



NEWSLETTER

‘An unfinished agenda in women’s reproductive health’ – new FIGO President in global rallying call

Dear Colleagues

I thank the Almighty for giving me this opportunity to be present in front of you all as the President of FIGO.

I am the second person from my family who has received this distinction to lead FIGO colleagues – they have put their faith in my abilities and in those who are making a difference to the lives of women and children across the world.

Immediate Past President Professor Sir Sabaratnam Arulkumaran, dignitaries in the audience, fellow FIGO members, Ladies and Gentlemen...

Professor Mahmoud Fathalla, a distinguished FIGO Past President, once said: ‘*Women are not dying of diseases we can’t treat... They are dying because societies have yet to make the decision that their lives are worth saving.*’ I believe there is visible, positive change in this direction as we continue our efforts.

Let us spare a thought and acknowledge all the women who have died needlessly and in the name of their families who have suffered a grave loss, and are yet carrying on with their lives.

As you all know, in the year 2000, 189 member states of the United Nations, represented by 147 heads of state, adopted the Millennium Declaration.

The Millennium Development Goals (MDGs) have led to unprecedented commitments, partnerships and achievements. They have helped expand hope and opportunity for people around the world. But more needs to be done to accelerate progress. We need bolder and focused action where significant gaps and disparities exist.

Much more needs to be done to reduce maternal mortality.

We have seen progress – however, it is not commensurate with the investments we have made in manpower, funding, partnerships and implementing plans etc.

The MDGs set a target of reducing the maternal



Professor C N Purandare, the new FIGO President, speaking at his inauguration at the FIGO World Congress in Vancouver (October 2015)

mortality ratio by three quarters by 2015. While globally the maternal mortality ratio dropped by 45 per cent between 1990 and 2013 – from 380 to 210 deaths per 100,000 live births – this still falls short of the MDG target.

In 2013 alone, an estimated 289,000 women died during pregnancy, childbirth, or within 42 days of termination of the pregnancy.

The maternal mortality ratio of 230 per 100,000 live births in the developing regions was 14 times higher than that of developed regions, which recorded only 16 maternal deaths per 100,000 live births.

Almost one third of all global maternal deaths are concentrated in two populous countries: India, with an estimated 50,000 maternal deaths (17 per cent), and Nigeria, with an estimated 40,000 maternal deaths (14 per cent).

Through experience and evidence we know that most of the maternal deaths are preventable by well-known healthcare solutions for the prevention and handling of complications.

Skilled health attendants (medical doctor, nurse or midwife) with the necessary training and

availability of medicines at birth can prevent or treat life-threatening complications.



Antenatal care visits, access to family planning, and information and services for reproductive health, especially in vulnerable populations, adds to the overall positive health outcomes for women.

Timely referral and monitoring efforts have to be strengthened to ensure that effective action is taken.

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CONGRESS SPECIAL:

FIGO welcomes new President for 2015-2018 | Tackling ‘The Unfinished Agenda’ | FIGO honours exceptional ob/gyns and women’s health advocates | President’s Session pinpoints key agents for change | Award-winning playwright Eve Ensler greets Vancouver 2015 | Taking stock of 2012–2015

'An unfinished agenda in women's reproductive health' – new FIGO President in global rallying call

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Much has been accomplished through the concerted and focused efforts of all, saving and improving the lives of many women, but the agenda remains unfinished. The post-2015 development agenda is designed to carry on the work of the MDGs and integrate the social, economic and environmental dimensions of sustainable development.

Moving beyond the MDGs are the SDGs (Sustainable Development Goals). One of the main outcomes of the Rio+20 Conference was the agreement by Member States to launch a process to develop a set of SDGs which will build upon the MDGs and converge with the post-2015 development agenda. We need to work hard to achieve these objectives.

Life without ambition and desire to succeed will bring in mediocrity. In order to reach the development goals there is no place for mediocrity.

A very ambitious but comprehensive set of goals has been framed – it will be our commitment to contribute and support achievement of the goals set out in the SDGs.

I believe we will need to focus on country-specific solutions, using approaches, implementation models and resources within the countries, learning from similar or innovative approaches taken elsewhere to hit the ground running, since time is indeed of the essence.

FIGO, through its Triennial Congresses, has progressed to working at the grassroots level to alleviate the sufferings of women, adolescents and newborns. Professor Mahmoud Fathalla's contribution in shaping FIGO in this direction needs special mention.

