FIGO

STRATEGIC FRAMEWORK

2013 - 2016

Registrations

FIGO is a benevolent, non-profit organization that is incorporated under the Swiss civil code and established at 42 rue du 31 December, Geneva, Switzerland.

FIGO's international office and headquarters is located in London, UK.

A UK Registered Charity – International Federation of Gynecology & Obstetrics (Registered Charity No 1113263; Company No 5498067) – registered in England and Wales.

The trading company - FIGO Trading Limited – Company No 5895905 – registered in England and Wales) is a wholly owned subsidiary of the UK Registered Charity.

The FIGO Charitable Foundation is a US 501(c)(3) corporation – wholly owned by FIGO – incorporated in the State of Illinois, USA as a Not for Profit Corporation. (EIN No 98-0362884).

1. Introduction

Who we are

The International Federation of Gynecology and Obstetrics ("FIGO") was established in July 1954 with the mission of promoting the well-being of women and raising the standard of practice in obstetrics and gynaecology. It is the only international professional body that represents obstetricians and gynaecologists from all over the world.
FIGO currently works through 125 national member societies of obstetricians and gynaecologists from both developed and developing countries and is considered a respectable and credible voice in the promotion of women's health around the world.

What we do

FIGO has traditionally focused on promoting best practices in obstetrics and gynaecology and on advocating for the enhancement of the quality of care available to women and their children. The Federation also commits its resources to the promotion of sexual and reproductive health and rights through educational, research and advocacy activities and to strengthening communication links with, and between, its member societies.

Safe motherhood projects around the world, initiatives to prevent and treat postpartum haemorrhage, the promotion of women's sexual and reproductive rights in areas of need, action to prevent and treat the devastating scourge of fistula in sub-Saharan Africa – all of these have been the subject of concerted efforts by FIGO through its Committees, Working Groups, dedicated individuals and the Secretariat.

The ethical guidelines produced by the FIGO Committee for the Ethical Aspects of Human Reproduction & Women's Health; the Good Practice Guidelines and the Annual Report on the Results of Treatment in Gynecologic Cancer produced by the FIGO Committee for Gynaecologic Oncology are examples of the invaluable resources provided by FIGO for practicing obstetricians and gynaecologists around the world.

FIGO's triennial World Congress of Gynecology & Obstetrics is the largest gathering of obstetricians and gynaecologists from around the world and provides a major source of education for the specialty.

Consolidating and further intensifying these efforts, particularly in preparation for the post 2015 development agenda will remain a priority for FIGO over the next three years.

How we work

Executive board

Since its establishment, the Federation has relied on elected Officers and Executive Board members working from their various countries, and only meeting occasionally, to take decisions on important matters.

Secretariat

Led by the Chief Executive, the Secretariat based in London manages the day to day operations of FIGO.

Committees and Working groups[1]

Specialist Committees and Working groups seek to ensure that the latest evidence and best practices in gynaecology and obstetrics are disseminated globally and that new opportunities to promote women's health that emerge are seized.

Committees

1. Education, training & capacity building
2. Ethical Aspects of Human Reproduction and Women's Health
3. Fistula
4. Gynaecologic Oncology
    a. Combatting cervical cancer
5. Reproductive Medicine
6. Safe motherhood and newborn health
7. Women's Sexual & Reproductive Rights

Working groups

1. Prevention and treatment of Unsafe Abortion
2. Menstrual disorders
3. Pelvic floor dysfunction

Pending approval by Executive Board

1. Challenges in the care of mothers and infants during labour and delivery
2. Best practices in maternal foetal medicine

General Assembly

The General Assembly meets every three years at the time of the triennial World Congress and is composed of delegates from each affiliated association. It ratifies recommendations on the governance of the organisation made by the Executive Board, and elects the officers and new members of the Executive Board for the ensuing three-year term.

[1] The objectives and strategies of each of these specialist committees and working groups are set out below

Purpose of the FIGO Strategic Framework

The 2013 - 2016 Strategic Framework encapsulates the learning from our past together with a vision for our future. It seeks to unite the Federation under the common mission to promote the highest possible standard of practice and care in obstetrics and gynaecology. Most importantly, this new framework enables FIGO to work with its Member Associations to respond comprehensively and innovatively to the sexual and reproductive health needs of women worldwide.

This document includes:

- A SWOT analysis
- Operational objectives for the period 2013 - 2016
- Strategies to achieve these objectives
- Achievements to date and focus areas for the future

2. FIGO SWOT Analysis - Strengths, Weaknesses, Opportunities and threats

Strengths

- FIGO is a unique organization as it is the only professional body representing obstetricians and gynaecologists from all over the world.

- Its 125 strong membership of national obstetrics and gynaecology societies enables a comprehensive and sustained approach to the promotion of women's wellbeing to be adopted which in turn provides a unique selling point in resource mobilization efforts.

- The professionalism and credibility of the organization is well established and is exemplified by the world renowned Triennial Congresses and the activities of its expert Committees and Working Groups

- The organisation's leadership is composed of committed volunteers both at the central level and at the level of national societies. The extent of voluntary work done by the senior professionals at all levels constitutes a great contribution to the initiatives undertaken by FIGO.

- The Secretariat headed by the Chief Executive and staffed by dedicated employees allows for a range of activities to be undertaken to progress the work of the member associations and the organization as a whole.

Weaknesses

- As with all charitable organizations, the long term financial stability of FIGO is a cause for concern and urges consideration of further sources of support. The main source of funding for the organisation is from the Triennial Congress income. The donations of member societies represent only a comparatively minor contribution to FIGO's finances. Recently, grant donations (considered "restricted funds" which cannot be used for the organisation's day to day activities) for project activities have been forthcoming through the FIGO Charitable Foundation and these efforts need to be scaled up as a matter of urgency.

- Although FIGO has 125 member societies, only those in resource-rich countries have strong infrastructures and the capability to contribute to the advancement of women's health in their countries. Hence in countries where there is arguably the greatest need for action, obstetricians and gynaecologists are not sufficiently equipped to effect policy and implement women's and neonatal health projects. Building on the lessons learned from the LOGIC initiative and investing in national obstetrics and gynaecology societies to play a leading role in promoting women's health in developing countries needs to remain a priority.

Opportunities

- The international development agenda continues to focus on women's health and as such, FIGO remains relevant and indispensable.
- The Millennium Development Goals have three goals directly related to the health of women and newborns (MDGs 4, 5, and 6) while the rest of the goals are also indirectly related. To sustain the gains that have been made on improved maternal and newborn health and to ensure more equitable levels of achievement across countries, the post-2015 framework will necessitate FIGO to intensify its focus.

- There is a persistent need for evidence based good practices in gynaecological and obstetric care. This provides FIGO with unique opportunities to play a leading role in advocating for the enhancement of the quality of care available to women and their children and with a strong ability to raise funds to do so.

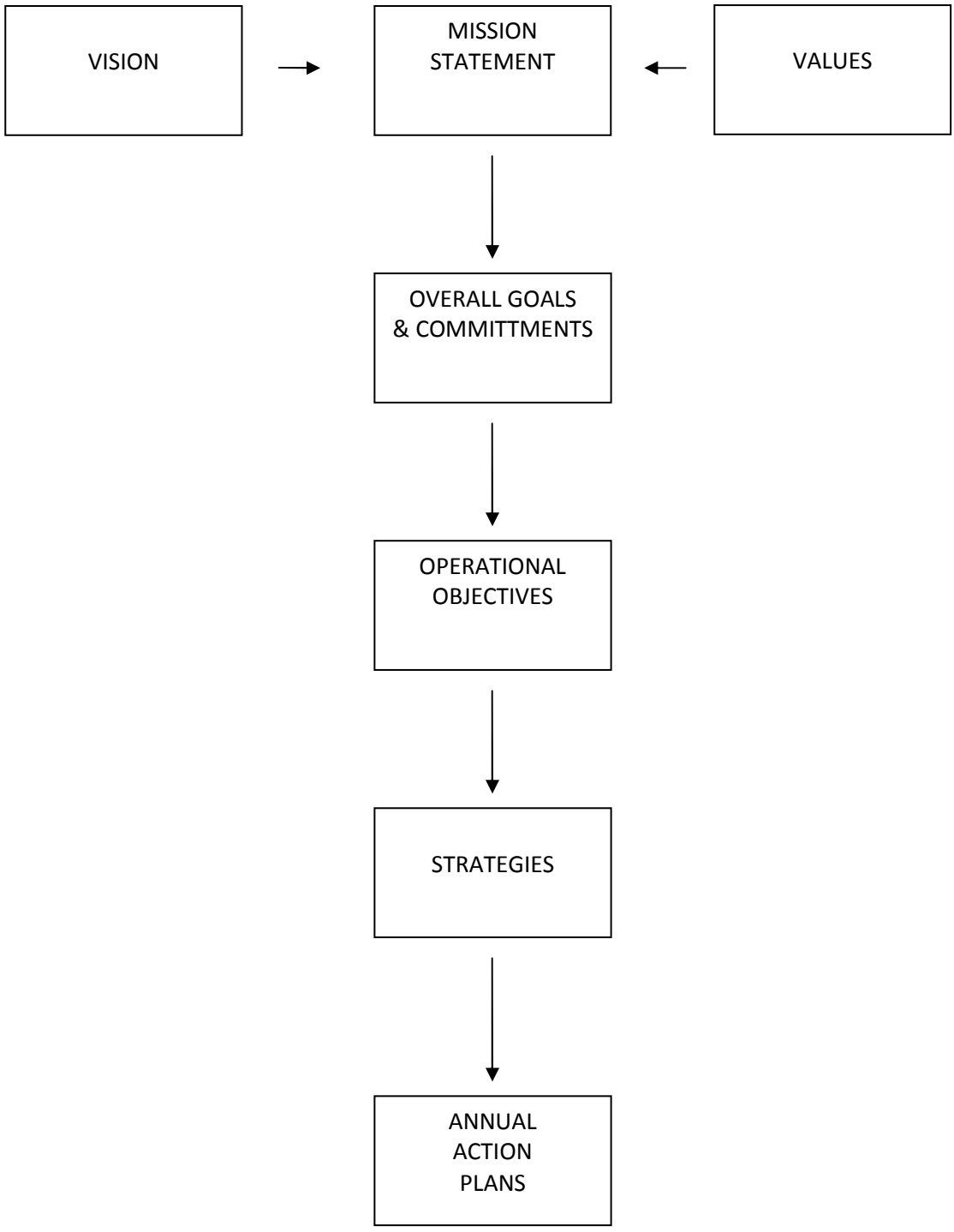
- The international aid environment increasingly requires multi-stakeholder initiatives to be undertaken. The organization's core values and its credibility renders it an attractive partner and opens up numerous opportunities for increased resource mobilization for the promotion of women's health and rights.

Threats

- The threats for FIGO are the same as for all charitable organisations that depend on volunteerism and donations to exist. If either of these factors is adversely affected, there will be a threat to the active existence of the organisation. Diversifying funding sources and continuously inspiring volunteerism will therefore remain a priority.

- Sub-specialities in obstetrics and gynaecology are increasingly establishing their own organisations and are holding successful regional and international meetings. In order to address this potential competition and maintain high levels of participation at the Triennial Congresses FIGO will continue to develop innovative congress strategies and programmes.

- ***FIGO Strategic Framework Chart***



3. Mission Statement

<table>
<tr><td colspan="2">Vision
FIGO envisions a world in which all women achieve the highest possible standards of physical, mental, reproductive and sexual health and wellbeing throughout their lives.</td></tr>
<tr><td>Mission
FIGO is dedicated to the promotion of the status of women’s health; to the reduction of disparities in health care available to women and newborns; and to advancing the science and practice of obstetrics and gynaecology. The organisation pursues its mission through global advocacy, education and capacity building programmes.</td><td>Values
The values of the organisation are those of innovative leadership, integrity, transparency, professionalism, respect for cultural diversity and high scientific and ethical standards.</td></tr>
<tr><td colspan="2">Overall Goals
Improved health and well- being of women and newborn children worldwide
Enhanced status of women, enabling them to actively participation in realizing their reproductive and sexual rights and to access high quality education and services throughout their life cycle
Advanced practices in obstetrics and gynaecology through education and training resulting in high standards of professionalism and ethical adherence in the field</td></tr>
<tr><td colspan="2">Commitments
Encouraging all efforts for raising the status of women; for advancing their role in the development and implementation of health policies; and for promoting gender equality as a human right
Promoting sexual and reproductive health and rights through education, research and advocacy as well as through the provision of accessible, affordable, sustainable and comprehensive reproductive health services
Continually upgrading the practice of gynaecology and obstetrics in order to establish the optimal method of care of mothers and children in both developing countries and industrialized nations through research, education and training and by maintaining the highest levels of professionalism and scientific and ethical standards
Providing leadership and clarity for the application of the new (and relatively new) techniques and clinical options that are now available to clinicians by fostering scientific and policy dialogues and disseminating the latest evidence in the field of obstetrics and gynaecology through high calibre congresses, the International Journal of Gynecology and Obstetrics and good practice guidelines
Accelerating efforts to reach international development targets especially in the area of safe motherhood and newborn health and strengthening partnerships with other professional organizations, UN agencies, and the public and private sector to undertake collaborative efforts for the advancements of women’s health and rights
Strengthening the capacities of national societies to play a pivotal role in the development and implementation of sustainable programmes aimed at the improvement of care available to women and newborns especially in poor and underserved populations</td></tr>
</table>

4. Operational Objectives to achieve the overall goals

1. To strengthen the capacities of the FIGO Secretariat, enabling it to support the development of the organisation. – "Management Strategy"

2. To increase the financial resources of FIGO with the aim of sustaining its active existence and expanding its charitable activities. – "Funding Strategy"

3. To develop an effective communication strategy that profiles the organisation, disseminates its messages and promotes networking with other relevant organisations. – "Communication Strategy"

4. To strengthen and expand the programmatic activities of FIGO Committees and Working Groups through soliciting support from donor agencies for building the capacity building of member associations and conducting innovative women's health projects. – "Programmatic Strategies"

5. Strategies to Achieve Objectives

Management Strategy

Overall Objective – to strengthen the capacities of the FIGO Secretariat, enabling it to support the development of the organisation.

