Dear Colleagues

In my Cape Town address last October, I stated that FIGO was undertaking a change that will make it more globally visible, particularly in low-resource countries. It is thrilling that within only six months much has been achieved to enable this. FIGO has - with great enthusiasm - built upon its good work, and has notably expanded on it, particularly in the areas of advocacy, partnership, commitments to promote rights, and access to reproductive and sexual health, training and education.

Continuing our valuable work

The FIGO Maternal and Newborn Health Initiative, funded by a grant from the Bill and Melinda Gates Foundation, has started to implement Phase I activities in eight African and Asian countries. The FIGO Saving Mothers and Newborns Initiative has been progressing extremely well. Its Haitian project coped admirably during the earthquake aftermath (report: page 5). In collaboration with the Society of Obstetricians and Gynaecologists of Canada (SOGC), FIGO has orchestrated further assistance through its member societies. I sincerely thank the SOGC and the Japan Society of Obstetrics and Gynecology (JSOG) for their support with this appeal.

The five long-standing FIGO committees have been re-composed, submitted their terms of references and started their activities. Two newly formed committees - the Education, Training and Capacity Building Committee (ETCBC) and the Reproductive Medicine Committee (RMC) - have formulated their terms of references and their initial activities have been impressive. The ETCBC held five workshops in Morocco, Egypt, Jakarta, Venezuela, and Cameroon, with more in the pipeline. The RMC/ETCBC also conducted ‘A Basic and Advanced Clinical and Laboratory Training Course in ART in Developing Countries’, in Cairo, in collaboration with Al Azhar and Lubeck Universities, and the International Committee for Monitoring ART (ICMART). Many candidates stayed on for more hands-on training for a period of between three-six weeks. It was exceptionally well attended - 46 candidates from seven African countries - and a great success; there are plans to hold a similar workshop later this year.

FIGO’s working groups on the prevention of unsafe abortion, violence against women and combating cervical cancer have just completed their tasks, producing excellent documents which will be published shortly in the International Journal of Gynecology and Obstetrics.

Looking ahead to 2012

Our 2012 Rome Congress organising and scientific committees are planning a memorable programme, and I thank the Società Italiana di Ginecologia e Ostetricia (SIGO) for its efforts and assistance in helping to make it a particularly special occasion. Please do pencil these dates into your diary: 7-12 October 2012.

Our place on the world stage

The FIGO 2009 World Report on Women’s Health has enjoyed wide dissemination at national, regional and international meetings in Egypt, Abu Dhabi, the Kingdom of Saudi Arabia and India, with plans being made for dissemination in Belgium and Tanzania. Arrangements are in place with the UNFPA Regional Arab States Office for holding a regional meeting involving many African and Asian Countries for further dissemination.

FIGO has been well represented in global meetings eg in Uganda by Pius Okong from Uganda; in Washington by Dr Debra Hawks from ACOG; J Schenker, H Tinneberg and T Kruger from the Israeli, German and South African ob/gyn societies respectively; in Florence by Takeshi Mauro (Vice President); in New York by Dorothy Shaw (Past President); and in Geneva by Wolfgang Holzgreve (Honorary Treasurer). I am grateful to these outstanding ambassadors. I should also mention the countless trips made by Chief Executive Hamid Rushwan, as he represents FIGO at many scientific, advocacy, partnership and donor meetings, as well as following up FIGO activities in various countries.

2010 Executive Board Meeting in Africa

In June, the FIGO Executive Board Meeting will be held in Tanzania; officers and board members will also participate in a special workshop on Maternal and Newborn Health, visit FIGO projects on fistula and safe motherhood, and receive feedback from colleagues and UN representatives on Tanzania’s maternal and child health situation.

I reiterate my thanks to the outstanding staff at FIGO headquarters; the member associations who give so much of their time; and to global colleagues who work tirelessly alongside us towards achieving mutual aims.

My very best wishes.

Professor Gamal Serour, FIGO President
Silvio Berlusconi gives seal of approval to Rome 2012

Italian President Silvio Berlusconi welcomed the XX FIGO World Congress of Gynecology and Obstetrics to Rome in 2012 in a recent letter to President Gamal Serour.

In his letter, President Berlusconi stated that: ‘This is a very important congress because it touches on diverse themes of relief to a social level which are a priority in our Government programme.’ He went on to say that he was ‘sure that the event will be a great success’, and reassured FIGO that it could ‘count on the help and support of the Italian government for the success of the event.’

