



# International Federation of Gynecology and Obstetrics

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March 2012

## NEWSLETTER

# Countdown to Rome 2012



Professor Serour (centre) at the FLASOG Congress (September 2011)

### Dear Colleagues

Since last October, FIGO has been actively scaling up its efforts in preparation for its World Congress in Rome (7-12 October 2012), and continuing to play a major role in global efforts to accelerate the achievement of the health-related Millennium Development Goals (MDGs).

### Congress plans coming to fruition

The various Congress Committees, together with the FIGO Secretariat, have been working hard to finalise arrangements. Professor William Dunlop, Chair of the Scientific Programme Committee, has put together an outstanding programme which meets the needs of all levels, from basic maternal and newborn health through to 'cutting edge' knowledge in our field. The President's Session will incorporate a stimulating debate between the presidents of various professional organisations and heads of several UN organisations, with active audience participation. There will be new landmarks, including hands-on



FLASOG Congress (September 2011)

Pre-Congress courses, sessions organised by member societies, regional federations and subspecialty societies and committees, and live surgery transmission from several countries.

*Please note that the Congress 'Early Registration' fee deadline has been extended to 15 April 2012.* Additionally, FIGO has always endeavored to provide special assistance to colleagues from lower-resource countries, so a decision has been taken to offer to delegates from countries classified as 'low-income economies' and 'lower-middle-income economies' (by The World Bank), that are members of FIGO, the opportunity to register at a specially reduced 'Early Registration' fee of €600 – a substantial saving of €150 on the standard 'Early Registration' fee of €750. A full list of the countries and territories to which this offer applies is available on [www.figo2012.org](http://www.figo2012.org). We hope that this will encourage attendance from the countries concerned.

### Keeping the focus on education and training

FIGO's education and training programme is making excellent progress with more emphasis on hands-on training: the FIGO Committee for Capacity Building in Education and Training – chaired by Professor Luis Cabero-Roura – has held high profile workshops and sessions in national and regional conferences over the past few months.

The Committee for Reproductive Medicine – chaired by Professor David Adamson – held an

excellent hands-on workshop – 'Basic and Advanced Clinical and Laboratory Training Course in Infertility, including ART, for Developing Countries' – in Cairo, December 2011, in collaboration with the International Islamic Center for Population Studies and Research, Al Azhar University and ICMART, with support from ESHRE. This fruitful event was attended by participants from Egypt, Qatar and Nigeria. Subsequent evaluation revealed the candidates' great satisfaction, with most attendees signing up for more training, according to their needs. I would like to thank IBSA international for its support of these valuable activities.



'Basic and Advanced Clinical and Laboratory Training Course in Infertility, including ART, for Developing Countries', Cairo (December 2011)

An attendee, Dr Chris Agboghroma, Secretary General of the Society of Gynaecology and Obstetrics of Nigeria (SOGON), discussed with me strengthening collaboration with FIGO, and the plans to launch the African Federation of Obstetrics and Gynecology at FIGO's Rome Congress.

The first FIGO training centre for Minimally Invasive Surgery – in Soba Hospital, Khartoum University, Sudan – held its first course from 28 February-1 March 2012; another centre in the Ukraine will start its first course in March 2012. I would like to thank Olympus Surgical Technologies Europe for its staunch support of this programme.

Following the success of recent ERC-RCOG and FIGO workshops on the prevention and treatment of post-partum haemorrhage, held in Egypt during 2011, I am pleased to report that similar workshops have taken place from 28 February-1 March in Cairo and Alexandria.

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Latest on FIGO's 2012 World Congress in Rome | Interview with CEO of Fistula Foundation | WSRR Committee news | Spotlight on our Mozambique members

## Countdown to Rome 2012

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### FIGO and global partners – furthering urgent action on the MDGs

Last October, the FIGO leadership participated in the second FIGO LOGIC (Leadership in Obstetrics and Gynecology for Impact and Change) Initiative Annual Review Meeting in Mumbai, where discussions were held with representatives from the Bill & Melinda Gates Foundation, chairs of the country projects and the evaluation team on the current successes and challenges of this major project. There has been tremendous progress, aided by a new project team, increased enthusiasm from country directors, close monitoring by FIGO leadership and the establishment of a special Technical Advisory Group.



