‘The value of volunteerism’: FIGO President encourages global action in 2014

Dear Colleagues

We are living in a world of economic, environmental and civic turmoil. Women and children are particularly vulnerable at such times, and require extra specialist help and support. FIGO offers condolences to those affected – even though our resources are naturally limited, we urge those who can to help in any way they can.

The challenges of NCDs, Climate Change and Health

As well as natural catastrophes, there are two silent ‘cyclones’ or ‘tsunamis’ that will undoubtedly affect current and future generations: non-communicable diseases (NCDs) and climate change and health. FIGO is working with the World Diabetes Foundation (WDF) and regional and national societies to look at the issue of the diabetic and obesity epidemics. Our aim is to halt them through influencing adolescent and young women’s nutrition so that the epigenetic influences of foetal origins of adult disease can be curtailed to some degree. Recently, FIGO and WDF held well-received workshops on these important topics at conferences in Addis Ababa, Mexico and Shanghai, with the assistance of Professor Luis Cabero-Roura, Professor Moshe Hod, Dr Anil Kapur (former WDF Managing Director) and Dr Anders Dejgaard (current WDF Managing Director).

A human rights-based approach

In my capacity as President of the British Medical Association (BMA) I am working – with its valuable help – on the issues of NCDs, climate change and health, to help increase volunteerism by doctors and training students from all UK medical schools on a human rights-based approach to women’s health. Professor Lesley Regan, Chair of the FIGO Committee for Women’s Sexual and Reproductive Rights (WSRR), is spearheading this particular initiative – for example, FIGO held a very successful workshop on this topic, with Dr Diane Magrane (Committee Co-chair) and Professor Pak Chung Ho (Committee member), at the recent Asian & Oceanic Congress of Obstetrics and Gynaecology.

I would therefore make a plea to national societies, and individuals, to be active in these areas via voluntary activity to help those in need, as well as teaching and training in a rights-based approach to care. Further information can be found at: www.glowm.com/womens_health_rights.

The urgent need for contraception

Women in this world are dying because of a lack of contraception. It is estimated that there could...
be a 30 per cent reduction in maternal deaths by expanding contraceptive services. Many multi-
donor agencies are working in this area but more help is needed, especially through professional
societies, so FIGO is keen to engage with societies to see how matters can be improved.
FIGO’s new project in this area – ‘Institutionalising Post-Partum Intrauterine Device (IUD) Services
and Increasing Access to Information and Education on Contraception and Safe Abortion Services’ – is underway, with many activities
planned. As background, in several countries young women undergo tubal occlusion because of
the unavailability of other methods of contraception. Long acting reversible contraceptives (LARCs) with IUD or implants may be suitable alternatives, and the best time to
action this for many women may be immediate post-delivery – after women leave hospital after
birth, they may encounter difficulties in returning to health facilities to receive suitable
contraceptive advice.
I also attended an important meeting in September in the UK on this subject, facilitated by the Population Council and the London School of Hygiene & Tropical Medicine. This may
indeed be an opportune time for national societies and regional federations to plan how best they can work with government, NGOs and donors to improve the contraceptive situation in their own countries.

FIGO presence at high-profile national and regional meetings
As FIGO President, I attended the excellent FGOGI Southern Zone, Tamil Nadu meeting in August, with schools devoted to school children and the public. Shortly afterwards, the President of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, Professor Michael Permezel, invited me to attend the FIGO annual meeting, where evidence-based medicine and guidelines were robustly challenged in every session.
Following this, the FGOGI-FIGO ‘International Conference on Recent Advances in Obstetrics and Gynaecology’, organised by the energetic Professor Shantha Kumari, was held in Hyderabad, India, in late September. There was a record attendance of over 1,000 participants and the scientific programme was enhanced with a number of excellent pre-congress workshops. Attending the Singaporean and Swedish societies’ meetings also enriched my knowledge - they, too, are trying to see how best they can interact and help less-resourced countries.
Most high-profile of all recent meetings was the first FIGO African Regional Conference (Addis Ababa, October 2013)