Chief Executive’s overview

The year in focus

It has been an eventful few months.

In January, the earthquake in Haiti deeply shocked the world. For the past few years - using funds from the Swedish International Development Cooperation Agency (Sida) - FIGO has been supporting the Saving Mothers and Newborns Initiative in Haiti (on page 5 we have a short report). FIGO has made a donation and encouraged member societies to participate to help reach a target of US $500,000 by 1 June 2010.

Recently, I was asked to be part of a judging panel for Patient Safety in Maternity Care and to present the award at the prestigious UK Patient Safety Awards. This type of event truly does highlight the dedication of maternity care professionals in the United Kingdom.

The winner was Cardiff and Yale University Local Health Board (uLHB) with its ‘Obstetric Alert’ project, and the team thoroughly deserved its accolades. Every pregnant woman, regardless of her socio-cultural conditions, should receive appropriate care. Let this thought spur us on in 2010 to achieve greater success in those countries that face more challenges than most.

I am especially pleased that mutually rewarding partnerships with other high profile organisations have been coming to fruition this year - you will find an example on page 6.

2010 has seen me travelling extensively. In January, I attended the Geneva World Health Organization’s Executive Board Meeting with President Gamal Serour, meeting senior influential figures in the field of global health.

In February, a site visit to Rome took place to view preparations for our World Congress in 2012 - I can report that plans are well in hand. I have no doubt that Rome will be an excellent host for this most important triennial event. Our seal of approval from Italian President Silvio Berlusconi will enable us to move forward enthusiastically in our endeavours.

In New York in February, I met with UNICEF senior management - Ann Veneman, Executive Director; Dr Nicholas Alipui, Director of Programmes; and Dr Mickey Chopra, Chief of Health - to progress discussions on maternal and child health in low-resource countries. UNICEF, like FIGO, is passionate about the need to improve the dire health situation of mothers and children in these particular areas.

Downing Street has regularly beckoned through ongoing liaison with Sarah Brown’s Maternal Mortality Campaign. Enormous attention is now being placed on this issue at every level. On 24 February, I attended a meeting on behalf of FIGO that involved the First Ladies of Ethiopia and Rwanda, as well as the campaign partners. MDG5 - to improve maternal health - is firmly on the map, and the challenge is to maintain momentum in this important year as all the MDGs are assessed this September.

In April, I met with members of the fistula committee in Nairobi to discuss the piloting of FIGO’s groundbreaking fistula manual. This special trip enabled us to take stock of progress made by various physicians in the field.

April also saw our first Adolescent Sexual and Reproductive Health (ASRH) workshop, held in Bangalore, India, under the guidance of Dr Kamini Rao. Sadly, the first planned 2010 workshop in Chile could not be held in March due to the Chilean earthquake - we would like to thank Dr Ramiro Molina for his efficient re-organisation of participants and dates during this traumatic period, and we look forward to rescheduling the event this November. The next ASRH workshop was held in Khartoum, Sudan, at the end of April, hosted by the Obstetrical & Gynaecological Society of the Sudan, and will be reported on in the next issue. We thank UNFPA for their staunch support of this project.

It is difficult to believe that we are a third of the way through the year already, with much work to be completed in 2010. None of this would be possible without the hard work of the FIGO Secretariat, FIGO’s member associations and global colleagues who give so generously of their time and talents to the accomplishment of our projects.

My thanks to all.

Best wishes.

Hamid Rushwan, FIGO Chief Executive

Chief Executive, Hamid Rushwan
Nancy Durrell McKenna is an award-winning photographer, film-maker and author who specialises in work around pregnancy and birth in the UK and in developing countries.

In 2003, she achieved a long-held ambition and founded the UK registered charity SafeHands for Mothers, which is dedicated to reducing maternal and infant mortality globally.

She has contributed to numerous photographic exhibitions and worked with leading authors on books about pregnancy, birth, child development and women’s sexuality. Her impressive body of work has been produced in many countries in collaboration with international NGOs and governmental agencies, including UNICEF, WHO, and Save the Children. As testimony to Nancy’s contributions to photography in the service of medicine and surgery, she was awarded The Royal Photographic Society Combined Royal Colleges Medal in 2007.

