facilities in six countries. We want this progress to be sustained and reproduced in other institutions within these countries, and we hope to expand this programme to other countries.

Safe abortion care

The FIGO Prevention of Unsafe Abortion Initiative has seen major success under the leadership of Professor Anibal Faúndes, with funding from an anonymous donor. The Initiative involves 46 countries with 16 priority countries where abortion-related deaths are high. An increase in abortion knowledge, the introduction of manual vacuum aspiration and the use of misoprostol and appropriate treatment regarding abortions attended to immediately on admission to prevent complications has helped to reduce abortion-related deaths in certain countries. The national teams working on safe abortion care enhance primary prevention by increasing available contraception, secondary prevention by providing safe abortion services and tertiary prevention by providing post-abortion contraception.

Emergency obstetric care

Emergency obstetric care for complications in pregnancy and labour has been the focus of FIGO for a long time. The FIGO Safe Motherhood and Newborn Health (SMNH) Committee, chaired by Professor William Stones, has been active in many areas, including issuing guidelines/papers on 'Management of the second stage of labor (2012)', 'Prevention and treatment of postpartum

hemorrhage in low-resource settings (2012)', 'Non-pneumatic anti-shock garment to stabilize women with hypovolemic shock secondary to obstetric hemorrhage (2014)' and 'Mother-Baby Friendly Birthing Facilities Initiative (2014)'. These standards need to be followed, and they will benefit women if successfully implemented.

FIGO has been doing emergency obstetric care training in many countries through its LOGIC project, and others funded by the Partnership for Maternal, Newborn and Child Health (PMNCH). Training has been shown to improve knowledge as evidenced by the pre- and post-testing of programmes, but the value in reducing morbidity and mortality in pregnant women needs additional evidence. The Laerdal Foundation has funded FIGO and the International Confederation of Midwives (ICM) to work in Tanzania to evaluate the clinical impact of training through a cluster randomised study, with the training performed by Jhpiego. The programme will be under the leadership of Professor Claudia Hanson – FIGO will evaluate its effectiveness, and hopefully we will see real progress within small health centres in the next few years.

Globally post-partum haemorrhage (PPH) contributes to about 30 per cent of maternal deaths, partly due to the unavailability of heat stable, injectable oxytocin. FIGO has been working with Gynuity Health Projects to advocate for the use of 600 ug oral misoprostol for prevention and 800 ug sublingually for treatment of PPH. Administration by traditional health workers in geographically

inaccessible terrain, and oral intake by the pregnant woman herself after delivery, has been studied and shown to be effective.

FIGO's contribution to MDG 4 (Reduce child mortality) and SDG 3.2 (By 2030, end preventable deaths of newborns and children under 5 years of age)

Prematurity

Reducing child mortality has become a priority for the World Health Organization (WHO), NGOs and the donor community: each year there are three million stillbirths and three million newborn deaths. The initiative 'Every Newborn' was duly passed by the WHO General Assembly to highlight the fact that there is no newborn health without good maternal health. Each year globally 15 million preterm births take place and a third of first month newborns die due to prematurity. FIGO has now forged a valuable alliance with March of Dimes (MOD) to look into how to act to reduce this burden. Cyprus, for example, is a country with high preterm birth rates – we recently had a meeting with the Perinatal Society of Cyprus, including the Minister of Health, to brainstorm how best to tackle this challenge. Ongoing epidemiological research being conducted jointly by MOD and FIGO looks into major factors and associations that may help to focus on specific issues for research and clinical action.

Prevention of prematurity in selected cases and treatment of those born preterm are key components to reduce morbidity and mortality in this vulnerable

group. Our Honorary Secretary, Professor Gian Carlo Di Renzo, works with the Best Practice on Maternal-Foetal Medicine and Challenges in Care of Mothers and Infants during Labour and Delivery Working Groups, where very useful advice has been issued on preventing preterm births.

Intrapartum stillbirths and immediate neonatal deaths

Stillbirths do occur, even in many developed countries where electronic fetal monitoring is the norm (EFM). The main reasons for such deaths or morbidity are inability to interpret the cardiotocography (CTG), failure to incorporate the clinical situation, and delay in taking timely action. Dr Diogo Ayres de Campos, SMNH Committee member, has produced a document on intrapartum fetal surveillance – the FIGO CTG Guidelines – with the involvement of 46 representatives from different countries, in addition to FIGO-recruited experts. This will help to train doctors and midwives and to reduce intrapartum-related stillbirths. It will be published in the October 2015 issue of the International Journal of Gynecology & Obstetrics (IJGO) to coincide with the FIGO World Congress.

Emergency obstetric training includes neonatal resuscitation drills, as we believe that thousands of babies can be saved by prompt neonatal resuscitation.

FIGO Working Group on Best Practice on Maternal-Foetal Medicine

This group – chaired by Professor Gian Carlo Di Renzo – has sub groups looking into various aspects of obstetric care, drawn

from a wide cross-section of countries, with special expertise in the area of discussion. To date they have produced a wealth of important scientific clinical good practice advice, including on the use of folic acid in pregnancy; the use of progesterone to prevent preterm births; and non-invasive prenatal testing.

FIGO's contribution to SDG 3.4 (By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being)

WHO has declared that obesity and non-communicable diseases will reach epidemic proportions in the years to come. In some regions of the world, they consider them a 'ticking time bomb'. With life-styles of increased unhealthy food consumption and less physical activity, obesity is on the increase. This gives rise to early endocrine disorders (eg diabetes), cardiovascular disease (eg hypertension, myocardial infarction and stroke), rheumatic illnesses (eg arthritis), and promotes malignancies. The chances of suffering from these illnesses increase with a longer life expectancy which is itself brought about by the prevention and treatment of communicable diseases through immunisation and antibiotics.

The aetiology of non-communicable disease is complex: genetics, epigenetics and our life-styles all have contributory roles. Many factors that influence future development are influenced in utero, such as



preterm birth and intrauterine growth restriction etc. Maternal nutrition during pre-pregnancy, pregnancy and the period of lactation will also influence outcomes, as will environmental toxins. Professor Moshe Hod and his team are working on the issue of hyperglycaemia in pregnancy through the FIGO Gestational Diabetes Initiative, supported by a non-restricted grant from Novo Nordisk. This excellent work on screening, diagnosis and management has been endorsed by many global organisations, and the papers related to this will be released as an IJGO supplement during the FIGO World Congress. Professor Mark Hanson chairs a FIGO group working on Global Maternal Nutrition Guidelines in Pregnancy and Infancy, supported by an unrestricted grant from Abbott Nutrition, and this will also be available at the Congress. A further expert group, chaired by Professor Linda Giudice, has reviewed the emerging evidence on environmental toxins on pregnancy outcomes, working closely with the American, UK and Canadian colleges, and will present at the Congress.

FIGO's contribution to SDG 5 (Achieve gender equality and empower all women and girls)

- 5.1 End all forms of discrimination against all women and girls everywhere
- 5.2 Eliminate all forms of violence against all women and girls in public and private spheres, including trafficking and sexual and other types of exploitation
- 5.3 Eliminate all harmful practices, such as child,

early and forced marriage and female genital mutilation

Several of FIGO's Committees and Working Groups have been contributing to this agenda, mainly in the form of advocacy, formulation of guidelines, scientific opinion papers, ethical guidelines, teaching and training.

FIGO Committee for Reproductive Medicine

It is estimated that 80 million couples in the world lack the opportunity to have children, mostly due to a dearth of knowledge and suitable services. Many do not even consider this state of affairs to be a health issue, and couples may suffer enormous social and psychological consequences as a result of this. The FIGO Committee for Reproductive Medicine, chaired by Dr David Adamson, has created the 'FIGO Fertility Tool Box™', a groundbreaking information tool for healthcare providers, to help them provide clear and sensitive guidance to their patients.

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

The papers produced by this Committee – chaired by Dr Bernard Dickens – have been successful in helping to influence court decisions, and in supporting advocacy work in stopping or reducing harmful practices, as well as persuading governments to consider FIGO's views.

Committee for Women's Sexual and Reproductive Rights

Chaired by Professor Lesley Regan, this Committee has produced a curriculum for

clinicians to provide care to women based on human rights aspects: right for life, health, privacy, confidentiality, information, dignity of care, and right to choose the care and to have a chaperone at examination etc. Workshops on a rights-based approach to women's healthcare have been recently undertaken at the Asian and Oceanic Congress of Obstetrics and Gynaecology (AOCOG, Bangkok) and at the Royal College of Obstetricians and Gynaecologists (RCOG, London) – it was often the case that violation of women's rights to health only became clearly apparent when participants reviewed the cases in detail.

Committee for Fistula

Fistula is a sad consequence of women being denied rights to receive essential obstetric care. The FIGO Committee for Fistula, chaired by Lord Naren Patel, spearheads the FIGO Fistula Initiative: building the capacities of fistula surgeons in accredited training centres, using the FIGO Global Competency-Based Fistula Surgery Training Manual. This will help dedicated physicians to acquire the knowledge, skills and professionalism needed to prevent obstetric fistula, and provide high quality surgical, medical and psychosocial care to women who have incurred fistula, whether during childbirth or because of inflicted trauma.

Working Group on Pelvic Floor Medicine and Reconstructive Surgery

Many women suffer from pelvic floor dysfunction in the form of utero-vaginal prolapse and urinary incontinence. Non-uniformity of approach to treat these cases is

well recognised. This Working Group, chaired by Professor Oscar Contreras Ortiz, has been leading three sub groups to define the problems and to find appropriate solutions. With an increasing older population this issue is likely to increase, and we look forward to collaborating in this area with like-minded organisations such as the International Urogynecological Association (IUGA) and the International Continence Society (ICS).

Working Group on Gender Violence

FIGO is in the process of establishing a working group on Gender Violence, with representation to include WHO, UNAIDS (the Joint United Nations Programme on HIV/AIDS) and Women and Health Alliance International (WAHA), chaired by Dr Diana Galimberti. This group will work in conjunction with other FIGO Committees to see how best we can synergise this activity. The importance we give to this topic is highlighted by having the Tony award-winning playwright, activist and author Eve Ensler present the Inaugural Mahmoud Fathalla Lecture on this topic at the FIGO Congress.

Committee for Capacity Building in Education and Training

FIGO's educational activities are effectively co-ordinated by the Committee for Capacity Building in Education and Training, chaired by Professor Luis Cabero-Roura. Educational sessions have been held in conjunction with national and regional meetings, and at the time of Executive Board meetings. In addition to theoretical lectures, 'hands-on' workshops have also been held

on open and endoscopic surgery. The Committee will organise several Pre-Congress workshops in Vancouver.

FIGO has partnered with the Global Library of Women's Medicine (GLOWM – www.glowm.com) to help provide access to the latest educational information in our sector. It is free to use, with hundreds of chapters on topics in obstetrics and gynecology, master classes, films, videos, books and dedicated sections for WHO publications, sexual and reproductive rights, safe abortion care, contraception and many others. We are most grateful to the philanthropic couple David and Paula Bloomer for allowing us to offer GLOWM as FIGO's educational platform. FIGO and GLOWM have recently posted USB sticks containing the entire GLOWM site to FIGO Member Societies, requesting further dissemination to those who do not have easy access to this material.

Publications Committee and the IJGO

FIGO's Publications Committee, chaired by Professor Wolfgang Holzgreve, continues to do an excellent job. The IJGO has been going from strength to strength by way of an increasing impact factor and the number of articles received, and an ever-growing readership. We are most grateful for the stewardship of its former Editor, Professor Timothy Johnson, who did a tremendous job. Professor Richard Adanu, Dean of the School of Public Health, University of Ghana, has most ably taken over the reins, having a particular interest in women's health issues pertaining

to low-resource countries. We wish him well.

FIGO Audit Committee

All Committees and Working Groups have to submit their plans of work, timelines and achievements – including obstacles and enablers – for scrutiny by the FIGO Audit Committee, chaired by Dr Christine Tippet. The Officers review these six-monthly reports, which are presented to the Executive Board, giving the opportunity for Board members to provide advice and to interact with Committee Chairs. FIGO is grateful to Dr Tippet and her team for this valuable work.

World Congress and Regional Conferences

FIGO is very grateful for the immense support shown by many collaborating organisations. FIGO Regional Conferences involve allied Regional Federations, providing the opportunity for collaborative activities, capacity building and educational benefits to colleagues, Member Societies and members of Regional Federations. FIGO held two such conferences in 2013, in Cartagena, Colombia, and in Addis Ababa, Ethiopia, with the tremendous assistance of the Federation of Latin American Societies of Obstetrics and Gynaecology (FLASOG), and the African Federation of Obstetrics and Gynaecology (AFOG).

FIGO has also participated in scientific meetings organised by other bodies, including Regional Federations and Member Societies affiliated to FIGO, which request some level of FIGO endorsement. To this end, a



successful collaborative conference was held in November 2014, in Colombo, Sri Lanka, with the South Asian Federation of Obstetrics and Gynaecology (SAFOG), in close collaboration with the Sri Lanka College of Obstetricians & Gynaecologists (SLCOG).

Professor Joanna Cain, our World Congress Scientific Committee Chair, and Co-chair, Dr Nozer Sheriar, are working tirelessly to produce an excellent programme for Vancouver in October 2015. Dr Abd Aziz Yahya, Organising Committee Chair, and Dr Dianne Miller, Local Congress Organising Committee Chair, are working closely with all respective committees and Ms Marta Collins (FIGO Events and Meetings Manager) to ensure that conference participants have a stimulating and rewarding experience.

FIGO's partners, donors and members

Without the enormous support of our donors, we would not be able to achieve FIGO's objectives. Our collaborators are our strength and we wish to continue to have their close association and support. Above all, we owe a great debt of gratitude to our own Members, who give their precious time for free, and our staff, who work beyond the call of duty.

FIGO will now be led by a new team of Officers and Executive Board, ably steered by my successor, Professor CN Purandare, who has decades of experience of being in charge of professional organisations. The team in FIGO is stable and strong and the staff extremely dedicated.

The latest FIGO publications, guidelines and supplements –

including those mentioned in this introduction – are freely available on www.figo.org and www.ijgo.org, along with a wealth of other information relevant to our goals.

I am confident that women globally will continue to benefit from the successful activities of FIGO – the very reason it was established.

I thank you for all your support over the term of my Presidency.

With kind regards

**Professor Sir Sabaratnam
Arulkumaran**
FIGO President (2012–2015)



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.

Commitments

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

in all issues related to women's health.

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

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

FIGO has grown from an organisation representing 42 national societies which attended the founding meeting on 26 July 1954 in Geneva, Switzerland into a worldwide organisation representing obstetricians and gynaecologists in 125 countries/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 1 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 28 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, publications and the proceeds of its triennial FIGO World Congress of Gynecology and 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 24 affiliated societies, determines policy and is responsible for administration. Meetings are arranged as required by the demands of the organisation's business and, due to the international nature of this and the location of the Executive Board members, as much as possible is transacted by correspondence, facsimile and email. The Executive Board meets formally at least once a year and the Trustees/Officers at least twice yearly.

The General Assembly meets every three years at the time of

Trustees/Officers 2012–2015

<i>President</i>	S Arulkumaran	United Kingdom
<i>Vice-President</i>	E Castelazo Morales	Mexico
<i>Past-President</i>	G Serour	Egypt
<i>President-Elect</i>	C N Purandare	India
<i>Honorary Treasurer</i>	W Holzgreve	Switzerland
<i>Honorary Secretary</i>	G C Di Renzo	Italy

the triennial FIGO World Congress of Gynecology and 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 Rome, Italy in October 2012. The next General Assembly will take place in Vancouver, Canada during the FIGO World Congress of Gynecology and Obstetrics in October 2015.