overseen by Chair Dr Hani Fawzi, was excellent. We also met with the Ministers of Health and Foreign Affairs who pledged their full support for AFGO and FIGO activities in general.
All those involved in preparations for this ground-breaking regional conference deserve our sincere thanks. We hope there will be more interaction between African national societies to
help improve women’s health on this great continent.
One African highlight was a visit to the Hamlin Fistula Hospital in Addis Ababa (www.hamlinfistula.org) – an amazing organisation. Dr Catherine Hamlin and her staff deserve every recognition for the outstanding work they have performed over several decades. FIGO is proud to be associated with Catherine and the hospital – it is now the main training centre for FIGO Fellows. In mid-October, I attended – together with Professor Rushwan - the World Congress of Surgery, Gynaecology and Anesthesia (WCSOTA) in Trinidad and Tobago, supported by several prestigious organisations, including Johns Hopkins University School of Medicine, the International College of Surgeons, the World Federation of Societies of Anaesthesiologists, and the Ministry of Health of Trinidad. Special thanks go to Professor Jean Anderson from Johns Hopkins and Professor Samuel Ramsewak, Dean of Medical Sciences at the University of the West Indies, for enabling our participation at this superb event.
In late October I attended the 64th Congresso Mexicano de Ginecologia y Obstetricia, in Mexico, participating both in the pre-congress workshop sponsored by WDF and in the main conference. My congress plenary focused on ‘Knowledge Transfere’, and incorporated a mention of The Global Library of Women’s Medicine (www.glom.org), the educational platform supported by FIGO (see page four for an interview with David Bloomer, its founder). I was pleased to be given the chance to promote the excellence of the GLOM to delegates, and be able to give an indication of its breadth; eg hundreds of ultrasound pictures; tens of videos and master class lectures; and hundreds of text-
book chapters, etc. Professor Ernesto Castelazo, FIGO’s Vice President, and his team, looked after us well – we owe congratulations to Ernesto on his being elected the new President of the Mexican national federation.
After Mexico, I visited Cordoba with Professor Luis Cabero-Roura to attend the conference of the Argentine Society, also supported by FIGO’s President and FIGO Executive Board member Professor Nestor Garello. Simultaneous translation enabled full participation by the audience. Professor Luis Cabero-Roura and I were honoured to receive a visit from Cordoba University (one of the oldest universities in the world) – a doctorate and professorship respectively. We were delighted and grateful for their kind gesture. More importantly, this gave us an opportunity to meet with several FIGO Executive Board members and members of the Federation of Latin American Societies of Gynecology and Obstetrics (FLASOG) to discuss matters of mutual interest and concern.
In November I participated in the International Annual Meeting of the Lebanese Society of Obstetrics and Gynecology. The theme, ‘Integrated Care in Acute Emergencies’, was certainly an appropriate focus with regard to their current situation. Lebanon’s population is 4.2 million – already there are more than a million refugees arriving from Syria and they are expecting a further million. They are planning how best to deal with the health needs of women and children. FIGO Executive Board member, and Co-ordinator of the Congress, Professor Faysal El-Kak, is working closely with the Lebanese national society, and is partially seconded to the Ministry of Public Health. FIGO encourages everyone involved to give of their best, and we look forward to learning from their experiences in future meetings.
One observation I would make is that our hosts are all busy with their clinical practices, teaching and research, but yet give us time and look after us well – splendid hospitality for which I and my fellow colleagues are most grateful.

Countdown to Vancouver 2015: preparations in full swing
The preparation for the next FIGO World Congress in Vancouver (4-9 October 2015) is well in hand, under the leadership of our Executive Directors and the Congress Committees. The conference facilities are second to none, and the hotel accommodation exceptionally well appointed, and all well within walking distance. The Congress ‘First Announcement’ has now been released
(see www.figo2015.org and www.figo.org), so I urge you to reserve the dates and join us for what will be a truly
memorable event. I have no doubt it will be a great success and I want you, FIGO’s valued colleagues, to play an integral part in that success.

The tool of advocacy: Recognising and supporting global days of interest
As a final word, I would like to stress that advocacy as a tool has never been more important. Our standard practice (alongside other organisations) is to issue statements of support on important global days – for example, World Prematurity Day – to help galvanise organisations to work together. Ms Alexandra Gilpin, our Communications Officer, together with the FIGO leadership, produces these statements, and posts them on www.figo.org. We now email these important messages to national societies in an attempt to disseminate and to encourage them to produce their own.
FIGO and I are most grateful to all of you for improving the health of women both as individuals, and through your respective organisations. I would like to take this opportunity to thank you for the tremendous support that you provide. I would also like to thank the hard-working FIGO staff for their efforts. This final Newsletter of 2013 comes to you with our very best wishes for a ‘Happy New Year’, and a positive beginning to 2014!
With kind regards

Professor Sir Sabaratnam Arulkumaran
FIGO President
Dear Colleagues

FIGO’s global activities continue apace until the very end of 2013 and beyond, and the last few months have witnessed great regional and international developments.