A major highlight of the 2009 FIGO World Congress news agenda was the launch of FIGO’s DVD on FGM -‘The Cutting Tradition: insights into female genital mutilation’ - in partnership with Nancy and SafeHands for Mothers.

Nancy, 2009 was a hectic year professionally, with the launch of ‘The Cutting Tradition’. What has been its impact?

The over-arching comment was that we had taken a difficult subject, filmed it sensitively and were not judgemental. This was important.

Global star Meryl Streep narrates the film - a good choice?

To have an actress as respected, accomplished and internationally known as Meryl was indeed an honour and gave a special edge. The tempo of her narration was perfect for the subject.

Do you think that the issue of FGM will become more prominent in the next few years?

Films like ‘The Cutting Tradition’ draw attention to its complexities, but for real and lasting change to occur, taboos must be addressed at community level and opinions aired. When men and women understand and see for themselves the devastating consequences on a young girl’s life, stand up and say, ‘NO’, then we will see positive change. Excellent work has been done by international agencies - eg the Inter-African Committee on Traditional Practices (IAC) - to raise awareness of harmful gender-based discriminatory practices that violate young girls’ rights.

How did your relationship with FIGO evolve?

In early 2003 I met Lord Naren Patel. His passion to increase awareness about obstetric fistula among health professionals inspired “Fistula Pilgrims”, which I filmed in 2003, and launched at the FIGO World Congress in Chile that year.

In 2008, I met the then FIGO President Dorothy Shaw who wanted a film that would provide insights into the many aspects of FGM and raise questions critical to understanding its continued existence. With thanks to Dorothy and Chief Executive Hamid Rushwan, ‘The Cutting Tradition’ was launched at the 2009 Cape Town Congress.

Photographing and filming women during the most wonderful and the most vulnerable moments of their lives is a great responsibility. How do you approach this?

Birth is an extraordinary miracle and it is a privilege to be with a woman in labour. Yet it is a responsibility: as a witness I am bound to show visually what I have seen, including the inequalities. The woman giving birth in a mud hut and the woman giving birth in a well-staffed teaching hospital may experience the same emotions but the outcomes may be so different.

I am reminded of a tragedy: a mother had arrived at a health centre in northern Ghana - having walked for hours - worried that she had not felt her baby move for a day. When she gave birth to her stillborn daughter, the midwife said consoling words: ‘When water pours from the pot and falls on the ground, you can replace it, but when the pot breaks, no water can be carried again. We must keep you strong, so like the pot which carries water, you, too, can carry another child.’

Projects for 2010?

New films/partnerships will include:

- The Human Papilloma Virus Vaccine GlaxoSmithKline and the International Planned Parenthood Federation (IPPF).
- Who Cares About Sophie? Two advocacy films to highlight a Europe-wide advocacy and awareness-raising campaign on MDGs and its consequences for young girls in sub-Saharan Africa - in partnership with Sex & Samfund (the Danish Family Planning Association) and others.
- Health Education and Training (HEAT) Distance-Learning Programme, using SafeHands’ films and visuals in its ante-natal, safe delivery and post-natal modules - The Open University.

FIGO and SafeHands: may we continue our creative and productive partnership!
The Saving Mothers and Newborns Initiative is starting to wind down and two of its involvements will end this summer.

Pakistan: Community-based interventions to reduce maternal and perinatal mortality and morbidity in rural Sindh, Pakistan

This initiative is located in Taluka (sub-district) Mirpur Sakro in the Thatta District. The Society of Obstetricians and Gynaecologists of Pakistan (SOGP) has been upgrading three facilities in this region: the Basic Health Unit (BHU) in Gariwah provides antenatal care; the Reproductive Health Centre (RHC) for Basic Emergency Obstetric and Neonatal Care in Garo offers basic emergency obstetric care; and the Sheikh Zayed Medical Centre (SZMC) in Mirpur Sarko provides comprehensive emergency obstetric care.

SOGP has been able to ensure the provision of essential equipment, supplies and drugs, in-service training and the 24-hour presence of skilled attendants. It has improved referral mechanisms and implemented a health management information system. In addition, the initiative has been working at the community level, increasing awareness and demand of maternal health services.

Sensitising the community in general has become an important undertaking for the initiative in order to improve women’s access to healthcare. Special sessions address socio-cultural barriers such as illiteracy, lack of empowerment and various religious misconceptions regarding birth spacing practices. The Sida-FIGO funds also allowed the initiative to purchase air-time on television to advertise the work and the availability of health facilities in the area.