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 and Obstetrics that takes place every three years. During the period of this report, in addition to the work of the FIGO Committees and Working Groups (pages 14–49), some of the Federation's other major initiatives include, but are not limited to:

- FIGO Fistula Initiative (pages 20–21)
- FIGO Prevention of Unsafe Abortion Initiative (pages 46–49)
- FIGO Initiative on Gestational Diabetes (pages 50–51)

- FIGO Global Maternal Nutrition Guidelines project (pages 52–53)
- FIGO Helping Mothers Survive Bleeding after Birth Project (pages 54–55)
- FIGO Misoprostol for Post-Partum Haemorrhage in Low-Resource Settings Initiative (pages 56–57)
- FIGO Project for 'Institutionalising Post-Partum IUD Services and Increasing Access to Information and Education on Contraception and Safe Abortion Services (pages 58–59)

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

Executive Board Members 2012–2015

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
Belgium	<i>Société Royale Belge de Gynécologie et d'Obstétrique/ Koninklijke Belgische Vereniging voor Gynecologie en Verloskunde</i>	F Debiève
Bolivia	<i>Sociedad Boliviana de Ginecología y Obstetricia</i>	C Fuchtnr
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>	J Blake
Chile	<i>Sociedad Chilena de Obstetricia y Ginecología</i>	M Cuello Fredes
Columbia	<i>Federación Colombiana de Asociaciones de Obstetricia y Ginecología</i>	J D Villagas Echeverri
Denmark	<i>Dansk Selskab for Obstetric og Gynaekologi</i>	A Tønnes Pedersen
Egypt	<i>The Egyptian Society of Gynaecology and Obstetrics</i>	N A Darwish
Ethiopia	<i>The Ethiopian Society of Obstetricians and Gynaecologists</i>	Y Ghebrehiwot Ferede
Finland	<i>Finnish Gynecological Association</i>	S Grénman
France	<i>Collège National des Gynécologues et Obstétriciens Français</i>	P Descamps
Germany	<i>Deutsche Gesellschaft für Gynäkologie und Geburtshilfe</i>	M Beckmann
Japan	<i>Japan Society of Obstetrics and Gynecology</i>	T Kimura
Lebanon	<i>Société Libanaise d'Obstétrique et de Gynécologie</i>	F El-Kak
Malaysia	<i>Obstetrical and Gynaecological Society of Malaysia</i>	A A Yahya
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>	D T Martínez Astorquiza
Taiwan	<i>Taiwan Association of Obstetrics and Gynecology</i>	T-H Su
United Kingdom	<i>Royal College of Obstetricians & Gynaecologists</i>	D Richmond
United States of America	<i>The American College of Obstetricians and Gynecologists</i>	J N Martin
Uruguay	<i>Sociedad Ginecotologica del Uruguay</i>	J G Alonso Tellechea
Chief Executive	H Rushwan	United Kingdom/Sudan
Administrative Director (to 2014)	B Thomas	United Kingdom
Administrative Director (from 2014)	S O'Donnell	United Kingdom
Corporate Affairs Director	Marie-Christine Szatybelko	United Kingdom

ob/gyn professionals with other forces in civil society, to protect, promote and advance women's rights to reproductive health care

Other activities

The Federation's activities also include:

- The provision of assistance to societies involved in the organisation of national workshops on maternal mortality, safe motherhood or rights-based issues.

- The organisation of international workshops.
- The organisation of the De Wetteville Lecture in collaboration with The International Federation of Fertility Societies – 'IFFS' (given in memory of Professor Hubert de Wetteville – 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 and 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.
- The latest FIGO Cancer Report (previously the FIGO Annual



Report on the Result of Treatment in Gynecologic Cancer) which was launched at the FIGO World Congress of Gynecology and Obstetrics in Rome, Italy, in October 2012. The second updated version with new chapters will be presented in 2015.

Through the work of dedicated task-oriented Committees and Working Groups and numerous projects/initiatives, FIGO's work embraces many aspects of obstetrics and gynaecology such as capacity building in education and training, reproductive medicine, nutrition, oncology, safe/planned motherhood, women's sexual and reproductive rights, 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 21 as activities have increased, the building provides space for the existing Secretariat staff, as well as allowing for a modest 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:

- Administration
- Corporate Affairs
- Events and Meetings
- Finance
- Projects
- Publications

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, the Corporate Affairs Director and the Finance 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 administration

Professor Hamid Rushwan	<i>Chief Executive</i>
Sean O'Donnell	<i>Administrative Director</i>
Marie-Christine Szatybelko	<i>Corporate Affairs Director</i>
Alexandra Gilpin	<i>PA to the Chief Executive/ Communications Co-ordinator</i>
David Jeffery	<i>Administration Assistant</i>

Project/Initiative staff based at Secretariat

Linda de Caestecker , Deputy Project Director	<i>PPIUD Project</i>
Laura Banks , Project Manager	
Maya Sethi , Project Co-ordinator	
Jessica Morris , Project Manager	<i>Misoprostol Initiative</i>
Gillian Slinger , Project Manager	<i>Fistula Training Initiative</i>
Lilli Trautvetter , Project Assistant	
Matthew Pretty	<i>Project Assistant</i>

Events and Meetings

Marta Collins	<i>Events and Meetings Manager</i>
----------------------	------------------------------------

Publications

Clare Addington	<i>Publications Manager IJGO</i>
Abigail Cantor	<i>Managing Editor IJGO</i>
Sean Fitzpatrick	<i>Manuscript Editor IJGO</i>
Antonia Glanfield	<i>Editorial Assistant IJGO</i>

Finance

Paul Mudali	<i>Finance Director</i>
Katarzyna Majak	<i>Finance Administrator</i>
Atinuke Olanrewaju	<i>Project Accountant</i>
Mastewal Melesse	<i>Finance Co-ordinator (Part-time)</i>



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
- Societe Cambodyenne de Gynecology et Obstetrique
- 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 (Jamaica)
- 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 Executive Board 2015

FIGO Committees and Working Groups

Committee Structure

The Executive Board discussed the priorities for action for the 2012–2015 'term' in depth and decided to approve the continuation of the following 'task oriented' Committees: the Committee for Capacity Building in Education and Training, the Committee for the Ethical Aspects of Human Reproduction and Women's Health, the Committee for Fistula, the Committee on Gynecologic Oncology, the Committee for Reproductive Medicine, the Committee for Safe Motherhood and Newborn Health, and the Committee for Women's Sexual and Reproductive Rights.

In addition, one new Committee was established: the Committee on Menstrual Disorders (previously the Working Group on Menstrual Disorders).

The Committees reflect a continuing determination to realise and expand FIGO's mission to improve women's health and rights and to reduce the disparities in healthcare

available to women and newborns, as well as a commitment to advancing the science and practice of obstetrics and gynecology.

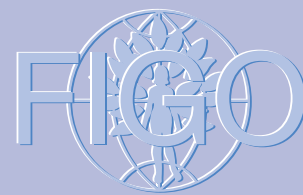
The Executive Board also agreed that the Working Group on the Prevention of Unsafe Abortion and the Working Group on Pelvic Floor Medicine and Reconstructive Surgery should continue their invaluable work. In addition, three new Working Groups were initiated: Best Practice on Maternal-Foetal Medicine, Challenges in the Care of Mothers and Infants during Labour and Delivery, and Pre-term Birth.

A number of FIGO 'business' Committees are also in place:

- The FIGO Congress Organising Committee, which continues to be responsible for the organisation of the FIGO World Congress of Gynecology and Obstetrics and the policy aspects of FIGO Congresses.
- The FIGO Audit and 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, while 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.



FIGO Committee for Capacity Building in Education and Training

The FIGO Committee for Capacity Building in Education and Training (CBETC) was one of two new 'task-oriented' Committees established by FIGO's Executive Board in October 2009.

The education, preparation and training of professionals are fundamental to the improvement of women's sexual and reproductive health indicators. The term capacity building emerged in the lexicon of international development during the 1990s and often refers to strengthening the skills, instincts, competencies and abilities of people and communities in developing societies so they can overcome the causes of their

exclusion and suffering. Capacity building is much more than training. FIGO, conscious of its responsibility, has placed a special emphasis on the fact that the Committee should, in conjunction with various global institutions, act in such a way that will achieve its objectives. Education, preparation, training and capacity building are the only logical routes that exist to improve and advance opportunities for all women of the world.

The vision of the Committee is that all countries of the world will 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. This will be achieved through national educational and training programmes created by

the countries themselves to meet the healthcare needs of all women and children in their country.

The CBETC will 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 CBETC is based on the structure of FIGO itself and shares its values: 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.

The CBETC is committed to:

- Improving communication with (and among) Member Societies.
- Building the capacities of those from low-resource countries through strengthening leadership and management, embracing good practice and the promotion of policy dialogue.
- Enabling all countries of the world to have effective national educational and training programmes, created to meet the healthcare needs of all women and children in the respective countries, and which also increase the professional capabilities of women's healthcare professionals.
- Empowering women's healthcare professionals to continue to increase their own professional capabilities through participation in such national educational and training programmes. Regarding maternal mortality, it is well established that there are three factors for delays in providing adequate care and that these account for most maternal deaths. This could be reduced to a minimum when all professionals involved (doctors, midwives, nurses, etc) are more proficient and working together.
- Sharing FIGO's values, namely: innovative leadership, integrity, transparency, professionalism, respect for cultural diversity and high scientific and ethical standards.
- To ensure that professional training is accompanied by an improvement in performance indicators. There are many areas, especially in low-resource countries, in which

the training of different levels of women's healthcare 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 the 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.

In summary 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.

To achieve these goals, the Committee acts by:

- Organising meetings, workshops, training courses, etc.
- Designing appropriate educational material for the

purposes of education (videos, slides, pamphlets, books, etc).

- Maintaining the high calibre of FIGO's triennial World Congress as an inspirational forum for obstetricians and gynaecologists from all over the world, as well as the organisation of educational pre-congress courses.
- Participating in relevant national, regional and international meetings and activities promoting women's health.
- Organising regional FIGO meetings on a different continent every year. The topics for these meetings will be in accordance with FIGO's objectives and goals.
- Providing the educational elements of FIGO's official website. This will include educational and training material used in the different courses and meetings which are held in various countries.
- Preparing different tools to be used in training courses such as videos, slides, pamphlets, etc.
- Preparing guidelines and reviews that will be published in the International Journal of Gynecology and Obstetrics (IJGO).
- A standard means of electronic communication among the members such as email, Skype, etc.

Conclusion:

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.

At the May 2015 FIGO Executive

Board meeting held in Melbourne Australia, the Committee reported that in its first six years it had completed 71 activities, in more than 25 countries, with the participation of more than 8,000 attendees and 450 speakers from 29 countries.

Members of the FIGO Committee for Capacity Building in Education and Training 2012–2015

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
I Fraser	Australia
N Patel	United Kingdom
L Regan	United Kingdom
W Stones	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 healthcare practitioners in human reproduction. These ethical problems were to be brought to the attention of physicians and the public in high-, 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-, middle- and high-income

countries, as well as having a significant interest and/or expertise in medical ethics.

The aims of the Committee are:

1. To record and study the contemporary ethical issues which emanate from research and practice in obstetrics, gynaecology and reproductive medicine;
2. To focus on international issues;
3. To recommend guidelines on ethical problems in training, education, science and the practice of obstetrics and gynaecology;
4. To bring ethical issues to the attention of FIGO Member Societies, physicians, and the public in developed and developing countries;
5. To address the question of FIGO's policy towards

sponsorship and relationships with industry; and

6. To develop a bioethics curriculum in reproductive and sexual health for developing countries.

The Committee's charge – to identify and study important ethical problems confronting healthcare practitioners in human reproduction – has assumed greater importance with the continuing worldwide challenge of ensuring that women are granted human and reproductive rights. The complexity of incorporating the many ethical aspects of reproductive issues in differing societies deepens the need for such a consensus body. There is no other body internationally that confronts these issues with a view towards the healthcare impact on women. Committee opinions are used by women's

health practitioners worldwide to assist in setting national and local standards, to expand the depth of discussion of these issues locally and to support advocacy for improvements in the health and status of women.

The recommendations produced by the Committee represent the result of carefully researched and considered discussion. This material is intended 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 2015 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 FIGO Ethics Committee met in London, United Kingdom, in March 2013 and 2014 and in Paris, France, in March 2015.

Overall, 12 Recommendations were designed, updated and/or substantively factually or otherwise amended. All Recommendations were forwarded by email to FIGO Member Societies, with a request for comments, additional information and suggestions for further topics to be submitted for debate. Email and the internet appear to be promising means of communication on ethics with FIGO Member Societies and this

tool will hopefully be developed in the near future.

Despite the wide disparity of its membership, the FIGO Ethics Committee always achieves a consensus, 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 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.

The most recent Recommendations of the Ethics Committee addressed a wide range of ethical issues in, among others:

- conflict of interest, including relationships with industry;
- violence against women;
- detection and management of sexual assault;
- adolescent marriage and pregnancy;
- management in and after menopause; and
- treating family members and close friends.

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 national and regional organisations.

Members of the FIGO Committee for the Ethical Aspects of Human Reproduction and Women's Health 2012–2015

B Dickens (Chair)	Canada
F Shenfield (Co-Chair)	United Kingdom
P C Ho	Hong Kong
H M Sebitloane	South Africa
G Serour	Egypt
D Shah	India
J C Vargas	Colombia
Advisors:	
J Cain	United States of America
N Patel	United Kingdom



FIGO Committee for Fistula

FIGO's fistula prevention and treatment project activities were carried out until 2007 under the auspices of the FIGO Committee for Safe Motherhood and Newborn Health. However, the topic was deemed to be of such importance that a dedicated FIGO Committee for Fistula was established.

The aims of the Committee for Fistula are:

- To co-ordinate FIGO's activities in the field of fistula treatment and prevention.
- To produce proposals as required, to enhance and expand fistula prevention and treatment work.
- To co-ordinate timely updating of the competency-based training manual.
- To collaborate with key stakeholders to develop projects focusing on the prevention and treatment of fistula, including establishing fistula treatment facilities and training centres in strategically selected hospitals of fistula affected countries.
- To advise how best FIGO and Member Societies can collaborate with national governments and other partners to reduce the incidence and prevalence of fistula in their countries.
- To encourage and coordinate south-south collaboration where appropriate.
- To facilitate documentation of good practices and publication of evidence based recommendations for improved fistula care.

The implementation of a

structured fistula surgery training project using a standardised curriculum lies at the heart of FIGO's work to increase capacity in the delivery of quality services to women affected by obstetric fistula. The FIGO Fellowship Programme is an integral component of this strategy and aims to increase the number of trained, skilled surgeons and dedicated health professionals involved in the treatment of women living with the condition.

In the last three years, with valued support from the Fistula Foundation, and with additional help from Johnson & Johnson, the FIGO Fistula Surgery Training Project has continued to expand. This expansion has seen substantial growth in programmatic activities, which have in turn necessitated reinforcement of the fistula team,

with a Project Manager and Project Assistant focusing full time on the Training Project since late 2014.

In the last three years, and in collaboration with dedicated partners, including national authorities, donors, training centres, NGOs and accomplished fistula surgeons, FIGO has:

- Held a successful fistula stakeholder meeting in the 2012 FIGO World Congress in Rome.
- Organised six Training the Trainer courses (five in English; one in French) to instruct senior fistula surgeons how to train others using the *Global Competency-Based Fistula Surgery Training Manual* and which resulted in 47 expert fistula surgeons becoming accredited Trainers of Trainers.
- Disseminated the *Global Competency-Based Fistula Surgery Training Manual* (2011), developed to provide a structured, standardised training programme for health professionals involved in the prevention and management of obstetric fistula. The manual is the result of a multi-year collaborative effort led by FIGO and partners, and has been adopted by the International Society of Obstetric Fistula Surgeons (ISOFS) and the global fistula community.
- Organised a two-day Review Meeting of the Training Programme in Dar es Salaam (June 2014) to determine progress and how best to move forward.
- Launched a new Call for Fistula Surgery Training Fellowships in August 2014 which resulted in 88 applications from 21 countries.

