Dear Colleagues

It is almost a year since my inaugural address at the FIGO Congress in Cape Town, when I proposed a change to make FIGO more visible to obstetricians and gynecologists around the globe, and scale up its role in achieving the health-related MDGs. To date, I am pleased to confirm we are definitely on the right path.

Executive Board 2010: The African picture

The Executive Board meeting in June was held in Dar es Salaam for important reasons. Firstly, to strengthen FIGO’s ties with member societies and Regional Federations; and secondly, to enable members of the Board to really experience – up close and first-hand - the reproductive and sexual health problems created by the scarce health resources in Africa. On-site visits to FIGO’s activities in Tanzania and an exchange of information with healthcare professionals and policymakers took place - for example, a visit to the fistula project supported by FIGO and AMREF (the African Medical and Research Foundation) in Dar es Salaam was highly valuable. In addition, healthcare providers at the Ministry of Health, together with representatives of various UN organisations, briefed us on maternal and child health challenges, and the measures taken to alleviate the suffering of women and newborns in Tanzania and the region at large.

A third important reason for our focus on Africa was to assist AGOTA (the Association of Gynaecologists and Obstetricians of Tanzania) in building its capacity. A workshop – held in collaboration with it – was attended by Tanzania’s First Lady (you will find a full report on page five). The positive results from this event were extremely encouraging: very shortly afterwards, a meeting was arranged in Arusha, Northern Tanzania, by AGOTA, to respond to FIGO’s deliberations on Reproductive and Sexual Health.

The whole experience of having the Executive Board meeting outside London and combining it with an educational workshop, site visit and discussions with local officials was very exciting, and provided much ‘food for thought’ for everyone involved.

Our valuable partners

In the past few months, FIGO has been participating in many activities and events organised by various partners, including the World Health Organization and the United Nations Population Fund. For example, on page three, you will find more detail from our Chief Executive on the role FIGO played at the high profile ‘Women Deliver’ conference in Washington. I am also pleased to report that FIGO is regularly developing a Memorandum of Understanding (MOU) with many notable organisations - recent examples include the Implementing Best Practices Consortium (IBP) and the European Society of Human Reproduction and Embryology (ESHRE).

Project success continuing

FIGO is continuing to build on its numerous global projects with great enthusiasm and dedication, several of which you can read more about in this edition of the Newsletter (with regard to our Saving Mothers and Newborns Initiative, we have frontline updates from Peru, Uganda and Haiti). I can also report that FIGO’s Competency-Based Fistula Training Manual has been finalised, with plans well underway to develop and implement a comprehensive training programme in several countries.

FIGO Committees: Dealing with issues at the cutting edge

Inadequate education and training is the troublesome ‘bottleneck’ that hampers quality service delivery in Reproductive and Sexual Health, so I am thrilled to witness the tremendous efforts made by the recently established FIGO Committee for Capacity Building in Education and Training to implement – and continuously evaluate and improve – a workshop programme. Many have already been organised in places such as Casablanca, Jakarta, Caracas and Cairo, with more planned during the next few months, including events in Barcelona, Munich, Tunis and Kuwait.

The Reproductive Medicine Committee has included an expert on Family Planning to review various issues in this area, in addition to its primary focus on prevention and evidence-based management of infertility in the developing world.

In another important development, the FIGO Ethics Committee will be meeting in Cairo in November to develop a bioethics curriculum in Reproductive and Sexual Health for developing countries.

Congress 2012: Plans well advanced

Finally, arrangements are well underway for FIGO’s 2012 Rome Congress. The implementation of such a large event requires significant pre-planning, and I know that our various organising teams are working exceptionally hard to ensure that this Congress is a huge success.

My fellow obstetricians and gynecologists: we have a large and challenging agenda in front of us, but I know that through dedicated joint efforts, we will certainly achieve our common objectives.

Best wishes.

FIGO President Gamal Serour
Are you missing out on key articles?

International Journal of Gynecology & Obstetrics

2011 subscriptions are just $80 for members of FIGO national societies!
See www.ijgo.org/pricing for more information and to subscribe online

This journal publishes articles on all aspects of basic and clinical research in the fields of obstetrics and gynecology and related subjects, with special emphasis on matters of worldwide interest.

It features:
Editorials • Articles • Case Reports • Brief Communications • International Calendar • SOGC Clinical Practice Guidelines • Review Articles • and sections on, Contemporary Issues in Women’s Health; Averting Maternal Death and Disability; and Surgery and Technology.

International Journal of Gynecology & Obstetrics also:
• has online submission at http://ees.elsevier.com/ijg
• 2009 Impact Factor now 1.408
• publishes 12 issues a year
• has high international visibility - 444,102 full-text articles were downloaded from ScienceDirect in 2009 – That’s almost one a minute!
Dear Colleagues

Despite numerous interruptions from the Iceland ashcloud and threatened airline strikes, I managed to undertake my extensive travelling commitments throughout late spring and early summer!

**ASRH success**

I was particularly delighted to attend the second Regional Adolescent Sexual and Reproductive Health (ASRH) workshop - funded by UNFPA - in Sudan at the end of April (you will find a report and photos on page 11), attended by high-level obstetricians/gynecologists and youth from six African countries. It is a pleasure to meet with fellow professionals who are truly dedicated to tackling and alleviating this challenging area of health in their respective countries. We must not forget that the adolescent population across the globe is hugely significant: there are more than 1.5 billion people between the ages of 10 and 25, and more than half live on less than US $2 per day. FIGO has long considered the subject of Adolescent Sexual and Reproductive Health to be a major world health issue that has, historically, been overlooked, so we hope that these 2010 workshops enable member governments around the world to improve women’s health or face missing the MDG target deadline of 2015. The conference figures were impressive: 3,400 advocates, policymakers, development leaders, healthcare professionals, youth, and media from 146 countries participated. The messages were hardhitting: maternal and newborn mortality rates are dropping, but the work is far from done; investing in girls and women makes economic sense; political will and allocation of resources are required to help achieve MDG 5. FIGO was well represented at Women Deliver, and will be fully supportive of all efforts to implement the Joint Action Plan of the UN Secretary General.

