Keeping FIGO’s vision and mission on track in new era of Sustainable Development Goals

Dear Colleagues

Have we satisfactorily achieved MDG goals 4, 5 and 6 in order that we can venture into the era of the new Sustainable Development Goals (SDGs)?

In my view, the ‘sell-by’ date for the MDGs has come, and global leaders have now expanded the goals for human society’s development, within which the old MDGs are buried. What is the position with regard to women’s health? What should FIGO, National Societies and individual obstetricians and gynecologists do in the next few years, as women’s health advocates?

Introducing the SDGs

There are 17 SDGs that have been proposed by the UN, which are interdependent on each other (please see: http://www.theguardian.com/global-development/2015/jan/19/sustainable-development-goals-united-nations).

What is of direct impact to us has been defined in goals 3 and 5. Several sub sections of each are summarised below (source: https://sustainabledevelopment.un.org/cont):

3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births

3.2 By 2030, end preventable deaths of newborns and children under five years of age

3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases

3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and wellbeing

5.1 End all forms of discrimination against all women and girls everywhere

continued on page 2

(AFOG-KOGS Congress, February 2015, Kenya)

L-R: Professor Abdel Latif Ashmaig (AFOG Honorary Secretary); Professor Sir Sabaratnam Arulkumaran (FIGO President); Dr Yirgu Gebrehiwot (AFOG President); Mrs Margaret Kenyatta (Honorable First Lady of Kenya); Dr Anne Kihara (KOGS President); Professor Oladapo Ladipo (AFOG President Elect); Professor Eusèbe Alinhonou (AFOG Vice President)
5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and gender-based violence in all its forms.

5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation

One could say that the global community has unfinished business in relation to MDGs; our attention not deviated but rather subsuased in the expanded number of goals. Our themes have not changed: we have to increase antenatal care and expanded number of goals. Our themes have not changed.

The importance of contraception to help achieve SDG 3.1

Providing adequate and appropriate contraception is fundamental to improving sexual and reproductive health, and reduces maternal mortality by up to 30 per cent and child mortality by up to 10 per cent through the impact of spacing. Indirectly, contraception helps to alleviate poverty and improve economic change by reducing infant and child mortality. The FIGO Executive Board has mandated the formation of a new FIGO Working Group on Contraception, coming into effect later this year, involving IPPF, UNFPA, the Population Council, organisations interested in women’s health – such as Women Deliver – and the donor community.

FIGO’s PPiUD project (see report on page six) is now in fruition. The successful pilot phase in Sri Lanka has resulted in new activities in India, Nepal, Bangladesh, Tanzania and Kenya, now in progress. I would like to place on record my sincere thanks to the anonymous donor who has made all of this possible. Due to the large number of institutions involved (48 hospitals in six countries), we have national co-ordinators and managers helping us in the individual countries, in addition to our own Project Manager, Ms Laura Banks, and Project Co-ordinator, Ms Maya Sethi. We hope to extend the programme to other countries as we gain further experience.

In addition, FIGO is working in Kenya and Tanzania, with the help of funding from the Laerdal Foundation, on an ambitious project: ‘Helping Mothers Survive’, the main focus of which is preventing mothers dying of post-partum haemorrhage. Unsafe abortion is also a major contributor to maternal deaths and morbidity, and Professor Anibol Faunder is working with FIGO colleagues in over 40 countries on the issue of safe abortion care.

SDG 3.2 deals with preventable deaths in newborns and children under five. A significant proportion of these deaths is due to prematurity. FIGO is doing excellent work with March of Dimes (MOD) on preterm birth (see page four), with regular teleconferences on strategy and research. Together with MOD’s President, Dr Jennifer House, and Senior Vice President for Research and Global Programs, Dr Joe Leigh Simpson, I recently visited Cyprus to attend a symposium to see how best we can help to reduce its high preterm birth rate of 14 per cent (caused by low preterm births). The Cyprus Minister of Health and the US Ambassador to Cyprus attended the meeting; robust action plans are under consideration to try to reduce the rate. FIGO is grateful to MOD for its continuous support, encouragement and collaborative efforts.

Non-communicable diseases (NCDs) in SDG 3.4

With changing life styles, increased consumption and less physical activity, obesity is on the increase, contributing to premature illness and deaths due to NCDs. This is further compounded by the increasing life expectancy of the population brought about by the rapid reduction of communicable diseases with immunisation and antibiotics. The etiology of NCDs is attributed to genetics, epigenetics, and our lifestyles. Many factors start in utero eg preterm birth, diabetes in pregnancy, intra uterine growth, nutrition during pregnancy and lactation, environmental toxins and many others that start in foetal life and early childhood have established groups to look at hyperglycaemia in pregnancy (under the leadership of Professor Moshe Hod), and nutrition in pregnancy and infancy (chaired by Professor Mark Hanson). Their respective papers are completed and, once approved by the Executive Board, will be widely circulated. Environmental toxins can influence the growth and outcome of the foetus and newborn and have an impact on the long-term health and life of an individual. FIGO is working closely with ACOG and other organisations on a paper on this subject with the help of Professor Linda Giudice. These important papers will form the framework to plan what needs to be done, and to take action towards SDG 3.5, which focuses on strengthening the prevention and treatment of substance and alcohol abuse.

Focus on gender equality and elimination of gender-based violence to help achieve SDG 5

The recently formed FIGO Working Group on Gender Violence – including representatives from WHO, UNAIDS and WAHA, under the able chairmanship of Dr Diana Galimberti from Argentina – will spearhead some important activities this year. In October 2015, at the FIGO World Congress in Vancouver, there are important sessions dedicated to sex discrimination and gender-based violence. The inaugural Mahmoud Fathalla Lecture will be delivered by the Tony award winner, playwright, activist and author Eve Ensler, and will set the scene for continuing the discussion as to how best our community can tackle the problem.

Gender equality will never prevail as long as we have cases of avoidable maternal deaths, fistulae following childbirth (see project report on page 7) and the practice of female genital mutilation, all of which have been on the FIGO radar for decades.