- Piloted a Team Training Initiative for Fistula with support from Hamlin Fistula Ethiopia, and the CCBRT Hospital in Tanzania, with the first two teams originating from Yemen and Ghana.
- Organised training placements in six FIGO accredited training centres for 40 Fellows undertaking Competency-Based Fistula Surgery Training at Standard Level, and 1 Fellow at Advanced level.
- Launched a quarterly Fistula Programme Newsletter in December 2014 for stakeholders of the Training Programme and the broader fistula community.
- Organised a mentoring visit by an expert trainer, Dr Fekade, from Hamlin Fistula Ethiopia, to

provide supportive supervision to three Fellows in Nepal.

In the future, the Fistula Surgery Training Project will continue to evolve, with more Fellows and teams trained (including assisting trainees to obtain higher levels of competency); more supportive mentoring visits organised to existing Fellows; and more accredited Training Centres established. In addition, the *Global Competency-Based Fistula Surgery Training Manual* will be updated, and a Team Training Manual for Fistula compiled. FIGO will also continue to develop training materials, strengthen the certification process and reaffirm its acknowledged role as the international organisation providing academic credibility for fistula.

Members of the FIGO Committee for Fistula 2012–2015

N Patel (Chair)	United Kingdom
H Rushwan (Co-Chair)	United Kingdom/Sudan
S Elneil	United Kingdom

Most of the work is done centrally at the Secretariat, but others are involved, including fistula surgeons, expert trainers, Fellows, NGOs and funders, based on need and purpose.



FIGO Committee for Gynaecologic Oncology

The primary objectives of the FIGO Committee for Gynaecologic Oncology (FIGO GYNONC) for the period from 2012-2015 have been:

- To monitor and facilitate the implementation of the Staging System of the vulva, endometrium and cervix. Monitoring is accomplished by collating the published data from units using the staging system. Facilitation is achieved by ensuring that all national societies are aware of and are using the staging system. This is promoted via the official FIGO website and through encouraging stakeholders to follow the published literature.
- 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 be very active and to forge strong collaborations with other national and international organisations working in cervical cancer prevention. Members of the Committee also participated actively in the new WHO 'pink' book on comprehensive cervical cancer control and treatment. The book was launched at Union for International Cancer Control (UICC) in Melbourne in December 2014.

- To ensure that cervical cancer be placed on the 'health agenda' of developing countries by disseminating knowledge of 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 Committee participated very actively in the first FIGO Africa Regional Conference in Addis Ababa, Ethiopia in 2013, and will continue its efforts to create educational webinars and linkage with sister societies. The totality of the

- health implications of cervical cancer also need to be framed within the context of the post-2015 development agenda and the FIGO Committee is working closely with the UICC and other organisations on the United Nations programme against Non-Communicable Diseases (NCDs).
- 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 Committee have collaborated with the WHO on updating a comprehensive text on all aspects of cervical cancer control and management. The Chair has also attended a summit of Health Ministers from 50 countries in Africa and presented on the necessity to place cancer and cancer control clearly on the health agenda of under-resourced countries.
 - 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 healthcare professionals. The Committee paper on the safety of HPV Vaccination was an important contribution to this objective;
 - To advocate for the establishment of adolescent healthcare infrastructure to facilitate dissemination of the HPV vaccine and to use this platform for the promotion of adolescent health;

- 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; and
- 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. Meetings with sister societies have taken place at all major international gynaecologic oncology meetings.

Since 2012, the key achievements of the Committee have been completion of the new staging of ovarian, fallopian tube and peritoneal cancer and its publication; the writing of three position papers (see below); and the forging of a collaboration with the Catalan Institute of Oncology in order to revitalise the survival data collection.

The process of rewriting the staging of ovarian, fallopian tube and peritoneal cancer took three years to complete. Multiple stakeholders were consulted and consensus was achieved at the FIGO 2012 Rome World Congress followed by approval of the TNM committee in May 2013. Since 2012, the FIGO Committee published the staging which was

also presented at major gynaecologic oncology and regional meetings. The Committee then published an article on genetic testing in gynaecologic oncology and finally a paper on the safety of HPV vaccination.

The final and ongoing project is the collaboration with the Catalan Institute of Oncology. Historically, institution-based survival and gynaecological cancer incidence was collected from FIGO affiliated organisations. This process was facilitated by Professor Sergio Pecorelli and the European Institute of Oncology, who undertook the analysis of the data. The data was published triennially and presented at the FIGO World Congress. The process ended in 2009. It was thereafter that the Committee decided on two approaches to revitalising the collection of data. One was to perform an international situational analysis of the quantity and quality of gynaecologic cancer services globally with particular focus on low- and middle-income countries (LMICs). To this end an extensive questionnaire was developed with the help of the Catalan Institute, as well as all Committee members. This web-based questionnaire is now completed and verification of contact information is underway in order to start gathering data. The second part of this process will be to choose 15–20 institutions who have sufficient resources to provide us with site-specific clinical and survival data on women with gynaecological cancers. Grant applications are currently underway to financially support this aspect of the work. The intention is to focus only on

LMICs as there is significant data in HICs that is missing in LMICs. It is hoped that the data from the initial situational analysis will be available for the FIGO World Congress in 2015.

FIGO Cancer Report

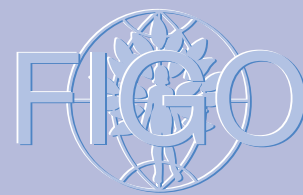
This was first published and distributed in Rome at the FIGO 2012 World Congress. Since then, the Report has been fully updated and six new chapters have been added which include: issues related to sexual health, post cancer rehabilitation and molecular staging, among others. This is likely to become a major resource for gynaecologists internationally and particularly those in LMICs where resources are restricted. The report is comprehensive, contains all the staging information, plus the current standard management of all gynaecological cancers. All chapters have been written by world class clinicians and scientists and it is edited by the Chair and Co-Chair of the Committee.

Members of the FIGO Committee for Gynaecologic Oncology 2012–2015

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

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





FIGO Committee for 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).

The Working Group was upgraded to full Committee status in 2013.

Developments and initiatives

The major activity and the focus of significant achievement during the 2012–15 period has been the

widespread and successful promotion of the FIGO PALM-COEIN classification system for underlying causes of abnormal uterine bleeding. The Co-Chairs and members of the Committee have taken part in a large number (close to 100) of talks, interviews, formal presentations and workshops on these topics in many countries on all continents, and have received very favourable responses from local audiences. This has occupied a considerable amount of time and 'human resources', since each activity is required to be tailored to local cultural and clinical situations. In-depth Workshops have been particularly appreciated. Informal feedback has been extremely positive.

A significant portion of recent activity has been aimed towards preparations for the FIGO World

Congress in Vancouver, where the Committee will present another major symposium on Abnormal Uterine Bleeding, enhanced by use of an audience responder system. These symposia at previous FIGO Congresses have been very successful, with 600 to 700 attendees in Cape Town (2009) and Rome (2012). The Committee has also been jointly involved in the planning and presentation of a second AUB Symposium in Vancouver with the Nordic Society of Obstetrics and Gynecology, and has ensured that the two symposia will be complementary in their presentations.

The Committee will hold an important Pre-Congress workshop in Vancouver for Committee members, and for a small number of additional

experts/advisers to update FIGO documents, and to explore or finalise recent draft plans and concepts and a new three-year plan. Identification of potential sources of future Committee funding will be crucial.

The Committee has encouraged and supported the research efforts of Dr Kristen Matteson towards the development of important quality of life questionnaires relevant to women with heavy menstrual bleeding (HMB). These ideas will be presented in Vancouver.

Cultural issues play a significant role in the way women with HMB present for care, and in the way that they are prepared to consider therapy. Members of the Committee from low-resource communities have been addressing the needs for future research to understand the educational and cultural requirements of such communities to allow the use of effective therapies. There are major educational needs for both health professionals and for the communities.

The Committee has spent some time discussing and reviewing issues around iron deficiency and iron deficiency anaemia in women in the reproductive phase of life, an important field of women's health which has been largely ignored by gynaecologists until very recently. Recent evidence indicates that most women with HMB are significantly iron deficient, and may take years to restore their iron stores to optimal levels following active treatment of HMB. This area of gynaecology has important implications for preparing women for an optimal state of health at the onset of a pregnancy, since many women

are already iron deficient at this time. There is a substantial need for research in these fields, and a need for both professional and community education about what is already known.

Accomplishments and achievements

The main activity, and series of achievements, has been the widespread promotion of the FIGO PALM-COEIN classification of underlying causes of AUB, combined with discussions of terminologies and definitions. This aim has occupied a considerable amount of time for individual members of the Committee, and has been well received in all the conferences and other meetings where presentations have been given. Contributions to Workshops have been particularly well received. This widespread activity is now having significant impact on the number of independent publications appearing in the international literature, which refer to the FIGO initiatives. Some of these publications are providing extensive discussion of the terminologies and classification.

The Committee has initiated detailed discussions of the potential need for sub-classifications for the different underlying causes for AUB in the PALM-COEIN system. Such sub-classifications could have useful clinical and research roles for AUB-P, AUB-A, AUB-L and AUB-O. The other causes will be addressed in the coming triennium. The Committee will explore the possible value of newer approaches to sub-classification of endometrial hyperplasias with the FIGO

Oncology Committee during the coming triennium.

Over the past three years, the Committee has continued to place emphasis on a series of relevant publications in a range of journals:

1. Munro MG, Critchley HOD, Fraser IS. The FIGO Systems for nomenclature and classification of causes of abnormal uterine bleeding in the reproductive years: who needs them? *Amer J Obstet Gynecol* 2012; 207: 259-265.
2. Hickey M, Fraser IS. Iatrogenic, unscheduled endometrial bleeding. In: Critchley HOD, Maybin JA (eds), *Menstruation. Reviews in Endocrine and Metabolic Disorders* 2012; 13: 301-308.
3. Fraser IS, Munro MG, Critchley HOD. *Abnormal Uterine Bleeding: Terminology and Definitions UpToDate* 2015, in press
4. Madhra S, Munro MG, Fraser IS, Critchley HOD. Abnormal uterine bleeding: Advantages of formal classification to patients, clinicians and researchers. *Acta Obstet Gynecol Scand* 2014; 93: 619-625.
5. Peuranpää P, Heliovaara-Peippo S, Fraser IS, Paavonen J, Hurskainen R. Effects of anaemia and iron deficiency on quality of life in women with heavy menstrual bleeding. *Acta Obstet Gynecol Scand* 2014; DOI: 1111/aogs.12394.
6. Maybin JA, Munro MG, Fraser IS, Critchley HOD. Re-definition and re-classification of menstrual disorders. *Obstet Gynaecol Reprod Med* 2013; 23: 331-336.
7. Madhra S, Mansour D,

Critchley HOD, Munro MG, Fraser IS. Investigation and treatment of iron deficiency and iron deficiency anaemia in women with heavy menstrual bleeding. In preparation.

Future plans

- The Committee will formalise the concept of developing sub-classifications for the underlying causes of AUB, in order to enhance clinical and research validity.
- The Committee will need to continue attendance and presentations at international forums to highlight the FIGO recommendations, and extend awareness of the FIGO terminologies, definitions, classification and sub-classifications. It is intended that the Committee should work with individual countries on incorporating these concepts into local guidelines and training curricula.
- The Committee will finalise and pilot a survey on uptake, use and development of the FIGO-recommended terminologies and definitions, and on the PALM-COEIN classification of underlying causes of AUB. There are several major influential international documents which still utilise 'pre-FIGO' terminologies (eg MedRA; medical insurance and funding organisations, especially in the USA). It is our intention to negotiate with these bodies to explore incorporation of FIGO terminologies.
- The Committee will further develop plans to understand the extent, mechanisms and management of iron deficiency in women in the reproductive

phase of life, especially as it relates to HMB.

- The Committee will continue to work on the potential for one or more questionnaires as clinical aids for assessment and management of HMB.

Members of the FIGO Committee for Menstrual Disorders 2012–2015

H O D Critchley (Co-Chair)	UK
I S Fraser (Co-Chair)	Australia
M G Munro (Co-Chair)	USA
L Bahamondes	Brazil
R Haththootuwa	Sri Lanka
O Heikinheimo	Finland
D J Mansour	UK
K Matteson	USA
J A Maybin	UK
F Petraglia	Italy
D Tan	Philippines





FIGO Committee for Reproductive Medicine

Mission and Activities

The FIGO Committee for Reproductive Medicine (CRM) was established by FIGO's Executive Board in 2009.

The mission of the FIGO CRM is to create access to quality reproductive medical care for all women of the world. It 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 and FIGO meetings. It has also developed Memoranda of

Understanding with the World Health Organization (WHO), International Planned Parenthood Federation (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 for Capacity Building in Education and Training.

The FIGO Fertility Toolbox™

The major activity of the FIGO CRM is the creation of The FIGO Fertility Toolbox™. 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, healthcare system and other differences among and within the 125 FIGO Member Societies. Therefore, The FIGO Toolbox™ 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 technologically-sophisticated aspects of fertility

treatment such as in-vitro fertilisation (IVF) or perform complex reproductive surgeries. Therefore, The FIGO Fertility Toolbox™ 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 Toolbox is not intended to address more sophisticated infertility treatments, despite their importance in managing infertility, but it does include a tool regarding appropriate referral to these resources.

While The FIGO Fertility Toolbox™ 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.

Creation of the Toolbox

The Toolbox 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 opportunities presented by technology, changing methods of communication, and strategic 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 Toolbox™. The FIGO CRM focused on reorganisation and integration of content in an

innovative and technologically usable format.

Current status

The FIGO Fertility Toolbox™ consists of seven 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

These tools provide a comprehensive approach to infertility as both an individual and societal global problem.

Application of the principles of the Toolbox has been initiated in three pilot countries: Chile, India and South Africa.

The Alpha version of the Toolbox was launched at the FIGO World Congress of Gynecology and Obstetrics in Rome in October 2012.

A programme to introduce and teach the Toolbox to FIGO Member Societies, thought leaders and other stakeholders is

available and can be presented whenever a FIGO meeting or FIGO-related meeting is held. After receiving feedback on the Alpha version, the revised Beta version was completed in April 2015 and professionally formatted to be user-friendly for mobile devices and social media globally. The Toolbox will be distributed to women's health providers, other medical professionals, patients, consumers and other stakeholders through the FIGO website and other communications, FIGO Member Societies, WHO, professional societies and social media. Translations are also being facilitated. Feedback and assessment of The FIGO Fertility Toolbox™ performance will enable ongoing modifications to expand its usefulness and utilisation. The FIGO CRM has also been actively involved in development of the scientific programme for the World Congress in Vancouver.

The Committee would like to thank the FIGO Board for its support.

Members of the FIGO Committee for Reproductive Medicine 2012–2015

D Adamson (<i>Chair</i>)	United States of America
S Bhattacharya (<i>Co-Chair</i>)	United Kingdom
J Collins	Canada
K Diedrich	Germany
S Dyer	South Africa
C Robinson	United Kingdom
S Vanderpoel	Switzerland (World Health Organisation)
E R te Velde	The Netherlands
P C Wong	Singapore
F Zegers-Hochschild	Argentina



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.
- 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 the 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 Workforce Alliance (GHWA),

the Maternal Health Task Force (MHTF) by representing FIGO at relevant and worthwhile meetings.

Establish close liaison with WHO, UNFPA, UNICEF, IPA and ICM.