**The importance of midwives**

The conference was preceded by a special Midwifery Symposium at which FIGO was invited to be a key player, presenting a session on ‘Professional Associations - Policy Development and Multi-Disciplinary Care’. President Gamal Serour chaired and moderated this high-profile specialist event, and we were especially pleased to involve notable midwife representatives from Ethiopia, India and the Caribbean - among other countries - on our panel. The Symposium participants released a Global Call to Action: ‘Strengthen midwifery to save lives and promote health of women and newborns’. This is a timely reminder that up to 90 per cent of maternal deaths can be prevented when midwives and personnel with midwifery skills are authorised and supported by the health system to practice their full set of competencies, including basic emergency obstetric and newborn care.

The FIGO Executive Board Meeting took place in Dar es Salaam towards the end of June (see the report on page five). This important annual ‘stock-take’ of FIGO activities and commitments incorporated a visit to a fistula field hospital to see the valuable work undertaken by surgeons, and the holding of a special Educational Workshop in collaboration with the Association of Gynaecologists and Obstetricians of Tanzania (AGOTA), attended by the First Lady of Tanzania. The annual Executive Board meeting is always an excellent opportunity for FIGO to touch base with its six officers and representatives from 24 member societies, and to discuss in detail the important work for the year ahead.

The hard work leading up to the 2012 FIGO World Congress in Rome - to be held at the Nuova Fiera Di Roma from 7-12 October - continues apace. Such complex events require lengthy and meticulous pre-planning, which is why a site visit to Vancouver - in preparation for our 2015 Congress! – was undertaken in July. 2010 looks to be a crucial year for Maternal and Newborn Health. We must all play a part in helping to face the many critical challenges ahead.

My thanks and best wishes to all.

Hamid Rushwan, FIGO Chief Executive
People

Q & A with Dr Suzy Elneil PhD MRCOG

Dr Suzy Elneil is a Consultant Urogynecologist at University College Hospital and the National Hospital for Neurology and Neurosurgery in London.

She started her career in the field of Urogynecology in the early 1990s when she became involved with patients who suffered vesico-vaginal fistulas and female genital mutilation in the developing world. Following on from this, she studied the neuro-pathophysiology of the damaged pelvic floor and its organs, with a view to developing new treatment modalities.

At the National Hospital for Neurology and Neurosurgery, she runs the sacral neuromodulation programme for bladder and pelvic floor dysfunction, which is used in patients in whom all other treatment modalities have failed.

She is involved with many national and international organisations, including FIGO, with a view to promoting women’s health throughout the developed and developing world.

She is part of the FIGO fistula working group, and has been involved in the development of the FIGO standardised Competency-Based Fistula Training Manual (supported by UNFPA).

Suzy, how did your relationship with FIGO evolve?

It all came about when those working in the fistula field were looking for a unifying approach to fistula surgery and a holistic medical approach in the management of the damaged pelvic floor. The FIGO group is also pursuing the development of:

1. Preventative strategies, including the improvement of antenatal healthcare services; emergency obstetric services and access; and more training in midwifery and nursing
2. Physiotherapy rehabilitation of all fistula patients
3. Occupational therapy
4. Social rehabilitation and reintegration
5. Education of women and their communities

These are just some of the goals that we hope to achieve in the near future. It will take time, effort, dedication and focus, but success is certainly possible with the support of all the doctors, nurses, midwives, physiotherapists, social workers and agencies working in the field.

Last year, you participated in a BBC Radio 4 interview on light adult incontinence (LAI). How important is it for women to break their silence on this common problem, and seek help from physicians?

LAI is a very common complaint that most women ‘put up with’ until it overwhelms their lives. Sadly, in the past, many women felt unable to talk about this ‘taboo’ subject in public.

However, many have now discovered that when they open up discussion with friends, family and co-workers, they realise that others have similar experiences! Understanding this is important, as it helps to reduce the isolation felt by sufferers. For some women, straightforward measures such as reducing caffeine and alcohol intake may cure the problem; in others, simple pelvic floor physiotherapy may mean no further social embarrassment. If symptoms persist, a visit to the GP or continence nurse advisor is recommended; in addition, medication or surgery - after consultation with a hospital specialist - can help.

Women must be encouraged to start a dialogue on this issue - LAI is nothing to be ashamed of. All of us who work in the field need to raise awareness and provide simple and effective solutions to address this highly treatable condition.

New baby for FIGO’s SMN Manager

Moya has been working at the Society of Obstetricians and Gynaecologists of Canada (SOGC) since January 2007 as a project manager for the ALARM International Programme and QUARITE (QUALity of care, Risk management and TEchnology in obstetrics). In the QUARITE position, she was responsible for the overall management and co-ordination of the ALARM International Programme within a randomised control trial in Mali and Senegal.