Promotion of FIGO at national and regional meetings

I have recently participated in several visits connected to the PPiUD programme, in India, Tanzania and Sri Lanka. While in Sri Lanka, I also attended the official induction of Professor Kanishka Karunaratne as the new President of the Sri Lankan College of Obstetricians and Gynaecologists (SLCOG). He has pledged his full support for FIGO activities – we wish him well for his term as President.

In January 2015, the All India Congress of Obstetrics and Gynaecology (AICOG), under the FOFIGO Presidency of Dr Suchitra Pandit, and chairmanship of Dr Kuriyan Joseph, was a resounding success with 12,000 participants. My congratulations to the team for conducting such a large and meticulously planned conference in Chennai. FIGO is grateful for the kind opportunity it afforded to present two seminars on the use of misoprostol.

In mid-February, the African Federation of Obstetrics and Gynaecology (AFOG), in partnership with the Kenya Obstetrical and Gynaecological Society (KOGS), held its first Congress in Nairobi, Kenya where I gave an inaugural address. It was a good opportunity to meet with the current AFOG and KOGS Officers. The meeting was well attended and the Honorable First Lady Margaret Kenyatta opened the proceedings.

Congress Countdown – five months to go!

I urge all colleagues to attend FIGO’s World Congress in Vancouver (4–9 October 2015), to enjoy a truly varied and stimulating ‘Science and Social’ feast! FIGO’s teams in London and Vancouver are working exceptionally hard to give you the very best Congress experience. Please visit www.fig2015.org and register today at early bird rates. We are very much looking forward to greeting our global colleagues, and I can assure you that you will return home with renewed energy, ideas and knowledge to help you give the very best to women’s health in your country.

It is not an easy world for our community to provide good services. For example, I am aware of difficult medico-legal terrain faced in some countries; others are toiling away in ebola-infected or war-torn countries. I would like to thank all our colleagues for their sincere, strenuous work, undertaken daily, to help improve women’s health. The human race lives in hope for better times!

My best wishes to each and every one of you; have an energising and productive few months until the next issue in September.

Kind regards

Professor Sir Sabaratnam Arulkumaran

FIGO President
Dear Colleagues

I trust you are well, and have been enjoying an exciting and productive start to 2015. This year is obviously an exceptionally busy time, due to the FIGO triennial World Congress taking place from 4–9 October in Vancouver, Canada. We are alive with activity as we enter the final stage of arrangements. Please visit www.figo2015.org for the latest information. We greatly value the participation of all our attendees, who will benefit enormously from a truly exceptional Scientific Programme, as well as the chance to touch base with friends and colleagues from all over the world.

My final commitments of 2014 took me to Cairo for the Egyptian Fertility and Sterility Society 20th Annual International Conference: “New Trends and Developments in Women’s Reproductive Health” (18–19 December 2014). I also attended the ‘Basic & Advanced Clinical and Laboratory Training Course in Infertility, including ART, for Developing Countries’ that was held at Al-Azhar University just prior to this (13–17 December 2014), organised by the International Islamic Center for Population Studies and Research (ICPSR). More details on these two events can be found on page five.

Planning for 2021!

During early 2015, I commenced a series of site visits to the venues selected for consideration for our World Congress in 2021: Yokohama, Japan; Seoul (South Korea); Sydney and Melbourne (Australia); Singapore and Hyderabad (India). The Congress rotates through five continents every three years—the Africa-Eastern Mediterranean, Asia-Oceania, Europe, Latin America and North America regions—and the site is selected six years in advance by a majority vote at the General Assembly. Due to the fast paced and tightly scheduled world of international conference planning, it is necessary to plan for future years well ahead, and in great detail. All visits ran smoothly, and our thanks go to all those who participated in the extensive organisation.

The FIGO Officers—Professor Sir Sabaratnam Arulkumaran (President); Professor CN Purandare (President-Elect); Dr Ernesto Castelazo Morales (Vice President); Professor Gian Carlo Di Renzo (Honorary Secretary); Professor Wolfgang Holzgreve (Honorary Treasurer); Professor Gamal Serour (Past-President)—and I officially meet twice yearly to discuss the Federation’s business. We were delighted to convene at FIGO House in late January, where a most productive discussion ensued to set the agenda for the year.

In February, I attended the second meeting of the FIGO Maternal Nutrition Guidelines project in Rome, where colleagues met to finalise revisions for this most important, ground-breaking document.

Spotlight on AFOG/KOGS 2015

I am pleased to report that in mid-February, the African Federation of Obstetrics and Gynecology (AFOG), in partnership with the Kenya Obstetrical and Gynaecological Society (KOGS), held its first Congress in Nairobi, Kenya. FIGO was well represented by its President, Professor Sir Sabaratnam Arulkumaran, who gave an inaugural address. Since AFOG’s launch meeting in October 2012 at FIGO’s World Congress in Rome, it has established a secretariat in Khartoum, actively participated in the first FIGO Africa regional meeting in Addis Ababa, and held its first AGM in Khartoum, Sudan, where 30 countries were represented and four additional countries joined the Federation (February 2014).

Welcoming Dr Richard Adanu, the new IJG O Editor

The annual meeting of FIGO’s official journal, the International Journal of Gynecology & Obstetrics (IJOG), took place in late February. We are delighted to formally welcome Dr Richard Adanu to the role of IJG O Editor. Please turn to page 9 to meet him, and catch up on the detail of the meeting. IJG O truly goes from strength to strength, and is a “must-see” publication on women’s health in low-resource countries. For those who prefer online access, a new version of the IJG O app is now available for both iPad and iPhone, with upgraded functionality and new features (www.ijgo.org/content/mobileappinfo).

An expanding Secretariat

Observers will doubtless have noticed the recent growth of the FIGO Secretariat. In this issue, we are delighted to confirm the new look accounts department and a new addition to the fistula team, Gillian Slinger, Project Manager.