Executive Summary

The Committee has acted as the focal point for FIGO activities related to safe motherhood and newborn health by:

- Developing statements and guidelines on key topics with an emphasis on quality of service provision in low-resource settings;
- Reviewing and providing comment and feedback on draft statements and initiatives from external bodies; and
- Maintaining liaison and collaboration on policies and programming with the other health care professional and

civil society organisations active in maternal health, and the UN agencies.

Highlights of the 2012-2015 period include the preparation, publication and dissemination of statements on the second stage of labour, on mother-baby friendly birthing facilities, on the prevention and management of post-partum haemorrhage and on fetal monitoring.

Developments and initiatives

As we reach the final months to the conclusion of the Millennium Development Goals (MDGs) period, when the global public health community anticipates very substantial improvements in maternal health globally, there is cause for deep concern that in contrast to some MDG targets, in many settings the various initiatives and programmes have not brought about the anticipated gains in maternal health, as reflected by persistently high rates of maternal death and serious complications.

The reasons for the continuing high burden in many low- and middle-income countries are complex, but are often linked to challenges of both access to services and service quality. The Committee's work has taken as a starting point that numerical coverage of services is not sufficient in the absence of quality, and that quality in maternity care requires the deployment of well organised and trained healthcare professionals supported by infrastructure, commodities and supplies across the continuum of care from adolescent health and family planning, through the antenatal

period to delivery and postnatal care.

Certain aspects of infrastructure provision and service organisation are beyond the direct mandate of healthcare professionals.

However, the Committee has worked on particular aspects of care and service delivery where healthcare professionals can make a difference – not just at the level of direct service delivery but also through:

- influencing the design and configuration of services to give an appropriate emphasis to humanistic woman-centered care;
- competencies in the use of life-saving interventions supported by best evidence; and
- engagement with other stakeholders as advocates for quality and access across health systems.

These concerns have led to the formulation of the key strands of the Committee's work during this period, on mother-friendly birthing facilities, on care during the second stage of labour, on post-partum haemorrhage prevention and management and on measures to prevent and manage preterm birth and optimise fetal outcomes.

Accomplishments and achievements

Key Committee outputs during this period are the following:

- Joint statement (2012) with the International Pediatric Association on prevention and treatment of preterm births, that identified the roles of healthcare professionals in relation to specific life-saving interventions;
- A statement on the prevention and treatment of post-partum

haemorrhage was published in 2012 and followed up with training activities, notably in collaboration with national obstetric societies in Latin America and dissemination at regional congresses such as the first FIGO Africa Regional Conference in Addis Ababa in 2013. The focus on post-partum haemorrhage continued with the preparation and publication of a statement on the non-pneumatic anti-shock garment (2015), taking into consideration the emerging evidence base supporting this technology;

- Recognising that, relative to other aspects of care during childbirth, the second stage of labour has been relatively neglected. The Committee therefore developed and published guidelines in 2012. These guidelines consider not only the immediate care needs of women at this critical time and how these can be met by attending healthcare professionals, but also the structural and organisational matters that require attention in order to provide high quality care for childbirth;
- The Committee's concern with access to humanistic woman-centered care resulted in a major effort to bring together key healthcare professional, activist and UN stakeholders to frame guidelines on 'mother-baby friendly birthing facilities' that were published in 2015; and
- Standards for Fetal Monitoring have previously been published by FIGO, but a need for updated guidelines and standards was identified. A large panel of reviewers from many countries was identified

and a document with sections covering all aspects of monitoring has been developed, with publication anticipated to coincide with the FIGO World Congress 2015 in Vancouver.

Future plans

The Committee has emphasised an approach to maternal and newborn care that combines humanistic values and outlook with efforts to improve access to appropriate interventions. This combined approach forms the basis for quality of care across the range of socioeconomic settings globally. With this approach in mind, a key topic of current concern is caesarean section: in many settings access to life-saving surgery remains elusive as reflected in dangerously low rates of operative delivery. At the same time there are settings where rates of caesarean section far exceed those appropriate for safety and good clinical outcomes. Ways in which a rational quality-based approach to surgical delivery can be taken forward, building on strategies that have shown benefit, will be an important focus for the Committee's efforts.

Conclusion

The Chair wishes to thank the members of the Committee for the dedication and effort put into activities both in terms of time commitment and attention to detail in ensuring the quality of outputs, along with a distinct emphasis, of which it can be very proud, on a humanistic and rights-based approach to delivery of maternal and newborn services. In the last three years Committee members have

experienced the challenges that exist in ensuring that voices articulating the priorities and investments needed for progress in maternal health are heard among global stakeholders, where the context of activism, policy and programme development is such that many highly vocal and well-resourced actors are working to present their priorities.

FIGO Committees are essentially made up of working practitioners; the FIGO Officers and the Executive Board have supported our activities, especially by

promoting linkages with other FIGO work and with external partners. How dissemination and impact can be enhanced was demonstrated during this review period within a specific funded initiative, the work on misoprostol, where several Committee members participated in dissemination activities. We need to consider how the impact of Committee statements and other outputs can be widened so as to achieve maximum benefit by translation to frontline service delivery, especially in low-resource settings.

Members of the FIGO Committee for Safe Motherhood and Newborn Health 2012–2015

W Stones (<i>Chair</i>)	United Kingdom/Kenya
C Hanson (<i>Co-Chair</i>)	Germany/Sweden
D A De Campos	Portugal
M F Escobar	Columbia
O Ladipo	Nigeria
A Lalonde	Canada
S Miller	Germany
P K Shah	India
Collaborating agencies:	
S Walani	March of Dimes
D Lewis	ICM
L De Bernis	UNFPA



FIGO Committee for Women's Sexual and Reproductive Rights

Following the 2009 FIGO World Congress of Gynecology and Obstetrics, Professor Lesley Regan was invited to chair the Women's Sexual and Reproductive Rights 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.

By January 2010 the core members of the new WSRR working party had been identified

and recruited to the project. Importantly the group now included a human rights lawyer in addition to medical educators and ob/gyns representing different global regions. In March 2010, they produced an outline document describing 10 universal human rights and the healthcare competencies necessary to embed them into daily medical practice. It was proposed that each statement of rights be accompanied by a case study, references to relevant medical, ethical and legal literature and specific discussion questions to prompt both student and teacher to consider local practices, laws and governance. The Committee also proposed to develop a teaching guideline for the curriculum, together with recommendations for how best to disseminate and implement the

programme in medical schools around the world. The FIGO Executive Board approved the Committee plans and timeline in June 2010.

At the May 2011 Committee meeting a list of 10 Human Rights and Sexual and Reproductive Healthcare Competencies that needed to be developed to complement them were finalised. These were presented to the FIGO Executive Board meeting in Mexico City, June 2011, and subsequently approved by the Board in autumn 2011. It was also agreed that the project would be enhanced by the addition of case studies and reference materials, and that a plenary session and training workshop would be held at the FIGO World Congress in Rome, 2012.

In early 2012, the Committee held a weekend workshop to review and edit eight of the 10 clinical case studies, finalise the questions specific to each and collate the medical, legal and ethical references. They decided to weight the references more heavily towards human rights literature resources, since the majority of medical teachers and students are likely to have easier access to texts and references for health conditions. Five overarching questions were agreed upon, 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 healthcare system which is in place locally for that student and teacher.

The then FIGO President-Elect, Professor Sir Sabaratnam Arulkumaran, participated in this workshop, and the Committee was encouraged to see how easily a newcomer to the project could follow both the format and swiftly move to a position in which they were actively contributing. Professor Regan was subsequently invited to present a concept document for the project, together with plans for dissemination and implementation to the President and Chief Executive of FIGO to inform them of the financial resources required to ensure the future success of this project.

In March 2012 Dr Dorothy Shaw and Professor 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 in London. The

workshop sparked considerable interest and many requests for further opportunities from both ob/gyn clinicians and medical educators. In May 2012 a subgroup of the Committee met again for a weekend workshop to complete the last of the teaching guide and curriculum assessment tools.

FIGO World Congress of Gynecology and Obstetrics in Rome – October 2012

The Committee held its next meeting in Rome during the FIGO World Congress of Gynecology and Obstetrics and contributed a plenary session entitled 'Integrating Human Rights and Health – introducing the FIGO project to transform women's healthcare'. Dr Dorothy Shaw introduced the session with a brief history of the project and the Committee demonstrated how the checklist of human rights can be applied to an individual case study and easily incorporated into the day to day teaching of women's reproductive health. The session concluded with an interactive panel discussion with the audience. This plenary was followed by an interactive workshop to which global leaders in women's health and human rights, representatives of ob/gyn specialist societies, together with Education and Ethics teachers were invited. All participants were given the opportunity to role-play a healthcare encounter and lead a rights-based discussion in order to recruit a cadre of future trainers who will help to disseminate the project more widely across the globe.

Following the Rome Congress, new members Jantine Jacobi and Pio Ivan Gomez joined the group, together with a second human

rights lawyer, Adriana Lamackova, to help with the important task of deciding upon the legal and ethical reference sources to be used. Much time during 2013 was spent preparing the teaching materials, tools and checklists for publication. Thanks to the altruism and generosity of the publisher Mr David Bloomer, we were offered the opportunity of our curriculum and materials being hosted on the Global Library of Women's Medicine website (www.glowm.com), and additionally linked to the FIGO website. The new plans were approved by the FIGO Executive Board in June 2013. The GLOWM team of illustrators and IT experts then helped develop and edit materials for easy PDF access on the site.

The July 2013 Committee meeting was extremely productive and culminated in the final drafts of the case studies and facilitators' guides being produced for final editing. The materials on GLOWM went live in September 2013 and have been extensively used by many online visitors. During 2014, further editing took place and the human rights lawyers produced excellent legal and ethical reference lists to complement the clinical materials and checklists. Additional cases were developed to meet the varying demands of different countries and healthcare systems. Plans for translation of the materials into Spanish and French were discussed.

The Committee also developed a pooled resource of PowerPoint slides, checklists and case histories, so that all members are able to provide the resources to hold a workshop whenever there is a new opportunity. They also



encouraged workshop participants to sign up to use slides and handouts to be adapted by individuals at a local level who were planning to act as facilitators for future workshops. Importantly, these included a detailed participant feedback form with which to improve the teaching materials on an ongoing basis.

At the FIGO Executive Board meeting held in Tokyo, July 2014, a session was dedicated to a human rights interactive workshop facilitated by the President and Professor Lesley Regan. The aim was to introduce all FIGO colleagues to the materials and give them a practical demonstration of how easily they can be incorporated into day to day clinical practice. Effectively this exercise was a 'Training the Trainers' workshop and allowed Board members an insight into how they could contribute to the future dissemination of the programme. Since then, several have conducted workshops and used the tools with their colleagues at regional and national specialist society meetings and conferences. By September 2014, facilitator guides for all of the additional cases and an edited set of clinical, legal and ethical references had been completed and posted on the GLOWM website.

Throughout 2013–2015, many workshops have been undertaken with different audiences to further disseminate the FIGO Human Rights and Women's Health initiative. Some of the organisations that the Committee has partnered with (eg the UK's Royal College of Obstetricians and

Gynaecologists) have adopted the materials and are helping FIGO to disseminate the programme. The Committee is looking forward to the FIGO 2015 Congress in Vancouver at which the theme of human rights and women's health figures as a cross-cutting theme. In addition to two sequential interactive workshops for delegates, there will be plenary sessions highlighting the importance of considering human rights in all aspects of women's healthcare.

Summary

The current Committee has successfully completed its brief: to ensure that, in the future, sexual and reproductive healthcare teaching and practice for medical students and doctors has a central focus based on human rights principles. In fact the Committee has extended the programme far beyond the original medical audience and invited many other key healthcare

professionals to participate in this transformational programme.

The project has been introduced in a variety of global venues and different formats: lectures and workshops at meetings and congresses; e-learning and web-based platforms; at hospital clinical rounds, bedside and outpatient teaching sessions; and community lay audiences. The ideas have been received enthusiastically and the tools easily understood by each audience. Without exception, participants gain insights into their own health and the relationship between human rights and health outcomes. The challenge ahead is to expand awareness, access and expertise in the use of the tools. FIGO Member Societies provide an excellent network for global dissemination of the tools and practices.

The next step for FIGO is to agree the plan and resources needed to disseminate this programme more widely.

Members of the FIGO Committee for Women's Sexual and Reproductive Rights 2012–2015

L Regan (<i>Chair</i>)	United Kingdom
D Magrane (<i>Co-Chair</i>)	United States of America
P I Gomez	Columbia
P C Ho	Hong Kong
S Munjanja	Zimbabwe
C Zampas	United Kingdom
A Lamackova	Germany
Collaborating agencies:	
J Jacobi	UNAIDS/RGC



FIGO Working Group on Best Practice on Maternal-Foetal Medicine

Introduction

Recent developments have changed many previous assumptions about the best options for the management of pregnancy and childbirth. The objective of this Working Group is for FIGO to provide leadership and clarity for the application of the new (and relatively new) techniques and clinical options that are now available to clinicians for the successful management of pregnancy labour and delivery.

These options relate firstly to the use of new methods and devices, where definitive standards have not yet been established, and

secondly, to the application and value of screening and monitoring techniques, where their clinical value and economic practicality also needs to be clearly signposted. Although these issues apply universally, they are particularly important in industrialised and semi-industrialised countries, where they are already part of much clinical practice and where, therefore, authoritative guidance is urgently needed to establish best practice. Many countries around the world are improving maternal-foetal services and have also ameliorated perinatal outcome statistics on a consistent basis. Our profession needs guidelines and statements for best practice, particularly with the increasing number of proposals of new tools, devices, drugs and protocols.

Areas of interest

To develop advice and standards on best practice, that will carry real authority and provide responsible guidance to clinicians, with respect to the following: Prenatal genetic diagnosis (non-invasive), ultrasound in pregnancy, preterm birth, anaemia, infectious diseases (TORCH, HIV, GBS, others), thyroid disorders, thrombophilia, diabetes, foetal monitoring, hypertension and pre-eclampsia.

During the first year of activity, the Working Group met twice; London, United Kingdom (January 2014) and Florence, Italy (December 2014) evaluating the following topics and subjects for provision of advices and/or recommendations:

- 1) Folic acid supplementation

- 2) Prediction and prevention of preterm birth
- 3) Non invasive prenatal diagnosis and testing
- 4) Hyperglycemia in pregnancy
- 5) Thyroid disease in pregnancy
- 6) Ultrasound examination in pregnancy
- 7) Magnesium sulphate use in obstetrics

The first set of advices has been approved by the FIGO Executive Board in July 2014 and published in the International Journal of Gynecology and Obstetrics in January 2015.

The second set was prepared in February 2015 and has been forwarded to the Executive Board Members for comments, integrations and arrangements. The feedback has been incorporated and the final set of advices is ready for publication.

The next meeting will be in Vancouver during 4–9 October, 2015 and the topics for discussion will include: intra-uterine growth restriction, nutrition in pregnancy, preterm premature rupture of membranes (PPROM) and multiple pregnancy.

Methodology

To achieve the full objectives of this initiative it will be necessary not only to establish definitive standards for practice but also to disseminate these in a way which has a real impact on ongoing clinical practice. In doing this the Working Group is making full use of all modern methods of communication – such as online access and mobile tablet/smartphone applications – as well as traditional print and publishing methods, in order to establish a really effective communication with clinicians. It is suggested that this could be

achieved by using a hierarchy of outputs, namely:

- (a) **FIGO Clinical Protocols** – statements of standards, issued under FIGO's auspices, which are available on the FIGO website and in booklet form.
- (b) **FIGO Textbooks of Recommended Best Practice** – multi-author textbooks on each topic, carefully prepared in accordance with the FIGO Protocols, but sufficiently extensive and detailed to provide proper and specific guidance to practitioners (to be distributed in printed form and digitally via the internet; the digital version could also be updated regularly).
- (c) **FIGO Expert Lectures on Modern Labour and Delivery** – detailed lectures by leading specialists, using slides and video clips where appropriate, to provide more detailed and practical instruction (to be disseminated online and available as downloadable apps for use on tablets and other mobile devices).
- (d) **FIGO Annual Updates** – online and also in the form of automatically/remotely installed additions to existing 3G mobile apps.
- (e) **FIGO Skills Videos on Practical Techniques** – short five minute videos demonstrating the proper use of physical techniques.
- (f) As an optional extra possibility – an **Online Forum** for interactive discussion between clinicians on the issues raised.