2011 International Conference on Family Planning, Dakar, Senegal (December 2011)

In November, I represented FIGO at the 'International Conference on Family Planning' in Senegal. The President of Senegal, four African First Ladies, UNFPA's Executive Director and top UN and NGO representatives were in attendance. I delivered a presentation in the opening plenary session on 'Family Planning's Dividends for Global and National Health', highlighting the role of FIGO as an important professional organisation. I also participated in the 'Postabortion Family Planning: What's Working in Africa' workshop organised by USAID and RESPOND, delivering a presentation on 'Postabortion Family Planning: Professional Associations Support Universal Access', and participating in the panel discussion on policy and scale up.

I also attended the Postabortion Care (PAC) Consortium organised by Pathfinder International, EngenderHealth and the Population Council, highlighting FIGO's role with particular reference to its own statements on family planning. I briefed participants on the FIGO Misoprostol for Post-Partum Haemorrhage in Low-Resource Settings Initiative, and the FIGO guidelines on the use of misoprostol in various gynecological and obstetric conditions, including postabortion care. In May, FIGO will again collaborate with the Population Council on a consultation on the unmet needs of family planning and the provision of long-acting effective contraception.

Early 2012 took me to Geneva, participating in a special WHO Infertility Global Research and Guidance Meeting, as well as attending its Executive Board meeting.

FIGO recently joined forces to condemn the medicalisation of Female Genital Mutilation (FGM) in one Asian country, and I also sent a letter to its Minister of Health drawing attention to FIGO's ethical guidelines on FGM, as well as the International Islamic Center for Population Studies and Research Al Azhar University guidelines in the international book: 'Children in Islam. Their Care, Development and Protection', developed in collaboration with UNICEF.



Religious leaders (December 2011)

### Strengthening relationships

I recently participated in many national society and regional federation meetings – my commitments ranged from giving presentations, chairing discussions and workshops, and meeting with key representatives to discuss collaborative efforts.

Events included:

- *Congress of the Federation of Latin American Societies of Gynecology and Obstetrics (FLASOG), September 2011* A highlight was a productive breakfast meeting with Presidents from FLASOG member societies
- *XXII Asian and Oceanic Congress of Obstetrics and Gynecology (AOCOG 2011), September 2011* I met representatives of the member societies on the Asia & Oceania Federation of Obstetrics & Gynaecology (AFOG) Council to discuss regional activities
- *87th National Congress of SIGO and National AOGOI Congress, September 2011* This meeting enabled me to convey sincere thanks to our Italian colleagues for hosting the FIGO 2012 Congress, and to call for generally closer collaboration with all Italian obstetricians and gynecologists and their various associations
- *XII All-Russian Scientific Forum, Moscow, September 2011* I encouraged the Russian Society of Obstetricians and Gynaecologists to have a session at FIGO's Rome Congress
- *International Annual Congress of the Lebanese Society of Obstetrics & Gynecology, November 2011* This provided a valuable opportunity to discuss collaborative interests with the General Secretary of the Arab Association of Obstetrics and Gynaecology Societies
- *Saudi Arabia Ob/Gyn Conference (SAOGC) and ACOG Congress, Riyadh, January 2012* I encouraged the Saudi Society to have a session at FIGO's Rome Congress, and also discussed support for the global MNCH programme

### Faith-based organisations (FBOs) – accelerating the achievement of the health-related MDGs

FIGO is well aware of the major role that FBOs can play in this regard – for example, more than 50 per cent of healthcare in Africa is being provided by such organisations. We recognise



The FIGO President at a meeting of religious leaders (IICPSR-UNFPA, December 2011)

that there have been some obstacles that have been a barrier to the adoption of some policies, mostly related to the lack of credible information surrounding population problems, reproductive and sexual health and gender issues. In collaboration with UNFPA and UNICEF a number of workshops and 'training of the trainers' workshops for Imams, religious leaders and policy makers in Afghanistan and Egypt were held in December 2011. These workshops dispelled misconception among religious leaders concerning population policies, and helped them revise and modify their religious addresses to the masses in the most remote areas of their countries. These activities have been evaluated by an independent body and their effectiveness has been proved.