Over the years, in order to improve maternal health outcomes, several organisations have been working independently or in partnership with governments or similar organisations. Through their work they are supporting policy development, planning, implementation, monitoring and advocacy etc.

However, I see that there is a great deal of overlapping resources, geographic areas, initiatives and parallel endeavors by various funding agencies within countries in pursuit of individual credit – this defeats the aim of achieving goals.

The time has come for all agencies to pool resources as 'umbrella funding', under one banner, and lead the way.

All the benefits should reach every woman, every adolescent and every child, instead of agencies vying for credit.

Professional organisations like FIGO, the International Confederation of Midwives (ICM) and the International Pediatric Association (IPA) are the ones 'on the ground' who are set to bring about the change needed for achieving the SDGs. There is an urgent need to strengthen them, especially in low-resource settings.

Monitoring results and building on successes will be key to know what is working and what is not, thus helping to prioritise resources and efforts for results.

FIGO has grown from strength to strength under the leadership of my predecessors. We have not only completed many groundbreaking programmes successfully, but have also initiated new ones. We have done exceedingly well in building partnerships across the world and have used different platforms to showcase the work that has been carried out by us. Working with the existing teams and ensuring that the ongoing programmes are completed successfully will be one of my key areas. These programmes are

ones that will have high impact and will need to be scaled up in the respective countries where they are being implemented.

Lessons learnt, challenges faced, how the challenges were overcome etc will be documented and used as tools to advocate for similar work in countries that can gain from the same.

I will work towards engaging the country teams, through the national OBGYN societies, to launch and take to scale some of these programmes so that they contribute to the larger SDG goals.

There must be a systemic approach to development. Empowering women, not only socially, but in education and personal health, and bringing in behavioural change – these will be key factors in achieving the SDGs.

I strongly believe one cannot cross the river by being scared of the current: what one needs most is a passion to win!



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My dream is to see our organisation FIGO as the champion of women's health in the world.

I quote here the late A P J Abdul Kalam, Past President of India, who was one of the greatest souls that Indian soil has produced: 'Dream is not the thing you see in sleep but is that thing that doesn't let you sleep.'

Therefore, more specifically during my tenure, we will be focusing on SIX broad areas: taking stock, consolidation; building; implementation; monitoring progress; and gathering feedback to constantly improve on what we are doing...

In taking stock we will involve the FIGO team and will be doing a SWOT analysis ie FIGO Strengths, Weaknesses, Opportunities and Threats... we will review the work we at FIGO have been doing, understand where we are, where we want to go, what are the gaps that need to be fulfilled to reach where we want to go... Based on this, through the support of teamwork, we will prepare a business plan which will address our weaknesses, build on our strengths, mitigate any threats, and utilise all the opportunities out there for improving women's health across member countries...

In consolidation, we will ensure that ongoing programmes, partnerships, funding and manpower requirements are strengthened so that we get closer to our collective vision.

In building, let us ensure that our focus is on a few countries where women are most vulnerable. Projects and partnerships will be built for these countries and an implementation team will be developed, who will take the process forward by engaging governments and local partners.

We will be building a wide stakeholder base to include the consumer and pharma industry so as to utilise their skillsets and resources.

In addition to the ongoing FIGO maternal mortality reduction initiatives, there will be focus on implementing programmes in the areas related to prevention and early detection of cervical cancer, breast disease, maternal nutrition, diabetes and family planning.

On the subject of family planning, I feel that the term 'Family Planning' is limiting and thus needs to be changed to 'Conception Planning'.

Through this, we will include into the mainstream a large population of adolescents urgently needing help, and also reinforce the fact that spacing and delaying pregnancy will contribute to the reduction in maternal mortality.

Capacity for implementation at the country level, I believe, is an area that requires strengthening. Member Societies need to take up leadership roles in this area.

We at FIGO will use our dedicated team of experts to help Member Societies train local teams in programme planning and implementation.

We must work at developing and releasing a common set of Best Practice Recommendations/Advice (Guidelines). I believe that this is the need of the hour. The RCOG, ACOG, RANZCOG, SOGC, FOGSI and FIGO together can produce common acceptable guidelines world-wide rather than variations in each of their guidelines, confusing practitioners outside individual countries who are looking for well defined, relevant standards of recommendations.