FIGO is also pleased to announce that Maya Sethi, previously a project assistant, has now been confirmed as a Co-ordinator on FIGO’s Project for ‘Institutionalising Post-Partum IUD Services and Increasing Access to Information and Education on Contraception and Safe Abortion Services’. We wish our new teams the very best of luck, and look forward to reporting on the progress of their activities in due course. Until our next issue (August/September 2015), I wish you all a productive and enjoyable few months.

With best wishes

Professor Hamid Rushwan
FIGO Chief Executive

International Federation of Gynecology and Obstetrics

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Readers are invited to refer items for consideration by email to communications@figo.org no later than Friday 19 June 2015 for the next issue.

The views expressed in articles in the FIGO Newsletter are those of the authors and do not necessarily reflect the official viewpoint of FIGO.

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International Federation of Gynecology and Obstetrics | May 2015
FIGO welcomes new-look Finance team

After a busy few months, FIGO has now completed the restructuring of its Finance department, and is delighted to report that new internal systems are up and running smoothly. The new team is comprised of:

- Paul Mudali – Financial Controller; Katarzyna Majak (‘Kasia’) – Finance Administrator; and Atinuke (‘Tinu’) Olarewaju – Project Accountant.

Professor Hamid Rushwan, FIGO Chief Executive, said: ‘The Finance department is a most vital part of FIGO – a busy global organisation such as ours deals daily with many international transactions, and we are sure that, with this new team in place, the department will go from strength to strength and meet its many exciting challenges accordingly.’

Paul Mudali is a Fellow Chartered Certified Accountant, and a post-graduate in computing. An experienced Financial Consultant, he has an excellent track record of financial strategy formulation and management, systems implementation and driving efficiencies. His work experience includes over five years in the charity sector, 10 years in the manufacturing sector and six years in audit practice, working at, among others, the Aga Khan Foundation, Leonard Cheshire Disability and Arthur Anderson.

He explained: ‘We are pleased to report that our system migration went smoothly – the new processes being implemented will help us to provide the very best service to our colleagues, both internationally and here in the Secretariat, with improved control and reporting benefits.’

Katarzyna Majak (‘Kasia’) originally joined FIGO in 2013 from Aramark, subcontractor for PricewaterhouseCoopers, where she worked for five years, the last two as a Financial Administrator. Her role encompassed book-keeping, financial reporting, liaising with company accountants/headquarters, and HR activity.

She said: ‘I am delighted to be working with Paul and Tinu in our newly structured department. The last few months have been exceptionally busy, but we are now well settled into our new roles.’

Atinuke (‘Tinu’) Olarewaju is a chartered accountant and member of other professional associations. She comes to FIGO with over 19 years’ finance experience (10 with PricewaterhouseCoopers), including six years’ experience within the UK charity sector. She has also worked within finance at Voice 4 Change England, IARSS (Independent Academic Research Studies), Young Minds and Voluntary Action Camden. Tinu has also served as a World Bank Project Accountant.

She said: ‘I’m very excited to have joined the FIGO team. I look forward to working on various project finance activities, including the FIGO PPIUD project implementation in six countries.’

How will your current relationship with FIGO evolve?

We hope to learn and contribute much through collaboration with our FIGO colleagues. To begin this process, a survey is underway to look at rates of preterm birth in high income countries and identify best practices. We know from data that many countries have rates of preterm birth below seven per cent, compared to the United States’ unacceptable rate of 11.4 per cent. We are keenly interested in understanding the factors that underlie these differences, including public policy, health care practice and demographic makeup. Together, we hope to identify solutions and best practices that can help all countries deliver the most effective maternity care for mothers and babies.
New Project Manager for FIGO Fistula Initiative

FIGO is delighted to welcome Gillian Slinger to FIGO House as the FIGO Fistula Initiative’s Project Manager.

Gillian is a midwife and holds a BSc in Health Management and an MSC in Public Health. She worked as a midwife for 10 years in French-speaking Switzerland, then as a Maternal Health Advisor for Médecins Sans Frontières (MSF) and Save the Children in countries including Mali, Chad, Somalia, DRC, Sudan, Bangladesh and Sierra Leone.

As part of her MSF duties, Gillian had an active role in developing projects for women with obstetric fistula. Since this time, her involvement in fistula work increased considerably, taking her to New York for four years as Co-ordinator of the global Campaign to End Fistula with UNFPA.

Gillian said: ‘I’m delighted to join the FIGO team to be able to focus 100 per cent on increasing the number of trained, skilled fistula surgeons and health teams, in order to extend the reach of the Fistula Surgery Training Initiative and provide care for significantly more women with obstetric fistula.’

Chennai celebrates 58th All India Congress of Obstetrics and Gynaecology

Report by Dr Nareendra Malhotra, FOGSI representative to FIGO

The high profile 58th All India Congress of Obstetrics and Gynaecology was held in the city of Chennai in January 2015. A one hour FOGSI-FIGO session was organised, overseen by chairpersons Dr C N Purandare, Dr P K Shah, Dr Nareendra Malhotra, and Dr P M Gopinath.

‘Professor Sir Sabaratnam Anulakumar [FIGO President], Dr Gian Carlo Di Renzo [FIGO Honorary Secretary], and Professor Luis Cabero-Roura [Chair of the FIGO Committee for Capacity Building in Education and Training] spoke on “Knowledge transfer via the Global Library of Women’s Medicine [www.glowm.com – FIGO’s education platform]”, “FIGO Best Practice in Maternal-Fetal Medicine”, and “Millennium Goals after 2015” respectively. Over 350 delegates attended the highly interactive session, with robust Q and As from the Chair and audience.’

The next AICOG will be held from 13–17 January 2016, in Agra, India.

Cairo plays host to 7th Infertility Workshop and EFFS Annual Conference

The 7th Workshop of the popular ‘A Basic and Advanced Clinical and Laboratory Training course in Infertility, including ART, for Developing Countries’ – organised by the International Islamic Center for Population Studies and Research (IICPSR), Al-Azhar University, in collaboration with the FIGO Committee for Reproductive Medicine – took place from 13-17 December 2014.