To ensure consistency, Moya will keep in close contact and provide input into the Initiative as it draws to a close in 2011. She will also be involved in the reporting aspect of the Initiative and its final evaluations. Over the next year, the co-ordination of the Committee will be continued by the SOGC, and the key contact person is Ms Caroline Montpetit, Co-ordinator at the International Women’s Health Programme of the SOGC (cmontpetit@sogc.com).
Executive Board Meeting 2010

Tanzanian First Lady joins FIGO and AGOTA in highlighting shortage of trained health workers

A FIGO international workshop, ‘Challenges in women’s health: evidence-based practices’, organised in conjunction with the Association of Gynaecologists and Obstetricians of Tanzania (AGOTA) and attended by Tanzanian First Lady Mama Salma Kikwete, was held in Tanzania prior to the FIGO Executive Board meeting in June 2010.

‘A combination of trained health professionals with midwifery skills and working in a well-equipped environment is the most important intervention initiative necessary for promotion of safe pregnancy and childbirth and newborn babies,’ Mama Kikwete said.

Lower level health facilities such as dispensaries and health centres - which serve the majority of Tanzanians, especially in rural areas - have a shortage of 65.6 per cent and 71.6 per cent respectively.

She added: ‘It is my sincere hope that FIGO will increase ties with AGOTA and other development partners working in Tanzania to help reduce maternal and neonatal morbidity and mortality.’

FIGO President Gamal Serour commended the top-level political leadership for its commitment to accelerate efforts to improve women’s health and eventually achieve the related Millennium Development Goals in the country.

FIGO is already negotiating with Pathfinder International for funding that will be channelled for capacity building in AGOTA.

An extract from Professor Richard Lema’s (AGOTA Immediate Past-President) closing speech at the workshop:

‘Mr President … a growing association like AGOTA will directly benefit from FIGO support to ultimately strengthen it and enable it to grow. In your speech to the FIGO Congress in Cape Town, you clearly outlined your strategies for improving third world infant associations: “FIGO is implementing a change over the next three years which will make it more visible and palpable in the everyday practice of our fellow obstetricians and gynecologists around the globe, particularly in underprivileged countries. Our goal is to improve the quality of women’s and newborns’ healthcare through education, training and capacity building”.

‘This has happened here in Dar es Salaam today.’

Seeing fistula: first-hand

FIGO officers and members saw the practicalities of fistula treatment in Tanzania with specially arranged hospital visits during a busy Executive Board meeting schedule.

A visit to the Comprehensive Community Based Rehabilitation in Tanzania clinic (CCBRT) - organised by AMREF - to view the work undertaken with fistula patients, ensured the Board was kept fully briefed on the realities of fistula prevention and treatment in Africa.

A second visit to Muhimbili University Hospital - organised by AGOTA - explored the work of ob/gyn professionals in the country more generally.

Chief Executive Hamid Rushwan said: ‘Fistula is an appalling condition which we must do all we can to alleviate.

‘As FIGO is in the process of finalising its Competency-Based Fistula Training Manual, our visit to the CCBRT clinic was a timely one, as we experienced first-hand the work done on the wards and performed in the operating theatres. There were also various fruitful discussions with staff, which provided the Board with valuable insights into the maternal and newborn health situation in Africa.’

Ten years at FIGO!

Marie-Christine Szatybelko, FIGO’s well-known, hard-working Senior Administrator and Committee Manager, has recently celebrated ten years with the organisation, and was presented with a special gift during the Executive Board meeting by FIGO President Gamal Serour.

Even after a decade, Marie-Christine continues to draw regular praise from FIGO’s various divisions for her efficient and conscientious overseeing of Board, Officers, Committee, and Working Group meetings.

Chief Executive Hamid Rushwan said: ‘Marie-Christine is a bedrock of FIGO, without whom many critical activities would run considerably less smoothly! I congratulate her on her ten-year anniversary, and truly hope she will stay with us for a long time to come!’
At the recent FIGO Executive Board meeting in Dar es Salaam, ‘Terms of Reference’ were updated for all FIGO’s specialist Committees and Working Groups.

We outline these below, with the exception of those for the Committee for Gynecologic Oncology and the three Working Groups, which will be carried in the next issue.

Chief Executive Hamid Rushwan said: ‘The valuable work of all our Committees and Working Groups is enormously important to the overall activities of FIGO. There is much to be accomplished over the next year, and I am confident that the chairs - with their many years of experience and vast wealth of specialty knowledge - will ably direct and implement the numerous worthwhile projects within their newly drafted action plans.’

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Setting the Agenda: New Terms of Reference for Committees and Working Groups

Committee for Capacity Building in Education and Training - chaired by Professor Luis Cabero-Roura

Approved Terms of Reference

• To provide leadership in the educational and training activities of FIGO.
• To promote the educational objectives of FIGO in the field of women’s sexual and reproductive health and rights.
• To share the values of FIGO of innovative leadership, integrity, transparency, professionalism, respect for cultural diversity and high scientific and ethical standards.
• To ensure that training is accompanied by an improvement in women’s health, evaluated by appropriate indicators.
• To work with FIGO’s member societies to enhance educational and training capabilities.
• To upgrade the practice of obstetrics and gynecology through education and training.

Committee on Fistula - chaired by Lord Naren Patel

Approved Terms of Reference

• To co-ordinate effectively FIGO’s activities in the field of fistula treatment and prevention.
• To produce effective proposals for the possible expansion and enhancement of the invaluable work undertaken in the prevention and treatment of fistula.
• To co-ordinate the production of a competency-based training manual aimed at trainers and individual practitioners in low- and middle-income countries.