We will also harness technology and our partnership with The Global Library of Women's Medicine (GLOWM) to reach a larger base.

Monitoring progress will be another key area of focus. Information gathered from this will help us in making programmatic mid-course corrections, sourcing more funds for implementation, taking programmes to scale and strengthening the local level teams etc.

Having articulated my thoughts and plans, I look forward to your support for the same.

You will be hearing from me more often and your constant feedback will ensure that we are on the right track. Do keep the suggestions coming...

To all my colleagues, I wish to say that education, coupled with dedication and hard work, is the key to success and serving humanity in our field.

Nothing can substitute hard work to reach the goal of excellence. If you focus on these fundamental principles, they will enrich your pursuits.

My special thanks to my parent organisation FOGSI and my fellow FOGSIANS who have supported me for the last 30 years, and are here in large numbers today for my installation.

All of us in our profession have put our families to hardship, forcing them to adjust to our lives – my family has been no exception.

I am reminded of one night on call – on returning at 4am after attending three deliveries, as I was getting into bed, my wife Geeta asked: 'Are you coming or going?'

If I take a leaf out of Professor Arulkumaran's schedule of 20 days' travel per month, my wife will probably be asking which country I am coming from or going to! I thank my wife for her patience and understanding, and my children and their spouses, whose unstinting backing to their father – who has been perpetually working and attending conferences – has ensured that I am where I am today.

Thank you, Arul, for your guidance and full co-operation over the years.

I am confident that with your continued support we will be able to achieve the goals we have set out to achieve and contribute to improving maternal health outcomes across the globe.

My sincere thanks.

A handwritten signature in black ink that reads 'C N Purandare'.

Professor C N Purandare
FIGO President 2015-2018

A successful Vancouver World Congress and hard work ahead!

Dear Colleagues

The FIGO World Congress in Vancouver is now over. It was a most tremendous event, as evidenced by the unstinting praise it has received from colleagues and visitors who participated in over 350 sessions. The Congress attracted around 6,300 delegates from over 140 countries – a truly global affair. The top countries for attendance in mid- to high-resource settings were the United States, Canada, India, China, the United Kingdom and Brazil. From low-resource countries, the top attendance was from Bangladesh, Pakistan, Nigeria and Indonesia.



FIGO Vancouver Congress: a truly global affair

FIGO was privileged to showcase the cream of plenary speakers in the form of Eve Ensler (The Inaugural Mahmoud Fathalla Lecture – In the Body of the World); Professor Linda Giudice (Markku Seppala Ovidon Lecture – Environmental Exposures and Reproductive Outcomes: A Call to Action!); Professor Herbert Peterson (ACOG: Howard Taylor Lecture – Great Moments in Global Health and Why We Are in One Now!); Professor Dennis Lo (De Watteville Lecture – Fetal DNA in Maternal Plasma: Translating Science into a New Clinical Paradigm); and Professor Lesley Regan (FIGO Special Lecture – Women's Reproductive Health and Rights: The Future).

A new era for FIGO

Above all, I would like to congratulate Professor C N Purandare for taking forward the Presidency of FIGO for the next three years. He has outlined an impressive programme for the promotion of

women's health, and the FIGO governing body and Members will ensure that the organisation continues to achieve its milestones within its stated vision, mission and values.

Professor Sir Sabaratnam Arulkumaran has devoted three full and engaging years leading the organisation, making achievements and defining priorities in women's health, as well as engaging in projects to improve women's health, especially in low- and middle-resource countries. Our immense thanks and appreciation go to him for his huge contribution.

I would also like to take the opportunity to thank the outgoing FIGO Officers and Executive Board members for their commitment to FIGO. This group of highly respected individuals from all over the world has devoted valuable time in setting the direction and following the progress of our organisation. Their activities have been instrumental in raising the status of FIGO. We warmly welcome the new Officers and Executive Board for the period 2015–2018, and look forward to a rich and productive three years.

Finally, the Chairs and Members of our Committees and Working Groups are the expert engineers for the development of guidance, and they also take the lead in professional and technical matters – this is greatly needed to improve the policies and practice within women's health. Their work has been of the highest calibre by international standards.

I would like to extend our thanks and appreciation to the Congress Organising Committee, chaired by Dr Abd Aziz Yahya and colleagues, and also to the Congress Scientific Committee, chaired by Professor Joanna Cain and distinguished colleagues.