Strategic Objectives

A. Maintain a Secretariat that is efficient and responsive to the needs of FIGO activities and supportive of programme implementation at all times.

B. Maintain FIGO finances in accordance with the highest degree of precision and accountability.

C. Provide administrative back-up to support efforts to make FIGO stable and financially sustainable.

Activities to Attain Objectives

- **Activity A** -
  - Recruit high quality staff who could contribute effectively to the FIGO Secretariat's work
  - Develop clear and defined job descriptions for staff.
  - Conduct regular assessments of staff work and encourage a team approach through regular monthly meetings.
  - Reward staff members for their good work, motivating them and encouraging contributions to the Federation and Secretariat.
  - Establish systems for smooth transitions in the event of staff departures.
  - Assess work load and output, and periodically assess the need for additional staff members.

- **Activity B**
  - Keep financial records accurately as per standard book- keeping procedures.
  - Provide regular monthly financial statements prepared and reviewed by the Chief Executive and Administrative Director.
  - Minimise as much as possible costs involved in running the Secretariat - travel, meetings etc. - through reviewing competitive offers or bids.

- **Activity C**
  - Produce an investment plan for FIGO's reserves.
  - Introduce more effective ways for collecting contributions from national societies.
  - Ensure that the triennial Congress and other FIGO educational meetings are widely advertised and well-organised to ensure high attendance and returns for FIGO.

Funding Strategy

Overall objective - To increase the financial resources of FIGO with the aim of sustaining its active existence and expanding its charitable activities

Strategic Objectives

A. To initiate and sustain fund raising efforts for FIGO through both the USA Charitable Foundation and UK Charity.

B. To mobilize resources from Foundations and other donor agencies in support of FIGO's priority activities.

C. To enlist financial support from Industry for FIGO educational and other activities.

D. To promote the regional congresses and the triennial world congresses as valuable sources of income to FIGO

E. To ensure the widest possible distribution of the IJGO as an important income generating tool

Activities to attain objectives

- Hold fundraising events for specific causes such as fistula treatment, ending female genital mutilation and combating cervical cancer, targeting Charitable Foundations

- Develop projects for submission to donor organisations to implement women's health activities especially in low-resource countries and to build the capacity of member associations.

- As industry has always been a vital source of funding especially for educational activities such as seminars, workshops and fellowships for training, continue to secure their support by strengthening relationships and submitting relevant documentation on FIGO's achievements and future aims.

- Develop an online charity donation mechanism for specific women's health issues.

- Develop strategies to ensure that the Regional Congresses and the Triennial Congresses maintain high levels of attendance and in turn provide high returns.

- As the IJGO is an important educational and professional development arm of FIGO which also provides an essential source of income, expand its distribution online and in print as a means on increasing FIGO's royalties from the publisher.

Communication Strategy

Overall objective - To develop an effective communication strategy that profiles the organisation, disseminates its messages and promotes networking with other relevant organisations.

Strategic Objectives

A. To promote the profile of FIGO as a leading professional international organisation in women's health.

B. To disseminate the messages of FIGO for the promotion of women's health to health professionals, policy makers, community leaders and the public.

C. To strengthen the links between FIGO and its member associations.

D. To create effective partnerships with professional international organisations working in women's and newborn health

Activities to attain objectives

- Sustain the high calibre of the FIGO Triennial World Congresses as an invaluable means of raising the profile of the organization and disseminating the latest evidence in women's health care

- Participate in relevant national, regional and international meetings and activities promoting women's health.

- Maintain the high standard of the IJGO to ensure the increased availability of credible scientific information on women's health issues.

- Utilise the media to highlight women's health issues; to promote the FIGO mission; and to raise funds for related activities.

- Improve the FIGO website and newsletter to increase access to high quality information and education to member associations and the wider public.

- Invest in making materials available in the three official languages (English, French and Spanish) and identify innovative means of highlighting women's health issues (e.g. action to mark relevant international days) and disseminating good practices in obstetric and gynaecological care (e.g. GLOWM)

- Use the LOGIC web forum and establish a data bank for member societies to facilitate effective communication and to document good practices which can be used for publicity and fundraising efforts.

- Develop partnerships with a diverse range of stakeholders to strengthen advocacy messages; to mobilize resources and ensure a comprehensive approach to programmatic activities.

Programmatic Strategy

Overall objective - To strengthen and expand the programmatic activities of FIGO Committees and Working Groups through soliciting support from donor agencies for building the capacity building of member associations and conducting innovative women's health projects

- Use the lessons learned from the LOGIC initiative, to build the capacities of member associations to be pivotal stakeholders at policy making level and to deliver on a range of maternal health issues

- Promote the LOGIC capacity building toolkit as an effective means of helping member associations to strengthen their overall capacities

Specific objectives and activities of each of the following Committees and Working Groups are set out in the next section

Committees

8. Education, training & capacity building
9. Ethical Aspects of Human Reproduction and Women's Health
10. Fistula
11. Gynaecologic Oncology
    a. Combatting cervical cancer
12. Reproductive Medicine
13. Safe motherhood and newborn health
14. Women's Sexual & Reproductive Rights

Working groups

3. Prevention and treatment of Unsafe Abortion
4. Menstrual disorders
5. Pelvic floor dysfunction
6. Challenges in the care of mothers and infants during labour and delivery
7. Best practices in maternal foetal medicine

Achievements against the 2009 – 2012 FIGO Strategic Plan

Strategies	Achievements
Management strategy	
A. Maintain a Secretariat that is efficient and responsive to the needs of FIGO activities and supportive of programme implementation at all times.	Having recruited additional staff at the headquarter level (from 3 in 2007 to 18 in 2013), FIGO has been able to provide more effective administrative and programmatic support to its Member Associations. Moreover, extensive planning undertaken to ensure a smooth transition at the time of staff departures has enabled activities to be carried on seamlessly.
B. Maintain FIGO finances in accordance with the highest degree of precision and accountability.	Purchasing the Secretariat office; establishing strict financial procedures (e.g. travel policy, procurement policy, expenditure approval procedure) and setting up FIGO Trading Limited are examples of efforts undertaken for ensuring the financial sustainability of FIGO
C. Provide administrative back-up to support efforts to make FIGO stable and financially sustainable.	In addition to the above financial systems, the triennial congresses have been a huge success, not only in terms of disseminating the latest evidence on obstetrics and gynaecology but in raising revenue. The Rome Congress raised approximately 1.5m GBP and this trend is expected to continue.
Funding strategy	
D. To initiate and sustain fund raising efforts for FIGO through both the USA Charitable Foundation and UK Charity.	Fundraising events and online donations are activities which need to be strengthened in the future as these have not been focused on previously.
E. To initiate and sustain fund raising efforts from Foundations and other grant donors.	See points F and G below

<table>
<tr><th>Strategies</th><th>Achievements</th></tr>
<tr><td>F. To develop project proposals relevant to FIGO's priority activities for submission to donor agencies.</td><td>Valuable grants have been secured from a range of donors for improving maternal and newborn health outcomes at country level. Additionally, 15% of these grants are allocated for FIGO overheads providing an important source of income.

<table>
<tr><th>Examples of project funds secured</th><th>Total USD</th></tr>
<tr><td>LOGIC (Gates Foundation)</td><td>10,000,000</td></tr>
<tr><td>Unsafe abortion working group</td><td>8,000,000</td></tr>
<tr><td>Misoprostol for PPH (Gynuity)</td><td>912,000</td></tr>
<tr><td>Adolescent SRH (UNFPA)</td><td>700,000</td></tr>
<tr><td>Fistula</td><td>647,000</td></tr>
<tr><td>Implementing Essential Interventions (PMNCH)</td><td>450,000</td></tr>
<tr><td>Projects in the pipeline</td><td></td></tr>
<tr><td>Helping mothers survive bleeding after birth (Laerdal Foundation)</td><td>620,000</td></tr>
<tr><td>Postpartum IUD</td><td>1,600,000</td></tr>
<tr><td>Total from the above projects</td><td>22,929,000</td></tr>
<tr><td>Overhead income from the above projects</td><td>3,439,350</td></tr>
</table>

As FIGO remains a valuable partner in the implementation of maternal and newborn health projects in low resource settings, similar grants are expected in the future. Ensuring that member associations are able to perform as per donor expectations and deliver results accordingly is therefore vital for maintaining this positive trend.</td></tr>
</table>

<table>
<tr><th>Strategies</th><th>Achievements</th></tr>
<tr><td>G. To enlist financial support from Industry for FIGO educational and other activities.</td><td>Examples of grants secured from industry include the following:
<table>
<tr><th>Examples of project funds secured</th><th>Total USD</th></tr>
<tr><td>IBSA</td><td>90,000</td></tr>
<tr><td>Laerdal Foundation</td><td>50,000</td></tr>
<tr><td>Johnson and Johnson</td><td>44,000</td></tr>
</table>
Resource mobilizations efforts focused on such donors will continue in the future.</td></tr>
<tr><td>H. To promote wider distribution of the IJGO and increase FIGO’s income from that source.</td><td>The credibility and wide reach of the IJGO has been an important achievement. Revenue from this source has been increasing each year with an average of approximately 150,000 GBP. This positive trend is set to continue.</td></tr>
<tr><td>Communications strategy</td><td></td></tr>
<tr><td>I. To promote the profile of FIGO as a leading professional international organisation in women’s health.</td><td>The expertise of senior FIGO Officials results in their presence and opinions being requested at numerous high profile stakeholder meetings and scientific events at national and international levels, lending further credibility and positive exposure to FIGO. Facilitating these activities will remain a priority for FIGO.</td></tr>
<tr><td>J. To disseminate the messages of FIGO for the promotion of women’s health to health professionals, policy makers, community leaders and the public.</td><td>The revamped website, the increased coverage of the newsletter and the partnership with the Global Library of Women’s Medicine (GLOWM) are examples of strategies undertaken for disseminating FIGO messages. These activities will continue to be strengthened and new avenues for promoting women’s health issues will be explored in the future.</td></tr>
<tr><td>K. To strengthen the links between FIGO and its member associations.</td><td>With increased project funding and opportunities to attend a variety of educational activities being offered to member associations (e.g. Fistula training, participation at scientific conferences, master training events) the links between FIGO and its member associations have been strengthened.
The LOGIC web forum has been a valuable tool for encouraging and enhancing dialogue between</td></tr>
</table>

Strategies	Achievements
	member associations and other parties/professionals. As project-based technical support activities increase and the need to document good practices from the country level in order to secure further project funding becomes greater, strengthening these linkages with the FIGO member associations will remain a priority.
L. To promote networking with professional international organisations working in women's and newborn health, - such as UN agencies, donor agencies - to create effective partnerships.	Mutually beneficial partnerships with organizations such as ICM, IPA, PMNCH, WHO, GLOWM, Gynuity, the Laerdal Foundation, the Buffett Foundation and the Gates Foundation will continue to be fostered as the need to work in partnership, not only for ensuring a comprehensive approach to programmes but for securing funding, is greater than ever.
Programmatic strategy	
To strengthen and expand the programmatic activities of FIGO Committees and Working Groups through soliciting support from donor agencies for capacity building of member associations and the organisation of specific women's health projects.	The achievements of each of the specialist committees and working groups are audited on an annual basis. Please refer to the Executive Committee Reports for further details on this aspect of the Strategic Framework. **LOGIC Initiative** The LOGIC initiative has been instrumental in building the capacity of member associations to be pivotal stakeholders at policy making level and to deliver on a range of maternal health issues. Building on the lessons learned from this initiative and using the recently developed toolkit to support member associations in strengthening their overall capacities will remain a priority. The focus on maternal death reviews (MDR) as a tool to improve maternal and neonatal care, has resulted in strengthening the credibility of member association at country level and of FIGO at the global level. The soon to be released standard guidelines and template for training on conducting maternal death reviews will be an important tool for expanding this work in the future.