Green light for ‘Essential Interventions’ Workshops

September brought the new FIGO project for ‘Improving the Quality of Maternal and Newborn Healthcare Services Through Accelerated Implementation of the Essential Interventions by the Healthcare Professionals’ Associations’ into sharp focus, as two inception workshops were held in Jakarta, Indonesia, and Kampala, Uganda, respectively (see page six). Much was achieved at these valuable meetings, and we look forward to progressing the project over the next few months.

In mid-September, FIGO participated effectively in the scientific programme at the FOGSI-FIGO International Conference on ‘Recent Advances in Obstetrics & Gynaecology’, Hyderabad, India. The conference was exceptionally well attended, offering a rich and varied programme, and it naturally gave me the valuable opportunity of meeting with many of our FOGSI counterparts. The meeting demonstrated the importance of FIGO collaboration with national and regional associations in conducting high quality conferences.

In late October, I attended the 80th Nestlé Nutrition Institute Workshop conference in Bali, Indonesia with Professor Purandare, FIGO President-Elect; ‘Health and Nutrition in Adolescents and Young Women: Preparing for the Next Generation’. This highly important Workshop spanned many crucial subject areas such as obesity, diabetes, the social determinants of health in adolescents, and nutrition challenges in low- and middle-resource countries. FIGO is negotiating with stakeholders to receive an unrestricted educational grant – its overall objective is to produce, disseminate and implement evidence-based guidelines on maternal nutrition, from pre-conception to the post-partum period, in collaboration with obstetricians and gynecologists 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. We look forward to working with them on this highly important enterprise.

FIGO presence at World Innovation Summit for Health

As this goes to press, I am travelling to Doha as FIGO has been invited to attend the World Innovation Summit for Health – under the patronage of Her Highness Sheikha Moza bint Nasser – an international summit (last held in London, in 2012) with the objective of catalysing the innovations needed ‘to meet modern health challenges such as the non-communicable disease epidemic and achieving universal access to healthcare’. It is a prestigious event, attracting many figureheads, and I look forward to reporting on its conclusions in early 2014.

At the end of what has been a challenging but productive year, I wish you and your families a peaceful start to 2014. There is much work ahead of FIGO in its continuous quest to ensure that every woman, wherever she lives in the world, has her physical, mental, reproductive and sexual health needs met by a highly professional standard of healthcare.

Best wishes for 2014.

FIGO Chief Executive

Professor Hamid Rushwan

International Federation of Gynecology and Obstetrics

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FIGO INITIATIVES

‘Enhancing communication with members’: A case study from the Nepal Society of Obstetricians & Gynaecologists (NESOG) – supported by the FIGO LOGIC Initiative

by Dr Pushpa Chaudhary, NESOG President

Communication is derived from the Latin word ‘communis’, that means ‘to share’. It is a two-way process and involves a meaningful flow or exchange of thoughts, messages, or information within people or a group of speech, visuals, signals, writing or behaviour. ‘Media’ means communication channels such as traditional broadcast media and mass media, as well as modern communication media, including telecommunication – media for long-distance communication.¹

Professional associations can effectively contribute to people’s health status if they are empowered with better organisational capacity and leadership. FIGO supported the Nepal Society of Obstetricians & Gynaecologists (NESOG) to help them influence national health policy and practice through FIGO’s Leadership in Obstetrics and Gynecology for Impact and Change (LOGIC) Initiative in Maternal and Newborn Health. An Organisational Capacity Improvement Framework (OCIF), developed by the Society of Obstetricians and Gynaecologists of Canada (SOGC), was used to evaluate the baseline organisational capacity development efforts.

NESOG’s early communications

Members are the strength of any organisation and better communication and linkage with members improves “belongingness” to an organisation and ultimately results in better performance of members and the organisation. Before the FIGO LOGIC project, communication was mostly inter-personal and telephonic, with very limited use of electronic media, particularly emails, until 2001. Major decisions were taken during meetings such as Continuing Medical Education (CME) Workshops. Limited use of group SMS was used by the President/Secretary through personal mobile phones. NESOG Journals and Newsletters were first launched in 2005. During NESOG’s initial organisational capacity assessments in 2010, a tool to assess its operational capacity was rated as moderate (39 per cent).