The FIGO Secretariat staff have played a major part in seeing that Congress participants' needs have been attended to, along with all logistics. In addition, I must make special mention of FIGO's Events and Meetings Manager, Marta Collins.

I would also like to thank the immense contribution of International Conference Services, as a professional Congress organiser in Vancouver. They have worked beyond the call of duty to facilitate all the preparations for the Congress activities. Special mention must go to Mathias Posch, Bernadette Kitzler and Chelsea Prangnell for their outstanding help.

Looking ahead to 2018

As you all know, the next FIGO World Congress will be held in Rio de Janeiro, Brazil, in 2018. Three years is a short time in Congress planning, and arrangements for this event are already underway! We look forward to keeping you fully briefed in the months to come.

As we reach the end of a hugely busy 2015, we can surely be proud of our considerable achievements, but there is absolutely no room for complacency: as our new President has stated, an 'Unfinished Agenda in Women's Reproductive Health' demands our attention.

My very best wishes for a peaceful and productive start to 2016!

Professor Hamid Rushwan
FIGO Chief Executive



International Federation of Gynecology and Obstetrics

FIGO House
Waterloo Court, 10 Theed Street
London SE1 8ST, UK
Tel: +44 20 7928 1166
Fax: +44 20 7928 7099
Email: figo@figo.org

The International Federation of Gynecology and Obstetrics is a UK Registered Charity (No 1113263; Company No 5498067) registered in England and Wales. The Registered Office is shown above.

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Readers are invited to refer items for consideration by email to communications@figo.org no later than Monday 29 February 2016 for the next issue.

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

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Professor Sir Sabaratnam Arulkumaran: taking stock of 2012–2015*

*This is an abridged version of the 'President's Introduction' in the new FIGO Three-Year Report 2012–2015 (see the full version at www.figo.org/figo-three-year-report)



Professor Sir Sabaratnam Arulkumaran gives his address at the Congress

My sincere thanks to all colleagues for electing me as FIGO President. The legacy of excellent work performed by my predecessor, Professor Gamal Serour (Egypt), and the unstinting support of the other Officers – President-Elect, Professor Chittaranjan Narahari Purandare (India); Vice President, Professor Ernesto Castelazo Morales (Mexico); Honorary Secretary, Professor Gian Carlo Di Renzo (Italy); Honorary Treasurer, Professor Wolfgang Holzgreve (Switzerland); and Chief Executive, Professor Hamid Rushwan (Sudan/UK), has made my task easier.

The Officers and Executive Board members have contributed new ideas to reinvigorate FIGO, and all FIGO colleagues, including Project Managers and Committee and Working Group Chairs, have done a tremendous job in completing the workplans which were detailed at the beginning of my term of office.

The five principles behind success stories in improving maternal health are:

- 1) To form a collaborative group of interested parties (the National Society and the NGOs) to influence the government to make saving mothers' lives and women's health a national priority, and strengthen the existing coalition.
- 2) To focus on selected issues rather than trying to target too many activities within a country, integrating issues within the existing portfolio of activities.
- 3) To strengthen the ownership at 'grassroots' level through advocacy workshops, and working with local women's and patients' groups.
- 4) To innovate continually to provide cost-effective care and maximise available resources, especially to overcome the financial and transport barriers in the maternity ecosystem.
- 5) To measure activities through regular audits of structure, process and outcome – accountability by measuring outcomes will aid continued improvement.

FIGO's contribution to Millennium Development Goal (MDG) 5 (Improve maternal health) and Sustainable Development Goal (SDG) 3.1 (By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births)

Contraception

FIGO has launched a major initiative for the provision of long-acting reversible contraception

(LARC) in institutions by adding post-partum intrauterine devices (PPIUD) to the already available menu of post-partum contraceptive services. On talking to governments from the developing world, it's clear that it was a welcome move as copper IUDs were affordable for these countries. It gives 10 years of contraception for very little investment, helps to avoid surgical sterilisation of young women who have completed their families, and if after three years the woman wants a child, the IUD can be removed. With funding from an anonymous donor and the help of governments and National Societies we are working on Institutionalising PPIUD services in 48 health facilities in six countries. We want this progress to be sustained and reproduced in other institutions within these countries, and we hope to expand this programme to other countries.