Committee for Women’s Sexual and Reproductive Rights - chaired by Professor Lesley Regan

Approved Terms of Reference

• To develop a robust curriculum on women’s sexual and reproductive rights that can be adopted and adapted for medical schools across the world in order to help raise awareness of these problems amongst their students.
• To consider ways in which the material produced can be disseminated.
• To emphasise the important role of the profession, alone and in collaboration with others, in the respect, protection and implementation of human rights related to women’s sexual and reproductive health.
• To increase social consciousness and awareness among members of the profession.
• To encourage member societies to use existing international human rights to improve women’s reproductive and sexual health in their countries through collaboration, education and advocacy.
• To review and add, where appropriate, technical content to the definition of sexual and reproductive rights.
• To review and update, where appropriate, standards for the respect of these rights, to which countries can be held accountable.
• To monitor and review guidelines to the health profession for the respect of these rights.
• To recommend ways in which FIGO and its constituent societies can collaborate with national governments and other organisations to further advance these rights.

To continue liaison with UNFPA and others on the establishment of training centres and dedicated fistula hospitals in Africa and elsewhere.

To work with allied organisations – including UNFPA – on projects devoted to the prevention and treatment of fistula.

To monitor and evaluate third-party projects supported currently or in the future by FIGO (such as the AMREF project in Tanzania).

Unless there is a valid reason for not doing so, to involve FIGO member societies, where relevant, in the activities proposed for their countries.

To recommend ways in which FIGO and its constituent societies can collaborate with national governments and other organisations to reduce unacceptably high levels of fistula in their countries. This should include, where appropriate, collaboration with member societies in countries with a high incidence and/or expertise in fistula.

The Committee should encourage and co-ordinate South to South collaboration where relevant and appropriate.

To organise activities in the field of fistula treatment and prevention.

To organise the valuable work of all our Committees and Working Groups is enormously important to the overall activities of FIGO. There is much to be accomplished over the next year, and I am confident that the chairs - with their many years of experience and vast wealth of specialty knowledge - will ably direct and implement the numerous worthwhile projects within their newly drafted action plans.’
Setting the Agenda: New Terms of Reference

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

Approved Terms of Reference

- To act as a focal point for all FIGO activities related to safe motherhood and newborn health.
- To oversee FIGO’s Saving Mothers & Newborns Initiative. The Committee will provide support, supervise and troubleshoot as required.
- To provide technical support to the FIGO Gates Project and to respond to requests from the President and Chief Executive.
- To identify and present new opportunities and/or projects for FIGO.
- To monitor and, where agreed and appropriate, participate in international initiatives aimed at improving maternal and newborn health such as Prevention of Postpartum Haemorrhage Initiative (POPPHI), Global Alliance to Prevent Prematurity and Stillbirth (GAPPS), Maternal and Child Health Integrated Program (MCHIP) and any other organisation that may be requested by the FIGO Officers or Executive Board. Committee members will ensure the representation of FIGO at these meetings, independently and in collaboration with ICM.
- To identify any other area where FIGO might take an active role in safe motherhood activities with a view to making recommendations to the FIGO Officers and Executive Board.
- To act as a liaison, on behalf of FIGO, with organisations concerned with maternal or child health such as the Partnership for Safe Motherhood & Child Health (PMNCH), the Global Health Worker Alliance (GHWA), and the Maternal Health Task Force (MHTF), by representing FIGO at relevant and worthwhile meetings.

Committee for Reproductive Medicine - chaired by Dr David Adamson

Approved Terms of Reference

- To create access to quality reproductive medical care for all women of the world.
- To develop evidence-based, culturally sensitive, cost effective policies and guidelines that are accepted as standards for increasing access to quality reproductive medical care in all countries of the world.
- To develop processes and procedures that enable the Committee to function effectively.
- To earn respect and credibility, whilst functioning and communicating well, within FIGO.
- To develop consensus on its proposals consistent with all aspects of FIGO policy.
- To be recognised internationally as an expert leader in promoting ethical, quality reproductive medicine care.
- To develop evidence-based guidelines for the delivery of reproductive medical care that
  - Meets the needs of women for whom the care is intended
  - Is cost effective
  - To develop procedures and programmes that increase capacities of member societies to integrate reproductive medicine education, preventive and comprehensive care into the overall care of women and the healthcare system of the society
  - By identifying the reproductive medicine needs of women
  - By identifying methods to meet the reproductive medicine needs of women by integrating reproductive medicine care into the general healthcare system for women and society
  - By creating comprehensive practical education, training and capacity-building programs that facilitate the integration of facilities, equipment, personnel, systems and other resources utilised for women’s healthcare into the delivery of reproductive medicine services
- To develop and advocate for national and international strategies, policies, procedures and plans that ensure the reproductive rights of women and increase access to and quality of reproductive medicine care
  - By increasing awareness in the public, policy makers, private industry, other medical professionals, non-profit organisations and women of the reproductive medicine needs of women
  - That result in increased financial, other support and collaboration by all of the stakeholders for increased access and quality of comprehensive reproductive medicine care for women through new initiatives, synergy and partnerships
  - That result in increased government/public financial and policy support for increased access and quality of comprehensive reproductive medicine care for women

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

Approved Terms of Reference

- To record and study the contemporary ethical issues which emanate from research and practice in obstetrics, gynecology and reproductive medicine.
- To focus 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.
- To develop a bioethics curriculum in reproductive and sexual health for developing countries.
FIGO in the field…

Peru’s Saving Mothers and Newborns Project

The Peruvian Society for Obstetricians and Gynaecologists (SPOG) has been working to improve the quality of maternal and neonatal healthcare at six health facilities in the Kiboga and Kibaale districts, helping to reduce maternal and perinatal morbidity and mortality. These facilities consist of four basic and two comprehensive emergency obstetric care units, located about 150-250 kilometres from the capital Kampala.