The rich programme of the Workshop was organised by Professor Gamal Serour, Past-President of FIGO and Director of IICPSR, Al-Azhar University, in collaboration with Professor David Adamson, Chair of the FIGO Committee for Reproductive Medicine. It was held at the IVF unit at Al-Azhar University, with 51 candidates in attendance from Egypt, Yemen, Uganda, Zambia, Nigeria and Sudan.

The Faculty of the course included Professor Gamal Serour, Egypt; Professor Dominique de Ziegler, France; Professor Klaus Diedrich, Germany; Professor Pier Giorgio Crosignani, Italy; and Professor Christopher Barratt, UK, in addition to staff from the ART Unit at the University.

The programme included a didactic element, a panel discussion, case presentations and hands-on training in counselling, monitoring, oocyte pick-up, embryo transfer, testicular biopsy, semen processing and oocyte and embryo handling.

The overall evaluation of the Workshop was ‘excellent’, as revealed from analysis of the confidential evaluation forms completed by the candidates. Many of them required further hands on-training in the clinical and laboratory elements, and were scheduled in small groups to receive this during the next six months.


The topics discussed included: IVF, micromanipulation, endoscopic surgery, other modern diagnostic and therapeutic techniques in infertility management, male infertility, bioethics in infertility and modern advances in contraception.

Professors and consultants of obstetrics and gynaecology in Egypt were invited to participate in this important Annual Scientific Meeting, in addition to many participants from neighbouring countries. Several national and international experts, including FIGO’s Professor David Adamson, were also in attendance.

New funding secured for expansion of PPIUD Initiative

FIGO Project for ‘Institutionalising Post-Partum IUD Services and Increasing Access to Information and Education on Contraception and Safe Abortion Services’ (Donor: anonymous; 2015–2017)

Many health facilities in Sri Lanka, India, Kenya, Tanzania, Nepal and Bangladesh have achieved increasing rates of institutional deliveries. However, the proportion of postnatal women leaving the facilities without receiving a contraceptive method remains high. In Sri Lanka, for example, the proportion of women leaving facilities without receiving a contraceptive method of their choice is around 97 per cent. As women delivering in health facilities rarely return for contraceptive services, the immediate post-partum period presents an ideal opportunity to provide a much needed service. Long-acting reversible contraceptive methods such as the IUD enable a woman to plan her family, space her pregnancies, increase her productivity, and improve the health of both her and her baby.

The initiative, piloted in Sri Lanka from 2013, aims to institutionalise the practice of offering immediate post-partum Intra-Uterine Device services (IUD) in teaching hospitals. Copper IUDs can be used effectively for over 10 years by women who want to limit or space their pregnancies; they have the lowest rates of discontinuation; are cost effective; and can be provided by mid-level providers long-term after suitable training. The woman does not need to return to the clinic for new supplies as she would with other contraceptive types, and the device can be removed at any time with an almost immediate return of fertility.

Laura Banks, Project Manager, said: ‘The pilot phase has been very successful. Training for 260 healthcare providers in insertion of PPIUD has been conducted, with training of 1,688 nurse midwives and community midwives in counselling women on the benefits of IUDs. There is strong Governmental commitment, with the inclusion of PPIUD as part of routine data collection and training support provided by the Family Health Bureau. A total of 1,079 women have received PPIUD services in Sri Lanka during this phase.

‘At the end of 2014, a proposal was approved for project expansion to five additional countries, as well as 12 additional facilities in Sri Lanka, India, Kenya, Tanzania, Nepal and Bangladesh have all been invited to participate, and the proposal has been developed in close collaboration with the national societies. We have recently recruited a new Project Co-ordinator, and are currently in the process of recruiting a new Deputy Project Director, to assist with the challenges of expansion.

The Project Director has undertaken advocacy visits to new countries, meeting with Governments to secure IUD provision, medical equipment and Ministry support. The ‘Project has been held with the National and Facility Coordinators and visits undertaken to a selection of the facilities to see first-hand the patient journey, available services/capacity and personnel. Management and Finance visits have been undertaken to Kenya, Tanzania, India and Nepal, with a visit to Bangladesh planned shortly. Trainings and service provision continue in Sri Lanka, and trainings will shortly commence in the new countries.

The initiative will be complemented by a research component led by the University of Harvard in Sri Lanka, Nepal and Tanzania, in collaboration with FIGO and the national societies. Development of tailored data collection tools is nearing completion and will facilitate tablet-based data collection to streamline monitoring processes and allow country teams to advocate with Ministries for continued expansion of services, provide evidence-based arguments and ensure quality of service provision.

Since the launch last year of a dedicated section on the importance of Family Planning and Prevention of Unsafe Abortion on www.glowm.com (FIGO’s educational platform), site use has escalated, with a total of 64 million hits from over 160 different countries in 2014.

Keeping misoprostol on the global agenda

FIGO Misoprostol for Post-Partum Haemorrhage in Low-Resource Settings Initiative (Donor: Gynuity Health Projects; 2014–2016)

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. The most common cause is a failure of the uterus to contract adequately after delivery. 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.

Misoprostol – available in tablet form, relatively inexpensive, stable at room temperature – has increasingly been adopted as an alternative intervention strategy, one endorsed by FIGO and other international bodies.

FIGO has a joint project with Gynuity Health Projects to advocate for the use of misoprostol for post-partum haemorrhage (PPH) prevention and treatment by acting as a ‘guiding’ organisation for advocacy among the medical community and health professionals. This involves disseminating information on strong evidence-based results relating to the effectiveness and greater use of misoprostol, and developing materials for dissemination, including guidelines and protocols, for professional groups on the use of misoprostol for PPH.

Jessica Morris, Project Manager, said: ‘The project continues to generate substantial interest among the ob/gyn community, as evidenced by the fact that, to date, nearly 30 expert panel sessions on misoprostol for management of PPH have been held at regional and national conferences. These last few months alone we have conducted sessions at the South Asian Federation of Obstetrics and Gynecology (SAFOG), All India Congress of Obstetrics and Gynecology (AIICOG) and the 1st regional congress of the African Federation of Obstetrics and Gynecology (AFOG/KCGS), where sessions were well attended and generated active audience participation.’