Members of the FIGO Working Group on Best Practice on Maternal-Foetal Medicine 2012–2015

G C Di Renzo (<i>Chair</i>)	Italy
S N Balakrishnan	UK
E Fonseca	Brazil
C Hanson	Sweden
M Hanson	UK
S Hassan	USA
M T Leis	Mexico
N Malhotra	India
K Nicolaides	UK
L Cabero Roura	Spain
N Sierra	Mexico
J L Simpson	(USA/non FIGO)
Y Ville	France
H Yang	China

Collaborating agencies:

V Berghella	SMFM
D Bloomer	GLOWM
M Hod	EAPM
P Mastroiacovo	ICBDSR



FIGO Working Group on Challenges in the Care of Mothers and Infants during Labour and Delivery

The first meeting of this Working Group was held at the FIGO office in London in January 2015. The meeting was attended by the Honorary Secretary, Professor Gian Carlo Di Renzo; the President-Elect of FIGO, Professor CN Purandare; the Chair of the Committee for Capacity Building in Education and Training, Professor Luis Cabero-Roura; and the full membership of the Working Group. During the meeting, the Honorary Secretary charged the Working Group with generating 'Best Practices/

Recommendations/Advice' on issues dealing with labour and delivery. The general procedures for the preparation of such statements were described, and include preparation of a statement, sharing such statements with the FIGO Officers for approval, and the generation of review articles.

The Terms of Reference for the Working Group (June 2014) are as follows:

1. This Working Group will work closely with the Safe Motherhood Committee and the Committee for Capacity Building in Education & Training, and their Chairpersons will be members ex-officio of the Working Group.
2. Emphasis will be placed on common problems in

industrialised and poor-resource countries.

3. The group will work in collaboration with the Global Library of Women's Medicine, FIGO's educational platform (GLOWM), so that any statement and/or advice is provided in a way that will have the maximum impact on the obstetrical and gynecological community.
4. The modus operandi of the Working Group will be the following:
 - Identification of aims: preparation of global advice.
 - Selection of themes to be addressed.
 - Appointment of a team leader for each topic: he/she will receive periodic input from the Working Group members concerning experts, specific agencies,

- bodies or foundations which can be involved in the preparation of the advice/recommendations/guidelines, as well as relevant publications.
- Statements of the Working Group will be prepared in an ‘expert opinion’ format, without references (however, a different document will provide a detailed rationale with citations; see below).
 - Each Statement should include an introduction explaining the role of the Working Group.
 - A review paper can be prepared by the Team Leader and other collaborators in support of the advice/statements/recommendations.
 - GLOWM and the Committee for Capacity Building in Education and Training should be provided with copies in order to promote the dissemination of results.
5. The Working Group members are intended to form a core group of experts. However, for any specific item, consultation with other groups is encouraged.
6. An annual report will be provided to describe the activities undertaken by the Working Group, meetings held and long-term planning.

Developments and initiatives

Priorities for the Working Group: the following five priorities were identified for work to be conducted in 2015:

- Appraisal of the methods to assess progress in labour: Team Leader, Dr Agustin Conde-Agudelo from Colombia, South America.

- Recommendations for the administration of oxytocin during labour: Team Leader, Dr Michael Robson from Dublin, Ireland.
- Post-partum haemorrhage: Team Leader, Dr Dan Farine from Toronto, Canada – this work will be conducted in collaboration with the Safe Motherhood and Newborn Health Committee of FIGO.
- A method to monitor caesarean delivery rate: Team Leader, Dr Michael Robson – this work will address the 10-group classification of caesarean section conceived by Dr Robson.
- Techniques for caesarean delivery: Team Leader, Dr Tony Duan from Beijing, China.

Dr Romero, Chair of the Committee, will work with Professor Di Renzo to expand the

membership of the Working Group.

The Group is currently engaged in the generation of the advice/recommendations. The team leaders are preparing documents to be discussed at the time of the next meeting of the Working Group, which will take place in Detroit, Michigan, on 23–24 July 2015.

Future plans

- Statements will be reviewed and discussed on 23–24 July 2015 at the meeting of the Working Group.
- Membership of the Working Group will be expanded to ensure diversity.
- A set of consultants will be appointed to assist each Team Leader.
- The results will be presented at the FIGO World Congress in Vancouver, October 2015.

Members of the FIGO Working Group on Challenges in the Care of Mothers and Infants during Labour and Delivery 2012–2015

R Romero (<i>Chair</i>)	USA/Venezuela
G C Di Renzo (<i>Co-Chair</i>)	Italy
A Conde Agudelo	Colombia
T Duan	Singapore
D Farine	Canada
C Hanson	Sweden
C N Purandare	India
M Robson	Ireland
L Cabero Roura	Spain
W Stones	United Kingdom/Kenya

Advisors:

D Bloomer	United Kingdom
C Lees	United Kingdom
S Rosales	Mexico



FIGO Working Group on Pelvic Floor Medicine and Reconstructive Surgery

The FIGO Working Group on Pelvic Floor Medicine and Reconstructive Surgery arose from a proposal accepted by FIGO in 2006. The current proposed denomination is 'Pelvic Floor Medicine and Reconstructive Surgery, Pelviperrineology or Pelvic Floor Dysfunction and Reconstructive Surgery' ie denominations that include: genital prolapse, urinary incontinence, faecal incontinence, vesicourethral dysfunction, pelvic floor rehabilitation, genital fistulae and pelvic pain syndrome. Due to advances within these

specific areas, aimed at giving adequate healthcare tools to obstetricians and general gynecologists, residents and fellows, we have convened international opinion leaders independently of the society to which they belong.

From this base, we have worked to an action plan with objectives outlined in three subgroups:

Subgroup 1

'Educational Programme on Pelvic Floor Medicine and Reconstructive Surgery'

Chairs: Diaa Rizk, Oscar Contreras Ortiz

Subgroup 2

'Pelvic Floor Dysfunction Classification'

Chair: Stefano Salvatore

Subgroup 3

'Pelvic Organ Surgery in Women'

Chair: Stergios Doumouchtsis

Our goal is to identify the knowledge and skills that should be required from each of the three educational levels, which are of concern to ob/gyns:

Level 1: Physicians with practice in general obstetrics and gynecology.

Level 2: Ob/gyn residents or postgraduate training.

Level 3: Fellows: in charge of international societies related to Pelvic Floor Medicine and Reconstructive Surgery.

Due to the socioeconomic/quality of life impact in this area, we try to give care tools to the different groups that work in ob/gyn.

Subgroup 1

After assessing all the proposals, the three levels were selected from programmes elaborated by

different societies and were published in the International Journal of Gynecology and Obstetrics ('The FIGO Guidelines for training residents and fellows in urogynecology, female urology, and female pelvic medicine and reconstructive surgery 2009).

By means of a brief questionnaire we have collected the points of view of the ob/gyn societies of several countries (from low- to high-resource countries).

We discussed the ethical issues and strategies in order to:

- obtain a broader response and cooperation/feedback by national ob/gyn societies adhered to FIGO
- have closer relations with national ob/gyn societies through FIGO

We will discuss the paper elaborated by members of Subgroup 1 in order to reach an agreement on the minimal requirements of knowledge regarding each one of the enabling objectives identified for the two professional levels considered (general gynaecologists and residents).

We plan to share our results and conclusions with the national societies of FIGO in order to better identify the needs and priorities, overall from middle- and low-resource countries. We plan to discuss the enabling objectives for general medical doctors, geriatrics, nurses and physical therapists and healthcare providers, in order to reach a consensus and prepare a final paper to submit for publication.

Subgroup 2

1 Accomplishments

We developed and then tested a classification system

for describing pelvic floor disorder. It was developed to allow for healthcare providers in low-resource settings to screen, define and triage pelvic floor disorders. The FIGO assessment scoring system (FASS) for pelvic floor dysfunction was studied and demonstrated good content and construct validity with good inter- and intra-rater reliability.

Di Gesu GA, Swift S, Puccini F, Maninal J, Khullar V, Fernando R, Contreras-Ortiz O, Salvatore S. The FIGO assessment scoring system (FASS): a new holistic classification tool to assess women with pelvic floor dysfunction: validity and reliability. *Internat Urogynecol J* 2015. On Line DOI: 10.1007/s00192-014-2604-6

2 Plans for the future

Currently we are testing the system in low-resource centres in Eastern Europe, South East Asia and South America to determine if healthcare providers in low-resource centres will find the system useful and establish its validity in these settings. In addition, we will assess the ability of the FASS to determine response to therapies of various levels of complexity ranging from non-invasive behavioral treatments to complicated surgical procedures. This may allow it to serve as a triage tool to help in making referral decisions.

Subgroup 3

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,

...specific groups were established for the consideration of the treatment of pelvic reconstructive surgery:

Committee 1: 'Anterior compartment repair'

Committee 2: 'Posterior compartment repair'

Committee 3: 'Middle compartment, including vaginal vault prolapse'

Committee 4: 'Surgery of urinary incontinence including intrinsic sphincter deficiency'

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. Each Committee has prepared a paper to submit for publication.

The following was taken into account:

- The FDA alert communication of 13 July 2011 and others.
- Due to the fact that many reports come from centres with conflicts of interest, we count on 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 and recommended procedures that will be presented during the FIGO World Congress in Vancouver.

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

Oscar Contreras Ortiz (*Chair*) (Argentina)

Subgroup 1: 'Educational Programme on Pelvic Floor Medicine and Reconstructive Surgery'

Gabriele Falconi	Italy
Viridiana Gorbea	Mexico
Adolf Lukanovic	Slovenia
Oscar Contreras Ortiz (<i>Chair</i>)	Argentina
Diaa E Rizk (<i>Chair</i>)	Egypt
Lucas Schreiner	Brazil

Subgroup 2: 'Pelvic Floor Dysfunction Classification'

Ruwan Fernando	UK
Alessandro Di Gesu	UK
Adolf Lukanovic	Slovenia
Jittima Manonai	Thailand
Teresa Mascarenhas	Portugal
Oscar Contreras Ortiz	Argentina
Stefano Salvatore (<i>Chair</i>)	Italy
Steven Swift	USA

Subgroup 3: 'Pelvic Organ Surgery in Women'

Biagio Adile	Italy
Silvia Albrecht	Mexico
Mauro Cervigni	Italy
Elisabetta Costantini	Italy
Stergios Doumouchtsis (<i>Chair</i>)	United Kingdom
Jorge Milhem Haddad	Brazil
George Iancu	Romania
Masayasu Koyama	Japan
Carlos Medina	USA
Cornelia Betschart Meier	Switzerland
Sherif Mourad	Egypt
Christiana Nygaard	UK
Oscar Contreras Ortiz	Argentina
Eckhard Petri	Germany
Ali Abdel Raheem	Egypt
Kristian Navarro Salomon	Honduras
Ajay Singla	USA
Fillipo La Torre	Italy
Giuliano Zanni	Italy



FIGO Working Group for Pre-term Birth

The FIGO Working Group for Pre-term Birth is the result of a collaboration between FIGO and the March of Dimes (MOD), and its formation was approved at the FIGO Executive Board Meeting in Tokyo, July 2014.

The objectives and activities include:

- To create a new FIGO Pre-term Birth Working Group: Development of High-Income Countries (Very High-Human Development Index) [HIC (VH-HDI)];
- To work closely with the existing Working Group on Best Practice on Maternal-Foetal Medicine, and its Chair, as well as potentially other

members of that Working Group;

- To engage an outside group to use methodology similar to that utilised in: Preventing pre-term births: analysis of trends and potential reductions with interventions in 39 countries with very high human development index (Lancet, 381: 223–234; 2013) to identify explanations for differences between high and low pre-term birth rates among HICs; and
- To expect FIGO Member Societies from HIC to facilitate access to relevant information needed to complete this survey.

Developments and initiatives

1. The Committee members were chosen and an initial

meeting was held (September/October 2014), followed by two additional meetings in February and May 2015.

2. Soon after the initial meeting the Boston Consulting Group (BCG) was chosen to identify raw and processed data for Working Group analysis. Periodic conference calls facilitated this progress. Progress toward the goals of identifying Best Practices within HIC has been outstanding, generating more robust data than initially anticipated. The contribution of Working Group members and help from FIGO for registry access has also been excellent.
3. A decision was reached in the first instance, Phase I, to

perform a within-country, clinic-specific analysis, using hard outcome data. This was followed by a questionnaire expressly designed by Working Group members and administered via phone by BCG to each clinic. Direct relationships were developed between BCG and registry officials in all countries whose data will be utilised. Countries chosen for Phase I are New Zealand, Sweden, Slovenia, and the Czech Republic.

4. Phase II requires selection of additional countries who could provide aggregate data to compose with Phase I granular data, mindful of factors needed for adjustment. These countries could include:
 - USA (California)
 - Argentina
 - UK (Scotland)
 - Bahrain
 - Germany
 - Qatar
 - France
 - Japan
 - Bahrain
 - Singapore
 - Qatar
 - Australia
5. Even in advance of final Phase I and II results, a pilot opportunity arose in Cyprus, the HIC country that currently has the highest PTB rate (14.5%). Professor Sir Sabaratnam Arulkumaran, Working Group Chair Joe Leigh Simpson and March of Dimes President Jennifer Howse spoke in Nicosia on March 8-9 at a meeting attended by the Cyprus Minister of Health, Phillipos Patsalis. This event set in motion a formal process, now involving the Cyprus FIGO

Member Society (Cyprus Gynaecological and Obstetrics Society), FIGO and March of Dimes. The goal is to decrease the current PTB rate in Cyprus using tactics that have shown success in the US by MOD and ACOG ie guidelines, advocacy and education.

6. The Cyprus initiative will provide experience on how Working Group findings in HIC can be extended to 'model' MIC countries, as required in the Terms of Reference. The focus for this component will accelerate once extant data analysis is complete.

Accomplishments and achievements

All members of the Working Group have been actively engaged since the initial in-person meeting in London on September 30, 2014. Periodic conference calls have been well attended, and the vendor chosen for data collection and initial analysis (BCG) has been effectively engaged with FIGO HQ, Committee members and officials in selected countries. 'Within country' analysis (to determine differences between best clinics and less well-performing clinics) required provision of timely data, facilitated by the good offices of FIGO, and involving New Zealand, Slovenia, the Czech Republic and Sweden. This Phase I analysis is essentially completed. Phase II comparisons will next be made among these four and other HIC countries. The overall goal is to identify factors accounting for lower rates in some HIC (eg Sweden) than others (eg United States). Are

these differences 1) amenable to clinical improvement (practice patterns and guidelines), 2) public health intervention (eg smoking, obesity), or 3) 'known' (preeclampsia) or 'unknown' factors (eg nulliparity, maternal age, male birth) that require research for elucidation?

Future plans

- 1) To continue the current pace of analysis in preparation for announcement at the FIGO World Congress 2015 and publication in major high-impact journals. Secondary publications may be necessary to highlight in more detail the methodological approaches taken. These might include the creation of a FIGO/MOD list of prioritised factors associated with PTB. This should facilitate future studies by providing greater efficiency. We are finding, as an example, that certain factors that appear to be significantly associated in univariate studies (eg poverty) are in fact subsumed by other factors (eg low levels of education) when subjected to multivariate analysis. That is, one should not necessarily assume additive effects. Future studies can be facilitated by querying only the selected list of most significantly associated variables.
- 2) Plans are underway to apply findings beyond HIC to MIC/LIC. The selection of 'model' MICs (See Terms of Reference) in South America, Europe or elsewhere will be made prior to October 2015. Although not the immediate priority, this Working Group has already taken steps

towards expanding beyond HIC through the FIGO/March of Dimes (MOD)/Cyprus Gynaecological and Obstetrics Society initiative to lower the pre-term birth rate in Cyprus.