FIGO is currently engaged in preliminary negotiations with various UN organisations to strengthen the role of FBOs.

### China to greet Executive Board in 2012

The next FIGO Executive Board meeting will be held in Beijing, in May, and arrangements are well advanced. In addition, two educational and training workshops will be held in Beijing and Chengdu. I would like to offer sincere thanks to the Chinese Society of Obstetrics and Gynecology for hosting these events.

I wish you a prosperous 2012, full of happiness and joy.

Best wishes

FIGO President Gamal Serour



## Congress 2012 'open for business'

### Dear Colleagues

Warm greetings for 2012!

A new year brings with it new challenges and our focus for 2012 is very obvious – our forthcoming World Congress in Rome! Planning, organising, and finalising continues apace, and we hope that as many of you as possible will join us for this high profile and hugely important global event. If you have not done so already, please visit [www.figo2012.org](http://www.figo2012.org) for comprehensive information on every aspect. We are pleased to report that our 'Early Registration' fee deadline has now been extended to 15 April 2012 – I urge you to book early to avoid disappointment! Please turn to page 11 for more details, and put the dates 7-12 October 2012 firmly in your diaries.

### UN puts women's and children's health centre-stage

In September 2011, I attended the UN General Assembly in New York – where a special session was held to discuss the UN Secretary General's Global Strategy for Women's and Children's Health – and a special meeting of the Global Leaders Council for Reproductive Health. As always, my visit to this vibrant city proved a valuable opportunity to touch base with UNFPA and EngenderHealth, both collaborative partners of FIGO on fistula and Adolescent Sexual and Reproductive Health (ASRH) activities.

In October, I travelled to Maputo to discuss matters in relation to the formation of the African Federation of Obstetrics and Gynecology (AFOG). Participants included the WHO's office in Africa, the Presidents of ECSAOGS, SAGO and our Mozambique member society, and a representative from the Nigerian Society (SOGON). There was firm agreement to establish a regional Federation for Africa, and the meeting pinpointed the necessary steps to be taken – most importantly, the finalisation of its Constitution. As we go to press, arrangements are in hand for a special launch meeting to be held during our World Congress.

Our LOGIC Initiative Annual Review Meeting in Mumbai (see page six) was a great success, drawing together the many strands of this far-reaching project. We are most grateful to the

Federation of Obstetric and Gynaecological Societies of India (FOGSI) for their generous support of this event.



Professor Rushwan at LOGIC's Annual Review Meeting (October 2011)

### MDG focus in run-up to 2015

Shortly afterwards, I attended a special Board meeting in Paris of the Partnership for Maternal, Newborn and Child Health (PMNCH), the purpose of which was to approve its 2012 workplan and to reach alignment on key issues. The main aim is to co-ordinate efforts towards strengthening the UN Secretary General's Global Strategy for Women's and Children's Health (mentioned earlier), as it is essential that global partners continue to strive towards the achievement of MDGs 4 and 5. It was agreed that healthcare professional organisations – including FIGO – will play a major role in training and in the dissemination of essential intervention packages.

### Seizing initiative – new talks with ACOG and the RCOG

At the end of October, a high-level meeting of representatives from the American College of Obstetricians and Gynaecologists (ACOG), the UK's Royal Society of Obstetricians and Gynaecologists (RCOG) and FIGO was held to explore collaborations and partnerships for dramatically accelerating progress in preventing maternal and newborn deaths globally. The outcomes were: a better understanding of how the College, FIGO and the RCOG are contributing to current and planned global initiatives for maternal and newborn health; an assessment of possibilities for ACOG to support

the current and planned efforts of FIGO and the RCOG; an assessment of possibilities for collaboration on new activities of shared interests; and a provisional plan for moving forward. I look forward to updating you on this in due course.