Safe abortion care

The FIGO Prevention of Unsafe Abortion Initiative has seen major success under the leadership of Professor Anibal Faúndes, with funding from an anonymous donor. The Initiative involves 46 countries with 16 priority countries where abortion-related deaths are high. An increase in abortion knowledge, the introduction of manual vacuum aspiration and the use of misoprostol and appropriate treatment regarding abortions attended to immediately on admission to prevent complications has helped to reduce abortion-related deaths in certain countries. The national teams working on safe abortion care enhance primary prevention by increasing available contraception, secondary prevention by providing safe abortion services and tertiary prevention by providing post-abortion contraception.

Emergency obstetric care

Emergency obstetric care for complications in pregnancy and labour has been the focus of FIGO for a long time. The FIGO Safe Motherhood and Newborn Health (SMNH) Committee, chaired by Dr William Stones, has been active in many areas, including issuing guidelines/papers on 'Management of the second stage of labor (2012)', 'Prevention and treatment of postpartum hemorrhage in low-resource settings (2012)', 'Non-pneumatic anti-shock garment to stabilize women with hypovolemic shock secondary to obstetric hemorrhage (2014)' and 'Mother-Baby Friendly Birthing Facilities Initiative (2014)'. These

standards need to be followed, and they will benefit women if successfully implemented.

FIGO has been doing emergency obstetric care training in many countries through its LOGIC project, and others funded by the Partnership for Maternal, Newborn and Child Health (PMNCH). Training has been shown to improve knowledge as evidenced by the pre- and post-testing of programmes, but the value in reducing morbidity and mortality in pregnant women needs additional evidence. The Laerdal Foundation has funded FIGO and the International Confederation of Midwives (ICM) to work in Kenya and Tanzania to evaluate the clinical impact of training through a cluster randomised study, with the training performed by Jhpiego. The programme will be under the leadership of Professor Claudia Hanson – FIGO will evaluate its effectiveness, and hopefully we will see real progress within small health centres in the next few years.

Globally post-partum haemorrhage (PPH) contributes to about 30 per cent of maternal deaths, partly due to the unavailability of heat stable, injectable oxytocin. FIGO has been working with Gynuity Health Projects to advocate for the use of 600ug oral misoprostol for prevention and 800ug sublingually for treatment of PPH. Administration by traditional health workers in geographically inaccessible terrain, and oral intake by the pregnant woman herself after delivery, has been studied and shown to be effective.

FIGO's contribution to MDG 4 (Reduce child mortality) and SDG 3.2 (By 2030, end preventable deaths of newborns and children under 5 years of age)

Prematurity

Reducing child mortality has become a priority for the World Health Organization (WHO), NGOs and the donor community: each year there are three million stillbirths and three million newborn deaths. The initiative 'Every Newborn' was duly passed by the WHO General Assembly to highlight the fact that there is no newborn health without good maternal health. Each year globally 15 million preterm births take place and a third of first month newborns die due to prematurity. FIGO has now forged a valuable alliance with March of Dimes (MOD) to look into how to act to reduce this burden. Cyprus, for example, is a country with high preterm birth rates – we recently had a meeting with the Perinatal Society of Cyprus, including the Minister of Health, to brainstorm how best to tackle this challenge. Ongoing epidemiological research being conducted jointly by MOD and FIGO looks into major factors and associations that may help to focus on specific issues for research and clinical action.

Prevention of prematurity in selected cases and treatment of those born preterm are key components to reduce morbidity and mortality in this vulnerable group. Our Honorary Secretary, Professor Gian Carlo Di Renzo, works with the Best Practice on Maternal-Foetal Medicine and Challenges in Care of Mothers and Infants during Labour and Delivery Working Groups, where very useful advice has been issued on preventing preterm births.

Intrapartum stillbirths and immediate neonatal deaths

Stillbirths do occur, even in many developed

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countries where electronic fetal monitoring is the norm (EFM). The main reasons for such deaths or morbidity are inability to interpret the cardiotocography (CTG), failure to incorporate the clinical situation, and delay in taking timely action. Professor Dr Diogo Ayres de Campos, SMNH Committee member, has produced a document on intrapartum fetal surveillance – the FIGO CTG Guidelines – with the involvement of 46 representatives from different countries, in addition to FIGO-recruited experts. This will help to train doctors and midwives and to reduce intrapartum-related stillbirths. It will be published in the October 2015 issue of the International Journal of Gynecology & Obstetrics (IJGO) to coincide with the FIGO World Congress.