Each facility is visited about three times a year by a team of two volunteers, one obstetrician and one midwife, from Kampala. These volunteers work for 10 days at a stretch, visiting sites and supporting staff through continuing medical education, supervision, on-the-job training, providing an extra training, supervision, maternal death audits and the implementation of protocols and guidelines. Of particular note is the work done in partnership with the organisation Pathfinder International that has focused on postpartum haemorrhage and the implementation of technologies such as the use of Misoprostol and the anti-shock garment. The project is now in its second phase, which is aimed at increasing the demand for health services by working with local levels of government and providing reproductive health education through local schools.

This work entails a high level of coordination between the political, health and university authorities’ Health Professional Regional Association of Physicians, Midwives and Nurses, the Regional Direction of MOH, and the Morropón-Chulucanas Health Network. There is an extremely high level of commitment among the SPOG project team and within MINSA at both District and Regional levels, as well as with networks created between local and international organisations such as the United Nations Population Fund (UNFPA), Pathfinder International, the International Planned Parenthood Federation (IPPF) and Fundación para la Salud Reproductiva (ESAR).

SPOG has recently been congratulated on its achievements in both its design and implementation work, and recognised through the receipt of the Sarah Faith Award entitled: ‘Anonymous Heroes - Saving Mothers’ Lives’. The project comes to an end on 31 Dec 2010. For more information, visit www.spog.org.pe

Uganda’s Saving Mothers and Newborns Project

Since 2007, the Association of Obstetricians and Gynaecologists of Uganda (AGOU) has been working to improve the quality of maternal and neonatal healthcare at six health facilities in the Kiboga and Kibaale districts, helping to reduce maternal and perinatal morbidity and mortality. These facilities consist of four basic and two comprehensive emergency obstetric care units, located about 150-250 kilometres from the capital Kampala.

Each facility is visited about three times a year by a team of two volunteers, one obstetrician and one midwife, from Kampala. These volunteers work for 10 days at a stretch, visiting sites and supporting staff through continuing medical education, supervision, on-the-job training, providing an extra hand when needed and conducting maternal death audits. On-site staff have received in-service training in emergency obstetric and neonatal care through the ALARM International Programme (AIP), with protocols to implement. The volunteers have been able to identify problems - such as lack of essential medications, supplies, equipment and resources - and have created action plans. A report is completed (for follow-up) after each visit.

In 2009, AOGU offered a condensed version of the ALARM International Programme (AIP) to health administrators, which was developed to sensitize them to the protocols, medications, material requirements and approaches that the AIP promotes.

Recently, the project team and district managed to advocate successfully for sterilisers from the Ministry of Health.

The project also has an objective to increase demand for maternal and neonatal health services through mobilisation and sensitisation. Two hundred and fifty Community Health Workers have been trained in community mobilisation, holding meetings to discuss maternal health issues. The project has also collaborated with an NGO - the MAA Foundation - in providing communities with information about safe deliveries, using tools such as drama, brochures and posters.

Funding for this project comes to an end on 31 December 2010. It is hoped that AGOU can continue to play its positive role in improving maternal and newborn health in these districts.
Since 2006, Société Haitienne d’Obstétrique et de Gynécologie (SHOG) in Haiti has been working to improve maternal healthcare services within the public health centre located in Croix-des-Bouquets, just on the outskirts of Port-au-Prince. Previously the health centre had only been able to offer antenatal and postnatal care. Initially project funds were used to ensure 24-hour basic emergency obstetric care, which included provision of drugs, equipment and supplies, staff salaries and an ambulance in order to refer the more complicated cases. The recent tragic earthquake has altered and hastened the course of the project. While other referral hospitals were no longer available, the structure of the health centre was, fortunately, not affected. This pushed forward the opening of the operating room and the availability of 24-hour emergency comprehensive care.

‘Keep helping Haiti’ – FIGO member appeal continues

The Canadian Foundation for Women’s Health, www.cfwh.org, a foundation within the auspices of the SOGC, is overseeing the SOGC’s Mothers and Newborns of Haiti donation campaign. FIGO urges its members to continue giving generously. Recent news updates include:

- The renovations to expand the second floor of the Centre are underway, and so far a total of US $88,000 has been spent on this.
- Other costs have included the digging of a well and the installation of a pump in order to have access to clean water, and connecting the Centre’s electricity to that of the city’s in order to diminish use of the generator. (Source: www.sogc.org)
- The renovations to expand the operating room and the availability of 24-hour emergency comprehensive care.
- Establishing a management system for biomedical wastes
- Purchasing fuel for the generator and the ambulance

There is a long way to go to reach the US $500,000 target to provide for critical facilities, including:

- Equipping two operation theatres
- Establishing post operation recovery rooms
- Acquiring necessary supplies and medications
- Recruiting staff
- Drilling a well for clean water

The Society of Obstetricians and Gynaecologists of Canada, International Women’s Health Program, 780 Echo Drive, Ottawa, ON KIS 5R7. Please specify on the cheque that your donation is to support the Mothers and Newborns of Haiti Donation Campaign. You can also donate online at http://cfwh.org/index.php?page=donate-to-cfwh&hl=en_CA


Moldovan international workshop highlights importance of ‘Perinatal Audit’

A successful international workshop on ‘Quality in Perinatal Health’ took place in June in Chisinau, Moldova, providing an ideal platform for professional exchange between neighbouring countries, and a valuable opportunity for specialists to share experiences of the implementation of the audit process in the areas of maternal and child health.