FIGO COMMITTEE FOR CAPACITY BUILDING IN EDUCATION & TRAINING ACTION PLAN & PROGRESS REPORT 2012- 2015

APPROVED TERMS OF REFERENCE

1. To provide leadership in the educational and training activities of FIGO.
2. To promote the educational objectives of FIGO in the field of women's sexual and reproductive health and rights
3. To share the values of FIGO of innovative leadership, integrity, transparency, professionalism, respect for cultural diversity and high scientific and ethical standards.
4. To ensure that training is accompanied by an improvement in women's health evaluated by appropriate indicators.
5. To work with FIGO's member societies to enhance educational and training capabilities.
6. To upgrade the practice of obstetrics and gynaecology through education and training (hand courses).
7. To organize the FIGO Regional Meetings (one meeting in every Region of FIGO) in partnership with the Regional Federation

APPROVED ACTION PLAN

A	*B*	*C*	*D*	*E*
ACTIVITY	***FORECAST COMPLETION DATE***	***CURRENT STATUS***	***COMMITTEE/WORKING GROUP CHAIR COMMENT***	***AUDIT & FINANCE COMMITTEE ASSESSOR REMARKS***
FIGO-FOGSI Meeting	Heyradabad (India) 13-15 September		Second meeting with FOGSI	
2nd Gate of Africa	(New York) 23-24 USA 2013		Important meeting with the mandataries, before the UN summit	
2nd FIGO-Regional-Meeting Addis Ababa (AFOG-National Society	Addis Ababa, Ethiopia. (3-5 October) 2013		Second Regional Meeting of FIGO. In that meeting will be a lot of sessions organized by ONG and Official Institutions, like WHO, UNICEF; and also will be the 3rd Pre-congress course with	

			WDF	
Meeting WHO Global initiative for Emergency & Essential Surgical Care Meeting & Global Scientific Congress.	Trinidad Tobago (16-17th October) 2013		In partnership with WHO and the Medical School of Trinidad	
Pre-congress Course on: New Challenges in Maternal Health	(México City, Mexico: 27-30 October) 2013		The 4 pre-congress course of the agreement with WDF	
FIGO Session . FASGO National Congress.	Córdoba Argentina (31 October-1November,2013)		First time that we organize a FIGO session in Argentina	
Pre-Congress Course FIGO-WDF. BCGIP Meeting.	Shanghai (21st November, 2013)		The 5ft Pre-congress course of the agreement with WDF	
Curso de Actualización en Medicina Materno-fetal. FIGO-SVOG	Caracas. March 2014		The second course that we organize in Caracas	
3rd FIGO Regional Meeting Asia (FIGO-AOFOG).	April, 2014		To be decided the place	
FIGO-China Meeting,	Beijing, June 20014		In partnership with the national Society	
FIGO-SAFOG Meeting in partnership with Sri Lanka College of O&G	Colombo, Sri Lanka, 13-17 November 2014		In partnership with Sri Lanka College of O&G	
FIGO Session. Rumania. 2014.	October, 2014		In partnership with the University	
Endoscopy Training Courses (Sudan, Ukraine)(Karlstorz)	2014-2015		Continuing the program that was start in 2012	
Pre-congress courses Vancouver FIGO World Congress. 2015	2015		To be decided	

- The Committee is encouraged to formulate proposals for the Officers and Executive Board to consider. Proposals involving low- and middle-resource countries should be prioritised. All such proposals must include a strategy for raising funds to support the proposed activity.

FIGO COMMITTEE FOR THE ETHICAL ASPECTS OF HUMAN REPRODUCTION & WOMEN'S HEALTH
ACTION PLAN & PROGRESS REPORT 2012- 2015

APROVED TERMS OF REFERENCE

1. To record and study the contemporary ethical issues that emanate from research and practice in obstetrics, gynaecology, and reproductive medicine
2. To focus on international issues
3. To recommend guidelines on ethical problems in training, education, science and the practice of obstetrics and gynaecology
4. To bring ethical issues to the attention of FIGO member societies, physicians, and the public in developed and developing countries.
5. To address the question of FIGO's policy towards sponsorship and relationships with industry.
6. To the FIGO Bioethics Training Curriculum in reproductive and sexual health for developing countries.
7. In addition to the specific aims and objectives outlined, the Committee is encouraged to formulate additional proposals for the Officers and Executive Board to consider. Proposals involving low- and middle-resource countries should be prioritised. All such proposals must include a strategy for raising funds to support the proposed activity.

APPROVED ACTION PLAN

A	*B*	*C*	*D*	*E*
ACTIVITY	***FORECAST COMPLETION DATE***	***CURRENT STATUS***	***COMMITTEE/WORKING GROUP CHAIR COMMENT***	***AUDIT & FINANCE COMMITTEE ASSESSOR REMARKS***
1. Statement and Recommendations on Sexual Violence and Forensic Evidence-Gathering.	March, 2014	In hand		
2. Statement and Recommendations on Intimate Partner Violence	March,2014	In hand		
3. Statement and Recommendations on Female Genital Cosmetic Surgery	March, 2014	In hand		
4. Statement and Recommendations on Conflict of (Self-)Interest	March, 2014	In hand		

5. Statement and Recommendations on Patients who Refuse Therapeutic Treatments	March, 2014	In hand		
6. Statement and Recommendations on management of Onset of Menopause	March, 2015	In hand		
7. Statement and Recommendations on Sponsorship of Institutional and Academic Activities	March, 2015	In hand		
8. Statement and Recommendations on Advancing Women's Right to Health Care	March, 2015	In hand		
9. Addendum to Present Conscientious Objection Statement on Medical Education	March, 2014	In hand		
10. Review present Statement and Recommendations on Uterine Transplantation	March, 2015	Review in March, 2014.		
11. Review and necessary Revision of all other existing Statements and Recommendations	March, 2015	Review in March, 2014.		

- The Committee is encouraged to formulate proposals for the Officers and Executive Board to consider. Proposals involving low- and middle-resource countries should be prioritised. All such proposals must include a strategy for raising funds to support the proposed activity.

FIGO COMMITTEE ON FISTULA
ACTION PLAN & PROGRESS REPORT 2012- 2015

APPROVED TERMS OF REFERENCE

1. To co-ordinate effectively FIGO's activities in the field of fistula treatment and prevention
2. To produce effective proposals for the possible expansion and enhancement of the individual work undertaken in the prevention and treatment of fistula
3. To co-ordinate the production of a competency-based training manual aimed at trainers and individual practitioners in low-and middle-income countries
4. To continue liaison with UNFPA and others on the establishment of training centres and dedicated fistula hospitals in Africa and elsewhere
5. To work with allied organizations-including UNFPA- on projects devoted to the prevention and treatment of fistula
6. To monitor and evaluate third-party projects supported currently or in the future by FIGO
7. Unless there is a valid reason for not doing so, to involve FIGO member societies where relevant in the activities proposed for their countries
8. To recommend ways in which FIGO and its constituent societies can collaborate with national governments and other organizations 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
9. The Committee should encourage and coordinate South to South collaboration where relevant and appropriate

APPROVED ACTION PLAN

A	*B*	*C*	*D*	*E*
ACTIVITY	***FORECAST COMPLETION DATE***	***CURRENT STATUS***	***COMMITTEE/WORKING GROUP CHAIR COMMENT***	***AUDIT & FINANCE COMMITTEE ASSESSOR REMARKS***
Development of monitoring and evaluation tool for tracking OF surgeries in FIGO accredited training centres	July 2013	Planning		
Develop and/or strengthen training centres in Ethiopia, Malawi, and Tanzania and finalize MoU/Agreements with all training centres	September 2013	In process		
ToT workshops on competency-based OF training for surgeons working in Uganda, Tanzania, and Ethiopia	October 2013	In process		

Placement of remaining fellows accepted to first round of competency-based OF training	November 2013	In process		
International stakeholder meeting international/local funding agency representatives	November 2013	Planning		
Development of strategy for flexible, long-term funding to meet project goals	December 2013	Planning		
Training program assessment with trainers and fellows	March 2014	Planning		

- The Committee is encouraged to formulate proposals for the Officers and Executive Board to consider. Proposals involving low- and middle-resource countries should be prioritised. All such proposals must include a strategy for raising funds to support the proposed activity.

ADDITIONAL INFORMATION

GUIDING PRINCIPLES FOR THE FUTURE OF THE FIGO FISTULA PROJECT (2013 – 2015)

FIGO's role continues to be based in co-ordination, although the nature of that co-ordination has evolved. The Committee has seen that there is a real need for leadership in the continued development of the training program and dissemination of the competency-based training manual. Although partner commitment to the training program remains strong, there is some disagreement about exactly how to proceed in providing care and treatment to women living with obstetric fistula (e.g., prevention vs. treatment). The Committee has an excellent opportunity to guide some of these discussions and to provide a clear roadmap for the development of future surgeons and trainers.

The training program has a unique opportunity to contribute to the development of not just training fellows, but also of their hospital/clinic as a unit. As many of the training centres have the ability to train nurses and other medical staff, the training program will now support the concurrent training of a nurse and/or anaesthetist depending on the capacity of the training centre. In this way more people in an area—especially in more remote areas—will be equipped to address the needs of women before and after surgery.

FIGO COMMITTEE ON MENSTRUAL DISORDERS
ACTION PLAN & PROGRESS REPORT 2012- 2015

APPROVED TERMS OF REFERENCE

1. To maintain a small core group of experienced individuals to provide an international review and recommendation process around developing issues in the fields of menstruation and menstrual disorders.
2. To regularly review and update, usually at each FIGO Congress, the key FIGO 'international recommendation' documents (currently two): 1. FIGO recommendations on menstrual terminologies and definitions; 2. FIGO classification of underlying causes of abnormal uterine bleeding;
3. To progressively assist in extending the worldwide usage of the FIGO recommended documents in a manner relevant to local conditions in individual countries, and in a manner that makes these recommendations directly clinically relevant. This should include development of educational modules, and a programme of audit of the value of these documents.
4. To identify and encourage research projects based on the perspectives embodied in the FIGO recommended documents.
5. To develop a structured menstrual history and related questionnaires for widespread clinical use.
6. To define and make recommendations on issues related to a modern understanding of iron metabolism in women's health, through to and including pregnancy.
7. To further define other issues that affect the burden of illness from menstrual disorders in different cultures and resource settings.
8. To develop a programme to further explore the causes and factors relevant to acute and severe presentations of heavy menstrual bleeding, a very common presentation in low resource settings, and at an appropriate time to make recommendations for management.
9. To explore cultural aspects of abnormal uterine bleeding, especially those relevant to management in local settings.
10. To explore other relevant issues around menstruation and menstrual disorders as they are identified.
11. To report to the FIGO Officers and Executive Board on a bi-annual basis.

APPROVED ACTION PLAN

A	*B*	*C*	*D*	*E*
ACTIVITY	***FORECAST COMPLETION DATE***	***CURRENT STATUS***	***COMMITTEE/WORKING GROUP CHAIR COMMENT***	***AUDIT & FINANCE COMMITTEE ASSESSOR REMARKS***
Self-Funding	On-going	Adequate funds in bank	Firm promise of further funding leading up to the FIGO Congress in Vancouver (Vifor Pharma)	
Aim to achieve elevated FIGO status to Standing Committee	Mid-2013	Application submitted	We believe we have a strong application	

Promulgation of FIGO Recommendations on Terminologies, Definitions and Classification of Causes of Abnormal Uterine Bleeding	On-going	Excellent uptake of recommendations in some countries; translations into other languages; widely presented at Congresses; need for on-going review and minor revisions	This is going very successfully, with considerable demand for presentations; some practical local usage; There is much need for continued efforts in some parts of the world, for exploration of ways of getting simplified versions into medical school education, and for monitoring of practical use.	
Development of a project to monitor the uptake, integration and effectiveness of FIGO Recommendations in differing circumstances and countries	2016	Preliminary draft protocol has been developed (attached as appendix)	This is an important aim to monitor success of uptake and usage. The protocol will be further developed and introduced during 2014	

- The Committee is encouraged to formulate proposals for the Officers and Executive Board to consider. Proposals involving low- and middle-resource countries should be prioritised. All such proposals must include a strategy for raising funds to support the proposed activity.

ADDITIONAL INFORMATION

The Working Group now has an enthusiastic core membership group, with the potential to involve a range of other individuals with specific skills in particular areas of interest. The Group has put together a strong application for elevation of status to a Standing Committee, which will greatly assist a number of the activities planned for collaboration with other international organisations. The Group has identified a range of potential activities, which will be progressively introduced depending on defined priorities. One important and ambitious monitoring project is being developed into a workable protocol, and an early draft protocol is attached as an appendix, in order to illustrate planned activities. A much more detailed list of projects currently being explored is included in the document supporting the request for upgrading of the Working Group status to Standing Committee. A substantial effort is included to understand issues in different cultures and in low resource settings. I am satisfied that the Working Group is making steady progress with a worthwhile Work Plan geared to the next two years, leading up to the FIGO Congress in Vancouver in 2015.

FIGO COMMITTEE ON GYNAECOLOGIC ONCOLOGY
ACTION PLAN & PROGRESS REPORT 2012- 2015

APPROVED TERMS OF REFERENCE

1. Staging
   - Monitoring and facilitating the implementation of the new Staging System
   - The revised staging for Ovarian, Fallopian Tube and Peritoneal cancer has been finalised and approved by the FIGO EXECUTIVE BOARD as well as all relevant international organisations including UICC
   - The next step is to prepare a manuscript for international publication in the FIGO journal

2. Molecular Staging
   - Concept of Molecular Staging
   - Molecular Staging for Endometrial Cancer
   - Molecular Staging for Ovarian Cancer
   - Molecular staging is in its infancy and the Gyn Onc committee is going to establish a committee to perform the function of 'literature watch' to ensure that the committee keeps abreast of modern developments

3. FIGO Annual Report
   - The first version of the newly named FIGO CANCER REPORT was published in October 2012 – the second updated version with new chapters will be presented in 2015
   - The collection of international data is still work in progress. To date over 300 organisations and institutions have been contacted and advised willingness to submit their data
   - New data collection forms have been designed, with greater simplicity and final approval from the Gyn Onc Committee will be obtained on May16th, 2013
   - The Institut D'Oncologia de Catalan, under the leadership of Dr Xavier Bosch, are in the process of preparing a quote to 1] establish the appropriate website, 2] to create a software programme for participating institutions to submit data 3] create the necessary web-based infrastructure to validate and cross-validate all data 4] create the capacity to analyse the data and 4] to manage the website and add new institutions or alter the databases as required

4. HPV-related diseases
   FIGO will be represented on the Global Cervical Cancer Prevention Forum which will hold its inaugural meeting in May 27th, 2013, represented by Professor Hacker. Professor Denny is on the advisory board. Together with these type of collaborations and the Cervical Cancer Prevention sub-committee, FIGO Gyn Onc Committee will continue with the activities listed below
   - Ensure that health policy decision makers, National Health Ministries and Health professionals in low, middle and high-income countries understand the range and burden of disease, both benign and malignant, caused by infection with HPV.