Seizing the opportunity

Several initiatives were taken to improve communication with members and to keep them informed about NESOG activities. The office ‘set up’ was improved, with the addition of high speed internet access. Activities included: sending group emails/messages to disseminate information regarding CME training workshops and conferences, as well as sharing opportunities and resources; updating member profiles, including contact details; printing a new members’ list in the NESOG Newsletter; updating Facebook and its photo gallery with recent activities; and updating the NESOG website – www.nesog.org.np – with a new banner and more information, including a member list, details on affiliations with FIGO, AOFQG, SAFOG and collaborative partners, and information on national and international events, including conferences, and achievements of NESOG members.

Participation of NESOG members in its various activities was strong, such as attendance at Workshops on subjects including Grant Proposal Writing, Advocacy, Constitution Amendment and Near-Miss Reviews. NESOG CME conferences outside Kathmandu Valley were also increased. Members were impressively active in reciprocating via Facebook, and through participation in online voting in the NESOG elections (84 per cent). There was also a remarkable increase in the number of new members.

Special challenges

However, there were still a few barriers to communication, including “load shedding” [power cuts] and slow internet connections. Due to their busy schedules, daytime telephonic communication with members was often difficult. Limited access to and reciprocation of emails, particularly among members outside Kathmandu Valley, as well as a low response to SMS, was also noticed, and there was no evidence that the website was regularly accessed by the majority of members. It was, however, noted that SMS and telephonic communications were preferred.

Further refinements

Additional efforts for effective communication were the formation of extended NESOG committees/sub-committees, and exploring sub-specialty training opportunities for members. The website was made even more dynamic with the addition of a new banner, a members’ blog and greater promotion of social media. Going forward, communication will continue to be made even more effective, including teleconferencing and Skyping with members, which is particularly useful in supporting those working in remote districts.

Conclusion

Such interventions under the support of the FIGO LOGIC Initiative suggest that innovative approaches to enhanced communication between members of a society, spread all over the country, with diverse geography, can result in a positive impact on members’ participation in a professional association’s activities.

References:

The FIGO LOGIC Initiative concluded at the end of October 2013

FIGO Misoprostol Initiative: new resources available in Portuguese

Three new resources in Portuguese (outlining both prevention and treatment of post-partum haemorrhage with misoprostol, and detailing recommended dosages) are now available on the FIGO website at: http://www.figo.org/projects/figo-misoprostol-post-partum-haemorrhage-low-resource-settings-initiative.

French and Spanish versions are also available.

The Initiative has also been active in sharing the latest evidence at a number of recent major conferences: the first FIGO Africa Regional Conference in Addis Ababa; the Brazilian Congress of Gynecology and Obstetrics; and the Annual Conference of the Lebanese Society of Obstetrics and Gynecology.

Upeka de Silva, the Initiative’s Project Manager, said: ‘The expert panel sessions and materials have been well received. In addition to sustaining these dissemination efforts, focus will also be placed on assessing the value of this initiative at national level in 2014.’

NESOG organisational capacity assessment by the SOGC’s Lettle Perron in 2010 (front row, right)
**FIGO INITIATIVES**

**ESSENTIAL INTERVENTIONS**

**Green light for Jakarta and Kampala ‘Essential Interventions’ Inception Workshops**

September brought the new FIGO project for ‘Improving the Quality of Maternal and Newborn Healthcare Services Through Accelerated Implementation of the Essential Interventions by the Healthcare Professionals’ Associations’ into sharp focus, as two inception workshops were held in Jakarta, Indonesia, and Kampala, Uganda.

This project, involving FIGO, the International Confederation of Midwives (ICM) and the International Pediatric Association (IPA) leading a multi-stakeholder plan of action in Ukraine and Indonesia, focuses on implementing 17 Essential Interventions relating to Childbirth and Postnatal care. Support from the World Health Organization (WHO) has been central to its development.

Activities are being undertaken within two referral level health facilities in each country with the aim of increasing the capacity of the participating obstetricians, midwives and paediatricians to integrate the selected Essential Interventions into clinical practice.

The project’s ultimate aim is for a tested and replicable package of tools for implementing the selected Essential Interventions in low- and middle-income countries to be made available. Monitoring and Evaluation (M&E), a key component, has been provided by the Institute for Clinical Effectiveness and Health Policy (IECS – Instituto de Efectividad Clinica y Sanitaria) through the development of an M&E Strategy.