Emergency obstetric training includes neonatal resuscitation drills, as we believe that thousands of babies can be saved by prompt neonatal resuscitation.

FIGO Working Group on Best Practice in Maternal-Foetal Medicine

This group – chaired by Professor Gian Carlo Di Renzo – has sub groups looking into various aspects of obstetric care, drawn from a wide cross-section of countries, with special expertise in the area of discussion. To date they have produced a wealth of important scientific clinical good practice advice, including on the use of folic acid in pregnancy; the use of progesterone to prevent preterm births; and non-invasive prenatal testing.

FIGO's contribution to SDG 3.4 (By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being)

The aetiology of non-communicable disease is complex: genetics, epigenetics and our life-styles all have contributory roles. Many factors that influence future development are influenced in utero, such as preterm birth and intrauterine growth restriction etc. Maternal nutrition during pre-pregnancy, pregnancy and the period of lactation will also influence outcomes, as will environmental toxins. Professor Moshe Hod and his team are working on the issue of hyperglycaemia in pregnancy through the FIGO Gestational Diabetes Initiative, supported by a non-restricted grant from Novo Nordisk. This excellent work on screening, diagnosis and management has been endorsed by many global organisations, and the papers related to this will be released as an IJGO supplement during the FIGO World Congress. Professor Mark Hanson chairs a FIGO group working on Global Maternal Nutrition Guidelines in Pregnancy and Infancy, supported by an unrestricted grant from Abbott Nutrition, and this will also be available at the Congress. A further expert group, chaired by Professor Linda Giudice, has reviewed the emerging evidence on environmental toxins on pregnancy outcomes, working closely with the American, UK and Canadian colleges, and will present at the Congress.

FIGO's contribution to SDG 5 (Achieve gender equality and empower all women and girls)

- 5.1 End all forms of discrimination against all women and girls everywhere
- 5.2 Eliminate all forms of violence against all women and girls in public and private spheres, including trafficking and sexual and other types of exploitation
- 5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation

FIGO's Committees and Working Groups have been contributing to this agenda, mainly in the form of advocacy, formulation of guidelines, scientific opinion papers, ethical guidelines, teaching and training [Committees: *Capacity Building in Education and Training; Ethical Aspects of Human Reproduction and Women's Health; Fistula; Gynecologic Oncology; Menstrual Disorders; Reproductive Medicine; Safe Motherhood and Newborn Health; Women's Sexual and Reproductive Rights Working Groups; Best Practice in Maternal-Foetal Medicine; Challenges in Care of Mothers and Infants during Labour and Delivery; Gender Violence; Pelvic Floor Medicine and Reconstructive Surgery; Pre-term Birth; Prevention of Unsafe Abortion; Maternal Nutrition*]

Publications Committee and the IJGO

FIGO's Publications Committee, chaired by Professor Wolfgang Holzgreve, continues to do an excellent job. The IJGO has been going from strength to strength by way of an increasing impact factor, the number of articles received and an ever-growing readership.

World Congress and Regional Conferences

FIGO is very grateful for the immense support shown by many collaborating organisations. FIGO Regional Conferences involve allied Regional Federations, providing the opportunity for collaborative activities, capacity building and educational benefits to colleagues, Member Societies and members of Regional Federations. FIGO held two such conferences in 2013, in Cartagena, Colombia, and in Addis Ababa, Ethiopia, with the tremendous assistance of the Federation of Latin American Societies of Obstetrics and Gynaecology (FLASOG), and the African Federation of Obstetrics and Gynaecology (AFOG).

FIGO has also participated in scientific meetings organised by other bodies, including Regional Federations and Member Societies affiliated to FIGO, which request some level of FIGO endorsement. To this end, a successful collaborative conference was held in November 2014, in Colombo, Sri Lanka, with the South Asian Federation of Obstetrics and Gynaecology (SAFOG), in close collaboration with the Sri Lanka College of Obstetricians & Gynaecologists (SLCOG).

FIGO's partners, donors and Member Societies

Without the enormous support of our donors, we would not be able to achieve FIGO's objectives. Our collaborators are our strength and we wish to continue to have their close association and support. Above all, we owe a great debt of gratitude to our own Member Societies, who give their precious time for free, and our staff, who work beyond the call of duty.