- Ensure that cervical cancer be placed on the 'health agenda' of developing countries by disseminating knowledge of and understanding of the burden of cervical cancer in these countries and the necessity of allocating resources to cervical cancer prevention, early detection, treatment and palliation for the advancement of women's health.
- Encourage all countries to create national cancer registries to monitor disease prevalence, with particular emphasis on cervical cancer and to evaluate the impact of various prevention of cervical cancer strategies
- Disseminate widely an understanding of primary and secondary disease prevention, with particular emphasis on primary prevention of HPV infection with HPV vaccine
- Ensure that the rationale behind HPV vaccination, the potential benefits of vaccination and the programmatic challenges are clearly understood by policy makers, health ministries and health care professionals.
- Facilitate and promote the introduction of the HPV vaccine into developing countries in a manner which is affordable and accessible to women and which achieves the widest possible coverage of the targeted population
- Advocate for the establishment of adolescent health care infrastructure to facilitate dissemination of the HPV vaccine and to use this platform for the promotion of adolescent health
- Promote screening for secondary prevention of cervical cancer including an evaluation of different methods of screening pertinent to different health care settings e.g. VIA, HPV DNA testing and cytology
- Promote key messages and best practice documents produced by FIGO and its counterparts effective communication with all relevant stakeholder groups including FIGO member societies, Women's Health advocacy groups and educational establishments – including those representing other key professional groups such as General Practitioners, Paediatricians, Midwives, and Nurses – Ministries of Health, and pharmaceutical companies involved in the production of HPV vaccines.

5. Educational tools
    - Handbook for Clinical Practice Guidelines
        - Revise the present edition
    - Website material
    - Conference material
    - Fellowships
    - Meetings and Conferences

APPROVED ACTION PLAN

A	*B*	*C*	*D*	*E*
ACTIVITY	***FORECAST COMPLETION DATE***	***CURRENT STATUS***	***COMMITTEE/WORKING GROUP CHAIR COMMENT***	***AUDIT & FINANCE COMMITTEE ASSESSOR REMARKS***
Revised Ovarian Cancer, FT and Peritoneal cancer staging		Completed and approval from all international organisations obtained	Manuscript being prepared for international publication	
Reconstruction of collection of international data		All data collection forms have been designed and are currently being evaluated by Institut D'Oncologia de Catalania	This project needs special funding and will be ready to start collecting data from January 2014	
FIGO Cancer Report		Revise current 2012 version in time for conference 2015	In process and new chapters and authors being appointed	
Molecular Staging of site specific cancers		Literature watch committee to be established	In process	
HPV associated diseases		Collaboration with international sister organisations	In process	

- The Committee is encouraged to formulate proposals for the Officers and Executive Board to consider. Proposals involving low- and middle-resource countries should be prioritised. All such proposals must include a strategy for raising funds to support the proposed activity.

FIGO COMMITTEE ON REPRODUCTIVE MEDICINE
ACTION PLAN & PROGRESS REPORT 2012- 2015

APPROVED TERMS OF REFERENCE

To create access to quality reproductive medical care for all women of the world.

1. To develop evidence-based, culturally sensitive, cost-effective policies, guidelines and tools that are accepted as standards for increasing access to quality reproductive medical care in all countries of the world.
2. To utilize processes and procedures that enable the Committee to function effectively
3. To develop consensus on its proposals consistent with all aspects of FIGO policy
4. To be recognised internationally as an expert leader in promoting ethical, quality reproductive medicine care
5. To expand the usefulness of The FIGO Fertility Tool Box™ which includes evidence-based/linked guidelines for the delivery of reproductive medical care that
    - Is culturally, religiously, politically and economically sensitive
    - Meets the needs of women for whom the care is intended
    - Is cost effective
6. 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 through use of The FIGO Fertility Tool Box ™ and other programs/materials/instruments created by the FIGO CRM
    - 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 women's healthcare resources into the delivery of reproductive medicine services
7. To develop national and international strategies, policies, procedures and plans that advocate for 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
8. To achieve the goals of the Committee in the period 2012 – 2015 through focus on development, distribution and implementation of The FIGO Fertility Tool Box ™.

APPROVED ACTION PLAN

1. *Term of Reference 1:* **To create <u>access to quality reproductive medical care for all women</u> of the world.**					
Action		***Timeline***	***Required Resources***	***Person(s) Responsible***	***Status***
1.1	Develop, distribute and implement The FIGO Fertility Tool Box™	June 2015	CRM meeting annually in London, 2 teleconferences annually, ad hoc meetings as possible, CRM member participation, FIGO resources	CRM and FIGO	
1.2	Identify funding sources for the CRM	October 31, 2013	Contact information for professional organizations, industry and non-profit	CRM members and FIGO	

			foundations		
1.3	Evaluate and modify Action Plan as necessary	Annually by June 30	CRM meetings teleconferences, emails	CRM	
1.4	Evaluate and modify Vision, Mission and Terms of Reference as necessary	Every 3 years	CRM meetings teleconferences, emails	CRM	
2.	***Term of Reference 2:*** **To develop evidence-based, culturally sensitive, cost-effective <u>policies, guidelines and tools that are accepted as standards</u> for increasing access to quality reproductive medicine care in all countries of the world.**				
	Action	***Timeline***	***Required Resources***	***Person(s) Responsible***	***Status***
2.1	The alpha version of the CRM product to accomplish this goal has been completed: The FIGO Fertility Tool Box™. The Tool Box uses information from recognized professional, governmental and non-profit organizations, as well as evidence-based/linked publications to develop its content and recommended actions to increase access to quality reproductive care.	Beta version to be completed by May 30, 2013	Annual meeting in London at FIGO and teleconferences	CRM and Dr. Adamson	
2.2	Electronic survey of selected FIGO member countries to obtain feedback on the beta version of the Tool Box.	December 31, 2013	Electronic survey with FIGO support	Drs. Adamson, Bhattacharya, CRM, FIGO office.	
2.3	Survey selected FIGO member pilot countries (Chile-Dr. Zegers; India -Dr. Bhattacharya; South Africa – Dr. Dyer) to assess the performance of the Tool Box.	December 31, 2013	Electronic survey and country-specific	CRM	

			reports		
2.4	Review, assess and modify policies, guidelines and products used to disseminate the Tool Box, especially electronic technologies, and potential relationships with technology companies	Annually by June 30	CRM meetings, teleconferences, emails	CRM	
3. ***Term of Reference 3:*** **To utilize processes and procedures that <u>enable the Committee to function effectively</u> within FIGO and to develop consensus consistent with FIGO policy**					
Action		***Timeline***	***Required Resources***	***Person(s) Responsible***	***Status***
3.1	Follow policies and procedures for CRM meetings, teleconferences and email communication consistent with FIGO policies and procedures	Assess annually by June 30	FIGO policies and procedures; CRM	Chair and CRM	
3.2	Review and modify as necessary policies and procedures for RMC meetings, teleconferences and email communication	Annually at London spring meeting	FIGO and CRM policies and procedures; CRM	Chair and CRM	
3.3	Follow policies and procedures for communication with FIGO Board through review of current FIGO policies and procedures	Assess annually by June 30	FIGO and CRM policies and procedures; CRM	Chair and CRM	
3.4	Review and modify as necessary policies and procedures for communication with FIGO Board through review of current FIGO policies and procedures	Annually at London spring meeting	FIGO and CRM policies and procedures; CRM	Chair and CRM	

4. ***Term of Reference 4:*** **To <u>develop consensus</u> on its proposals consistent with all aspects of FIGO policy.**					
	Tactic	***Timeline***	***Required Resources***	***Person(s) Responsible***	***Status***
4.1	Function transparently and democratically in the CRM and with the FIGO Board and other stakeholders with whom CRM has relationships	Continuous	None	CRM Chair and members	
4.2	Ensure that CRM initiatives are consistent with FIGO policy	Continuous	Access to appropriate FIGO documents	CRM Chair and FIGO President	
4.3	Ensure that CRM initiatives are consistent with and supportive of other FIGO committees	Continuous	Communication with other FIGO committees	CRM Chair and FIGO President	.
5. ***Term of Reference 5:*** **To <u>be recognised internationally as an expert leader</u> in promoting ethical, quality reproductive medicine care.**					
	Tactic	***Timeline***	***Required Resources***	***Person(s) Responsible***	***Status***
5.1	Assess success of execution of CRM Terms of Reference and Action Plan, have CRM members do self-assessment of their participation on the CRM, and provide report to Board	June 30 and December 31 annually	None	CRM Chair	
5.2	Publicize activities and accomplishments of CRM	Continuous; assess by June 30th annually	Electronic media; FIGO website and public relations	CRM, FIGO	.

5.3	Develop relationship with WHO through their representation on the CRM and with other WHO personnel to help translate the Tool Box, distribute the Tool Box, evaluate its effectiveness and increase its utility.	June 30, 2014	CRM and FIGO relationship with WHO	CRM and FIGO	
6.	***Term of Reference 6:*** **To <u>expand the usefulness of The FIGO Fertility Tool Box ™</u> which includes evidence-based/linked guidelines for the delivery of reproductive medicine care that** ○ **Is culturally, religiously, politically and economically sensitive** ○ **Meets the needs of women for whom the care is intended** ○ **Is cost effective**				
	Tactic	***Timeline***	***Required Resources***	***Person(s) Responsible***	***Status***
6.1	Review the literature to educate CRM members on international sensitivities with respect to culture, religion, politics and economics	Annually by June 30	Literature search	Dr. Wong	
6.2	Identify and prioritize needs of infertile individuals and health services globally to access quality infertility care and identify target regions and countries	Annually by June 30	Literature search, survey	CRM	
6.3	Review current literature on cost effective diagnosis and treatment in infertility	Annually by June 30	CRM meetings, teleconferences, emails	Dr. Collins	
6.4	Review current documents relevant to evidence linked reproductive medicine that are available at WHO, ESHRE, ASRM, other professional organizations and the literature	Annually by June 30	CRM meetings, teleconferences, emails; web search, professional relationships	Drs. Adamson (ASRM), Bhattacharya (ESHRE), Zegers (WHO)	
6.5	Develop clinical instruments that support The FIGO Fertility Tool Box ™ that increase access to evidence-based quality infertility care based on the best available evidence. This includes translation of the Tool Box.	Continuous; Assess annually by June 30	CRM meetings, teleconferences, emails. Funding.	CRM	.

6.6	Evaluate and modify content, format and technology of The FIGO Fertility Tool Box ™ and other programs/materials/instruments based on the best available evidence, as well as paid and unpaid expertise	Continuous; Assess annually by June 30	CRM meetings, teleconferences, emails	CRM	
7. ***Term of Reference 7:*** **To develop procedures and programs that <u>increase capacities of member societies</u> to integrate reproductive medicine education, preventive and comprehensive care into the overall care of women and the healthcare system of the society through use of The FIGO Fertility Tool Box ™ and other programs/materials/instruments created by the FIGO CRM** ○ **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 integration of facilities, equipment, personnel, systems and other women's healthcare resources into the delivery of reproductive medicine services**				
Tactic		***Timeline***	***Required Resources***	***Person(s) Responsible***	***Status***
7.1	Perform needs assessment globally and in targeted individual regions and countries prior to developing procedures and programs	June 30, 2015	Access to FIGO, WHO, other data	CRM, Drs. Zegers, Dyer and Bhattacharya	
7.2	Review current WHO and other infertility management guidelines to create effective instruments to meet FIGO CRM goals	June 30, 2014	Access to WHO and other documents	CRM, Drs. Adamson, Dyer and Zegers and Dr. Sheryl Vanderpoel at WHO	.