**A broad stakeholder base**

Both countries will seek support from their Ministries of Health (MoH) and WHO country offices; will make best use of other activities implemented by civil society organisations (CSO); and will collaborate with academia. The private sector will also be involved eg the acquisition of equipment such as the MamaNatalie® Birthing Simulators (courtesy of the Laerdal Foundation).

**Strength in partnership: an effective route to success**

Professor Hamid Rushwan, FIGO Chief Executive, said: ‘These valuable workshops were essential to set the scene of this important project, covering areas such as the initiative’s value, purpose, vision and key strategies. The main objectives were analysed in depth: to accelerate dissemination mechanisms for the interventions; to institutionalise quality implementation to ensure future sustainability; and to establish strong collaborative work between stakeholders.

**FIGO collaborates on ‘Helping Mothers Survive Bleeding After Birth’**

In 2013, FIGO secured funding from the Laerdal Foundation to run a master training course on ‘Helping Mothers Survive Bleeding After Birth’.

The course, conducted in collaboration with Jhpiego and the Laerdal Foundation, was held prior to the first FIGO Africa Regional Conference in Addis Ababa.

‘This excellent and highly practical workshop is a good example of an interactive learning methodology, which will no doubt contribute to improving the quality of care in delivery services.

‘FIGO hopes to institutionalise similar training programmes at its national and regional Congresses.’

Representatives from seven African countries were trained by Jhpiego using the Laerdal Foundation’s MamaNatalie® Birthing Simulators;

Professor Hamid Rushwan, FIGO Chief Executive, said: ‘A pivotal aim of FIGO is to ensure the availability of appropriately trained and equipped healthcare providers who are able to implement life-saving techniques for the benefit of mothers and babies on the day of birth.'
Mr David Bloomer founded The Global Library of Women’s Medicine with his wife Paula. After studying law at Oxford and qualifying as a barrister-at-law, David has spent nearly all his professional life in medical publishing, founding his first publishing company in 1969, and later The Parthenon Publishing Group which, from its offices in London and New York, published peer review journals and medical textbooks ranging across the whole field of medicine, with a special focus on women’s health.

Since retiring, David has made use of his vast experience to explore new ways of sharing medical knowledge, particularly in parts of the world where traditional methods of publishing are handicapped by distribution challenges and cost considerations. Thanks to his long-standing association and friendship with Professor John J Sciarra, a former FIGO President, the concept for The Global Library of Women’s Medicine was developed in 2006 and the programme launched in 2008.

David manages GLOWM from the UK, supported by a strong team. The project is being continuously expanded and increased emphasis is currently being given to the needs of less-resourced countries, with a committee established to explore new initiatives in this area. Since www.glowm.com is entirely free to all users, accepts no advertising and has no commercial objectives, David and Paula are continuing to look for supporters to assist in financing the Foundation so that it can maintain the site and expand this unique initiative in global medical education.

Q and A with David Bloomer, founder of The Global Library of Women’s Medicine

David, what is the ethos behind The Global Library of Women’s Medicine?

The simple objective of The Global Library of Women’s Medicine is to make a contribution to the enhancement of women’s healthcare around the world. It tried to do this by making available expert, up-to-date and peer-reviewed clinical guidance for medical professionals that is entirely free and accessible by anyone, anywhere.

Thanks to the generosity and support of over 900 experts from many different countries The Global Library now features a truly vast, and constantly expanding, range of resources. These include 446 specially commissioned chapters on most aspects of women’s medicine; a growing range of new textbooks; masterclass lectures; educational and surgical films and diagnostic atlases – all of which are principally for doctors – as well as skills videos; tutorials, wall charts; and other resources for nurses and midwives. There is also an expanding range of resources for community education, and a special section focused on women’s health rights and empowerment.

What attracted you about collaboration with FIGO?

FIGO is by far the most important globally unifying force in women’s medicine seeking, as it does, to set high standards of best practice for adoption around the world. I have personally worked closely with FIGO for more than 25 years on a number of important projects and I have seen its impact grow and its outreach develop in a most impressive way, so I am delighted that The Global Library is now able to collaborate with it in such a close way.

Since within our own sphere of activity we share exactly the same objectives as FIGO, it is enormously helpful to have FIGO’s support in developing the work that we do. It helps us to focus on the most important current issues, to interact with more people in more countries around the world and to identify and develop the most needed new resources. In return, I hope that our role as an official education platform for FIGO will make at least some small contribution to FIGO’s own global mission.

How will this collaboration evolve?