Misoprostol information materials were distributed at all events, either in delegate bags or at the panel venue, which increased dissemination reach. Another vital component of the project is to continue to reach out to midwife associations as well as ob/gyn associations. Continuing FIGO’s collaboration with the International Confederation of Midwives (ICM), FIGO will present a session at the ICM 5th Regional Conference of the Americas this July.

Other important news on misoprostol is that Gynuity Health Projects recently submitted an application for the inclusion of misoprostol for its treatment indication in the WHO’s Essential Medicines List (EML). Currently misoprostol is included in the EML for the prevention of PPH but not for its treatment indication. This application specifically requests the inclusion of misoprostol (800 mcg sublingual) for treatment of PPH – it was submitted in December 2014 and will be considered in the upcoming Expert Committee meeting.

FIGO submitted a letter of support for this application which included the signatures of over 150 organisations and individuals from across the globe. Other organisations added their letters of support, too: (www.who.int/selection_medicines/committees/expert/20/applications/misoprostol/en/).

The EML Committee held meetings in April 2015, and we hope to hear its final decision soon.

If you are attending the FIGO World Congress, please look out for the following sessions: ‘Misoprostol and other uterotonics in the management of PPH: New evidence to guide clinical practice’ on Wednesday 7 October at 15.30, and ‘Misoprostol for PPH management: service delivery strategies to address PPH where options are few’ on Friday 9 October at 08.00.
Setting the Nutritional Agenda: FIGO Recommendations on Adolescent, Preconception and Maternal Nutrition


While there is global consensus on the need for women to have optimal nutrition when planning a pregnancy, during a pregnancy and in the post-partum period, a comprehensive resource setting out evidence-based guidance on how to achieve this is not available to healthcare professionals. This project’s aim was to create a comprehensive document comprising evidence-based recommendations on maternal nutrition, from pre-conception to the post-partum period. The headline for the document is ‘Think Nutrition First.’

Mark Hanson, Chairperson of the Expert Group, said: ‘Poor adolescent, preconception and maternal nutrition represents a major public health issue that affects not only women’s health but also that of future generations. The FIGO Recommendations address several issues in this area, including general principles about good nutrition, the needs for micro- and macronutrients during the phases of the reproductive cycle, and the issues specifically relevant to low-middle and high income countries. We anticipate that these recommendations will be useful for a wide audience including health care providers across a range of specialties, health care delivery organizations, policy makers, professional organisations, teachers and educators, and women and their families.’

If you are planning on attending the FIGO World Congress and are interested in this topic, please consider signing up for the workshops on the FIGO Recommendations on Adolescent, Preconception and Maternal Nutrition which will take place on 4 October from 14.00–17.00, as well as a panel session on the recommendations on 5 October at 13.45.

Gestational Diabetes – the maternal health link to defeating diabetes and NCDs

Gestational Diabetes Initiative (Donor: Novo Nordisk; 2014–2015)

In most parts of the low-, low-middle and upper-middle income countries (which contribute to over 85 per cent of the annual global deliveries), the majority of women are not properly screened for diabetes during pregnancy. Many of the very same countries also account for 80 per cent of the global diabetes burden, as well as for over 90 per cent of all cases of maternal and perinatal deaths and poor pregnancy outcomes. Given the interaction between hyperglycaemia and poor pregnancy outcomes – and the role of in utero imprinting in increasing the risk of diabetes and cardio-metabolic disorders in offspring of mothers with hyperglycaemia in pregnancy, as well as increasing maternal vulnerability to future diabetes and cardiovascular disorders – there needs to be a greater global focus on preventing, screening, diagnosing and managing hyperglycaemia in pregnancy. In recognition of this, FIGO’s Expert group on gestational diabetes has developed a comprehensive resource providing appropriate evidence-based guidance on screening, diagnosing and providing care for women with gestational diabetes mellitus (GDM). This practical and pragmatic guide promotes a uniform approach to testing, diagnosis and management of GDM for all countries and regions based on their financial, human and infrastructure resources.

Professor Moshe Hod, Chairperson of the Expert Group, said: ‘By providing regional case studies we are able to suggest a template for action which is within the resource capabilities of the country. In addition, the document provides a model for countries to assess the cost effectiveness of various gestational diabetes screening and management choices so they can make the best decision. We are pleased to announce that this document has already been endorsed by the following external organisations: the International Association of Diabetes in Pregnancy Study Groups (IADPSG), the European Diabetic Pregnancy Study Group (DPSG), the Diabetes in Pregnancy Study Group India (DIPS), the European Association of Perinatal Medicine (EAPM) and the Chinese Society of Perinatal Medicine.’

The document will be ready for presentation at the FIGO World Congress. If you are interested in GDM, consider enrolling on the post-graduate course on 4 October titled ‘New Challenges in Maternal Foetal Health: Facing the Global NCD Epidemic – the FIGO GDM Initiative’, as well as attending a session on 5 October on ‘Developing and disseminating evidence-based standards of care protocols on caring for women with gestational diabetes’, which will be held at 13.45.
The FIGO Prevention of Unsafe Abortion Initiative

The FIGO Prevention of Unsafe Abortion Initiative has as its aim the reduction of unsafe abortion rates and the maternal mortality and morbidity associated with unsafe abortion through two components: encouraging FIGO Member Societies to give proper attention to the problem of unsafe abortion and adopt the FIGO Initiative for the Prevention of Unsafe Abortion; the other is working directly with Member Societies in ensuring that they are involved in preparing and implementing a plan of action that serves the affected women. The Initiative involves 46 countries, and concentrates on 16 priority countries with high unsafe abortion and maternal mortality rates.

Evaluation of progress achieved during the last two years

By Professor Aníbal Faúndes, Project Director

Professor Aníbal Faúndes, Project Director

There are few objective parameters with which to measure the progress achieved by the Initiative for the Prevention of Unsafe Abortion, but those that exist are encouraging. It is broadly recognised that changes in direct indicators such as unsafe abortion rates and abortion-related maternal mortality are very slow and difficult to identify in short periods of time. Abortion rates are difficult to measure in countries where abortion laws are restrictive and health statistics unreliable and it would be unrealistic to depend on such an indicator.