FIGO will now be led by a new team of Officers and Executive Board, ably steered by my successor, Professor C N Purandare, who has decades of experience of being in charge of professional organisations.

I am confident that women globally will continue to benefit from the successful activities of FIGO – the very reason it was established.

I thank you for all your support over the term of my Presidency.

With kind regards



Professor Sir Sabaratnam Arulkumaran
FIGO President (2012–2015)



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Vancouver 2015 pays tribute to global colleagues

The Opening Ceremony of the XXI FIGO World Congress in Vancouver took place on Sunday 4 October 2015 at the Vancouver Convention Centre. The Master of Ceremonies was Dr Jennifer Blake, Chief Executive Officer of the Society of Obstetricians and Gynaecologists of Canada. The Congress audience were treated to traditional Canadian entertainment and inspiring speeches from the new President of the SOGC, Dr Margaret Burnett, and the outgoing FIGO President, Professor Sir Sabaratnam Arulkumaran, who took the opportunity to reflect on FIGO's progress throughout the past three years of his presidency.



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L-R: Dr Margaret Burnett, SOGC President, and Dr Dianne Miller, Chair of the Local Congress Organising Committee



L-R: Dr Abd Aziz Yahya, Chair of the Congress Organising Committee, and Professor Joanna Cain, Chair of the Congress Scientific Committee

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FIGO honours exceptional ob/gyns and women's health advocates

It is a tradition that, at the Opening Ceremony of each World Congress, FIGO makes a series of awards to obstetrician/gynecologists who have excelled in their service to FIGO or to women's health (the FIGO Distinguished Merit Awards).

Awards are also given to selected highly distinguished people outside the profession who have performed a service to women's health (the FIGO Recognition Awards).

The recipients of the 2015 FIGO Distinguished Merit Awards:

- Professor Giuseppe Benagiano
- Professor Timothy Johnson
- Professor Jacques Lansac
- Professor Tapani Luukkainen
- Professor Fernando Sánchez Torres
- Professor Marleen Temmerman

The recipients of the 2015 FIGO Recognition Awards:

- Mrs Paula Bloomer
- Mrs Melinda Gates
- Dr Türkiz Gökgöl
- Mrs Graça Machel

Professor Giuseppe Benagiano, one of the Distinguished Merit Award recipients – well known for his active role as FIGO Secretary General from 1997–2000 – said a few words on behalf of all recipients.

FIGO would like to extend its sincere condolences to the family and friends of Professor Tapani Luukkainen, a Distinguished Merit Award recipient, who sadly passed away shortly before the Congress.



L-R: Benagiano; Temmerman, Gökgöl, Arulkumaran, Bloomer, Rushwan, Lansac and Johnson

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Women obstetrician/gynecologists recognised at FIGO General Assembly

The FIGO Awards in Recognition of Women Obstetrician/Gynecologists were first presented at the 1997 World Congress to women gynecologists and obstetricians who had made a special contribution internationally or nationally to promote the development of science and scientific research in the fields of gynecology and obstetrics, and who, throughout their career, had promoted better healthcare for women, mothers and their children.

The awards are now presented to 'honour women in countries where women are not highly valued (thereby highlighting their worth to their national governments and others).' In addition, 'approaches to Member Societies for nominations should be made on the basis that the award is used to honour deserving women predominantly from the developing world.'

Twenty-three individuals received awards at the FIGO World Congress, immediately prior to the First Session of the General Assembly on Tuesday 6 October 2015.

- Dr Safia Ahmed – Sudan
- Professor Tasneem Ashraf – Pakistan
- Dr Marie Bixo – Sweden
- Dra Estela Conselo – Uruguay
- Professor Mary D'Alton – United States of America
- Dr Hema Divakar – India
- Professor Lynette Denny – South Africa
- Dr Noriko Fujita – Japan
- Dr Xiomara Gonazela de Chirvella – Venezuela
- Dr Hilma Mery Leon Gamarra – Peru
- Professor Rosiane Mattar – Brazil
- Professor Desiree Mostajo – Bolivia
- Professor Nubia Muñoz – Colombia
- Professor Liliana Novac – Romania
- Dra Ramya Priyanwada Pathiraja – Sri Lanka
- Professor Zahida Quereshi – Kenya
- Dr Swaraj Rajbhandari – Nepal
- Dr Rebecca M Ramos – Philippines
- Professor Latifa Shamsuddin – Bangladesh
- Dr Mary Schramm – Australia and New Zealand
- Professor Wiboolphan Thitadilok – Thailand
- Professor Eing Mei Tsai – Taiwan
- Dr Ambaye Woldemichael Geda – Ethiopia