The initiative’s biggest success has been the training of 10 local girls as community midwives, which provided an opportunity for those girls not only to sustain the work but also, gradually, to replace traditional birth attendants. It is hoped that this will motivate local inhabitants to take care of community mothers and children.

The Pakistan initiative is expected to end 30 June 2010. The team is presently negotiating with the United Nations Population Fund and another philanthropic organisation to hand it over, while indicating that it wishes to stay involved in an advisory and supervisory role.

Uruguay: Protecting the lives and health of Uruguayan women by reducing unsafe abortion

This initiative has been implementing good quality, confidential pre- and post-abortion counselling in six health centres to help reduce morbidity and mortality resulting from unsafe abortion.

The main aims are the training of health teams, service-implementation, and sensitising the community about the services and provision of safe abortion. There is also a strong monitoring component to evaluate the behaviors and relationships between health professionals and healthcare users.

Women receive unbiased, confidential information about safe versus unsafe abortion, as well as the option to keep their babies.

Results indicate that the health centres now offer more comprehensive and integrated services to enable better follow-up of women’s care. In addition, attitudes towards abortion are more neutral, which respects women’s reproductive and sexual rights. Pre- and post-counselling, as well as community sensitisation, have had a positive impact on maternal mortality and morbidity.

Findings include:

- Practitioners are making more effort to provide women with informed choice (69.8 per cent in 2009, against 53.6 per cent in 2007)
- Exit surveys indicated that 95 per cent felt respected during the consultation

The model - developed by Iniciativas Sanitarias, working with the Society of Gynaecology of Uruguay, the Obstetric Association of Uruguay and professional societies of nurses and psychologists - helps to enable women’s reproductive rights and ensure confidentiality, while advising teams about professional responsibility.

Key people are Project Director Assistant Professor Leonel Briozzo, Country Project Midwife/Co-Director Ms Ana Labandera, OB Mentor Dr André Lalonde, and Midwife Mentor Ms Marianne Velandia.
FIGO in the field…

Help for Haiti

FIGO - in collaboration with The Society of Obstetricians and Gynaecologists of Canada (SOGC) - is continuing to encourage financial support towards relief efforts for mothers and newborns in the Haiti capital of Port-au-Prince.

As readers will know, the capital city was largely destroyed during a devastating earthquake in January, leaving only two remaining functioning maternity centres. According to SHOG (la Société Haïtienne d’Obstétrique et de Gynécologie), it is estimated that more than 47,000 women will be delivering in 2010 in and around the Port-au-Prince area.

For the past several years, using funds from the Swedish International Development Cooperation Agency (Sida), FIGO has been supporting the Saving Mothers and Newborns Initiative in Haiti to help respond to the needs of pregnant women and their newborns. This has enabled a maternity unit to provide basic emergency obstetric care with efficient referrals for complicated cases within the Croix-des-Bouquets Health Center, located in a suburb of Port-au-Prince. Due to the establishment of a nearby tent city of over 30,000 internally displaced people, this unit is now urgently being upgraded into a maternity hospital that provides 24-hour comprehensive emergency obstetric care.

Throughout 2010 and beyond, FIGO and the SOGC need your ongoing support to help address many critical issues, including the completion of rooms to provide cesarean section operating capabilities, medical and nursing supplies, and access to clean water for the clinic etc. This appeal will also address funding the salaries of the midwives, doctors, and allied health personnel for approximately 9-10 months, or until the Haitian government and international community can support the salaries of the staff at the hospital.

FIGO and the SOGC have donated US $25,000 and US $50,000 respectively. Donations are urgently needed to help reach a target goal of US $500,000 before 1 June 2010. While all contributions are very welcome and much appreciated, societies are encouraged to set target fundraising goals of US $5,000 to US $25,000.

The Canadian Foundation for Women’s Health, www.cfwh.org, a foundation within the auspices of the SOGC, is overseeing the fund.

To learn more about the campaign and how to donate, visit www.sogc.org, www.cfwh.org, and http://iwhp.sogc.org

New fistula training manual launching soon

FIGO’s standardised competency-based fistula training manual has now been field tested in five centres in Bangladesh, Ethiopia, Nigeria, Tanzania, and Senegal. Pilot results were discussed in a meeting of the FIGO fistula expert group (1-2 April 2010, Nairobi). The manual’s finalisation is expected by July 2010. UNFPA is supporting this initiative.