The programme focused on quality initiatives in the area of perinatal health in Moldova, Romania and Ukraine over the last few years. Moldova - together with the UK-based West Midlands Perinatal Institute - presented its experience with Perinatal Audit as part of FIGO’s Saving Mothers and Newborns Project

Within the framework of multidisciplinary working groups, the Moldovan specialists illustrated the methodology and tools of the Confidential Inquiry of Perinatal Deaths. This was followed by wide-ranging plenary discussions on the main causes of discussed cases of death; the risk factors; volume and quality of provided medical care; as well as strategies for the prevention of adverse outcomes.

The event produced recommendations for Moldova, and for the region, and the strengthening of audit implementation on specific issues of maternal and perinatal health, and extending the perinatal audit process in the area of primary healthcare, were also discussed.

Moldova’s Saving Mothers and Newborns Project

Project Director: Dr Lauré Adrien (SHOG), ladrien@hainet.net

Strengthening the Health Centre of Croix-des-Bouquets. Project Director: Dr Lauré Adrien (SHOG), ladrien@hainet.net


The workshop’s local and international organisers and participants: L-R Dr Iurie Dondiuc (Moldova); Professor Michel Bernier (Switzerland); Professor Jason Gardosi (Great Britain); Dr Adriane Martin Hilber (SHOG); Dr Manfred Zahorka (SHOG); Dr Stelian Hodorogea (Moldova).

How to donate

To make a donation, please make your cheque payable to the Canadian Foundation for Women’s Health and send to: The Society of Obstetricians and Gynaecologists of Canada, international Women’s Health Program, 780 Echo Drive, Ottawa, ON K1S 5R7. Please specify on the cheque that your donation is to support the Mothers and Newborns of Haiti Donation Campaign. You can also donate online at http://cfwh.org/index.php?page=donate-to-cfwh&hl=en_CA


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Moldovan international workshop highlights importance of ‘Perinatal Audit’

A successful international workshop on ‘Quality in Perinatal Health’ took place in June in Chisinau, Moldova, providing an ideal platform for professional exchange between neighbouring countries, and a valuable opportunity for specialists to share experiences of the implementation of the audit process in the areas of maternal and child health.

The programme focused on quality initiatives in the area of perinatal health in Moldova, Romania and Ukraine over the last few years. Moldova - together with the UK-based West Midlands Perinatal Institute - presented its experience with Perinatal Audit as part of FIGO’s Saving Mothers and Newborns Project

Within the framework of multidisciplinary working groups, the Moldovan specialists illustrated the methodology and tools of the Confidential Inquiry of Perinatal Deaths. This was followed by wide-ranging plenary discussions on the main causes of discussed cases of death; the risk factors; volume and quality of provided medical care; as well as strategies for the prevention of adverse outcomes.

The event produced recommendations for Moldova, and for the region, and the strengthening of audit implementation on specific issues of maternal and perinatal health, and extending the perinatal audit process in the area of primary healthcare, were also discussed.

Moldova’s Saving Mothers and Newborns Project

Project Director: Dr Lauré Adrien (SHOG), ladrien@hainet.net

Strengthening the Health Centre of Croix-des-Bouquets. Project Director: Dr Lauré Adrien (SHOG), ladrien@hainet.net


The workshop’s local and international organisers and participants: L-R Dr Iurie Dondiuc (Moldova); Professor Michel Bernier (Switzerland); Professor Jason Gardosi (Great Britain); Dr Adriane Martin Hilber (SHOG); Dr Manfred Zahorka (SHOG); Dr Stelian Hodorogea (Moldova).

How to donate

To make a donation, please make your cheque payable to the Canadian Foundation for Women’s Health and send to: The Society of Obstetricians and Gynaecologists of Canada, international Women’s Health Program, 780 Echo Drive, Ottawa, ON K1S 5R7. Please specify on the cheque that your donation is to support the Mothers and Newborns of Haiti Donation Campaign. You can also donate online at http://cfwh.org/index.php?page=donate-to-cfwh&hl=en_CA

In 2009, FIGO received a substantial grant from the Bill & Melinda Gates Foundation to improve the lives and health of women and newborns in the world’s most underserved regions in a five-year initiative. Work is well underway, as Chief Executive Hamid Rushwan explains:

‘This far-reaching initiative currently focuses on eight FIGO member associations in low- and middle-resource countries in Asia and Africa. Over five years, FIGO hopes to enable their member associations to play a catalytic role in making positive changes in policy and practice, therefore improving maternal and newborn health services for underserved populations.

FIGO’s Project Team made great strides in 2009 to set the framework for the main project activities. These are now becoming operational, as the work gains momentum.

‘The current countries are Burkina Faso, Cameroon, Ethiopia, Mozambique, Nigeria, Uganda, India and Nepal, and it is hoped that the project will be extended to a further seven countries in a phase of South-to-South collaboration.’

Professor Rushwan added: ‘The project’s Annual Review meeting is being held in Addis Ababa in October, and we look forward to reporting on the outcome in the next edition of the Newsletter, as well as taking a more detailed look at some of the countries involved.’

Who’s Who …

Professor David Taylor: Project Director

Formerly, David was Professor and Head of the Department of Obstetrics & Gynaecology, the University of Leicester, and Honorary Consultant Obstetrician and Gynaecologist, University Hospitals of Leicester. During his appointment at Leicester, he held additional senior management positions, including Clinical Director of Obstetrics, Gynaecology, Neonatology, Sexual Health & Genetics services, and Vice-Dean of the Leicester Medical School.

He has chaired and been a member of various RCOG and national committees, and has taught and examined widely in Asia, Europe, North and Central America. Through his extensive educational and training contacts with health professionals in low-resource countries, he has an in-depth understanding of, and commitment to, the importance of improving maternal and newborn health in these countries, particularly in Asia and Africa.