Only one small country (Gabon) included a reduction in abortion-related mortality in the main hospital, which takes care of about one third of all deliveries and abortion complications in the country, in its plan of action. As a result it was possible to calculate the number of abortion-related deaths year by year since the beginning of this Initiative. The main interventions were within the hospital: introduction of manual vacuum aspiration (MVA), and a drastic reduction in the delay in care; also very importantly, misoprostol was introduced in the country, and information on its correct use was made available.

While the hospital had 19 abortion-related deaths in the three years from 2005 through 2007 (before the start of the Initiative), it did not have one single death during the last three years (2012–2014). It is impossible to know which factor was the most influential, but there is no doubt that the broader use of misoprostol reduced the more severe complications, and more prompt and proper care of the complications prevented the evolution to death within hospital.

The fact that this was a small country facilitated the change within a short period of time, but it is an indicator that the kind of intervention induced through the FIGO Initiative is most probably also having an effect in other, larger countries. More indirect indicators, such as use of MVA and misoprostol or medical abortion in general for the treatment of incomplete abortion and legal termination of pregnancy (LTP), show a relatively slow but continuous progress. In particular, by introducing its use in countries where strong resistance to the use of MVA has existed for a long time. While those countries are neither priority countries nor important countries in size, the fact that we are reducing the number of countries where MVA is not used reinforces the concept that it is a technology that has to be adopted by all. This is clearer in Latin America, where there is no longer any single country which is not yet using misoprostol on the treatment of incomplete abortion. This has been achieved by following the strategy that we proposed at the beginning of the last two year period, which was to apply our comparative advantage of direct relations with key university teaching hospitals. The possibility of providing MVA kits with the minimum of delay when in obtaining access to this technology was the sole limiting factor and also a very important contribution to the progress achieved in MVA use.

The availability of misoprostol in every country is one of the main purposes of the Initiative and we try to ensure that the countries introduce that item into their plans of action. The fact that the plan has to be prepared in conjunction with the government, usually the Ministry of Health, both a disadvantage and an advantage. A disadvantage, because misoprostol is seen as a symbol of facilitating abortion. As such, it becomes a delicate political matter for governments. An advantage, because once included in the plan, the Ministry of Health becomes an ally in the process of registering misoprostol, for reproductive health indications, including post-partum haemorrhage, or in general. Our role, in advocating including the registration of misoprostol in as many plans of action as possible. One mechanism has been to support studies on the effect of availability of misoprostol on the rate of abortion complications and deaths and on their publication. The accumulation of evidence showing the association between the availability of misoprostol and the reduction of abortion-related severe maternal morbidity and mortality is a very strong argument in support of introducing misoprostol or of keeping it available.

Post-abortion contraception was almost non-existent in many countries, or just limited to referring the patients to a family planning clinic. Within the last two years every country has introduced post-abortion contraception and the two basic characteristics – provision of a method before discharge and emphasis on LARC – are being progressively understood and becoming part of such programmes, at least in university teaching hospitals. Expansion to other large hospitals is also in progress in several countries.

The most important qualitative change has been the inclusion of the provision of safe LTP, within the limits of the law, sometimes in the plans of action or at least in practice, without being necessarily in the plans of action. This is happening both in priority and non-priority countries. In order to support such a change, we have prepared and disseminated a slide presentation with the aim of supporting broader access to safe abortion services. This educational material was used by a remarkable number of member obstetric and gynecological societies during their national conferences in order to distribute the knowledge to the members who practice in this area. We also prepared an article: ‘Evidences supporting greater access to safe legal abortion’, in collaboration with Iqbal Shah, to be included in a supplement of the International Journal of Gynecology and Obstetrics (FIGO) – the ‘World Report on Women’s Health’, edited by Professor Purandare, President Elect of FIGO. This supplement will be distributed to all colleagues who register for the next FIGO Congress, to be held from 4–9 October 2015, in Vancouver, Canada. We expect that the next two years will be marked by an increasing involvement of obstetricians and gynecologists in the provision of safe termination of pregnancy within the limits of the law.

Moving forward the agenda on young people, contraception and abortion

FIGO recently brought together 34 obstetricians/gynecologists, medical students, and delegates from youth advocacy and reproductive health organisations for its workshop ‘Young People, Contraception and Abortion.’ The aim was to move the agenda forward regarding service quality, access, and partnership in selected South Asian countries.

The workshop, held in Colombo, Sri Lanka in March 2015 (funded by Marie Stopes International), built on FIGO’s experience delivering regional workshops on unsafe abortion and regional discussion groups between obstetricians and young people. The two-day interactive workshop involved sessions on abortion and contraception, challenges and obstacles to providing information and services to young people, ethical issues in providing services, different types of advocacy, and how providers can be advocates.

The workshop met its three aims of 1) increasing knowledge, specifically regarding medical eligibility and quality of care considerations, 2) creating awareness of and mutual understanding between the different groups represented with a view to future collaboration, and 3) improving advocacy skills needed for the following: ensuring young people are viewed as a priority group with specific needs, and increasing young people’s access to quality information, education, and safe contraceptive and abortion services. The group also wrote a mission statement and country-based action plans to be delivered over the next six months.
Introducing Dr Richard Adanu – new Editor of IJGO

Richard M K Adanu, MBCChB, MPH was named the new Editor of the International Journal of Gynecology and Obstetrics (IJGO) in late 2014. He is a Fellow of the Ghana College of Surgeons; Fellow of the West African College of Surgeons; Dean of the School of Public Health at the University of Ghana; Professor of Population, Family and Reproductive Health; and a Consultant in obstetrics and gynecology at the University of Ghana. He has been Editor of the Contemporary Issues in Women’s Health section and a member of the IJGO Editorial Board. He has a particular interest in women’s health issues pertaining to low-resource countries.