- 3) The Working Group and its Chair expect to fulfill commitments to present at all FIGO Regional meetings, as stated in the terms of reference. The format of participation will vary by Programme Committee and by site.
- 4) The FIGO Working Group through MOD is a partner on additional LIC/MIC initiatives being developed as part of MOD pursuing 2030 UN SDG goals. Of particular note is a major initiative being proposed by the Public-Private Partnership to Prevent PTB in India, Nigeria and Pakistan, which are targeted countries – these three countries account for 50% of the global burden.
- 5) Dr Simpson will continue his active involvement in the Working Group on Best Practice on Maternal-Foetal Medicine.

Members of the FIGO Working Group for Pre-term Birth

JL Simpson (<i>Chair</i>)	USA
G C Di Renzo (<i>Co-Chair</i>)	Italy
S Arulkumaran	United Kingdom
M D'Alton	USA
C Howson	USA/non FIGO
J Howse	USA/non FIGO
B Jacobson	Sweden
J Martin	USA
E Castelazo Morales	Mexico
J Norman	United Kingdom
H Rushwan	United Kingdom/Sudan





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 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)
 - 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.
- 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 for Women's 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 developed the FIGO Initiative for the Prevention of Unsafe Abortion

and obtained financial support through a grant from an anonymous donor.

The FIGO President invited Member Societies to participate in the FIGO Initiative, with emphasis on the countries with high unsafe abortion or induced abortion rates.

- Those who agreed to participate were required to name a focal point, to carry out a situational analysis and to develop an action plan in collaboration with the national Ministry of Health or equivalent and it should be adopted as a country commitment by the government and the civil society.
- FIGO proposed four possible levels of Prevention of Unsafe Abortion. Primary prevention of the etiological factor, that is unintended pregnancy, through education and provision of family planning; secondary prevention, that an already existing unintended pregnancy ends in unsafe abortion, through provision of safe abortion in the full extent of the national law; tertiary prevention, to avoid further complication of an unsafe abortion that already occurred, through opportune and technically appropriate treatment of incomplete abortion; and quaternary prevention, of the repetition of the abortion through post-abortion family planning counselling and provision of modern contraception. Each country adopted some or all of those strategies according to their independent decision.
- The next step was the implementation of the action plan by each country. The

achievement of the objectives of the plans was reviewed each year at Regional Workshops attended by at least the focal point and a Ministry of Health representative.

- Regional Workshops are carried out annually, in order to revise progress, identify possible obstacles and propose solutions. At the end of each Workshop, the countries should present a revised and updated plan for the following year.

All of these activities are 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 Co-ordinator was named, who is also the Chair of the Working Group, avoiding duplication and overlapping of functions. The project Co-ordinator reports directly to the FIGO President and Chief Executive. The FIGO Secretariat provides general administrative support.

The Project Co-ordinator (Professor Anibal Faúndes, based in Campinas, SP) has the collaboration of seven Regional Co-ordinators, one for each of the seven regions of the world included in the project. The Co-ordinator commits 100 per cent of his time to the project and the Regional Co-ordinators between 25 per cent and 30 per cent of their time.

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 45 countries currently participating in this FIGO Initiative are: **Central America and Caribbean [8]** (Costa Rica, Cuba, Dominican Republic, El Salvador, Guatemala, Honduras, Nicaragua and Panama); **South America [9]** (Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador, Peru, Uruguay and Venezuela); **Western Central Africa [5]** (Benin, Cameroon, Côte d'Ivoire, Gabon, Nigeria); **Eastern Central Southern Africa [7]** (Ethiopia, Kenya, Mozambique, South Africa, Tanzania, Uganda, Zambia); **North Africa/Eastern Mediterranean [5]** (Egypt, Iraq, Sudan, Tunisia, Turkey); **South-Southeast Asia [7]** (Afghanistan, Bangladesh, India, Malaysia, Nepal, Pakistan, Sri Lanka); and **Central-Eastern Europe and Central Asia [4]** (Georgia, Kyrgyzstan, Macedonia, Moldova). During the last three years there

have been a few changes: Cambodia and Thailand discontinued their participation, while Afghanistan and Iraq are new participants. Ecuador has been an active participant since 2013 and currently Mali and Rwanda are preparing their situational analyses in preparation for participation.

Implementation of the plans of action

Since 2013, the focal points were encouraged to use FIGO and the National Societies' comparative advantage of a close relationship with the chairs of ob/gyn departments in teaching hospitals, for the introduction or expansion of specific interventions, such as the replacement of D&C for electric or manual vacuum aspiration, or misoprostol for the treatment of incomplete abortion, and the expansion of post-abortion family planning counselling and administration of modern contraception, with emphasis on Long Acting Reversible

Contraception (LARC) before women leave healthcare facilities. This is important not only for being the country model to be followed, but because a new generation of physicians and residents can be trained to include these new procedures in their practice.

FIGO support for the implementation of the plans of action

The main mechanisms the FIGO Initiative has to ensure that the plans are properly implemented are:

- Frequent communication with the focal points and the collaborative agencies
- Monitoring visits by the Regional Co-ordinators and the General Co-ordinator to the countries
- Regional Workshops, one for each of the seven regions every year.

The following table shows the sites and dates of the Regional Workshops carried out in 2013, 2014 and 2015.

Region	2013	2014	2015
SSEA Site Dates	Kuala Lumpur, Malaysia 3 and 4 June	Colombo, Sri Lanka 19 and 20 May	Colombo, Sri Lanka 17 March Youth Workshop and 19 SSEA
ECE Site Dates	Tbilisi, Georgia 11 and 12 July	Skopje, Macedonia 14 and 15 May	Istanbul, Turkey 21 and 22 May
NAEM Site Dates	Istanbul, Turkey 11 and 12 April	Antalya, Turkey 17 and 18 May	Istanbul, Turkey 11 and 12 May
ECSA Site Dates	Addis Ababa, Ethiopia 9 and 10 May	Johannesburg, South Africa 16 and 17 May	Addis Ababa, Ethiopia 23 and 24 March
WCA Site Dates	Abdjan, Cote d'Ivoire 20 and 21 June	Libreville, Gabon 5 and 6 June	Abuja, Nigeria 7 and 8 May
CA&C Site Dates	Panama, Panama 22 and 23 April	Panama, Panama 7, 8 and 9 May	Panama, Panama 9, 10 and 11 April
SA Site Dates	Lima, Peru 25 and 26 April	Panama, Panama 7, 8 and 9 May	Panama, Panama 9, 10 and 11 April

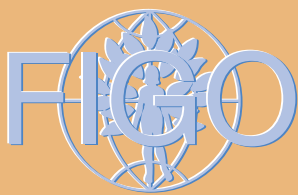
The future

The task of reducing unsafe abortion and its consequences is not easy and cannot be achieved in a short period of time. The FIGO Officers believe that the FIGO Working Group for the Prevention of Unsafe Abortion should continue its work for the foreseeable future with the same or a different team. The current donor has expressed its intention to continue its support and a new two-year proposal for 2015-2016 was recently approved. The whole team is committed to continue working regardless of the financial situation.

Members of the FIGO Working Group for the Prevention of Unsafe Abortion 2012-2015

A Faúndes (<i>Chair</i>)	Brazil
B S Dilbaz	Turkey
K Gemzell-Daniellson	Sweden
S Hodorogea	Moldova
G Jaldesa	Kenya
R Leke	Cameroon
P V Look	Switzerland/non FIGO
M Padilla de Gil	El Salvador
D Shaw	Canada
L Tavara	Peru
S Zaidi	Pakistan





The FIGO Initiative on Gestational Diabetes

Background

Hyperglycemia is one of the most common medical conditions women encounter during pregnancy, with one in six live births born to women with some form of hyperglycemia in pregnancy – 16 per cent of these are due to diabetes in pregnancy which antedates pregnancy and 84 per cent are due to Gestational Diabetes Mellitus (GDM).

With the rising prevalence of impaired glucose tolerance, obesity and type 2 diabetes, declining age of onset of diabetes and pre-diabetes and an increased rate of overweight and obese women of reproductive age, more women are entering

pregnancy with risk factors that make them vulnerable to hyperglycemia during pregnancy. GDM is associated with a higher incidence of maternal, foetal and neonatal morbidity. Long term sequelae can affect women and their offspring.

The low- and middle-income countries which contribute to over 85 per cent of the annual global births also represent approximately 80 per cent of the global diabetes burden and over 90 per cent of all maternal and perinatal deaths and poor pregnancy outcomes. In these countries, the majority of women are not screened or adequately screened for diabetes during pregnancy. A comprehensive resource setting out evidence-based guidance on screening, diagnosing and providing care for women with GDM remains

unavailable to key healthcare professionals.

FIGO Initiative on GDM

FIGO brought together international experts in GDM with the following aims: 1) To raise awareness of the links between hyperglycemia and poor maternal and foetal outcomes, as well as future health risks to mother and offspring and demand a clearly defined global health agenda to tackle this issue, and 2) To create a consensus document which provides guidelines for testing, management and care of women with GDM regardless of resource setting and to disseminate these evidence-based guidelines internationally.

The expert group met on several occasions to work on the guidelines and a great amount of collaboration was received from a

wider circle of experts which included diabetologists, obstetricians, gynaecologists and pathologists over the course of the Initiative. All evidence-based recommendations are graded for level and strength in the document. After rigorous scrutiny by a range of FIGO experts, the document was approved; it has also received approval, support and endorsement from a large number of international and regional groups.

FIGO recommendations

Despite the lack of quality evidence, a document was produced which outlines global standards as well as pragmatic recommendations for the testing, management and care of women with GDM. Suggestions are provided for a variety of different regional and resource settings based on their financial, human and infrastructure resources. Recommendations cover the following: prioritisation of GDM as a public health issue, testing of pregnant women for GDM, criteria for diagnosis and management of GDM, including lifestyle and pharmacological management throughout pregnancy, post-partum and after. The document also offers a cost-effectiveness model for countries to use and outlines areas requiring future research.

Dissemination of the document

The document will be published in the International Journal of Gynecology and Obstetrics (IJGO), the official publication of FIGO. The document will be officially launched at the FIGO World Congress in October 2015. It is expected that a large number of obstetricians and other

healthcare professionals will be exposed to the document as a result of its distribution electronically ('Open Access' from IJGO) and at the FIGO Congress 2015. The next phase of the project will see the development of training tools, capacity building, advocacy and research functioning under a FIGO

Working Group. Training tools will be adapted to be tailored to geographical and resource-related specificities and translated as needed. FIGO will work through Member Societies and in collaboration with other organisations to make a dramatic impact in the field of GDM.

Core team

M Hod (<i>Chair</i>)	Israel
H Rushwan	United Kingdom/Sudan
J Morris (<i>Project Manager</i>)	United Kingdom





FIGO Global Maternal Nutrition Guidelines project

Background

Women's poor and under-nutrition throughout their adolescence and reproductive years represents a major public health issue that affects not only girls' and women's health but also that of future generations.

While there is global consensus on the need for girls and women to adopt optimal nutrition practices when planning a pregnancy, during a pregnancy and in the post-partum period, a comprehensive resource setting out evidence-based guidance on maternal nutrition remains unavailable to key healthcare professionals. Recognising this need, as well as to firmly

establish links between adolescent health and poor nutrition in general as well as poor pregnancy outcomes, FIGO has committed itself to developing an accessible, evidence-based tool for use by healthcare professions who serve the reproductive health needs of girls and women.

Overall objective

To produce and disseminate evidence-based guidelines on women's nutrition – from adolescence, through pre-conception, pregnancy and the post-partum period – in collaboration with obstetricians and gynaecologists and other key healthcare professionals and workers, thereby contributing to the advancement of women's reproductive health and rights and the promotion of newborn and child health.

Guidelines development

With funding from Abbott Nutrition in the form of an unrestricted educational grant, the FIGO Expert Group for the project has developed guidelines which outline recommendations for obstetricians and gynaecologists and other healthcare providers on adolescent, preconception and maternal nutrition. As overarching recommendations, FIGO calls for:

- Increased awareness of the impact of women's nutrition on themselves and future generations
- Greater attention to the links between maternal nutrition and non-communicable diseases (NCDs) as a core component to achieve global health goals
- Action to improve nutrition among adolescent girls and women of reproductive age

- Public health measures to improve nutritional education, particularly of adolescents
- Access to preconception services for women of reproductive age to assist with planning and preparation for healthy pregnancies

Concerted action is required from healthcare providers and educators working together in the community to improve the health and well-being of girls, women and their children. Standard care should involve a wide range of healthcare providers working together, with a focus on nutrition, health and lifestyle during adolescence and a woman's reproductive life and beyond. These recommendations seek to empower and to provide opportunities for all levels of healthcare providers to contribute to achieving this goal.

With the over-arching theme of 'Think Nutrition First', the document identifies good versus poor nutrition, as well as under- and over-nutrition and micronutrient malnutrition, using regional case studies to exemplify local situations and offering specialised solutions. Specific recommendations are given for optimising nutrition throughout the life cycle, including weight, macro and micronutrient intake.

Guidelines dissemination

The full document, entitled 'Adolescent, Preconception and Maternal Health Recommendations' will be published as a supplement in the International Journal of Gynecology and Obstetrics (IJGO), October 2015 edition.

As the FIGO World Congress 2015 in Vancouver brings together health professionals from

across the world, it is an ideal opportunity to launch the new guidelines and secure support towards their implementation. The guidelines will be launched initially through a pre-congress workshop facilitated by the experts who developed them, and further through an expert panel session during the scientific programme. In addition to this, further information on the project will be available at the FIGO booth. The document in full will be included in the contents of a USB stick that all delegates attending the conference will be given.

The project will sponsor a number of 'Regional Ambassadors' on Maternal Nutrition (especially from low-income countries) to attend the Congress and, in particular, the workshop on the FIGO guiding document. The Regional Ambassadors will subsequently be tasked with taking forward the implementation of the guidelines at the national level.

Next steps

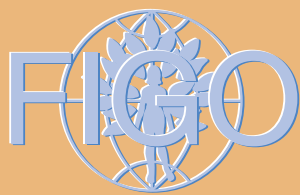
An application to have a FIGO

Project team

M Hanson	United Kingdom
H Rushwan	United Kingdom/Sudan
J Morris (<i>Project Manager</i>)	United Kingdom

Working Group on Adolescent, Preconception and Maternal Health was submitted to the Executive Board in spring 2015 and accepted. The Working Group will be charged with advocacy and training and capacity building.

- **Advocacy** – To increase the global promotion of Adolescent, Preconception and Maternal Nutrition; to establish links with NCDs and global health goals in a cohesive manner, and to determine necessary innovations within the health system; to link and work closely with other relevant advocacy groups and stakeholders
- **Training and capacity building** – to work closely with other FIGO groups, members of FIGO's Member Societies, and especially through the Regional Ambassadors to develop curricula and training materials to implement the FIGO Recommendations for all levels of healthcare providers, stakeholders and advocacy groups



FIGO Helping Mothers Survive Bleeding after Birth Project

Background

In order to reduce the estimated 287,000 maternal deaths that occur annually during delivery, a long-term commitment towards training and equipping healthcare professionals who serve women during delivery is needed.

FIGO and the International Confederation of Midwives (ICM), as leading healthcare professionals' associations, are implementing strategic and sustainable initiatives building the capacity of obstetricians and midwives to manage post-partum haemorrhage (PPH).