Dr Patrick Delorme: Project Manager

Patrick obtained his medical degree at the University of Haiti. He then studied for two Masters degrees, one in Public Health (Université Libre de Bruxelles, Belgium) and a second in Community Development (University of Westminster, UK).

Dr Delorme has more than ten years of professional experience in public health. He has worked in a broad range of technical areas such as community health, primary healthcare, family planning, reproductive health, maternal and child health, immunisation, social marketing, healthcare planning and management. In his last position he served as Maternal and Child Health Programme Manager at UNICEF.

Dorota Wasowska: Project Administration and Finance Officer

Dorota Wasowska has a degree in Ethnolinguistics and several years of experience in the field of international development. At present she is undertaking a course of studies (LLM) in Public International Law with particular emphasis on International Development and Human Rights Law.

Profile of The Bill & Melinda Gates Foundation

‘Guided by the belief that every life has equal value, the Bill & Melinda Gates Foundation works to help all people lead healthy, productive lives. In developing countries, it focuses on improving people’s health and giving them the chance to lift themselves out of hunger and extreme poverty. In the United States, it seeks to ensure that all people - especially those with the fewest resources - have access to the opportunities they need to succeed in school and life. Based in Seattle, Washington, the foundation is led by CEO Jeff Raikes and Co-chair William H. Gates Sr., under the direction of Bill and Melinda Gates and Warren Buffett.’

(SOURCE: www.gatesfoundation.org)
Success in Sudan:

Khartoum plays host to second FIGO ASRH workshop

FIGO held its second UNFPA-funded Adolescent Sexual and Reproductive Health (ASRH) workshop in Sudan, in April, co-ordinated by Dr Nasr Abdalla, and attended by Chief Executive Hamid Rushwan.

The workshop - attended by high-level obstetricians/gynaecologists and youth from six African countries (Tanzania, Uganda, Ethiopia, Nigeria, Kenya, and Sudan) - was convened 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.

The opening session was addressed by the UNFPA representative in Sudan, Dr Hans De Graaff.

Hamid Rushwan commented: ‘It was clear from participants’ detailed presentations and eloquent discussions that there are many health and social problems facing Africa’s youth. For example, in Sudan itself, despite examples of successful efforts in the ASRH area, there are still major gaps that must be bridged in terms of policies, programmes and services.’

The workshop produced important recommendations, including more policy enforcement in areas such as child marriage and FGM and the development of more youth-friendly service facilities with the capacity to tackle specific problems such as teenage pregnancy, STIs/AIDS and gender-based violence

Professor Rushwan added: ‘We encourage FIGO members to be fully involved in advocacy, policy formulation and service delivery, working with existing Ministries of Health and NGOs, and using tools that can be widely disseminated.

We would also urge governments to exert more commitment to establishing and expanding ASRH services in their respective countries.

‘Thanks are due to all, especially the organisers, who worked exceptionally hard to ensure that this workshop was a vital focal point for a long-overdue update on ASRH issues in this region.’

The next workshops will be held in Istanbul (September) and Santiago (November).
Fact sheet on the safety of levonorgestrel-alone emergency contraceptive pills (LNG ECPs)

Emergency contraception can prevent most pregnancies when taken after intercourse. It provides an important back-up in cases of unprotected intercourse or contraceptive accident (such as forgotten pills or torn condoms), and is especially valuable after rape or coerced sex. This fact sheet refers to levonorgestrel-alone emergency contraception pills (LNG ECPs), which are available in most countries.

Are LNG ECPs safe?

LNG ECPs are safe for use by all women, including adolescents. Levonorgestrel, the active ingredient in LNG ECPs, has been widely used in various formulations for over 30 years and has been extensively studied in women of reproductive age. Levonorgestrel is well tolerated, is not a known allergen, leaves the body within a few days, is not addictive and has demonstrated no toxic reactions.1-3 LNG ECPs pose no risk of overdose and no major drug interactions or contraindications exist for LNG ECPs.4 While the World Health Organization (WHO) recommends a single dose of levonorgestrel (1.5 mg) for emergency use within 120 hours after unprotected sex, repeat use does not pose any known health risks.4,5 Even among women who used ECPs more than once in one menstrual cycle, no serious adverse outcomes were reported.6

LNG ECPs have been in use for several decades and current research shows no association with increased risk of cancer.7 While estrogens contained in many contraceptive pills are associated with some (very low) risk of stroke and venous thromboembolism, especially in women over 35 who smoke, no such risks are associated with levonorgestrel. LNG ECPs contain one active ingredient only, levonorgestrel (a progestogen hormone), which does not pose any of the risks associated with contraceptive pills containing both progestogen and estrogen. The amount of the active hormone in one course of LNG ECPs is less than half of that found in a cycle of most common contraceptive pills (although the dose in monthly pills is spread out over a longer period).

Do LNG ECPs cause side-effects?

LNG ECPs have no serious or lasting side-effects. Some women (fewer than one in five in studies) experience mild and short-term side-effects, the most common being irregular menses. Other reported side-effects include fatigue, abdominal discomfort, and nausea.8

Do LNG ECPs increase risk of ectopic pregnancy?

LNG ECPs do not increase the risk of ectopic pregnancy, a potentially dangerous condition in which a fertilized egg implants outside of the womb.9,10 A comprehensive search of the published literature evaluating 23 studies of LNG ECP use in 216 pregnancies found that fewer than 1% (0.9%) were ectopic, which is less than or comparable to general ectopic pregnancy rates.11 ECPs reduce the risk of pregnancy, and in pregnancies that do occur after LNG ECP use, the rate of ectopic pregnancy is lower or similar to what is expected.