Dr Adanu… you are at the helm of IJGO (www.ijgo.org) at a most exciting period in its history. What will you enjoy most about your new position?

I will most enjoy working with the team of highly resourceful people on the Editorial Board and in the journal office. These are all people who are very passionate about women’s health and are committed to ensuring that the IJGO continues to improve. Using the journal as a medium to highlight current important issues in clinical obstetrics and gynecology and women’s reproductive health will also be a very enjoyable thing to do. The Board is also committed to ensuring that contributions to the journal are from diverse regions of the world, emphasising our international nature.

IJGO has increasingly modernised: access to the journal through electronic media is growing apace – it is available as an app (www.ijgo.org/content/mobileaccessinstructions), and now has a presence on Twitter (@IJGOLive). How will you build on this?

The journal will work to have a greater presence on the social media platform. We intend to regularly send out tweets about the activities of the journal office and the Editorial Board. Our news section on ‘Contemporary Issues on Women’s Health’ will also provide material that can be broadcast on these social media platforms. A new feature is the ‘Editor’s choice’, where one article will be highlighted each month on Twitter. We will continue to encourage authors to provide pictures and videos related to their articles, which can be featured on the IJGO website.

You are the first Editor from a low-resource country in the journal’s 50-year history. How important is this?

This is extremely important and it sends a very clear message about the fact that FIGO works with obstetricians and gynecologists from all parts of the world. It also highlights the fact that investment made over the years in low-income countries to train academic obstetrician-gynecologists is yielding dividends. FIGO has done, and continues to do, a lot of work in Africa, and I feel highly honoured that I can represent the continent in service to FIGO in this way.

IJGO welcomes a new Editor

Dr Richard Adanu chaired his first meeting as IJGO Editor-in-Chief at the annual meeting of the Editorial Board held in late February.

IJGO, the official publication of FIGO, had a busy and positive year in 2014, which saw several significant changes in the editorial office and promotion of IJGO via social media. Importantly, Dr Adanu successfully took the helm from Dr Timothy Johnson, who continues as Editor Emeritus. Abi Cantor joined the team in May as Deputy Managing Editor; her expertise and dedication have been crucial for the continued improvement of IJGO. IJGO was saddened to learn of the deaths in 2014 of two IJGO Board members – Dr Harold Kaminsky (Editor Emeritus) and Dr Louis Keith (Associate Editor Emeritus). Their contributions were remembered in obituaries published in IJGO and they will be sorely missed by the FIGO family.

Continuing on from record increases in 2013, the journal received approximately 1,400 new submissions in 2014. IJGO was fourth in the list of most downloaded articles among 16 women’s health journals published by Elsevier, with 488,000 downloads. Article downloads from IJGO’s dedicated web platform (www.ijgo.org) more than doubled in 2014 to 70,500.

In 2014, we published two supplements and began work on the nine supplements planned for 2015 – our highest number yet. These include the World Report on Women’s Health, guest edited by FIGO’s President-Elect, Professor Chittaranjan Narahari Purandare and Dr Adanu, and the FIGO Cancer Report 2015, guest edited by Professor Lynette Denny. These will be published in time for the FIGO World Congress 2015, to be held in Vancouver. Plans are underway for an IJGO author workshop, which will be held in collaboration with the British Journal of Obstetrics and Gynaecology, Obstetrics & Gynecology, and the Journal of Obstetrics and Gynaecology Canada. We also hope to see many people at the IJGO and FIGO congress booth, where we will be promoting the journal.

IJGO’s journal twitter feed (IJGOLive) has seen a steady increase since it began in July 2014. The new FIGO website contains new and improved dedicated IJGO pages, which feature a new section, the ‘Editor’s Monthly Pick’. Here, the Editor chooses his favourite article from the current issue and provides a short commentary about the paper. Lastly, in a bid to make the journal available to researchers on the move, a journal iPad app is also available.

Clare Addington, IJGO managing editor, commented: ‘The journal saw some significant changes last year that we are confident will continue to strengthen IJGO’s position as a unique journal in the field, tackling myriad women’s health issues that other journals may not publish so readily. Our truly international reach, with a focus on issues from low- and middle-income countries, is something to be proud of.’
Collaborating for Quality Care – An invitation from the Society of Obstetricians and Gynaecologists of Canada

By Dr Jennifer Blake, CEO, SOGC

The Society of Obstetricians and Gynaecologists of Canada (SOGC), founded in 1944, is Canada’s oldest professional medical association. For over 70 years, the SOGC has worked to promote excellence in the practice of obstetrics and gynecology and to advance the health of women through leadership, advocacy, collaboration and education. As the leading authority on reproductive health care in Canada, the SOGC sets national standards for education and clinical practice related to women’s health issues.

The key to the SOGC’s long tenure and numerous achievements has been a firm commitment to quality care and a devoted effort to embrace collaboration. It is comprised of over 3,500 professional members, including gynecologists, obstetricians, family physicians, nurses, midwives and allied health professionals. Throughout the years, we have learned the value of multi-disciplinary teamwork, as we continuously strive to bring together experts from various fields of study to contribute different perspectives on topics related to women’s health. We also welcome members from around the world, recognising the value they bring in varying settings.

In our quest to ensure that every woman receives the highest standard of quality care, the SOGC gathers the expertise of its members to contribute to the development, review and updating of hundreds of clinical practice guidelines. These guidelines and the information therein are then shared during continued medical education events throughout the year and are also adapted for the creation of public education tools, so that both health professionals and the public have access to the most up to date health information they need. Every guideline that is created is based on the highest scientific evidence and involves a rigorous review and validation process.

The SOGC’s continued medical education events allow our members to update their skills and knowledge with the latest research and innovations in the field of obstetrics and gynecology. We pride ourselves on offering top-notch medical education. The Advances in Labour and Risk Management (ALARM) course, for example, is recognised around the world as a leading educational initiative for the health professionals working in obstetrics. The course is presented by a multi-disciplinary group of volunteers and the content is updated on a regular basis. The ALARM course, and its derivative the ALARM International Program, has extended beyond borders and has been adapted for use in over 28 countries around the world.