One such initiative is the Helping Mothers Survive Bleeding after Birth (HMS-BAB) research project. This is a facility-based, cluster randomised intervention study which aims to examine the effectiveness of the one-day HMS-BAB training programme in Tanzania. Between 11-17 per cent of women who give birth in Eastern Africa experience post-partum haemorrhage that may lead to maternal mortality or near-miss cases in 1 and 30 per 1,000 deliveries respectively. In these countries the shortage of skilled birth attendants and the lack of basic emergency obstetric care available tend to perpetuate these figures of maternal mortality and morbidity. There is also limited evidence on the effectiveness of different training processes in improving the quality of care, let

alone having an impact on maternal health.

The intervention

The primary objective of the intervention is to measure the impact of the HMS-BAB training programme on reducing maternal mortality and morbidity due to post-partum haemorrhage (PPH) in Tanzania. The HMS-BAB project is a sustainable and strategic initiative for building the capacity of obstetricians and midwives to manage PPH, which is being implemented between November and October 2016, and will contribute towards the achievement of Millennium Development Goal No 5.

The intervention will initially see in-country 'training of trainers' led by Jhpiego. Following this, a set of Master Trainers will implement one-day, in-facility training to all

staff in the selected health facilities in the intervention districts, utilising simulation models called Mama Natalies. In addition, and using a 'low-dose, high-frequency' approach, clinical mentors from each facility will organise weekly practice sessions for six-eight weeks after the training where the training content will be reviewed and providers will use the simulators to practice their skills. Training focuses on key knowledge and skills, including consistent active management of the third stage of labour, improved monitoring of blood loss, investigation to determine the cause of the bleeding, and bimanual compression of the uterus for atonic haemorrhage. This intervention will follow six months of baseline data collection. Following the training period, data will be collected for a further nine months. On completion of the project, the control facilities will also receive the training and simulation models.

The implementing partners in Tanzania are the Association of Gynecologists and Obstetricians of Tanzania (AGOTA) and the Tanzania Registered Midwives Association (TAMA). The principal investigator is Claudia Hanson.

Outputs

The aim of this study is to provide evidence as to whether the one-day HMS-BAB training can lead to significant changes in health workers' skills and practice so that morbidity due to PPH is reduced. Our primary outcome will be the reduction in the proportion of near-miss cases of all deliveries taking place in the selected health facilities. A near-miss case is 'a woman who

nearly died but survived a complication that occurred during pregnancy, childbirth or within 42 days of termination of pregnancy' (WHO). We will also assess the skills and knowledge obtained during the training through a pre- and post-training evaluation. Further, we will investigate the extent to which the intervention improves the availability of oxytocin and other items needed for complication preparedness in the facilities. The study aims to inform policy makers on the usefulness of scaling up this training module in low-resource settings.

The project has the commitment of the relevant healthcare professionals' associations and Ministries – vital for institutionalising the training programme and the good

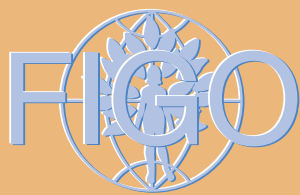
practices identified during the implementation of the initiative. This in turn will ensure that the investments made have long-term benefits.

Data on improved quality of services (including through client satisfaction surveys) and good practices in managing PPH will be documented and used to advocate with the relevant Ministries and academic institutions for integrating the training package into pre-service and in-service programmes for healthcare professionals.

The overall impact and lessons learned from the initiative will be documented and published in an effort to contribute to the evidence-base on maternal health and to inspire further initiatives for saving mothers' lives.

Project team

H Rushwan	<i>Director</i>
U de Silva	<i>Project Manager to 2014</i>
J Morris	<i>Project Manager from 2014</i>



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

Background

Post-partum haemorrhage (PPH), the most significant direct cause of maternal mortality in low-resource countries, accounts for approximately 30 per cent of maternal deaths worldwide, and is highly preventable.

A key aspect in prevention and treatment is uterotonic therapy and the most widely recommended agent is oxytocin. However, certain factors can hinder its use in low-resource settings: the need for cool storage, sterile equipment and trained personnel for

administration. Conversely, misoprostol is available in tablet form, relatively inexpensive, and stable at room temperature, making it increasingly adopted as an alternative intervention strategy, one endorsed by FIGO and other international bodies. Research studies have demonstrated misoprostol to be safe, efficacious, acceptable and able to be used appropriately at lower levels of the healthcare system, as well as used by women themselves when delivering at home.

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 by acting as a 'guiding organisation' for advocacy among the medical community 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. Between 2010 and 2014 the project developed guidelines, conducted expert panel sessions and engaged in advocacy of misoprostol for PPH.

Development of guidelines, protocols and other training materials

In 2012, FIGO published guidelines on the Prevention and Treatment of PPH with Misoprostol which reflect the current best available evidence: for PPH prevention, a single dose of 600 mcg misoprostol

administered orally immediately after delivery of the newborn, and for PPH treatment a single dose of 800 mcg misoprostol, administered sublingually immediately after PPH is diagnosed and if 40 IU IV oxytocin is not immediately available. These clinical guidelines have resulted in international consensus in route and dosage of misoprostol for PPH. Guidelines have been made in abbreviated and annotated form in English, French and Spanish, also available as posters, plastic dosage cards and gestational wheels.

Expert panel sessions

Throughout the project, more than 30 expert panel sessions on misoprostol for management of PPH have been held at national, regional and global obstetric and gynaecological conferences. The sessions provide a platform for experts to present current and emerging data on clinical and operational research and to set the stage for new thinking and strategies on misoprostol for PPH care, thereby increasing access to and awareness of evidence-based information to an audience of health professionals. The XXI FIGO Congress in Vancouver sees one panel session on 'Misoprostol and other uterotonics in the management of PPH: New evidence to guide clinic practice,' and another on 'Misoprostol for PPH management: service delivery strategies to address PPH where options are few.'

Dissemination of evidence on misoprostol

Misoprostol informational materials are distributed at all events increasing dissemination

reach. The FIGO Newsletter, which is circulated to all FIGO-affiliated societies, heads of department of obstetrics and gynaecology worldwide, medical libraries and international organisations, includes project highlights, key events, activities and decisions. The project is also promoted on the FIGO website and social media platforms. The project has also commissioned and facilitated the development and publication of a series of editorials and communications relating to misoprostol for PPH care in the International Journal of Gynecology and Obstetrics (IJGO – the official publication of FIGO). The articles have been policy-focused, contextualising the work and data on the prevention and treatment of PPH with misoprostol.

Advocating for greater access to misoprostol

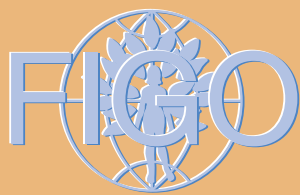
A joint statement by FIGO and the International Confederation of Midwives (ICM) on the use of misoprostol for the treatment of PPH was released in 2014 which contributed to the creation of a supportive international policy environment for misoprostol advocacy. Then, in 2015, FIGO supported an application to the World Health Organization for the inclusion of misoprostol for

treatment of PPH (800mcg sublingual) in their Essential Medicines List (EML). While misoprostol was already included in the EML for the prevention of PPH, applications for its inclusion for treatment had previously been denied. FIGO co-ordinated a letter of support which included the signatures of over 150 organisations and individuals from across the globe. The application was successful. The EML provides an internationally recognisable set of selected medicines which helps countries choose how to treat their priority health needs. Inclusion on this list enables many countries to develop their own national EML, assists national decision-makers in reducing costs by identifying priority medicines, and plays an important advocacy role for non-governmental organisations to try to make these priority medicines available and accessible.

FIGO will continue to advocate for implementation of misoprostol evidence as well as continuing to liaise with a consortium of project partners and related partners/stakeholders in our continued commitment to increasing access to evidence-based data and promotion of expanded access to misoprostol as a strategy to reduce maternal morbidity and mortality.

Core Project team

H Rushwan	<i>Director</i>
U de Silva	<i>Project Manager to 2014</i>
J Morris	<i>Project Manager from 2014</i>



FIGO Project for 'Institutionalising Post-Partum IUD Services and Increasing Access to Information and Education on Contraception and Safe Abortion Services'

Many countries have achieved increasing rates of institutional deliveries; however, the proportion of postnatal women leaving the facilities without receiving a contraceptive method remains high.

As women delivering in health facilities rarely return for contraceptive services, the immediate post-partum period presents an ideal opportunity to provide them with a much needed service. Long-acting reversible contraceptive methods such as the IUD enable a woman to plan her family and space her

pregnancies, allowing more time to look after her child. A pregnancy-free interval provides time for a woman to be more productive, increasing the family and community income. Furthermore, birth spacing helps to improve the health of the mother and her baby.

This initiative therefore seeks to address this gap in the continuum of maternal health care.

Funding for the initiative commenced in July 2013, with a pilot in six facilities in Sri Lanka. Further funding for the expansion of the project to five additional countries – India, Kenya, Tanzania, Nepal and Bangladesh, as well as 12 additional facilities in Sri Lanka – was secured from January 2015. Funding totals USD 13.5 million over 4.5 years.

Project aims

- To address the post-partum contraceptive needs of women by institutionalising the practice of offering immediate Post-

Partum Intra-Uterine Device services (PPIUD) in teaching hospitals in Sri Lanka, India, Kenya, Tanzania, Nepal and Bangladesh.

- To improve the quality, scope and reliability of information available to health care professionals worldwide on all aspects related to family planning and safe abortion care through The Global Library of Women's Medicine website (www.glowm.com), FIGO's global platform for knowledge transfer.

Overall objective

The current initiative aims to address the post-partum contraceptive needs of women by increasing the capacity of healthcare professionals to offer PPIUDs; training community midwives, health workers, doctors and delivery unit staff, and institutionalising the practice of counselling for the use of PPIUDs during the antenatal period.

In light of these considerations, and in keeping with FIGO's commitment towards supporting women to make informed decisions about their contraceptive methods and to act upon them, FIGO intends to promote the provision of immediate post-partum and post-abortion IUD services globally.

A research component led by the University of Harvard will be conducted in Sri Lanka, Nepal and Tanzania in collaboration with FIGO and the National Societies.

Achievements to date

The pilot phase in Sri Lanka has been heavily rooted in early Government engagement, resulting in their strong support for the initiative and the importance of birth spacing and post-partum family planning, with the inclusion of PPIUD as part of routine data collection and training support provided by the Family Health Bureau. The hard work and commitment of the Sri Lanka team has resulted in training a total of 260 healthcare providers in PPIUD insertion and 1,688 nurse midwives and community midwives in counselling women on the benefits of PPIUDs since the start of the initiative. A total of 1,079 women have received PPIUD services in Sri Lanka during this phase.

Early stages of implementation have commenced in the five new countries and the additional Sri Lanka facilities, with capacity building of the new teams and training of the Master Trainers. Implementation will be staggered in the research countries to allow for baseline data collection.

Development of tailored data collection tools in collaboration

with Harvard is nearing completion and will shortly facilitate commencement of tablet-based data collection. This will streamline the monitoring processes and allow country teams to advocate with the Ministries for continued expansion of services, provide evidence-based arguments for institutionalisation of PPIUD and ensure quality of service provision.

GLOWM has developed a dedicated FIGO section devoted to addressing Family Planning and Prevention of Unsafe Abortion which is regularly updated with relevant new materials, a review of the latest research and its significance in practice, and skills videos, including one on PPIUD insertion.

Dissemination of the importance of provision of PPIUD services was undertaken at the November 2014 South Asian Federation of Obstetrics and Gynaecology (SAFOG) conference in Sri Lanka, followed by another PPIUD seminar at the April 2015 SAFOG conference in Nepal.

Complications queried by the audience were due to insertion by untrained personnel, inappropriate instruments and wrong timing for insertion. The seminars provided the opportunity to dispel myths and offer clarity regarding expulsion rates and

complications, and to discuss the importance, safety and success of PPIUD.

Future plans

The FIGO 2015 Congress will host a PPIUD Symposium with representatives from participating countries speaking on the need and evidence-base for PPIUD, results so far, challenges and experiences to date and the research component. Lessons learned and an experience-sharing meeting will follow to provide the opportunity for countries to learn from each other, problem solve and strategise.

The creation of an animated DVD to train providers in birth spacing counselling is underway, along with a PPIUD wall chart. These will be produced in a range of languages and provided to each participating country (it will also be available online). Furthermore, some countries are preparing a counselling video to be played in clinics, community centres and facilities during antenatal visits.

Preliminary discussions are underway with the donor for the expansion of the initiative to additional countries or for scale up within the existing countries, and it is anticipated that these plans would begin to take shape during the second part of this funding phase.

Project team

S Arulkumaran

L de Caestecker

Deputy Director

L Banks

Project Manager

M Sethi

Project Coordinator

Collaborating agencies:

Harvard School of Public Health, Harvard University



FIGO Audit and 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 and Finance Committee'.

The aims of the 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 per cent 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 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 Committee with an update on the completion of the goals and objectives every six months, the annual report being sent prior to the Committee meeting;

- To regularly (at least once per year) carry out a solid review of FIGO's finances (expenditure, incomes, investments, accounting, sponsorships and 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 and Finance Committee should be consulted on any expenditure of FIGO funds over £50,000.

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

In the triennium 2012-2015, the first session was an opportunity to undertake structured interviews with Chairs of FIGO Committees in order to assess the progress of their work, the goals achieved and any hurdles or constraints that the Chair and the Committee members may have faced. During the second session, the members of the Audit and Finance Committee reviewed the Report of the Honorary Treasurer, and undertook a detailed evaluation of the yearly statement of the accounts and investments, a 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 and 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 and 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.

A number of recommendations were put to the Board for its consideration. In particular it was recommended that:

- Linkages between different Committees had some common activities and they should be encouraged to minimise any duplication of activities;
- Committee Chairs should consider succession planning and Committee recruitment; and
- A Committee or Working Group should be established to undertake work in important areas of women's health which were not specifically addressed by the current groups. A Committee to undertake work in the area of contraception has since been established.

At the end of the 2012-2015 term, the FIGO Audit and Finance Committee reports with a sense of satisfaction that the majority of the Committees and Working Groups 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. The pro-bono contribution made by members of the Committees and Working

Groups is outstanding and is acknowledged.

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.

Strategies to ensure on-going financial stability are an important area of discussion. The Audit and 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 continue to be supported.

Members of the FIGO Audit and Finance Committee 2012-2015

C Tippet (<i>Chair</i>)	Australia
W Holzgreve (<i>Co-Chair</i>)	Switzerland
A Rogers (<i>external</i>)	United Kingdom
H Rushwan	United Kingdom/Sudan
B Thomas (to 2014)	United Kingdom
S O'Donnell (from 2014)	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 and Obstetrics).

The Editorial Board of the International Journal of Gynecology and 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.

During 2012 to 2015, the Publications Management Board brokered new contracts with India (via Jaypee Publishers) and China (via the Chinese Society of Obstetrics and Gynecology). During this period, the Board also contributed to the IJGO editorial succession planning process and developed a well-regarded 'in-house' Newsletter which is produced three times per annum.

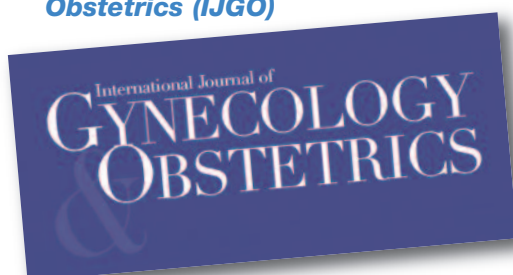
Members of the Publications Management Board 2012–2015

W Holzgreve (Chair)	Switzerland
R Adanu (from 2014)	Ghana
T Johnson (to 2014)	United States of America
H Rushwan	United Kingdom/Sudan



FIGO Publications

International Journal of Gynecology and Obstetrics (IJGO)



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

- To serve an international audience by publishing original scientific articles and communications originating in low- and middle-income countries, emphasising the important obstetric and gynaecological 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; and

- 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.