Professor Lynette Denny (also Chair of the FIGO Committee for Gynecologic Oncology) receives her award from Professor Sir Sabaratnam Arulkumaran

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‘Tackling the unfinished agenda’: FIGO President’s Session pinpoints key agents for change

A traditional Congress highlight, ‘The President’s Session’, this year focused on ‘The unfinished agenda in global women’s health: Key actions to achieve Sustainable Development Goals 3 and 5’. It took place in front of a packed audience on the first day of the Congress.



Moderator Professor Dorothy Shaw

The Session’s panel – moderated by Professor Dorothy Shaw, a FIGO Past President – comprised major figures in global maternal and newborn health: Professor Sir Sabaratnam Arulkumaran (FIGO); Dr William Keenan, the International Pediatric Association (IPA); Ms Frances Day-Stirk, the International Confederation of Midwives (ICM); Dr Kim Dickson, the United Nations Children’s Fund (UNICEF); Professor

Marleen Temmerman, the World Health Organization (WHO); Angela Enright, the World Federation of Societies of Anaesthesiologists (WFSA); and Jerker Liljestrand, the Bill & Melinda Gates Foundation/the donor community.

The session addressed a series of questions related to achieving the Sustainable Development Goals (SDGs) and how panel members’ organisations were approaching the work.



In brief

- Entertaining and illuminating ‘Hard Talk’ interviews were held at the Congress, with Lord Naren Patel, Chair of the FIGO Fistula Committee, probing several senior figures on current hot topics in the ob/gyn sphere.



Lord Naren Patel quizzing Professor Lesley Regan [‘Why Women’s Rights?’]

- With nearly 100 exhibiting organisations, the FIGO Congress exhibition area did brisk business throughout the Congress, attracting a healthy number of attendees keen to update their knowledge on the latest healthcare developments and collaborating organisations.



Abi Cantor (Managing Editor of the International Journal of Gynecology and Obstetrics, FIGO’s official journal) and Matt Pretty (FIGO Project Assistant) in conversation on the IJGO stand

Stumped! FIGO puts the challenge at Vancouver 2015!

Professor Jack Sciarra, a FIGO Past President, said: ‘An inaugural “Stump the Professors” interactive session – held on 7 October at the FIGO Congress – was a resounding success. It was the first time FIGO had enabled this type of programme at a Congress. The multi-national panel of experts were challenged by the presented cases, but were actually able to come up with near correct diagnoses over half of the time!

‘The session was both entertaining and educational and was greatly enjoyed by both the participants and the audience. Hopefully this will become a popular regular feature at future Congresses.’



L–R: Professor John Sciarra (moderator), USA; Professor Linda Cardozo, UK; Professor Richard Adanu, Ghana; Professor Nancy Chescheir (case presenter), USA; Professor Timothy Johnson (case presenter), USA; Professor Alan DeCherney, USA; Professor Fionnuala McAuliffe, Ireland; Professor Paolo Serafini, Brazil

FIGO 2015 welcomes Eve Ensler: ‘The body is a holistic universe’

FIGO was delighted to welcome Eve Ensler, the Tony Award-winning playwright, activist and author of the theatrical phenomenon *The Vagina Monologues* (published in 48 languages and performed in over 140 countries) to give the *Inaugural Mahmoud Fathalla Lecture – In the Body of the World* – at the Congress.

She is founder of V-Day, the global activist movement to end violence against women and girls, which has raised over \$100 million to end violence.

On being interviewed for the FIGO Vancouver Congress Morning Brief (5 October), Ensler said: ‘I’d like people to think about how and why the medical process sets up this dynamic of being so mechanistic, objective and distanced, and why that is. This is important to explore because our spirits and emotions play such an equal part in recovery. The body is a holistic universe. That means anything from how a catheter enters us to the tone of a nurse’s voice impacts a patient’s care.’



Eve Ensler addressing the Congress

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