Will use of LNG ECPs affect future fertility?

The use of hormonal contraception, including ECPs, has no effect on future fertility.12,13 LNG ECPs leave the body within a few days and women who have used ECPs can become pregnant from any subsequent acts of sexual intercourse.
Can LNG ECPs harm a developing fetus?

LNG ECPs do not harm a developing fetus if they are mistakenly taken early in pregnancy. A study that compared pregnancy outcomes in women who used LNG ECPs during their conception cycle with women who had not used LNG ECPs found no differences in rates of miscarriage, birth weight, malformations, or in the sex ratio at birth.14

Can LNG ECPs cause an abortion?

LNG ECPs do not interrupt an established pregnancy or harm a developing embryo.15 The evidence available to date shows that LNG ECP use does not prevent a fertilized egg from attaching to the uterine lining. The primary mechanism of action is to stop or disrupt ovulation; LNG ECP use may also prevent the sperm and egg from meeting.16

If offered over the counter, can women understand information on LNG ECPs and use the product correctly?

The LNG ECP regimen is simple to follow, and medical supervision is not necessary for correct use.17 It is approved for over-the-counter or non-prescription use in many countries. Research results have demonstrated that both young and adult women find the label and instructions easy to understand.18,19 Teens and young women who received multiple supplies of LNG ECPs at one time did not use the pills repeatedly in place of routine contraceptive methods.20

Do availability and use of LNG ECPs lead to more unprotected sex?

Several studies have shown that facilitating access to LNG ECPs does not increase sexual or contraceptive risk-taking behaviour.20,21 Women who received levonorgestrel-alone emergency contraception in a non-emergency context (that is, in advance of need) were more likely to use it when needed and to take it within 12 hours after sex, when it is most effective.20,21,22 The results of a study conducted in the United Kingdom demonstrated no correlation between young people’s knowledge of or access to LNG ECPs and the likelihood that they would become sexually active.23 Additionally, teens and young women who have used LNG ECPs do not have a higher risk of sexually transmitted infections, compared with those who have never used emergency contraception.24

Conclusion

A careful review of the evidence shows that levonorgestrel-alone emergency contraceptive pills are very safe. They do not cause abortion or harm future fertility. Side-effects are uncommon and generally mild.
References


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Two of FIGO’s specialist Committees - Reproductive Medicine and Capacity Building in Education and Training - have announced diary dates for their involvement in forthcoming high profile events this year.

For specific session/programme details, visit www.figo.org/congress/event_calendar

The FIGO Committee for Reproductive Medicine:

18-22 September 2010
‘A Basic and Advanced Clinical and Laboratory Training Course For ART in Developing Countries’, International Islamic Center for Population Studies and Research (IICPSR), Al Azhar University, in collaboration with FIGO’s Reproductive Medicine Committee (RMC), Cairo, Egypt
iicpsr_azhar@hotmail.com

5 October 2010
National Congress of Deutsche Gesellschaft für Gynäkologie und Geburtshilfe
Drmed.Becker@web.de

14-17 November 2010
LXXXVI Congresso Nazionale SIGO
www.sigo2010.it

The FIGO Committee for Capacity Building in Education and Training:

22-26 September 2010

5 October 2010
5 October 2010
National Congress of Deutsche Gesellschaft für Gynäkologie und Geburtshilfe
Drmed.Becker@web.de

7-9 October 2010
4th Congrès de la Federation de Gynecologie et Obstetriciens du Mediterranée/20th Congrès de la Société Tunisienne de Gynécologie et d’Obstétrique,
www.fgom2010tunisia.org

19-22 October 2010
XVIII Congreso Peruano de Obstetricia y Ginecologia, Lima, Peru,
www.spog.org.pe

23-26 October 2010
15th Annual International Conference of Obstetrics & Gynecology, Farwania Hospital, Ministry of Health, Kuwait,
www.kuwaitobgyn2010.com

28-31 October 2010
Gynecological Oncology Congress of the Chinese Medical Association
www.cicgo.com.cn

14-17 November 2010
LXXXVI Congresso Nazionale SIGO
www.sigo2010.it

28-29 November 2010
FIGO Vaginal Surgery Workshop, Benenden Hospital Trust, Benenden, Cranbrook, Kent, UK
slewis@benenden.org.uk

10-12 December 2010
FIGO Educational Training, Macau 2010
www.figomacau2010.com

The FIGO/Safehands’ FGM film, ‘The Cutting Tradition’, has been awarded by the Jury of the Philadelphia Documentary & Fiction Festival in the category: Best Direction. The film also received a successful London cinema premiere in June.

It will also be shown at the Raindance Film Festival: 29 September - 10 October, the Apollo West End Cinema, London.

Visit the new-look www.figo.org

The FIGO website has had a makeover, and will continue to be enhanced on a regular basis. With improved content, menus, and visuals, it should be your first port of call for the latest news and information on the Federation’s activities and women’s health in general.

Members: How to use your www.figo.org webpage!

FIGO members can benefit from having their own exclusive webpage on www.figo.org

We strongly encourage all our societies to take advantage of this online opportunity to raise their global profile.

Please email profiles, news and photos for inclusion to communications@figo.org

If you have any questions, please email Alexandra@figo.org

FGM film wins award at Philadelphia Documentary and Fiction Festival

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Readers are invited to send all comments, articles and reports (by email to communications@figo.org or on disk) to the FIGO Secretariat no later than 5 November 2010 for the next issue.

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