### FIGO and post-partum haemorrhage – valuable work on guidelines

In November, a special Technical Consultation Meeting, organised by FIGO, on FIGO Guidelines on Misoprostol for the Prevention and Treatment of Post-Partum Haemorrhage (PPH), provided us with the opportunity to meet with experts from the WHO, the Universities Liverpool and Stanford, the International Confederation of Midwives (ICM), FIGO's Committee for Safe Motherhood and Newborn Health and Gynuity Health Projects. It was decided that there was sufficient consensus in key areas to move forward with the development of Guidelines. Please see the latest updates on FIGO's misoprostol initiative on page seven.

In December, I was invited to Yokohama, Japan, to present on FIGO's global role at a special FIGO workshop held during the 56th Annual Meeting of the Japan Society for Reproductive Medicine. It was an excellent opportunity to touch base with our Japanese friends on many pertinent issues, and to meet also with Professor Takeshi Maruo, FIGO's Vice-President.



Professor Rushwan in Yokohama (December 2011)  
Front row: Yorino Sato PhD, Mrs Maruo, Mrs Hsueh, Dr Okutsu, Dr Nanba; back row: Seido Takae, Dr Ishizuka, Professor Rushwan, Dr Hsueh, Dr Kawamura, Dr Yoshioka



Professor Rushwan presenting at the ICM meeting (January 2012)

2012 has started as briskly as 2011 ended, and so far has taken me to Rome (World Congress meeting), Geneva (WHO's 130th Session of the Executive Board), the Hague (a Multi-Stakeholder Midwife Education Providers Meeting, organised by the ICM), and Varanasi, India (55th All India Congress of Obstetrics and Gynaecology). The next few months will be fast-moving, as we prepare for our annual Executive Board meeting in Beijing, China, among other important FIGO commitments.

*My best wishes for the hard work ahead as we approach Congress 2012.*

FIGO Chief Executive  
Hamid Rushwan



### Young people high on agenda at AICOG 2012



Chief Executive Hamid Rushwan was a guest speaker on 'Adolescent Sexual and Reproductive Health (ASRH): the Global Issues' at a workshop hosted by the Adolescent Health Committee of the Federation of Obstetric and Gynaecological Societies of India (FOGSI). The event – held during January's All India Congress of Obstetrics and Gynaecology (AICOG), Varanasi – was organised by Chairperson Dr Roza Olyai.

'These issues are vital to address,' said Professor Rushwan. 'Promoting healthy practices and taking steps to better protect young people from risks is critical to the future of countries' health and social infrastructures and the prevention of problems in adulthood. This excellent workshop provided a clear overview of the challenges facing health professional organisations.'

Professor Rushwan was accompanied by FIGO President-Elect Professor Sabaratnam Arulkumaran, who participated in a special session focusing on Indian ASRH issues. Dr P K Shah, FOGSI President, inaugurated the workshop.

FOGSI's Committee will be organising workshops and Continuing Medical Education (CME) throughout 2012 in 24 FOGSI societies, which will include a Public Forum. It will also inaugurate the Young Women's Club in each FOGSI society. The overall aim is to sensitise gynecologists and the general public on ASRH issues.



Dr Olyai; Professor Rushwan; Dr Shah; Professor Arulkumaran; Lord Naren Patel; Dr Purandare

## Q and A with Kate Grant, MPA, BS



Kate Grant

Kate Grant is the CEO of the Fistula Foundation, based in the heart of Silicon Valley, San Jose, California. The Foundation is the largest charity focused globally on the treatment of obstetric fistula, funding fistula programmes at 38 sites in 15 countries.

Kate joined the Foundation as its first Chief Executive in 2005 and has led the board and staff team that have expanded the Foundation from supporting one institution in one country, Ethiopia, to its current global reach. The Foundation raises funds from donors in the United States, Europe and Asia and does not accept funds from any government; it advances its mission by forming close partnerships with doctors and hospitals in developing countries, funding their provision of fistula treatment. Collaboration is at the centre of its work.