For the past two decades, the SOGC, through its Global Health Program, has worked to contribute to global health equity by leading and participating in projects that aim to improve women’s health outcomes in low-resource countries. SOGC members have volunteered to deliver training in emergency obstetric and neonatal care, to adapt guidelines for use in other countries, to develop quality assurance tools, and to build organisational capacity of Ob/Gyn associations in low-resource countries. Through this work, the SOGC has had the honour of collaborating with ob/gyn associations around the world, making new friendships and sharing knowledge and experience.

We have had the privilege of working closely with FIGO on these endeavors. The FIGO Saving Mothers and Newborns Project and the FIGO-LOGIC initiative allowed us to grow as a Society as we learned from our colleagues in countries such as Haiti, Uganda, Burkina Faso, and more. Beyond our collaboration on international projects, the SOGC has had a special relationship with FIGO for many years. It has been an honour to have Canadian representatives participate on the FIGO Board of Directors and on numerous committees, to help shape the policies and practices that become international standards. Canada, as a bilingual country with a multi-cultural population, has many valid lessons to share in our field of obstetrics and gynecology which could be adapted and applied in other countries that are working to improve the quality of care delivered to women.

The SOGC’s close relationship to FIGO, as well as with other global networks such as the Partnership for Maternal, Newborn, and Child Health (PMNCH), has allowed our strong national voice to join others around the world for even greater impact in advocating for global health equity. In 2010, these efforts resulted in making maternal health a priority topic for the G8 Summit, with investments promised and delivered by several country governments. Since then, Canada’s investment in global maternal health has grown remarkably, with our Prime Minister embracing the cause as Canada’s number one priority for international development. Once again, the underlying reason for this success has been embracing the idea of collaboration. Canadian medical associations, NGOs and universities have grouped together to form the Canadian Network for Maternal, Newborn, and Child Health (CANMNNCH) and are working together toward the common goal of improving the health of women and children around the world.

We have seen the success that results from working together, from speaking as a unified voice and collaborating to achieve a common goal. FIGO offers us an opportunity to gather as a global community of workers in the field of obstetrics and gynaecology to achieve more than any one of our Societies could do on its own. We look forward to welcoming the world of ob/gyns to Canada this October at the 21st FIGO World Congress, to celebrate our success as a team and to plan for our future goals.

It is an exciting time for maternal and child health in Canada and we are eager to share the excitement with our colleagues from around the world. Surrounded by the beautiful landscape of Vancouver, the Rocky Mountains will inspire us to set our goals high, because a world where every woman receives quality care is achievable, as long as we work together.
**FIGO EVENTS**

**Save the Date: Vancouver 2015**

Five months to go… book your place before 31 August 2015 for best rate!

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<tr>
<th>Delegate</th>
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*Low-Resource Countries according to the World Bank classification

**Regular**

**DELEGATE REGISTRATION FEE includes:**

- Opening Ceremony and Reception
- FIGO Evening for All
- Closing Ceremony
- Access to all Scientific Sessions (excluding pre-Congress courses) and the Exhibition Hall
- Refreshment breaks (lunches are not included)
- Delegate bag and Congress literature

**Early**

- On or before 15 May 2015
- CAD $1000

**Regular**

- On or before 31 August 2015
- CAD $1150

**Late/Onsite**

- After 31 August 2015
- CAD $1300

*Low-Resource Countries according to the World Bank classification

**Resident/Registrars/Trainees/Midwives/Nurses**

- CAD $800
- CAD $800
- CAD $850

**Accompanying Person**

- CAD $600
- CAD $600
- CAD $650

- CAD $250
- CAD $250
- CAD $250

Please note, the FIGO 2015 Organising Committee has made an effort to ensure that registration fees are in line with the previous two FIGO Congresses.

Visit www.fig02015.org/registration-accommodation/registration/ for detailed registration information.

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**Diary Dates**

- **2nd European Congress on Intrapartum Care**
  - 21–23 May 2015, Porto, Portugal
  - www.cacic2015.org
- **19th Ain Shams Obstetrics and Gynecology International Conference (ASOGIC)**
  - 27–28 May 2015, Cairo, Egypt
  - www.asogic.com
- **24th Asian and Oceanic Congress of Obstetrics and Gynaecology 2015**
  - 3–6 June 2015, Kuching, Sarawak, Malaysia
  - www.aocog2015.com
- **International Urogynaecological Association’s 40th Annual meeting**
  - 9–13 June 2015, Nice, France
  - www.iugameeting.org
- **14th World Congress in Fetal Medicine 2015**
  - 21–25 June 2015, Crete, Greece
  - www.fetalmedicine.org/fmf-world-congress
- **XXII World Congress of the International Society for the Study of Vulvovaginal Disease (ISSVD)**
  - 27–29 July 2015, New York, USA
  - www.newyork.issvd.org
- **Swedish Society of Obstetrics and Gynecology 2015**
  - 24–27 August 2015, Jonkoping, Sweden
  - www.sfog.se/start/kalender
- **7th World Congress on Ovulation Induction**
  - 3–5 September 2015, Bologna, Italy
  - www.ovulationinduction2015.org

**CoGEN: Controversies in preconception, preimplantation and prenatal genetic diagnosis:**

- How will genetics technology drive the future?
  - 25–27 September 2015, Paris, France
  - www.comtecmed.com/cogen/2015

**PCS World Congress of Urology 2015 (WCU-2015)**

- 30–31 October 2015, Warsaw, Poland
  - www.pcscongress.com/wcu2015

**12th World Congress of Perinatal Medicine**

- 3–6 November 2015, Madrid, Spain
  - www.wcpm2015.com

**2nd International Conference on Gynecology & Obstetrics**

- 16–18 November 2015, San Antonio, USA
  - www.gynecologyconferenceseries.com

FIGO accepts no responsibility for the accuracy of the external event information. Inclusion of any event does not necessarily mean that FIGO either endorses or supports it (unless otherwise stated).