7.3	Develop a FIGO CRM learning module for infertility management and intervention workshops for all levels of healthcare providers with FIGO workshops focusing on developing specific capabilities for the generalist. This could include partnerships with WHO, ASRM, ESHRE, IFFS, IPPF and other organizations, Such workshops/programs/ initiatives are to encourage national/regional collaboration of infertility/ART programs to use their facilities and programs to train others in the region.	June 30, 2014	Access to WHO and other organizations to collaborate	CRM, Drs. Adamson and Dyer, ASRM and Dr. Sheryl Vanderpoel at WHO	
7.4	Develop a FIGO CRM Fertility Library which will be made available through the Internet	December 31, 2013	None	CRM	
7.5	Develop procedures and programs for The FIGO Fertility Tool Box ™ that are or can be integrated into the general healthcare and women's health system, training and capacity building programs, as well as the society of targeted regions and countries, (currently Chile, India and South Africa) recognizing differences among countries and primary, secondary and tertiary care.	June 30, 2014	CRM meetings, teleconferences, emails.	CRM, Drs. Zegers, Bhattacharya and Dyer	
7.6	Develop comprehensive, collaborative education programs with WHO and enhance these programs through WHO representatives on the CRM and other WHO personnel	June 30, 2014	CRM meetings, teleconferences and emails.	CRM, FIGO and Chair	
7.7	Develop comprehensive, collaborative education programs with professional organizations such as ESHRE, ASRM, IFFS, IPPF, ASPIRE and regional federations, as well as explore similar opportunities with non-profit foundations such as the Gates, Hewlett and Packard foundations, and consumer organizations such as RESOLVE, as well as industry such as Elsevier.	June 30, 2014	CRM meetings, teleconferences and emails	CRM, FIGO and Chair	
7.8	In addition to The FIGO Fertility Tool Box ™, develop specific, low cost, effective, field-level-usable instruments, both hard copy and electronic, that increase acceptability, utility and utilization of each procedure and program	December 31, 2013	CRM meetings, teleconferences, emails.	CRM	

	developed by CRM, recognizing differences among countries and primary, secondary and tertiary care. These include The FIGO Fertility Pyramid™ and The FIGO Fertility Flip Chart™				
7.9	Develop electronic materials and learning modules, and identify resources, to deliver CRM procedures and programs, in collaboration with ASRM if possible	December 31, 2013	FIGO, ASRM and ETCBC expertise	CRM	.
7.10	Evaluate the potential role of public/NGO/private partnerships in achieving FIGO CRM goals	October 31, 2013	FIGO and CRM external relationships	CRM and Dr. Adamson	
7.11	Identify and pursue external funding sources to assist in achieving CRM goals	June 30, 2014	FIGO and CRM external relationships	CRM	
7.12	Participate in the organization and presentation of teaching programs in reproductive medicine, primarily for generalists, through FIGO, FIGO national organizations, and other organizations such as Al Azhar University, IPPF and WHO	Continuous	Partners in organization of medical meetings	CRM	
8.	***Term of Reference 8:*** **To develop national and international strategies, policies, procedures and plans that <u>advocate for the reproductive rights of women</u> 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**				
	Tactic	***Timeline***	***Required Resources***	***Person(s) Responsible***	***Status***
8.1	Use The FIGO Fertility Tool Box ™ to disseminate within FIGO, to external professional organizations, governments, funding sources, women in need of reproductive medicine care, the public and other targeted audiences these messages	September 30, 2013	FIGO public relations resources	CRM, FIGO public relations	
8.2	Identify and develop optimal cost-effective strategies and tactics, including Internet based technologies, to disseminate CRM messages (e.g. recent legal rulings on reproductive rights), procedures and programs within FIGO, to external professional organizations, governments, funding sources,	September 30, 2013	FIGO technology experts, external technology	CRM, FIGO and external technology experts	

	women in need of reproductive medicine care, the public and other targeted audiences		experts		
8.3	Identify and pursue potential synergies and partnerships with potential stakeholders in professional, non-profit, for-profit, government and other sectors of health care to distribute and encourage use of The FIGO Fertility Tool Box ™	Decembe r 31, 2013	FIGO relationships	CRM	.
8.4	Identify, quantify where possible and disseminate the moral, social, cultural and economic value proposition of CRM activities to all stakeholders through The FIGO Fertility Tool Box ™	Decembe r 31, 2013	FIGO	CMR	
8.5	Participate in meetings of other professional organizations such as ASRM, ESHRE, IFFS, ASPIRE to increase exposure of these organizations to The FIGO Fertility Tool Box ™	Continuous ; assess annually by June 30	None	CRM	
8.6	Advocate for the economic empowerment of women, including economic empowerment of patients to enable them to access fertility care	Continuous ; assess annually by June 30	None	CRM	

- The Committee is encouraged to formulate proposals for the Officers and Executive Board to consider. Proposals involving low- and middle-resource countries should be prioritised. All such proposals must include a strategy for raising funds to support the proposed activity.

FIGO COMMITTEE FOR SAFE MOTHERHOOD & NEWBORN HEALTH
ACTION PLAN & PROGRESS REPORT 2012- 2015

APPROVED TERMS OF REFERENCE

1. To act as a focal point for all FIGO activities related to safe motherhood and newborn health
2. To identify and present new opportunities and/or projects for FIGO
3. To develop Statements and Guidelines on key topics in SMNH for consideration by the Board, with an emphasis on low resource settings
4. To develop strategies for dissemination of guidelines and materials developed by the Committee and others
5. To respond to FIGO Executive requests for review and endorsement of SMNH related materials from external or other FIGO stakeholders
6. 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.
7. To complement liaison by FIGO officers with the key international agencies involved in SMNH policy and programming

APPROVED ACTION PLAN

A	*B*	*C*	*D*	*E*
ACTIVITY	***FORECAST COMPLETION DATE***	***CURRENT STATUS***	***COMMITTEE/WORKING GROUP CHAIR COMMENT***	***AUDIT & FINANCE COMMITTEE ASSESSOR REMARKS***
Dissemination: Second Stage Guidelines	End 2013		(Stones) Guideline published in IJGO November 2012, free full text access secured from Elsevier. National and regional conference presentations on-going.	
Dissemination: PPH Guideline	End 2013		(Lalonde) Plan for 'technical bulletin' on tamponade and anti-shock garment.	

Guideline Development: Foetal Monitoring Standards	Q2 2015		(Ayres de Campos) Stakeholder identification in progress to form writing group. Funding opportunities being explored.	
Guideline/ Accreditation System Development: Woman Centred Maternity Care	Q2 2015		(Miller/ Lalonde/ Hanson) Draft document for Board agenda June 2013. Participation of WHO and White Ribbon Alliance under discussion. Will require funding for implementation/ sustainability	
Response/ review/ endorsement: WHO checklist, 'dashboard' approaches	End 2014		(Stones) scope for encouraging national societies to participate.	
Response/ review/ endorsement: FIGO LOGIC MDR materials and JHPIEGO e-learning materials	June 2013		(Stones/ Lalonde) Review feedback provided by members by email and face to face.	
New activity: Postpartum contraception especially IUCD and implants	Q2 2105		(Ladipo) Discussion stage. Scope to involve national societies. Will require funding.	
New activity: Maternal health advocacy for India and Africa	Q2 2015		(Shah/ Ladipo) Discussion stage. Possible 'south-south' collaboration, maternal health conference in India. Will require funding.	
Dissemination/ advocacy: PMNCH essential interventions/ continuum of care	Q2 2015		Discussion stage. Dialogue with PNMCH on practicalities of EI lists in low resource countries (e.g. what is 'truly essential', selective approach). Funding will be	

			needed for specific activities.	
New activity: Interventions for preterm birth	Q2 2015		(Hanson) Discussion stage. Follow on from 'Born too soon' session at Rome. Scope to involve SMFM who have a published guideline on progesterone. Possible funding via interaction with March of Dimes. ? Technical bulletin as a basis for roll out of package of interventions e.g. progesterone/ nifedipine/ steroids.	
Response/ review/ endorsement: potential FIGO guideline on diabetes in pregnancy.	2014		(Stones) Information about this proposed guideline received from Moshe Hod.	

- The Committee is encouraged to formulate proposals for the Officers and Executive Board to consider. Proposals involving low- and middle-resource countries should be prioritised. All such proposals must include a strategy for raising funds to support the proposed activity.

ADDITIONAL INFORMATION

The proposed action plan comprises a mix of:

1) Dissemination activities for Committee materials already produced, e.g. PPH and second stage of labour

2) New guideline development. Will require funding for substantial guidelines e.g. the proposed Foetal Monitoring standards.

3) Funded activities in partnership with national societies and external stakeholders

4) Response/ review/ endorsement by the Committee of other FIGO or external materials. This does not typically require funding but utilizes the expertise and time of members in assisting FIGO to come to well informed endorsement decisions.

In terms of time, effort and funding requirements I should like to 'flag up' the activities on Foetal Monitoring Standards, on Woman-Friendly maternity facilities and on Preterm Birth as the three projects likely to be the most substantial.

FIGO COMMITTEE FOR WOMEN'S SEXUAL & REPRODUCTIVE RIGHTS
ACTION PLAN & PROGRESS REPORT 2012- 2015

APPROVED TERMS OF REFERENCE

1. To develop a robust educational program that integrates women's health, sexual and reproductive rights, and advocacy; the tools and curriculum must be suitable to be adopted and adapted for clinical training across the world.
2. To recommend an approach for dissemination that is universally accessible and transmitted to medical educators through FIGO member societies.
3. 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.
4. 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 that extends across societies, disciplines, and health care professions.
5. To review and update, where appropriate, standards and guidelines for the respect of these rights.
6. To recommend ways in which FIGO and its constituent societies can collaborate with national governments and other organisations to further advance these rights.

APPROVED ACTION PLAN

A	*B*	*C*	*D*	*E*
ACTIVITY	***FORECAST COMPLETION DATE***	***CURRENT STATUS***	***COMMITTEE/WORKING GROUP CHAIR COMMENT***	***AUDIT & FINANCE COMMITTEE ASSESSOR REMARKS***
Identify members of WSRR committee for 2012 -2015	March 2013	Completed	All members have accepted our invitation to join or continue to serve the committee; we have added an ethicist and have representation from educators and advocates from around the world.	
Design and development of interactive website for the Integrating Human Rights +Women's Health education project hosted by Global Library of Women's Medicine and linked to FIGO website	Will remain on-going ; initial site scheduled for opening August 2013	In progress	1) LR has delivered preliminary materials to the webmaster; DM has developed specifications for the site using Case #1 as prototype 2) Conference call scheduled for 16/05/2013 to discuss options and agree design plan. 3) David Bloomer and GLOWM webmaster to join next WSSR meeting July 2013	

Publish 10 cases with facilitator guides and references.	August 2013	In progress	1) CZ and AL have edited ethics references for all 10 cases; DM and LR have tested case #1 in a variety of lecture, workshop and clinical teaching venues 2) Facilitator guides are out to committee members for review and editing.	
Progress report for the WSRR presented to FIGO executive Board by L Regan Jun 2013	June 2013		Feedback from Executive Board awaited.	
WSRR committee meeting: 1) orient new members to project in dissemination phase, 2) review case reference materials and facilitator guides. 3) Discuss dissemination plans and time line	3/4 July 2013		We would like to introduce GLOWM team and FIGO staff at HQ to the committee members; dissemination plans will in part be determined by response of Executive Committee to future plans.	
Enhance the HRWH website with posting of all tools and case studies with facilitator guides; consider use of short videos to promote local utilisation among members.	August/ September 2013		Case support through video requires further funding for filming and development of concise scripts (which could be produced in both English and native language by FIGO members)	
Translation of case histories and other educational tools into different languages	Early 2014		Funding from national specialist societies and other organisations needs to be identified	
Publish FIGO newsletter article to update on progress, including link to new web site. Publish link in all FIGO newsletters	2013/2014		Need to demonstrate progress and retain enthusiasm for project dissemination; Useful to track “hits” on FIGO article and GLOWM- HRWH site once this is released.	
WSRR committee meeting				
Conduct workshop with Executive Board members +/- invited groups. Discuss further global dissemination	June 2014		Would require 2.5 hours to be added to committee meeting in order to participate and feedback opinions and ideas about local dissemination requirements. Participation is an important measure of engagement and important to expand dissemination activities.	
Create article / white paper to disseminate to ministers of health / education and to all academic medical deans	End 2014		Draft outline to submit to pilot centres e.g. United Kingdom and at least one developing country for constructive criticism	

FIGO Vancouver meeting – plenary session and various workshops – discussing with Joanna Cain, WATOG, ACOG, RCOG	October 2015		Detailed discussions with all stakeholders in preparing our contribution to FIGO congress	

ADDITIONAL INFORMATION
The HRWH project has been introduced in a variety of venues; lecture and e workshops at Royal Society of Medicine, Imperial College Global Health Institute, FIGO congress in Rome, CREOG-APGO, clinical rounds, and community lay audiences. The ideas are received enthusiastically and the tools are easily understood and used. Universally, participants using the Human Rights Checklist gain insights into their own health and the relationship between rights and health outcomes. The challenge ahead is to expand awareness, access, expertise, and comfort in using the tools. FIGO member societies provide an excellent network for global dissemination of the tools and practices. We also recognize that some nations will require a more formal process of introduction and implementation of the approach; the publications and guidelines to be produced are intended to address those particular governance and educational process needs.

FIGO WORKING GROUP ON PELVIC FLOOR MEDICINE AND RECONSTRUCTIVE SURGERY
ACTION PLAN & PROGRESS REPORT 2012- 2015

APPROVED TERMS OF REFERENCE

Sub-Group 1

- To develop a validated questionnaire that allows to analyse current development, interest and possibilities of this area in each region
- To propose educational objectives according to the results of the questionnaire.

Sub-Group 2

- To analyse the implementation of the latest IUGA/ICS proposal (2010) to implement female pelvic floor dysfunction terminology and methodology and its possibility of worldwide implementation.
- To analyse latest prolapse classification proposals based on clinical assessment and complementary studies (imaging technologies) comparing them with the different classifications currently used.
- To establish a Quality of Life (QofL) questionnaire to correlate it with the pelvic lesion degree.

Sub-Group 3

- Basic assessment of surgical pelvic dysfunctions that allow therapeutical decision making.
- Value and clinical application of diagnostic methods, imaging, urodynamics, etc. in surgical decision making and follow-up.
- Committee's opinion about current surgical procedures (mesh or not, when and which), laparoscopy and robotic surgery.

Sub-Group 4

- To assess current knowledge and level of evidence with regards to pelvic floor rehabilitation of different female pelvic floor dysfunctions, this committee will use high quality meta-analyses and systematic reviews, like for instance the Cochrane Collaboration Reviews, the reports of the International Consultation on Incontinence and relevant handbooks, like for instance 'Physical Therapy for the Pelvic Floor, from Evidence-based Theory to Clinical Practice'.
- Based on the number of publications with different modalities of research we will summarize the current most important conclusions of the different diagnostics techniques and treatment modalities, recommendations for practice and research.
- To establish a modality of outcomes assessment for:
    - Urinary incontinence & female lower urinary tract dysfunctions/micturition problems
    - Pelvic organ prolapse
    - Faecal incontinence & constipation

- Pelvic pain

The Working Group as a whole should liaise closely with the International Urogynecology Association and other urogynaecological associations and other groups working in this area, with all output reviewed and approved by other international urogynaecologic groups.