Cairo training course success

The Reproductive Medicine Committee, together with the Education, Training and Capacity Building committee, conducted: ‘A Basic and Advanced Clinical and Laboratory Training Course in ART in Developing Countries’, in Cairo (13-18 February), in collaboration with Al Azhar and Lubeck Universities and the International Committee for Monitoring ART (ICMART).
FIGO in the field…

Bangalore first to benefit from FIGO ASRH workshops

In April, a successful Adolescent Sexual and Reproductive Health (ASRH) workshop took place in Bangalore, India, presided over by Dr Kamini Rao, a former chair of FIGO’s Women’s Sexual and Reproductive Rights committee.

She commented: ‘The workshop was a great success, with some extremely interesting discussions and inputs from all participants.’

ASRH forms a major component of the global burden of sexual ill-health, but has historically been overlooked in terms of sexual and reproductive health interventions.

FIGO, with support from UNFPA, has resolved to strengthen the capacity of member associations to support ASRH interventions at the national level. It had previously undertaken:

• A literature review of adolescents’ (10-19 years) attitudes; perceptions of health professionals; and programmes already assessed for effectiveness.

• A survey of obstetricians’ and gynecologists’ attitudes, knowledge and perceptions of ASRH.

• A critical review of existing tools and guidelines for ASRH services, and professional training and education.

Chief Executive Hamid Rushwan explained: ‘The objectives were to review information from the FIGO KAP survey, to discuss available tools for ASRH services, and to develop a regional framework for ASRH services which could be further adapted to the national level, with involvement from the national ob/gyn society and other stakeholders.’

FIGO alliances

FIGO and Pathfinder International: improving reproductive lives

In more than 25 countries, Pathfinder provides women, men, and adolescents with a range of quality health services - from contraception and maternal care to HIV prevention and AIDS care and treatment. Pathfinder strives to strengthen access to family planning, ensure availability of safe abortion services, advocate for sound reproductive health policies, and, through all of its work, improve the rights and lives of the people it serves.

FIGO’s role in this partnership will be to collaborate with Pathfinder at central and local levels - in the areas of contraception, maternal and newborn health, unsafe abortion and other areas of SRH, including cervical cancer prevention - with the aim of strengthening both parties’ capacity to invest in better SRH as integral parts of achieving the Millennium Development Goals in line with national and regional priorities, plans and processes.

A comprehensive MOU has been signed by the two organisations which identified areas of collaboration in different issues related to women’s health and maternal and newborn health in particular. A detailed programme of work for implementation is in progress.
Spotlight on FIGO member associations

Royal College of Obstetricians and Gynaecologists
(London, UK) www.rcog.org.uk

‘The RCOG began activities in 1929, in response to the urgent need to address Safe Motherhood issues within the British Isles. We now have 12,000 Fellows and Members, with nearly 50 per cent based outside the UK, spanning 96 countries. Safe Motherhood work dominates our international agenda. The relationship between the RCOG and FIGO has always been strong and creative. FIGO’s current President, Professor Gamal Serour, and FIGO’s President-elect, Professor Sir Sabaratnam Arulkumaran, are very distinguished Fellows.

‘Our global member network makes a valued contribution to improving sexual and reproductive healthcare worldwide, supported by 29 International Representative Committees. Recent joint advocacy work undertaken by RCOG/FIGO last year to raise the message of the outrage of maternal death is a prime example - to achieve trained birth attendants in every corner of the world, all politicians must realise that the loss of a mother in childbirth is not only a personal tragedy and a disaster for any remaining children, but economically disadvantageous to that country.

‘Core functions of the College are standard setting and postgraduate training, with recent emphasis on e-learning. A current project - led by Lord Patel on behalf of FIGO, and incorporating the IOFS - has been to pilot a learning resource for the training of obstetric fistula surgery. Each partner is contributing from an area of strength - we have focused on the development of a competency-based training manual, incorporating contemporary work-based assessments.

‘FIGO-sponsored work includes the Safe Motherhood programme - we are an active partner in projects based in Moldova and Kenya. Additionally, we have helped facilitate elements of a capacity development programme: FIGO’s Professor David Taylor, Director of the FIGO-Gates Initiative, is helping us to focus streams of work in various communities. Sharing of contacts, experiences and learning is vital.