Before joining the Foundation, Ms Grant held several senior positions, including Deputy Chief of Staff at USAID in the Clinton Administration. She's lived and worked in Tanzania and Senegal, and travels frequently to consult with partners in the field. Ms Grant brings to her current role a long-term commitment to advancing the reproductive health of women that began as a volunteer for Planned Parenthood two decades ago, and led her to earning a MPA from the Woodrow Wilson School at Princeton University. She is a contributor to the *Huffington Post*, writing on maternal health and motherhood.

### Kate, how did your relationship with FIGO evolve?

The single biggest obstacle to treating the great backlog of fistula patients in Africa and Asia is a lack of trained fistula surgeons. FIGO, in collaboration with UNFPA, stepped forward to address this critical deficiency. I've certainly been an admirer of the important work done by FIGO globally, and, over the last year, I've been honoured to become acquainted with FIGO's Chief Executive, Professor Hamid Rushwan, and Lord Naren Patel, the Chair of the FIGO Committee for Fistula, and to learn more about FIGO's pioneering work on fistula treatment. FIGO's new Global Competency-Based Fistula Surgery Training Manual and the new Fellowship Training Programme are critical steps in helping increase the quantity of fistula surgeons, while ensuring high quality clinical training.

I was delighted that our Foundation could provide initial funding for the FIGO Fistula Fellowship Programme.



### How do you see your work with FIGO progressing in the future?

The FIGO Fistula Manual and Fellowship Training Programme are truly visionary, providing competency-based training and ongoing

mentoring for new fistula surgeons. To paraphrase Humphrey Bogart from the classic film *Casablanca*, I hope this is just the beginning of a beautiful partnership between FIGO and the Fistula Foundation! We want the programme to thrive and expand. Dr Suzy Elnel, who wrote the Manual and serves on the FIGO Committee for Directors this January. We are going to benefit greatly from her expertise, helping solidify our partnership with FIGO. FIGO's leadership – in ensuring more surgeons receive high quality competency-based training – will result in many more women, suffering needlessly from obstetric fistula, getting treatment that will change their lives. That's why I'm so thrilled to be working with FIGO and supporting this important programme.

### What do you find most satisfying/challenging about your work?

I am inspired by the dedication of the surgeons we support and the courageous fistula patients they treat – women who have suffered more than any woman should have to suffer simply for trying to bring a child into the world. It is immensely rewarding to work in partnership with others who I respect so greatly to bring care to women with such profound need. In many ways, fistula treatment is still in a nascent stage, and the challenge of getting treatment for all women who need it is both daunting and motivating.



Fistula Foundation Board of Directors

[www.fistulafoundation.org](http://www.fistulafoundation.org)

The Fistula Foundation website – [www.fistulafoundation.org](http://www.fistulafoundation.org) – provides a wealth of information on this grave women's health issue, including the latest facts and figures.



Visit [www.fistulafoundation.org/whatisfistula/faqs.html](http://www.fistulafoundation.org/whatisfistula/faqs.html)

(Source: [www.fistulafoundation.org](http://www.fistulafoundation.org))

- Fistula used to be present in the US and Europe, but was largely eliminated in the latter part of the 19th century and early 20th century with improved obstetric care in general and the use of c-sections in particular to relieve obstructed labour.
- The World Health Organization estimates there may be as many as 50,000-100,000 new cases of fistula each year, yet the global treatment capacity is less than 20,000 cases a year. There is a large unmet need for treatment. Fistula is most prevalent in sub-Saharan Africa and Asia.
- The root causes of fistula are grinding poverty and the low status of women and girls. In developing countries, the poverty and malnutrition in children contributes to the condition of stunting, where the girl skeleton, and therefore pelvis as well, do not fully mature. This stunted condition can contribute to obstructed labour, and therefore fistula.
- Fistula is both preventable and treatable. For instance, the Addis Ababa Fistula Hospital has treated over 35,000 women over 33 years. Their cure rate is over 90 per cent. Fistula can be prevented if labouring women are provided with adequate emergency obstetric care when complications arise.