APPROVED ACTION PLAN

A	*B*	*C*	*D*	*E*
ACTIVITY	***FORECAST COMPLETION DATE***	***CURRENT STATUS***	***COMMITTEE/WORKING GROUP CHAIR COMMENT***	***AUDIT & FINANCE COMMITTEE ASSESSOR REMARKS***
SUBGROUP 1 "Educational Program on Pelvic Floor Medicine and Reconstructive Surgery" **Chairman: Morton Stenchever, USA (until March 2013)** **Chairman: Diaa Rizk, Canada (from March 2013 onwards)** **Members:** **Gabriele Falconi, Italy** **Ajay Singla, USA** **Adolf Lukanovic, Slovenia** **Lynsey Hayward, New Zealand** **Lucas Schreiner, Brazil** **Ajay Rane, Australia** **Stavros Athanasiou, Greece** Our goal was to identify the knowledge and skills that should be required from each of the three educational levels, which concern to OB/GYN: Level 1: Physicians with practice in general	Until January 2012		This goal is already finished and the conclusions were presented in FIGO Meeting Rome October 2012.	

obstetrics and gynaecology Level 2: OB/GYN Residents or post graduate training Level 3: Pelvic Floor Medicine and Reconstructive Surgery fellows After assessing all the proposals, the three levels were selected from programs elaborated by different societies and were published on the International Journal of Gynecology and Obstetrics ("The FIGO guidelines for training residents and fellows in Urogynecology, female urology, and female pelvic medicine and reconstructive surgery" 2009). By means of a brief questionnaire we have collected the points of view of the OB/GYN societies of several Countries (from low to high resources Countries).				
We discussed on ethical issues and strategies in order to: - obtain a broader response and cooperation/feedback by National Ob/Gyn Societies adhered to FIGO - have a closer relation with National Ob/Gyn Societies through FIGO We planned to: - develop learning and enabling objectives for the FIGO working group Curricula items - define the minimal Levels of Knowledge required to develop Training Programs specific for each one of the three professional levels involved in Gyn and Obst practice - attempt the inclusion of proposals of subgroup 2 and 3 in the educational objectives - identify the minimal criteria required for accreditation of Training programs, Training centres, Trainees (general gynaecologists, residents or fellows) as well as suggest sites and times.	FIGO Meeting Rome October 2012			

We will discuss the drafts elaborated by members of the subgroup 1 in order to reach an agreement on the minimal requirements of knowledge (know, understand and perform) regarding each one of the enabling objectives identified for the three professional levels considered (General Gynaecologists, residents and Fellows). We will share the conclusions of the subgroup 1 with the members (international opinion leaders) from other subgroups in order to incorporate their suggestions and proposals.	Sao Paulo Meeting on July 2013			
According with the drafts discussed at the Sao Paulo meeting, we plan to submit such drafts for publication on International OB & Gyn Journal.	July 2013 to December 2013			
We plan to share our results and conclusions with the OB & Gyn National Societies adhered to FIGO in order to better identify the needs and priorities, overall from middle and low resources Countries.	July 2013 to April 2014			
Our proposal of minimal requirement of knowledge will be sent to the OB/GYN Societies adhered to FIGO according to their request of which level they need to develop for their consideration and response. According to their response, training and validation programs for each level will be elaborated.	April 2014 to October 2014			
The initial outcomes will be jointly monitored with the OB/GYN Societies adhered to FIGO through a multiple choice test.	October 2014 to April 2015			
We will request the OB/GYN Societies adhered to FIGO the possibility or need to incorporate other health care providers in order to cooperate with the physicians in this area.	Date according to the results and FIGO opinion			

A	*B*	*C*	*D*	*E*
ACTIVITY	***FORECAST COMPLETION DATE***	***CURRENT STATUS***	***COMMITTEE/WORKING GROUP CHAIR COMMENT***	***AUDIT & FINANCE COMMITTEE ASSESSOR REMARKS***
<u>SUBGROUP 2</u> "Pelvic Floor Dysfunction Classification" **<u>Chairman</u>: Stefano Salvatore, Italy** **<u>Members</u>:** **Teresa Mascarenhas, Portugal** **Adolf Lukanovic, Slovenia** **Diaa Rizk, Canada** **Mickey Karram, USA** **Steven Swift, USA** **Alessandro Di Gesu, UK** **Jittima Manonai, Thailand** **Biaggio Adile, Italy** **Vik Khullar, UK** **Suzy Elneil, UK** **Ruwan Fernando, UK** The construction of an Assessment Scoring System (ASS) with a new holistic classification tool to assess women with Pelvic Floor Dysfunction: validity and reliability was finalized according to our deadline of August 2012. Four different countries were selected for the validation of the holistic system that involves symptoms and signs related to the impact of quality of life of patients. The ASS was evaluated through inter and intra	August 2012		The initial reports on ASS of the participating centres were positive for its use in the practice of OB/GYN. The classification of pelvic organ prolapse is one of the few areas in	

examiner reliability and validity of level 1 system. The creation of the ASS was presented at FIGO Meeting Rome October 2012. The validation of the ASS included 177 women of which 98 were symptomatic and 79 were asymptomatic. The results are being assessed with the interclass correlation coefficient and the Mann-Whitney U test.			obstetrics and gynaecology where something seems so obvious and intuitive, but is in fact replete with confusion. The International Federation of Gynecology and Obstetrics (FIGO) working group on pelvic floor dysfunction has taken the concerns regarding the POPQ into consideration and developed a simple classification system for describing pelvic floor dysfunction that takes into account objective physical exam findings as well as subjective evaluation of symptoms and degree of bother	
Publication of the ASS	August 2013			

Centres from low and middle resource countries will be invited to participate and validate this proposal	July 2013 to January 2014			
Analysis of the outcomes and feedback from the new participating centres	January 2014 to June 2014			
Report to FIGO	August 2014			
Proposal of ASS for level 2 and 3	October 2014, according to the answer of the centres			
Revision and validation of the proposals for level 2 and 3	October 2014 to September 2015			
<u>Committee 1: Neurogynecology</u> **<u>Chairman</u>: Suzy Elneil, UK** **<u>Members</u>:** **Alicia Bertotti, Argentina** **Alessandro Digesu, UK** **Michele Spinelli**			Pelvic Floor Medicine turn to be an interdisciplinary area. Dysfunctions originated in neuronal control alterations have been holistically analysed when including the neurogynecology committee. We have invited Suzy Elneil from UK to chair this committee that will start functioning in Sao Paulo at the Working Group meeting in July 2013.	

Developing a FIGO document called 'Neuro-gynaecology: a holistic approach to managing pelvic organ and pelvic floor dysfunction in obstetrics and gynaecology.' The overview includes: 1. Neural control of the uro-genital system. 2. Neurophysiologic characteristics in pelvic floor disorders. 3. Identification of validated questionnaires that are best for determining patient reported outcomes in patients with neurological-related disorders. 4. Developing neurophysiologic tools and basic assessment strategies for patients with neurological peripheral and/or central disorders. 5. Analysis of validated international information existing until now	31st July 2014 July 2013 to October 2013			
Implementation: - Arrange a face-to-face meeting of the group (6 members proposed from UK, Europe and South America) to outline above proposal and start working on the 'Neuro-gynaecology' document.				

- Share the workload out between the participants, with subsequent 'virtual' meetings at 1-3 monthly intervals, depending on the need for review.				
Developing guidelines in managing neurological dysfunction in obstetrics and gynaecology patients. Implementation: To work in tandem with the above document	March 2014			
Characterisation of pelvic floor disorders in neurological disorders in women. To work in tandem with the above 2 documents	December 2014			
A	***B***	***C***	***D***	***E***
ACTIVITY	***FORECAST COMPLETION DATE***	***CURRENT STATUS***	***COMMITTEE/WORKING GROUP CHAIR COMMENT***	***AUDIT & FINANCE COMMITTEE ASSESSOR REMARKS***
<u>SUBGROUP 3</u> "Pelvic Organ Prolapse Surgery in Women" **<u>Chairman</u>: Mohamed Hefni, UK** **Members:** **Christian Falconer, Scandinavia** **Carlos Medina, USA** **Heinz Koelbl, Germany**				

Giuliano Zanni, Italy **Fillipo La Torre, Italy** **Sherif Mourad, Egypt** **Bruce Farnsworth, Australia** **Stergios Doumouchtsis, United Kingdom** **Jorge Milhem Haddad, Brazil** **Eckhard Petri, Germany** **Mauro Cervigni, Italy** **Masayasu Koyama, Japan** **Ajay Singla, USA** **Elisabetta Costantini, Italy** **Ajay Rane, Australia** **Ali Raheem, Egypt** **Helio Retto, Portugal** **Martin Jomaa, Sweden** **Harry Vervest, The Netherlands** **Christiana Nygaaard** **Cornelia Betschart Meier** **George Iancu**				
Reviewed the surgical management of: 1- Anterior vaginal compartment defects. 2- Posterior vaginal compartment defects. 3- Apical vaginal and uterine prolapse. 4- Urinary Stress Incontinence.			Subgroup 3 was divided in four committees because of the extensive and importance of the opinion of the international opinion leaders. The conclusions of the Action Plan until the end of 2012 were presented at the FIGO Meeting Rome 2012.	
The Subgroup 3 opinion about current surgical procedures (including mesh or not, when and	October 2012			

which), laparoscopy and robotic surgery.) has been discussed during FIGO meeting in October 2012 in Rome and was presented in special session.				
To establish guidelines related to low and middle resource countries as priority.	February to July 2013 July 2013, Sao Paulo Meeting		Needs refining and consideration for publication	
New proposal of establishing "Distance learning Course" in Pelvic floor surgery with free access to Gynaecologists in low resources countries Proposal of joint activities with the Working Group and the FIGO Committee for Capacity Building in Education and Training and Regional Conferences (for example Cartagena May 2013, etc.) Develop validation tools of the developed activities. Recommend and/or inform the opinion about different current surgical alternatives according to the development and possibilities of each centre. - Analysis of cost/effectiveness relationship - To analyse new proposals - International participation of cooperative groups	July 2013 Sao Paulo, Brazil 2014-15 July 2013 - 2015		Need to find funding to afford said activities.	
Drafts to be analysed at the Sao Paulo meeting for posterior publication	July 2013 Sao Paulo, Brazil			
<u>COMMITTEE 1: Anterior Compartment Repair</u> **<u>Chairman</u>: Mauro Cervigni, Italy** **<u>Members</u>: Ajay Singla, Ajay Rane, Helio Retto, Mickey Karram** -Review of literature based on evidence	FIGO meeting Rome			

grading - Degree of level complexity - Opinion leaders suggestions	October 2012			
- Paravaginal repair - Literature evidence - Degree of difficulty - Critical points: Prosthethic reinforcement (without enough evidence that allows recommendation), Associated Stress Urinary Incontinence (without enough evidence that allows recommendation), Polypropylene, Polypropylene/Polyglactin 910, Autologous. - Literature evidence (Cochrane 2010) - FDA Alert July 2011 - Classification of prosthethic surgical grafts - Conclusions - 104 selected references	February 2013			
Consideration of the drafts finalized in February 2013 for its report to FIGO and posterior publication	July 2013 Sao Paulo, Brazil			
COMMITTEE 2: Posterior Compartment Repair **Chairman: Stelios Doumouchtsis, UK** **Members: Ali Abdel Raheem, Jorge Mihem Haddad, Filippo La Torre, Bruce Farnsworth** - Search strategy - Transvaginal Repair - Site-Specific Defect Repair - Posterior colporrhaphy versus site-specific defect repair - Trans-anal Repair - Transvaginal versus transanal approach - Transanal versus transperineal approach - Abdominal Repair - Transvaginal repair versus an abdominal repair: No trials identified.	February 2013			

- Transanal repair versus an abdominal repair: No trials identified. - Laparoscopic Repair - Transanal repair versus laparoscopic repair - Mesh use in posterior compartment repair - Grade of Recommendations for posterior vaginal wall repair - Review of literature based on evidence grading - 49 selected references				
Consideration of the drafts finalized in February 2013 for its report to FIGO and posterior publication	July 2013 Sao Paulo, Brazil			
COMMITTEE 3: Middle Compartment Including Vaginal Vault Prolapse **Chairman: Mohamed Hefni, UK** **Members: Giuliano Zanni, Heinz Koelbl, Masayasu Koyama** - Anatomy and Pathoanatomy - Vaginal and Uterine Support - The three levels of support - Vaginal axis - AETIOLOGY - History: Evaluation of symptoms, Urinary Symptoms, Bowel Symptoms, Sexual Symptoms - Clinical examination - Management of LEVEL 1 defects - Management of uterine prolapse: Vaginal hysterectomy, **S**acrospinous ligament fixation, Laparoscopic hysteropexy, Posterior Intravaginal Sling (P-IVS), Manchester operation, Colpocleisis. - Management of vaginal vault prolapse: Sacrocolpopexy (abdominal or laparoscopic), SSF, Vaginal mesh, Posterior IVS,	February 2013			