‘The Liverpool School of Tropical Health and the RCOG are involved in a five country roll-out project of Life-Saving Skills - Essential Obstetric Care and Neonatal Care evaluation in Bangladesh, India, Kenya, Sierra Leone and Zimbabwe. Programmes have also been running in Somaliland, Tanzania, Malawi and Swaziland, among other countries (see photo).

‘In 2008, we launched a new initiative to support aspects of maternal health in Eastern Europe, working alongside Eastern European colleagues to assist with the development of toolkits for auditing standards and practice, and focusing on maternal and perinatal morbidity and mortality and opportunities for developing shared guidelines.

‘We anticipate that we will be working more closely with FIGO and its member associations in the provision of international developments in women’s healthcare.’

- Tony Falconer, FRCOG, RCOG Senior Vice-President - International

Association of Gynaecologists and Obstetricians of Tanzania (Dar es Salaam, Tanzania) www.agota.or.tz

‘AGOTA has grown from 10 members in 1974 to 120 today. Its mission is to: promote the wellbeing of Tanzanian women; raise the standards of practice in obstetrics and gynecology; and encourage member research in general reproductive health.

‘Activities include:

- Organising FIGO Safe Motherhood and Newborn Health projects in the Kilwa District, Lindi Region
- Awarding the Jill Everett award to the best undergraduate in obstetrics/gynecology
- Sponsoring members’ attendance at international conferences and workshops
- Organising workshops/seminars in Safe Motherhood and Newborn Health, emergency obstetric care and family planning
- Producing evidence-based guidelines in collaboration with the Ministry of Health
- Membership of the FIGO Working Group on the reduction of maternal mortality due to Unsafe Abortion

‘In the last Annual General Meeting - October 2009 - three committees were formed and given terms of reference to help accelerate progress in reducing maternal morbidity and mortality.

‘Misoprostol
AGOTA has been involved - with the help of Venture Strategies - in training healthcare workers in Misoprostol use in several regions. The activities of this committee include ongoing training for Postpartum Hemorrhage (PPH) and Active Management of the Third Stage of Labor (AMTSL).

‘Cervical cancer control
This is one of the top causes of women’s deaths in Tanzania, and this committee organises activities to tackle the overall control of the disease, including all levels of prevention, with more emphasis on vaccination of young girls. Tasks include accelerating the provision of the HPV Vaccine in immunisation programs, and educating the public about cervical cancer by providing appropriate education in the form of brochures, posters and magazine articles etc.

‘Family planning and emergency obstetrical care
This committee addresses task-shifting in the provision of care of women during emergencies; advocates method-mix in family planning practices; improves the availability of family planning methods through technical assistance to the Ministry of Health; and promotes the training of Emergency Obstetric Care (EmOC) to other regions in the country.’

- Dr Furaha August, AGOTA publicity officer
FIGO committees

FIGO’s seven specialist committees reflect a continued determination to realise FIGO’s mission to promote the health and well-being of women worldwide and to improve the practice of gynecology and obstetrics.

In this issue, we take a look at three of these committees - including one that is newly formed (Reproductive Medicine) - and present a brief outline of some current activities.

Committee for the Ethical Aspects of Human Reproduction and Women’s Health - chaired by Dr Bernard Dickens

Aims and Ambitions:
To record and study the contemporary ethical issues which emanate from research and practice in obstetrics, gynecology, and reproductive medicine, including focusing on international issues to recommend guidelines on ethical problems in training, education, science and the practice of obstetrics and gynecology; to bring ethical issues to the attention of FIGO member societies, physicians, and the public in developed and developing countries; to address the question of FIGO’s policy towards sponsorship and relationships with industry.

Current activities:
• Recommendations in Disclosing Adverse Outcomes in Medical Care, under the leadership of consultant Professor Joanna Cain, and on Ethical Guidelines on Hymenoplasty, led by Professor Bernard Dickens, have been recently approved, and recommendations on Cross-Border Reproductive Care – guided by Committee Co-Chair Dr Françoise Shenfield – are close to completion.
• Future projects include: (non-)sterilization of minority women, pregnancy in women in persistent vegetative states or diagnosed as brain-dead, task-shifting by adequately trained personnel when obstetrician-gynecologists are inaccessible, and gynecologic care of disabled women.
• A new mandate is the development of a Bioethics Training Curriculum in Reproductive and Sexual Health for Developing Countries. Following a conversation with Professor Lesley Regan, Chair of the Committee for Women’s Sexual and Reproductive Rights (WSRR), members are addressing how they can creatively develop the project, including gathering materials to shape and furnish the curriculum. This may include some collaboration with the WHO Human Reproduction Programme.