We are already working with FIGO in order to play a supporting role in some of its upcoming programmes, and we expect that this will develop further in the future. We are also actively looking at ways in which we can make access to knowledge at all levels easier and more effective, so, in addition to the internet, we are now using print, smartphone technologies and other options to enhance the availability of our resources, and some of FIGO’s.

One example of our collaboration with FIGO arose at FIGO’s recent first Africa Regional Conference of Gynecology and Obstetrics, held in Addis Ababa in October. At that meeting we recruited over 80 ‘Ambassadors’ who have agreed to accept from us memory sticks featuring almost all the resources of The Global Library, plus some selected resources from www.figo.org. The Ambassadors will use these memory sticks to download this material directly onto their local medical school and hospital library computers. Therefore, doctors and students at these medical schools and hospitals will be guaranteed instant access to all this valuable clinical guidance regardless of internet availability – in significant parts of Africa the internet is still either not available or very slow, so we hope this will be a genuinely worthwhile initiative.

Of course, this is only one example of the many ways in which I hope our collaboration will lead to useful developments in the future.
Addis Ababa welcomes first FIGO Africa Regional Conference of Gynecology and Obstetrics – October 2013

The first FIGO Africa Regional Conference of Gynecology and Obstetrics, held in Addis Ababa from 2–5 October 2013, was a ‘great success’, attracting over 800 attendees from approximately 70 countries.

Professor Hamid Rushwan, FIGO Chief Executive, said: ‘This long-awaited major conference has enabled international participants to meet with both local and world-renowned experts in obstetrics and gynecology, and to be updated on the most critical current issues. ‘In particular, the popular Pre-Conference Workshops – with topics ranging from Non-Communicable Diseases, Infertility and Assisted Reproduction in Developing Countries, Perspectives in Leadership and Minimally Invasive Gynecologic Surgery – provided attendees, at all levels, with the very latest, cutting-edge knowledge and techniques.’

First General Assembly for AFOG

Professor Rushwan continued: ‘The Conference was also notable for holding the important first General Assembly of the African Federation of Obstetrics and Gynaecology (AFOG), which was formally launched at last year’s FIGO World Congress in Rome.

‘We were extremely pleased to welcome AFOG members from Nigeria, Cameroon, Benin, Burkina Faso, Guinea, Sudan, Kenya, Uganda, Ethiopia, Mozambique, Gabon, Senegal, Mali and Zambia. It was agreed to hold the next AFOG meeting in early 2014, in Sudan, to continue discussion on matters such as the formation of the new Executive Board, and to finalise plans for the Federation’s initial activities for the promotion of women’s health.

FOGSI and FIGO highlight recent advances in obstetrics and gynecology

The FOGSI-FIGO International Conference on ‘Recent Advances in Obstetrics & Gynaecology’, held at Hyderabad International Convention Centre in mid-September 2013, was organised by FIGO, FOGSI and OGIS. The conference was an enormous success, with many eminent international and nationalfigureheads in attendance, and it attracted huge numbers of delegates from all over India.

According to organisers Dr Narendra Mahotra (FOGSI representative to FIGO) and Dr Shantha Kumari (Organising Secretary): ‘The Conference provided an excellent opportunity to forge new relationships and to exchange views and opinions with professionals from across the country and globally on critical issues of women’s health.’

Countries with the most representatives: Ethiopia, Sudan, Nigeria

Diary Dates

1–5 February 2014
57th All India Congress of Obstetrics and Gynaecology 2014 (Patna, India)
www.ailcog2014patna.com/

20–23 February 2014
19th World Congress on Controversies in Obstetrics, Gynecology & Infertility (COGI) (Macau, China)
www.congressmed.com/cogimacau

20–23 February 2014
3rd International Congress on Cardiac Problems in Pregnancy (Venice, Italy)
www.cppccongress.com

5–8 March 2014
16th World Congress of Gynecological Endocrinology (Florence, Italy)
http://isge2014.isgesociety.com/

28–30 March 2014
RCOG World Congress 2014 (Hyderabad, India)
www.rcog.org.uk/rcog2014

30 October–2 November 2014
FIGO-SAFOG-SCOG Conference (Colombo, Sri Lanka)

4–6 April 2014
5th Congress of the Asia Pacific Initiative on Reproduction (Brisbane, Australia)
www.aspirecongress.org/

24–26 April 2014
XII Annual Meeting of the Mediterranean Society for Reproductive Medicine (MSRM) & COGI-BCGIP (Barcelona, Spain)
www.comtecmed.com/MSRM/2014/

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