Colpocleisis (colpectomy) - Review of literature based on evidence grading - 16 selected references				
Consideration of the drafts finalized in February 2013 for its report to FIGO and posterior publication	July 2013 Sao Paulo, Brazil			
<u>COMMITTEE 4: Surgery of urinary incontinence including intrinsic sphincter deficiency</u> **<u>Chairman</u>: Carlos Medina, USA** **<u>Members:</u> Eckhard Petri, Elisabetta Costantini Sherif Mourad, Martin Jomaa.** Surgery of urinary incontinence including intrinsic sphincter deficiency 1- Preoperative evaluation of USI **What should be considered the basic preoperative evaluation required?** **Assuming all resources available** **Essential preoperative evaluation based on existing guidelines included the following:** 1) Detailed history – including a QoL questionnaire, current status of incontinence and associated LUTs and sexual complaints, medical history, surgical history and specifically a detailed history of previous pelvic surgery, pelvic radiation, back surgery and other neurological surgery and current medications 2) Physical examination – a. Abdomen; b. Vulva, perineum and vagina; c. neurological 3) Assessment of pelvic floor support (prolapse, paravaginal defects) 4) Assessment of urethral integrity and support – diverticulum, mobility or	January 2013 May 1, 2013			

descent 5) Assessment of pelvic floor strength 6) Provocative cough test - with the patient having the sensation of a comfortable full bladder usually at about 300 ml (voided volume + residual ≥ 300 ml) 7) Postvoid residual urine (< 100 ml) 8) Urinalysis or urine dipstick (absence of infection) 9) Urodynamic studies (CMG, PFS and VLPP or UPP) – while the guidelines from most organizations still recommend UDS prior to surgical intervention some may choose not to perform UDS in patient with pure or predominant SUI symptoms once a rigorous office evaluation has been performed. However for now until there is more robust evidence guiding the utility of UDS, it is recommended despite known limitations. 10) Bladder diary (if patient has LUTS consisting of urgency, frequency, nocturia etc.) 11) Pad testing (if unable to confirm symptoms with physical examination or UDS) 12) Additional testing: reserved for complicated patients (cystoscopy has no role unless there is a history of prior anti-incontinence procedure specially a sling or bladder pathology)				

2- Risk Factors	May 1, 2013			
3- Recommended procedures and techniques based on associated risk factors and circumstances	June 1, 2013			
4) Recommended procedures and techniques based on associated risk factors and circumstances **Assuming limited resources** 1) Same recommendations as above with the following exceptions: a. In cases where any of the following (questionnaires, urodynamic studies, catheters, urine analysis etc.) are not available or other circumstances the clinician may take the following steps: i. Perform the recommended steps in evaluating the patient necessary to make a reliable diagnosis ii. A history of leakage and bother, leakage associated with stress, observed leakage coming from the urethra while the patient is coughing or performing valsalva and absence of significant urinary retention and	July 1, 2013			

preferably having urethral hypermobility or absence of a fixed urethra. iii. If UDS is not available and referral to a specialized center is impossible the clinician may proceed with surgery as long as the patient reports leakage with stress, she is bothered by the incontinence, there is confirmation of leakage from the urethra associated with stress, there is absence of significant urinary retention or POP (if there is correct it first) and preferably a mobile urethra. The patient should not have had a prior anti-incontinence procedure nor be at risk for NGB and willing to accept failure and either the potential for another procedure to reverse the surgery or perform intermittent catheterization. b. Under special circumstance the clinician may choose not to perform urodynamic testing –				

in areas where UDS is available this may be done only in patients with SUI symptoms only or in patients where SUI is the predominant symptom and not severe or have additional risk factors including previous incontinence or extensive pelvic surgery, medical condition known to affect the lower urinary tract or pelvic radiation. The clinician has obtained a detailed history that includes the description of leakage associated with stress and a certain degree of bother compelling the patient to want to undergo surgery after failing conservative treatment. The clinician has also noted leakage coming from the urethra in response to either a cough or valsalva or other maneuver in the absence of any significant prolapse (≥ 1 cm out from the hymen), a normal PVR and preferably in the presence of urethral hypermobility. **Are Urodynamic studies required in all patients prior to surgery?** The use of urodynamic studies is likely not required in all patients assuming that there is a pure SUI history in the absence of risk factors and a thorough office evaluation suggesting SUI by				

confirming loss of urine with provocation, a postvoid residual urine less than 100 ml, absence of significant prolapse (anterior wall not protruding more that 1cm past the hymen) and presence of urethral hypermobility. However, in patients with severe incontinence, previous anti-incontinence surgery or pelvic radiation urodynamic studies should be performed when available. While recently the use of UDS has become unclear and controversial it is still recommended by most authoritative organizations prior to invasive or surgical treatment of SUI. Since thus far there is no specific test superior to UDS or VUDS to evaluate patients with urinary incontinence or make a diagnosis of ISD for this reason it is reasonable to recommend UDS prior to performing surgery or any invasive procedure. While we know that UDS is imperfect with errors and pitfalls there is currently no test that surpasses it and as such, until such a time is comes that we have a more precise and perfect test, it is prudent manage its imperfections and utilize it. Where available urodynamic testing is recommended prior to surgical intervention in patients with SUI and in the diagnosis of ISD. **Potential risk factors or special circumstances:** elderly, obesity, COPD, immune compromised state, mixed incontinence, ISD, concurrent POP, previous				

anti-incontinence surgery **Special Circumstances and risk factors (assuming all resources available)** **a. In patients with pure urinary stress incontinence** – midurethral slings (MUS), pubovaginal slings (PVS) and colposuspension are effective treatments. Treatment with MUS is usually preferable since it is less invasive and patients can become functional quicker. Among the MUS both the TVT and TOT procedures have shown similar efficacy. At this time the use of mini-slings cannot be recommended over the TOT procedures. (LOE I/II) **Recommendation:** Transobturator Tape Sling is the recommended procedure (based on similar efficacy to TVT with less major risks). The TVT, Burch colposuspension and pubovaginal slings can be performed. (Grade A/B) **b. In patients with mixed urinary incontinence (MUI)** – there is insufficient data to recommend one procedure over the other despite perhaps higher rates of urgency and urge incontinence following colposuspension and PVS compared to MUS. There is no difference in cure rates of SUI in patients with MUI who received a retropubic versus a transobturator MUS, thus a MUS of either type remain an option. Patients counseling is necessary on the higher risks of failure. Patients with pure urge incontinent symptoms should not be offered surgery. (LOE II-IV) **Recommendation:** Transobturator Tape Sling is the recommended procedure (based on				

similar efficacy to TVT with less major risks). The TVT, Burch colposuspension and pubovaginal slings are acceptable. (Grade B/C) **c. In patients with concomitant POP** – continence outcome following anti-incontinence surgery does not appear affected by concomitant POP surgery. While MUS procedures, PVS and colposuspension have been shown to be efficacious, no specific procedure can be recommended over the other. Among the MUS both the TVT and TOT are similarly effective and PVS edges colposuspension. The use of prophylactic anti-incontinence at the time of POP surgery is not recommended at this time, but can be performed provided there is lengthy discussion with the patient regarding the pros and cons and fully understands the complications associated with the procedure. Clinician and patient may elect not have an aniti-incontinence procedure done at the time of POP surgery. (LOE II-IV) **Recommendation:** 1. If vaginal surgery – recommend a midurethral sing 2. If open POP abdominal surgery – recommend a Burch colposuspension 3. If LSP POP surgery – recommend a midurethral sling 4. If performing urethral surgery – recommend a pubovaginal sling (may perform either a MUS, Burch or PVS in any of the cases unless undergoing urethral surgery or history of pelvic radiation – avoid synthetic MUS). (Grade B/C) **d. In patients with ISD** – although in an RCT				

both TVT and TOT procedures were found to have similar efficacy regardless of sphincter function there are significant number of studies that have noted ISD as a risk factor for failure and suggests that among MUS the TVT procedure is more efficacious than the TOT procedure. At this time for patients with ISD it is recommended to perform either a PVS or MUS and preferably a TVT procedure. The role of artificial sphincter is reserved as an alternative for recurrent cases with severe incontinence and voiding dysfunction, the most severe of cases. (LOE II/III) **Recommendation:** TVT is recommended because of simplicity but PVS as efficacious. Additional acceptable surgery would include TOT, Burch, urethral bulking and artificial urethral sphincters (AUS) depending on circumstances. (Grade B/C) **e. In patients with previous continence surgery** – overall repeat surgery is associated with a lower success rate than a primary procedure. There exists no consensus on how to manage the failure after an anti-incontinence procedure. Sling procedures both the PVS and MUS have been found to be efficacious in the treatment of recurrent urinary stress incontinence. Amongst the MUS the TVT procedure has been found to be the more efficacious than the TOT procedure. While no specific sling can be recommended, the surgeon must base choice on the particulars of the individual case. Urethral bulking is not as effective as slings but less invasive with less major complications and is useful as an alternate or salvage procedure. (LOE II-III) **Recommendation**: TVT and PVS. (may also				

perform Urethral Bulking, TOT, Burch colposuspension or AUS as indicated) (Grade B/C) **f. In patients that are immune compromised** – there is insufficient data available to make any recommendation at this time. The surgeon should be aware of certain concerns including infection and tissue healing in these patients, thus prudent to minimize exposure. Colposuspension could be a preferable approach since would not require use of a foreign body nor excessive exposure with the harvesting of fascia for a PVS. (LOE III/IV) **Recommendation**: Burch colposuspension, (consider a PVS prior to a MUS because of synthetic material and risk of infection). (Grade C) **g. In patients 65 years of age and older** – this patient population is at greater risk of having significant medical co-morbidities precluding surgery, sphincteric deficiency and inefficient voiding mechanism from an underactive detrusor. Treatment with MUS procedures, PVS and colposuspension are effective, however a MUS is likely to be preferable since it is less invasive than the others and can be done under local anesthesia. The TOT procedure would be more appropriate because it is usually associated with less voiding dysfunction. Role of urethral bulking compared to MUS in this patient population although enticing has not been specifically studied. (LOE II/III) **Recommendation**: TOT . (may also perform a TVT, Urethral Bulking, PVS or Burch				

colposuspension). (Grade B/C) **h. In patients that are morbidly obese** – there is no particular procedure that has been shown to be more efficacious than the other. Morbid obesity does not appear to impact the surgical outcomes of slings. Certainly morbid obesity may make a particular procedure more difficult specifically the colposuspension and PVS. Thus while not based on outcome efficacy but rather on ease of procedure and morbidity, the MUS would be the better choice and the TOT procedure preferred. (LOE II/III) **Recommendation**: TOT. (May also perform a TVT, Burch colposuspension or PVS as needed) (Grade C) **Special Circumstances and risk factors (assuming limited resources available)** It is difficult to define **limited resources** as this may have different implications depending on the immediate circumstances if referring to restriction of access, availability of tests, or amount medications or short supply of materials. Each of these limitations would need to be addressed specifically and as well as anticipate proximal and distal effects it may have. At this time it is not possible to anticipate all individual scenarios and limitations, however, for each individual circumstance the surgeon is urged to choose among available options and in cases without a viable option then it is reasonable to transfer the patient to such a facility where appropriate care can be given. Data comparing outcomes in patients with to those with limited resources is lacking. Since there is no comparative date all				

recommendations will be universal and with the understanding that the evaluations of patients with SUI and ISD and choices in treatment will be tailored to available resources. Since the anterior repair/Kelly plication has been found to be effective is some patient with SUI, in circumstances with limited resources this procedure would be acceptable as an option. a. **patient with pure stress incontinence and no risk factors or special circumstances – <u>Recommendation</u>:** same as for all resources but with freedom of progression with choice of surgery according to availability including performing an anterior repair or Kelly Plication. When possible patients should be referred to a specialized center to obtain optimal care. **b. patient with mixed urinary incontinence – <u>Recommendation</u>:** same as for all resources but with freedom of progression with choice of surgery according to availability including performing an anterior repair or Kelly Plication. When possible patients should be referred to a specialized center to obtain optimal care. **c. patient with concomitant POP – <u>Recommendation</u>:** same as for all resources but with freedom of progression with choice of surgery according to availability including performing an anterior repair or Kelly Plication. When possible patients should be referred to a specialized center to				

obtain optimal care. **d. patient with ISD – <u>Recommendation</u>:** same as for all resources but with freedom of progression with choice of surgery according to availability including performing an anterior repair or Kelly Plication. When possible patients should be referred to a specialized center to obtain optimal care. **e. patient with previous continence surgery – <u>Recommendation</u>**: same as for all resources but with freedom of progression with choice of surgery according to availability including performing an anterior repair or Kelly Plication. When possible patients should be referred to a specialized center to obtain optimal care. **g. patients 65 years of age or older – <u>Recommendation</u>**: same as for all resources but with freedom of progression with choice of surgery according to availability including performing an anterior repair or Kelly Plication. When possible patients should be referred to a specialized center to obtain optimal care. **h. patient that is morbidly obese – <u>Recommendation</u>**: same as for all resources but with freedom of progression with choice of surgery according to availability including performing an anterior repair or Kelly Plication. When possible patients should be referred to a specialized centers to obtain optimal care.				