Committee for Safe Motherhood and Newborn Health - chaired by Dr André Lalonde

Aims and Ambitions:
To act as a focal point for all FIGO activities dedicated to safe motherhood and newborn health; to consider the possible continuation or expansion of the FIGO Saving Mothers and Newborns Initiative aimed at reducing unacceptably high rates of maternal mortality and morbidity in developing countries; to monitor the activities being undertaken for the prevention and treatment of Post-Partum Haemorrhage, both independently and in consultation with ICM and other organisations; to identify other areas where FIGO might take an active role in safe motherhood activities; to act as a liaison point on behalf of FIGO with other organisations, including the Partnership for Maternal, Newborn and Child Health (PMNCH).

Current activities:
• A joint statement on breastfeeding is being prepared with the International Confederation of Midwives (ICM) and the International Pediatric Association (IPA).
• A joint statement on Post-Partum Haemorrhage is being updated so that it includes recent research.
• A statement is being prepared on the second stage of labour that would function as operational guidelines for managers.
• The committee oversees the Saving Mothers and Newborns Initiative.
• The committee chair participates on the board of the PMNCH; as Canada will be hosting the G8 Summit this year, Dr Lalonde is heavily involved in the advocacy of women’s health to ensure that G8 countries make a commitment to invest in this area.

Newly formed …
Committee for Reproductive Medicine - chaired by Dr David Adamson

President Serour initiated and the FIGO Executive Board approved the formation of a Reproductive Medicine Committee (RMC) in October 2009. The vision for this committee is to take the lead in addressing the medical and socio-cultural problem of infertility in low-income countries.

Infertility affects 15 per cent of reproductive age couples, or over 186 million ever-married women of reproductive age (15-49 years) in low-resource countries. Furthermore, WHO has recently recognised infertility as a disease and so it deserves our attention because even simple fertility services are not accessible or affordable in most low-resource areas of the world.

Dr David Adamson (USA) was appointed chair of this committee, with Professor Siladitya Bhattacharya (United Kingdom) as Co-chair. Other committee members are Drs John Collins (Canada), Klaus Diedrich (Germany), Silke Dyer (South Africa), Egbert te Velde (Netherlands), PC Wong (Singapore) and Fernando Zegers-Hochschild (Chile).

The mandate of the RMC is to fill the gap not covered by the subspecialty global federations and societies in order to help general obstetricians and gynecologists with their everyday fertility challenges. The RMC will issue guidelines and recommendations relevant to infertility and its prevention. It will also participate in continuing medical education programs.

Since its formation, the Reproductive Medicine Committee has created a preliminary mission and strategic goals by email and teleconference. These goals will be further developed during a meeting at the FIGO London offices on 4-5 June. The final proposed Reproductive Medicine Committee Terms of Reference will then be submitted to the FIGO Executive Board on 25 June for final editing and approval.
News

FIGO awards Fellowship on Gynecologic Oncology 2009-10

The FIGO Fellowship on Gynecologic Oncology 2009-10 - awarded by the Committee on Gynecologic Oncology - has been presented to Dr Carlos Anwandter Schifferli (Fellow in Gynecologic Oncology at the Universidad de Chile). He was mentored by Pedro T Ramirez MD, an associate Professor and Director of Minimally Invasive Surgical Research & Education at the University of Texas MD, Anderson Cancer Center, from 11 January to 31 March 2010.

The intention of the Fellowship is to expose young or established gynecologists from developing countries to the organisational structure of centres of international standards, and to teach them how to integrate oncology care in their future practice.

Dr Anwandter said: ‘It was a wonderful experience, and I want to thank FIGO for this great opportunity which I will remember all my life. Dr Ramirez was a great mentor for me - he is an excellent professional, a great human being and I will always be grateful to him.’