IJGO's Editor-in-Chief is Professor Richard Adanu, Dean of the School of Public Health at the University of Ghana. He succeeded Dr Timothy Johnson in September 2014.

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.

Between 2012 and 2014, the geographic origins of the 774 accepted and published papers were:

- Africa (12%)
- Asia/Australia (26%)
- Europe (21%)
- Latin America (7%)
- Middle East (12%)
- North America (22%)

Between 2012 and 2014, the geographic distribution of the 2,218 reviewers was:

- Africa (9%)
- Asia/Australia (23%)
- Europe (20%)
- Latin America (7%)
- Middle East (14%)
- North America (27%)

Journal articles are primarily clinical articles, review articles, and brief communications. Special sections include Contemporary Issues in Women's Health, Ethical and Legal Issues in Reproductive Health, Special Articles and Communications, Education and Training, FIGO Guidelines and Committee Reports, and FIGO joint statements. The last Averting Maternal Death and Disability section was published in December 2011, and a new funded section, 'Evidence for Action', began in October 2014.

Total annual submissions have increased dramatically in the past few years. Between 2012 and 2014, 4,129 manuscripts were submitted, including 1,446 in



IJGO Editorial Board

2013 – the highest ever received by the journal. The average acceptance rate across the three years was 21%.

Between 2012 and 2014, there were 1.5 million downloads of IJGO articles from Elsevier's Science Direct platform.

A total of 11 funded supplements were published between 2012 and 2014.

IJGO's Twitter account (@IJGOLive) became active in July 2014 and has seen a pleasing increase in followers across the world. It is an exciting avenue of immediate promotion for the journal and FIGO.

The Journal's impact factor in 2013 was 1.563 – a fall from its previous high of 2.045 in 2011, which may have been affected by the increase in the number of published articles.

The IJGO 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 IJGO provides an essential service to FIGO and its constituent societies, to the international obstetrics-gynaecology community, and to the journal readership worldwide.

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 Gynecology and Obstetrics. This Supplement represents a comprehensive overview of women's health issues, both medical and social. 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 2015 edition of the World Report on Women's Health has been produced with the generous support of Ipas. The seventh edition of the Report – to be published in time for the 2015 FIGO Congress – is guest edited by the incoming President of FIGO, Professor Chittaranjan N Purandare, and Professor Richard Adanu, IJGO Editor.

FIGO Cancer Report

The new-format FIGO Cancer Report was first published in 2012, following an exhaustive review by the FIGO Committee for Gynecologic Oncology of the purpose of, and information contained in, FIGO's previous publication known as the Annual Report. Staging and the best evidence-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 the perspective of

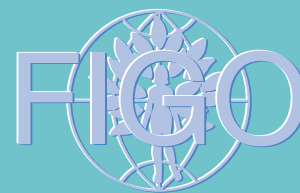
both high- and low-resource countries. The 2015 report will contain new chapters on targeted therapies, psychosexual health, and rehabilitation.

The FIGO Cancer Report will be edited by Professor Lynette Denny and the FIGO Committee for Gynaecologic Oncology as a Supplement to the IJGO. In 2015, the Report will be open access to allow greater dissemination.

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 9,000 participants, including all FIGO-affiliated societies, heads of ob/gyn departments worldwide, medical libraries and international organisations in official relations with FIGO. It is also available on www.figo.org and via FIGO's social media pages.





FIGO Fellowships

As part of its ongoing mission to improve the practice of obstetrics and gynaecology, FIGO makes a number of fellowships available, each of which is 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 and Obstetrics and to visit a gynaecologic oncology centre in the country where a FIGO World Congress is being held.

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

- 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

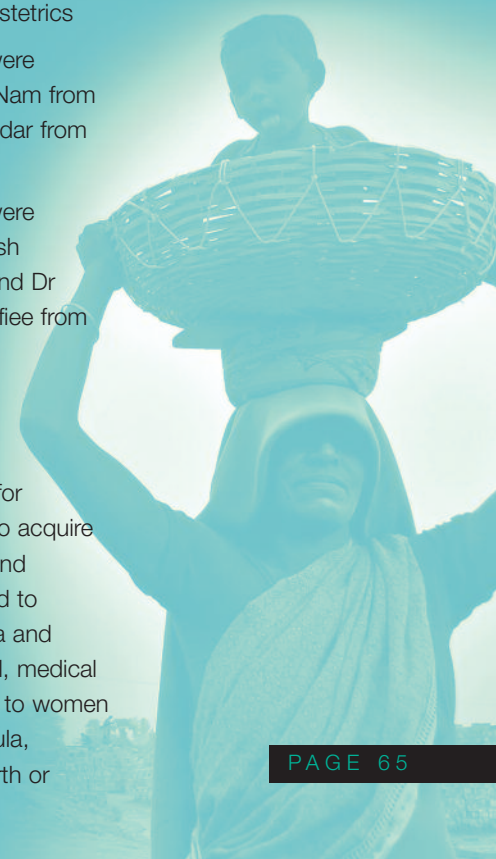
- Able to present an oral communication or poster at the FIGO World Congress of Gynecology and Obstetrics

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

In 2015, Fellowships were awarded to Dr Santhosh Kuriakose from India and Dr Mohammad Nasir Shafiee from Malaysia.

Fistula Surgery Fellowships

This is an opportunity for dedicated physicians to acquire the knowledge, skills and professionalism needed to prevent obstetric fistula and provide proper surgical, medical and psychosocial care to women who have incurred fistula, whether during childbirth or

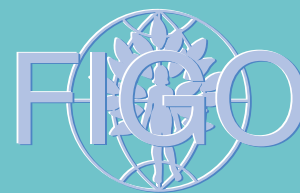


because of inflicted trauma. FIGO is seeking to increase the number of fistula surgeons providing treatment for women living with obstetric fistula in countries where this condition is prevalent. In the last three years FIGO has organised training placements in six FIGO accredited training centres for 40 Fellows.

Fellowship applicants must:

- have a minimum of three years' surgical practice
- be available to undergo training for a minimum of six-eight weeks in order to gain competency in the standard management of obstetric fistula
- originate from and work in a low-resource country where obstetric fistula is prevalent
- prove his/her ability to apply immediately, and on a long-term basis, the skills gained during the training upon returning to their health facility
- seek assurances from their Ministry of Health or other organisation that they will be able to return to a health facility that makes provision for fistula treatment
- be committed to the care of women who have incurred obstetric fistula and feel confident in upholding women's basic rights to privacy, dignity, safety and self-determination





FIGO World Congress of Gynecology and Obstetrics

Every three years since FIGO was founded in 1954, thousands of gynaecologists and obstetricians gather in one city to spend a week not only analysing and discussing new medical discoveries but also looking at problems and issues that can be addressed by the application of low cost techniques.

The site for the FIGO World Congress of Gynecology and 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 and 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 and 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 and 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.

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

The host society for the 2012 FIGO World Congress of Gynecology and Obstetrics was Società Italiana di Ginecologia e Ostetricia (SIGO). The Congress was attended by 7436 delegates and 553 accompanying persons from 163 countries/territories. The final programme involved

approximately 240 invited speakers and 185 invited and special sessions. FIGO received 1850 abstracts for free communication sessions.

The Exhibition attracted over 100 organisations from around the world.

XXI FIGO World Congress of Gynecology and Obstetrics – Vancouver, Canada 2015

The XXI FIGO World Congress of Gynecology and Obstetrics takes place in Vancouver, Canada from 4-9 October 2015.

An outstanding scientific and cultural programme has been put together which it is hoped will more than satisfy the interests of all participants. The scientific and industrial exhibits will present the latest information and will prepare attendees for the ongoing

changes in women's healthcare. The FIGO World Congress of Gynecology and Obstetrics is built around science and its advancement, and a varied, interesting and informative science-based programme has been developed by the Scientific Committee, chaired by Professor Joanna Cain, that not only presents the latest science and practice but also seeks to address the many issues that affect women's health worldwide. Each Congress day will include plenary sessions, keynote lectures, simulation sessions, and concurrent and free communications sessions. Young scientists will be encouraged to present their work and poster presentations will be featured heavily.

The XXI FIGO World Congress of Gynecology and Obstetrics is being undertaken with the

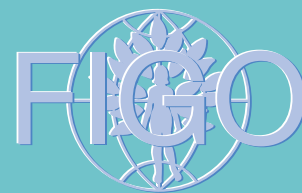
assistance of The Society of Obstetricians and Gynaecologists of Canada (SOGC).

FIGO/IFFS De Watteville Lecture

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 and Obstetrics. The De Watteville Lecture in 2015 will be given by Dr Dennis Lo at the XXI FIGO World Congress of Gynecology and Obstetrics in Vancouver, Canada.





Honorary Treasurer's Report

The organisational structure of FIGO has changed substantially in recent years.

On 1 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 1 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 125 societies worldwide.

As at 31 December 2014, FIGO's combined net worth assets (total assets less current liabilities) was £5,923,370 compared with £4,525,252 as at 31st December 2011. The last three years have seen continued income streams from the FIGO World Congress of Gynecology and 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 ongoing effort and one that must always remain in focus. FIGO must continue to seek more funds and find new partners for its projects whilst continually restricting internal expenditures at a minimum.

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 1 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 £4.15 for each of the affiliate's declared individual members.

FIGO's audited accounts for 2014 reveal that the amount of subscriptions due in that year was £342,140. This figure is, however, the sum that FIGO would receive if all societies paid their membership fees in full. In fact, the total income in 2014 actually received from this source was less than this figure. As at 14 June 2015, 81 of FIGO's 125 member societies (64.8%) were technically in arrears, having not paid their fees to 2015. 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 and Obstetrics) in order to enable them to vote during this event. Strenuous efforts are also made by the Secretariat to recover these amounts and a number of societies have subsequently brought their subscriptions up to date. FIGO's auditors adopt a policy of providing for bad debts and in 2014 the total allocated for bad debts in respect of errant Member Societies was £13,476.

Investments

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 £1,105,378 as at 31 December 2011 (excluding deposits and cash) to £2,003,430 as at 31 December 2014. This latest figure includes the sum of £500,000 which FIGO added to the investment reserve during 2013. In an effort to try and improve the performance of the investment portfolio even 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 and Obstetrics to support its ongoing activities and

the administration of the organisation. As a result of historical difficulties regarding the financial management of the FIGO World Congress of Gynecology and Obstetrics, contractual arrangements were put in place for the 2006 FIGO World Congress 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 2012 FIGO World Congress of Gynecology and Obstetrics was the second event arranged on such a basis and, as a result, the Congress generated income of £2,291,928 for FIGO.

NB: 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 and 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.

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, education, guidelines on prevention of cervical cancer, safe motherhood and newborn health, capacity building of Member Societies, the prevention of



unsafe abortion, During the period of this report ie 2012 to 2014, a number of organisations donated sums of money for specific purposes, including (but not limited to) the following:

Contributor/Purpose	Period	Amount (£)
Abbott Nutrition – Global Maternal Nutrition Guidelines	2014	117,647
Bill & Melinda Gates Foundation – Organisational Capacity Building	2012	2,014,726
Chien-Tien Hsu Research Foundation – Fellowship	2012–2014	12,415
Congress US Aid – EngenderHealth support grant	2012–2013	52,755
Fistula activities – Private donor grant	2012–2014	207,921
Gynuity Health Projects – Prevention and Treatment of Post-Partum Haemorrhage with Misoprostol	2012–2014	452,024
Gynuity Health Projects – World Report	2012–2014	16,643
IBSA And Merck Serono – Committee for Reproductive Medicine support grant	2012–2013	21,020
IPAS – Prevention of Post-Partum Haemorrhage	2012	11,462
Johnson & Johnson – Fistula activities Fellowship Program	2012–2013	14,246
Laerdal Foundation – Helping Mothers Survive: Bleeding after Birth Program	2013–2014	362,994
March of Dimes Foundation – Pre-term Birth	2014	102,343
Marie Stopes International – Young People Workshop	2014	33,767
Maternal and Child Health Integrated Program – Jhpiego Support Grant	2012–2014	98,942
Maternal Foetal Medicine	2013	61,340
Novo Nordisk – Gestational Diabetes Initiative	2014	38,229
Ovidon Trust – Markku Seppala Lecture	2014	231,430
PMNCH Latin America – Maternal and Newborn Health	2013–2014	287,563
US donor – Post-Partum IUD Services	2013–2014	657,836
UNFPA – Fistula activities	2012–2013	30,075
US donor – Prevention of Unsafe Abortion	2012–2014	1,803,586
World Diabetes Foundation – World Report	2013	40,899
Various donations	2012–2014	1,078

NB: 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, as a consequence, 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 £695,262 for the year to 31 December 2012, £780,239 for 2013 and £712,403 for 2014. The average total salary increase

in pounds sterling for 2012–14 was 3.5% per annum.

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 'clean' audit report in 2014 (for the year to 31 December 2014) 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, 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 31 December 2014

All figures in Pounds Sterling

	2012	2013	2014
FIXED ASSETS			
Tangible Fixed Assets	791,730	792,234	801,393
Investments	1,251,431	1,857,291	2,003,430
	2,043,161	2,649,525	2,804,823
CURRENT ASSETS			
Debtors	279,948	357,259	660,387
Bank balances	4,610,137	2,427,257	2,841,924
	4,890,085	2,784,516	3,502,311
CREDITORS AMOUNTS FALLING DUE WITHIN 1 YEAR	(546,047)	(194,967)	(383,764)
NET CURRENT ASSETS	4,344,038	2,589,549	3,118,547
CREDITORS AMOUNTS FALLING DUE AFTER MORE THAN ONE YEAR	(0)	(0)	(0)
TOTAL NET ASSETS	6,387,199	5,239,074	5,923,370
RESERVES			
Unrestricted funds	3,909,653	4,256,778	3,983,321
Restricted funds	2,477,546	982,296	1,940,049
	6,387,199	5,239,074	5,923,370

Summary Statement of Financial Activities for the three years ended 31 December 2014

All figures in Pounds Sterling

	2012	2013	2014
INCOMING RESOURCES			
Grants received	3,187,008	1,140,096	2,306,440
Congress income	2,513,469	215,459	–
Contribution income	309,182	367,012	342,140
Investment income	41,228	48,660	43,240
Other income	438,513	462,555	430,951
Currency gains	6,632	22,667	107,838
TOTAL INCOMING RESOURCES	6,496,032	2,256,449	3,230,609
RESOURCES EXPENDED			
Costs of charitable activities	3,051,003	2,591,701	1,564,555
Governance costs	978,045	905,818	1,072,360
Congress expenditure	651,757	–	–
TOTAL RESOURCES EXPENDED	4,680,805	3,497,519	2,636,915
NET INCOMING/(OUTGOING) RESOURCES	1,815,227	1,241,070	593,694
Gain/(loss) on investment	27,194	32,950	70,543
Increase/(decrease) investments	19,526	59,995	20,059
NET MOVEMENT OF FUNDS	1,861,947	1,148,125	684,296
RESERVES BROUGHT FORWARD AS AT 1 JANUARY	4,525,252	6,387,199	5,239,074
RESERVES CARRIED FORWARD AT 31 DECEMBER	6,387,199	5,239,074	5,923,370

International Federation of Gynecology and Obstetrics

FIGO Secretariat

FIGO House, Waterloo Court, Suite 3

10 Theed Street, London SE1 8ST

United Kingdom

Tel: +44 (0)20 7928 1166

Fax: +44 (0)20 7928 7099

Email: figo@figo.org

www.figo.org

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UK Company No 5498067