a. Best procedure for USI without ISD based on LOE – MUS TOT and TVT (LOE I) **b. Best procedure for ISD based on LOE – TVT and PVS (LOE II/III)** **c. Should urodynamic studies always be performed prior to surgery? Yes (LOE II-IV)** **d. In which circumstances is UDS not necessary? Pure uncomplicated mild SUI –(LOE I/II)** **e. Best procedure for USI without ISD based on expert opinion* - TVT or TOT** **f. Best procedure for ISD based on expert opinion* - TVT or PVS** **g. Should urodynamic studies always be performed prior to surgery? Based on expert opinion* - Yes – Reasons: 1)lack of a better procedure to evaluate bladder function, 2) results allows better consenting of the patient and potentially anticipate problems, 3)litigation, 4) recommended by most organizations, 5) helps make diagnosis of ISD** **h. In which circumstances is UDS not necessary? Based on expert opinion* - Pure SUI symptoms, in an uncomplicated patient without risk factors and no other LUTS, with demonstrable leakage, urethral hypermobility and normal postvoid residual and no significant prolapse that is willing to sign consent.** (*) does not have to differ from LOE				

5) Summary of Recommendations based on level of evidence and expert opinion	July 1, 2013			
Consideration of the drafts finalized in February 2013 for its report to FIGO and posterior publication	July 2013 Sao Paulo, Brazil			
A	***B***	***C***	***D***	***E***
ACTIVITY	***FORECAST COMPLETION DATE***	***CURRENT STATUS***	***COMMITTEE/WORKING GROUP CHAIR COMMENT***	***AUDIT & FINANCE COMMITTEE ASSESSOR REMARKS***
SUBGROUP 4 "Chronic Pelvic Pain " **Chairman: Mauro Cervigni, Italy** The initial proposal is the study of : - chronic urogenital pain syndromes - **Classification of CPP syndromes** - **Gynaecological Pain Syndromes** - **Gastrointestinal Pelvic Pain Syndromes** - **Peripheral Nerve Pain Syndromes** - ***Pudendal neuralgia*** - **Diagnosis for pudendal neuralgia** - **Sexual aspects of CPP** - **Pelvic floor involvement in sexual function and dysfunction** - **Diagnostics of pelvic floor muscle function** - **Treatments**	After the July 2013 Sao Paulo, Brazil Meeting		Chronic Pelvic Pain is a complex condition of multifactorial origin that demands a multidisciplinary approach. The lack of knowledge regarding its etiology , diagnosis and treatment has motivated the creation of the International Pelvic Pain Society and Foundations	

			related to this topic. The need for the deepening of its study justifies the creation of a new Subgroup 4 called: Chronic Pelvic Pain	

- The Working Group is encouraged to formulate proposals for the Officers and Executive Board to consider. Proposals involving low- and middle-resource countries should be prioritised. All such proposals must include a strategy for raising funds to support the proposed activity.

ADDITIONAL INFORMATIO
- We are developing international opinion leaders in different areas of the Working Group for the management of Pelvic Floor Defects (this should be completed by 2014) - We propose to develop a "Distance Learning Course" in the surgical management of prolapse. - The "Distance Learning Course" should be free of charge for the Gynaecologists in low and middle resource countries. This will need financial support. - Raising funds from charity organisations, which are interested in doctor's education, and improving the quality women health is possible but the support of experience team of FIGO is essential. - FIGO Working Group members have completed and fulfilled the Action Plan 2009-2012. Conclusions have been finalized and will be ready for publication after the Working Group meeting in Sao Paulo, Brazil in July 2013.

FIGO WORKING GROUP FOR THE PREVENTION OF UNSAFE ABORTION
ACTION PLAN & PROGRESS REPORT 2012- 2015

APPROVED TERMS OF REFERENCE

1. To understand the extent to which unsafe abortion poses health risks to women in the member countries/territories of FIGO, and the policy and service delivery factors that need to be addressed to reduce the size of the problem;
2. To build national and international consensus for overcoming the constraints to providing evidence-based methods for reducing the burden of unsafe abortion;
3. To increase awareness of Ob/gyn professionals about their ethical obligations to increase women's access to evidence-based methods and solutions for reducing the burden of unsafe abortion;
4. To develop situational analyses on unsafe abortion in FIGO's member countries and territories;
5. To organise national workshops to construct plans of action to reduce unsafe abortion, based on the results of the situational analyses;
6. To organise regional workshops to develop collaboration between countries and territories;
7. To follow up on the implementation of national/regional plans for reducing the burden of unsafe abortion;
8. To identify potential areas of collaboration and engagement between Ob/gyn professionals with other stakeholders in the civil society, to promote and advance women's access to safe abortion and post-abortion services; and
9. To develop – in consultation with allied organisations such as issuance of IPPF,ICM, WHO, UNFPA and Ipas – statements, position papers, guidelines and policy documents on the following topics:
    - Education and evidence-based information provided to women
    - Creating awareness on evidence-based methods of contraception (in collaboration with other professional associations, such as midwifery and nursing associations)
    - The empowerment of women
    - Documenting and obtaining country specific data on unsafe abortion, needed for specific actions within individual countries and territories
    - Advocacy by FIGO to national societies, and advocacy by national societies to their local policymakers and communities
    - Promotion of pre-service training on methods of managing safe abortion and the complications of unsafe abortion, and the decentralization of these procedures to mid-level providers.
    - Exchange of experiences on abortion between FIGO member countries and territories
10. Membership should be multi-national, multi-cultural, and possibly multi-disciplinary. Ideally, it should be drawn from countries with different experiences on abortion – from countries that have always had liberal abortion laws, those who moved from a regime of restrictive laws to more liberal laws, and those who have always had different forms of abortion restrictions. This will encourage exchange of information and views within the group. While the group should encourage diversity of opinion among the group members, we believe that extremists on both sides should be excluded in order not to derail the work of the Group.
11. The Group should include one or two non-FIGO members with long standing experience working on unsafe abortion. A good representation by women would also be critical.

12. The Working Group should work in collaboration with the FIGO Committee on Women Sexual and Reproductive Rights, but should be independent of the Committee and should report directly to the FIGO Officers and the Executive Board.

APPROVED ACTION PLAN

A	*B*	*C*	*D*	*E*
ACTIVITY	***FORECAST COMPLETION DATE***	***CURRENT STATUS***	***COMMITTEE/WORKING GROUP CHAIR COMMENT***	***AUDIT & FINANCE COMMITTEE ASSESSOR REMARKS***
All activities planned for the period have the purpose of ensuring the implementation of the plans of action of the 43 countries currently participating in the FIGO Initiative for the prevention of unsafe abortion				
Organisation of yearly Regional Workshops (seven) in South America; Central America and Caribbean; Western-Central Africa; Eastern-Central-Southern Africa; North Africa-Eastern Mediterranean; South-Southeast Asia, and Eastern- Central Europe/Central Asia, where progress achieved, barriers and facilitating factors are reviewed, and actions to overcome barriers and eventually new objective are proposed and agreed upon.	Annually			
Seek and ensure the collaboration of and coordination with international and national institutions which mission coincide with the objectives of the plans of action	On-going			

Periodic monitoring visits to the countries to assist in promoting coordination with the countries' governments and with national and international collaborative agencies.	On-going			
Maintain continuous communication with the national Ob Gyn societies through the focal point assigned to be the liaison of the society with the FIGO initiative.	On-going			
Promotion and follow up of activities addressed to prevention of unsafe abortion, which are carried out by the national OB GYN societies, following FIGO recommendations, such as post-abortion contraception, with emphasis in LARC and replacement of sharp curettage for intrauterine vacuum aspiration	On-going			
Develop system of rapid response for providing with moderate financial support to cover expenses of key elements included in the plans of action, for which no other source of funding is found in the short term.	On-going			

FIGO WORKING GROUP ON CHALLENGES IN CARE OF MOTHERS AND INFANTS DURING LABOUR AND DELIVERY
ACTION PLAN & PROGRESS REPORT 2012- 2015

TERMS OF REFERENCE

1. This Working Group will work closely with the Safe Motherhood Committee and the Committee for Capacity Building in Education & Training, and their chairpersons will be members ex-officio of the new Committee.
2. We will try to focus on the problem either from the point of view of industrialised countries and also from poor resources countries.
3. The activity of the group will be always in connection with GLOWM so that any statement and/or recommendation is provided in a way to have the maximum impact on the ob/gyn world.
4. Priority has been given to define a "style" in the work of the group, namely:
   - Aims: preparation of "global guidelines or statements/ recommendations"
     Selection of the theme to be addressed.
   - There will be a coordinator for each topic: he /she can receive within a month inputs from all WG members concerning connections to experts, specific agencies or bodies or foundations which can be involved in the preparation of the recommendations/guidelines, plus relevant publications.
   - The statements should be prepared in an "expert opinion" format. No references.
     An introduction explaining the role of the Committee, limits etc. should be provided each time.
     Eventually a review paper can be prepared by the coordinator and co-workers in support of the statements/ recommendations.
     GLOWM and Committee for Capacity Building in Education & Training (Chair: L Cabero Roura) should be given all the details in order to promote dissemination of results as from the attached proposal.
5. The Committee members are intended to form a core group of experts. However, for any specific item, interconnections between the two groups are envisaged and experts on specific topics can be coopted for cooperation.
6. An annual report will be provided within the activities performed, the meetings held and long-term planning.

ACTION PLAN

A	*B*	*C*	*D*	*E*
ACTIVITY	***FORECAST COMPLETION DATE***	***CURRENT STATUS***	***COMMITTEE/WORKING GROUP CHAIR COMMENT***	***AUDIT & FINANCE COMMITTEE ASSESSOR REMARKS***
•Evaluation of progress during labour •Indications for caesarean delivery	Kick off : march-April 2013	Beginning	Steering Committee: Roberto Romero (Chair) – USA Isis Amer-Wahlin – Sweden Sabaratnam Arulkumaran - UK	

•Surgical technique of caesarean delivery •The role of an "admission test" to the Labour and Delivery Unit •Vaginal birth after caesarean (VBAC) •Management of the second stage of labour (e.g. the role of the Odon device) •Prevention of vertical transmission of infection •Evaluation of intrapartum foetal well-being •Prevention and surgical management of postpartum haemorrhage •Techniques to improve pain management during labour •Management of acute emergencies (e.g. amniotic fluid embolism, uterine rupture, etc.)	Committee work: 2013-2014 Guidelines: prepared by end 2014 Presentation publications: FIGO World Congress 2015		Gian Carlo Di Renzo - Italy Tony Duan - China Dan Farine - Canada Mario Merialdi - WHO-Switzerland Jose Palacios De Iaraquemada - Argentina CN Purandare – India Mike Robson – Ireland Sergio Rosales – Mexico Michael Stark (NESA-Germany) Ex officio: Chair Safe Motherhood Committee (William Stones), Chair CBET Committee (Luis Cabero) Publication, media and dissemination: GLOWM (David Bloomer)	

- The Working Group is encouraged to formulate proposals for the Officers and Executive Board to consider. Proposals involving low- and middle-resource countries should be prioritised. All such proposals must include a strategy for raising funds to support the proposed activity.

FIGO WORKING GROUP ON BEST PRACTICE ON MATERNAL-FOETAL MEDICINE
ACTION PLAN & PROGRESS REPORT 2012- 2015

TERMS OF REFERENCE

1. This Committee will work closely with the Safe Motherhood Committee and the Committee for Capacity Building in Education & Training, and their chairpersons will be members ex-officio of the new Committee.
2. We will try to focus on the problem either from the point of view of industrialised countries and also from poor resources countries.
3. The activity of the group will be always in connection with GLOWM so that any statement and/or recommendation is provided in a way to have the maximum impact on the ob/gyn world.
4. Priority has been given to define a "style" in the work of the group, namely:
   - Aims: preparation of "global guidelines or statements/ recommendations"
     Selection of the theme to be addressed.
   - There will be a coordinator for each topic: he /she can receive within a month inputs from all WG members concerning connections to experts, specific agencies or bodies or foundations which can be involved in the preparation of the recommendations/guidelines, plus relevant publications.
   - The statements should be prepared in an "expert opinion" format. No references.
     An introduction explaining the role of the Committee, limits etc. should be provided each time.
     Eventually a review paper can be prepared by the coordinator and co-workers in support of the statements/ recommendations.
     GLOWM and Committee for Capacity Building in Education & Training (Chair: L Cabero Roura) should be given all the details in order to promote dissemination of results as from the attached proposal.
5. The Committee members are intended to form a core group of experts. However, for any specific item, interconnections between the two groups are envisaged and experts on specific topics can be coopted for cooperation.
6. An annual report will be provided within the activities performed, the meetings held and long-term planning.

ACTION PLAN

A	*B*	*C*	*D*	*E*
ACTIVITY	***FORECAST COMPLETION DATE***	***CURRENT STATUS***	***COMMITTEE/WORKING GROUP CHAIR COMMENT***	***AUDIT & FINANCE COMMITTEE ASSESSOR REMARKS***
Prenatal genetic diagnosis (non-invasive) Ultrasound in pregnancy Preterm birth	Kick off: March 2013	Beginning	Steering Committee: Gian Carlo Di Renzo (Chair) - Italy	

Anaemia Infectious diseases (TORCH, HIV, GBS, others) Thyroid disorders Thrombophilia Diabetes Foetal monitoring Hypertension and preeclampsia	Committee work: 2013-2014 Guidelines: prepared by end 2014 Presentation publications: FIGO World Congress 2015		Eduardo Fonseca – Brazil Sonia Hassan – USA Moshe Hod – Israel Mark Kurtzer – Russia Maria Teresa Leis - Mexico Narendra Malhotra - India Kypros Nicolaides –UK Yves Ville – France Huixa Yang – China Ex Officio: FIGO President (S. Arulkumaran), Chair Committee CBET (Luis Cabero), Safe Motherhood (William Stones) Corresponding Members: Representatives of ISUOG (Y. Ville), EAPM (M. Hod), WAPM (TBC), FMF (K. Nicolaides) Publication, Media And Dissemination: GLOWM (David Bloomer)	