Dr Ramirez commented: ‘Dr Anwandter is an honest, caring, and very hard-working individual. He is dedicated and motivated and certainly an asset to any team. It has certainly been a pleasure to work with him and I look forward to continuing our collaboration in the future.’

It is hoped that the Fellowship will encourage intellectual exchanges between developed and developing countries to foster the care of oncology patients worldwide.

Fact sheet on levonorgestrel-alone emergency contraceptive pills – new to download on figo.org

A fact sheet on the safety of levonorgestrel-alone emergency contraceptive pills (LNG ECPs) - issued by the World Health Organization - is now available to download from the news section on www.figo.org (or type www.figo.org/files/figo-corp/WHO_RHR_HRP_10.06_eng.pdf into your browser).

Translations into French, Spanish and Arabic will be available on the site very shortly.

RCOG book recommendation

Turning the World Upside Down - the search for global health in the 21st Century

Nigel Crisp

This book explores what richer countries can learn from poorer ones and suggests that, instead of talking of international development, we should think in terms of co-development, each learning from the other. By bringing together insights from all parts of the world, the book sets out a new vision for global health, based on our interdependence, our desire for independence and on our rights and accountabilities as citizens of the world.

RSM Press / 978-1-85315-933-6 / 227 pages / £12.95

(see the SHOP section on www.rcog.org.uk for further details)
International calendar diary dates

2010

19–22 May 2010
11th Congress of the European Society of Contraception and Reproductive Health (‘Culture, Communication, Contraception’), The Hague, The Netherlands
congress@contraception-esc.com
www.contraception-esc.com/thehague.htm

26–29 May 2010
XXII European Congress of Perinatal Medicine, Granada Conference and Exhibition Centre, Granada, Spain
info@mcaevents.org
www.ecpm2010.org

7–9 June 2010
Women Deliver conference, The Walter E. Washington Convention Center, Washington DC
info@womendeliver.org
www.womendeliver.org

12–16 June 2010
American College Of Nurse Midwives Annual Meeting & Exposition, Washington DC
acmmeeting@courtesyassoc.com
www.midwife.org/always2010/contactus.cfm

14–18 June 2010
conference@globalhealth.org
www.globalhealth.org/conference_2010/

23 June 2010
FIGO/AGOTA Educational Workshop
Kilimanjaro Kempinski,
Dar es Salaam, Tanzania
chunidr@yahoo.com or drfuraha@gmail.com
www.fig.org

4–9 August 2010
The 26th International Pediatric Association Congress of Pediatrics 2010 (IPA) Johannesburg, South Africa
IPAcongress@ipa-world.org
www2.kenes.com/ipa/pages/home.aspx

18–21 August 2010
International Union Against Cancer
UICC World Cancer Congress
Shenzhen, China
secretariat10@uicc.org
http://2010.worldcancercongress.org

22–26 September 2010
Global Congress of Maternal and Infant Health, Barcelona Congress Centre, Barcelona
maternal2010@pacifico-meetings.com
www.globalcongress2010.com

29 September–2 October 2010
7th Annual Conference of the German Joint Society for Clinical Chemistry and Laboratory Medicine (DGKL), Mannheim, Germany
dgkl2010@conventus.de
www.dgkl2010.de

29 September–3 October 2010
Birth Is a Human Rights Issue Conference, Strasbourg, France
conference@midwiferytoday.com
www.midwiferytoday.com/conferences/
Strasbourg2010

8–10 October 2010
Joint conference of the International Stillbirth Alliance (ISA) and the International Society for the Study and Prevention of Perinatal and Infant Death (ISPID)
Sydney, Australia
isaispid2010@connexion.com.au
www.isaispid2010.com

4–7 November 2010
The 13th World Congress on Controversies in Obstetrics, Gynecology & Infertility (COGI), held jointly with The German Society of Obstetrics & Gynecology, Maritim Hotel, Berlin, Germany
Info@comtecmed.com
www.comtecmed.com/cogi/berlin/

2012

7–12 October 2012
XX FIGO World Congress of Gynecology and Obstetrics, Nuova Fiera Di Roma, Rome, Italy
congress@figo.org
www.fig.org

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International Journal of Obstetric Anesthesia
Journal of Midwifery and Women’s Health
Journal of Minimally Invasive Gynecology
Journal of Pediatric and Adolescent Gynecology
Journal of Reproductive Immunology
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Seminars in Fetal & Neonatal Medicine
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