The Fistula Foundation: **in focus**

- The Foundation funds 38 facilities in 15 countries
- It has invested \$1.1 million in new hospitals and equipment between 2009-11
- It has managed \$11 million in worldwide grants for fistula projects between 2006-11
- It made 3,416 fistula surgeries possible between 2009-11
- It runs patient recruitment campaigns in 12 countries
- It has trained 44 surgeons in fistula repair and 144 nurses and anaesthetists

## Chair of FIGO Working Group receives 2011 Allan Rosenfield Award for Lifetime Contributions to International Family Planning



Dr Anibal Faúndes

Dr Anibal Faúndes – Professor of Obstetrics at the State University of Campinas, Sao Paulo, Brazil, and Chair of the FIGO Working Group for the Prevention of Unsafe Abortion – has been awarded the 2011 Allan Rosenfield Award for Lifetime Contributions to International Family Planning at the North American Forum on Family Planning (held late last year in Washington, DC).

The Allan Rosenfield Award for Lifetime Contributions to International Family Planning was created in 2007 to pay tribute to the authority and dedication of its first recipient, the Society of Family Planning's (SFP) founding board member Dr Allan Rosenfield. It is an award 'given yearly to individuals who have made invaluable contributions to international family planning through their research, writing, teaching, institutional leadership, and/or policy contributions. The recipient of this award will have contributed to the health of women worldwide through activity in the field of family planning and will have demonstrated commitment to the importance of women in society, their equal treatment, and their right to autonomy in reproductive decision-making. In doing so, the awardee will have enhanced the lives of men and women now and in the future.'

FIGO President Professor Gamal Serour said: 'This is highly deserved, prestigious recognition for a scientist who has contributed enormously to our profession and who has cordially served FIGO for many years. His contributions and dedicated efforts to save the lives of women and newborns and improve the quality of their lives, particularly in low-resource countries, have been outstanding.'

'The FIGO leadership and staff are immensely proud of his achievements, and are grateful for his continuing unflinching dedication and expertise.'

For more information, visit: [www.societyfp.org/about/default.asp](http://www.societyfp.org/about/default.asp) and [www.societyfp.org/about/awardees/faundes.asp](http://www.societyfp.org/about/awardees/faundes.asp)

## Integrating Human Rights and Women's Health – an educational approach

### A project of the FIGO Committee for Women's Sexual and Reproductive Rights (WSRR)

By Professor Lesley Regan, Committee Chair



Professor Lesley Regan

This exciting project has the potential to transform women's healthcare globally by ensuring that a clear understanding of women's sexual and reproductive rights becomes an integral part of the core educational training programme delivered to undergraduate medical students throughout the world. The goal is to educate future doctors to practice in such a way that Women's Rights and Reproductive Healthcare become inseparable.

### Human rights as main focus

Millions of women and children suffer illness or injury every year because their fundamental human rights have been denied. In 2012 we expect that nearly 500,000 women will die in childbirth and 80 per cent of these deaths will be avoidable within the fiscal resources of the societies in which they live – no-one cares enough to ensure that their human rights are protected.

Our Committee is developing a generic medical school curriculum that is designed to integrate the teaching of women's health and human rights, and which will produce a framework that each medical school will be able to adapt to its local and national standards, health policies, laws and conventions. This will help to ensure that every graduate doctor has the necessary clinical and communicative skills and knowledge base to help women protect their sexual and reproductive rights. Doctors educated in this approach are more likely to deliver quality healthcare, advocate effectively for patient rights and participate in the development of healthcare systems that integrate available technologies with quality processes and respect for human rights.

### The Committee's history

The Committee was founded in 2001 under the leadership of Dorothy Shaw. During her FIGO presidential term (2006–2009), Dr Shaw worked tirelessly to raise the profile of reproductive rights and women's health. When the Committee met in 2008, under the chairmanship of Dr Kamini Rao, FIGO had already agreed to produce a booklet that could be used by medical students to raise awareness of reproductive rights issues and to clarify the terminology in use.

Following FIGO's 2009 Congress, I was invited to chair the Committee in its next developmental stage: the design of the curriculum.

### The project in progress

In March 2010 the new Committee working party (four ob/gyn clinicians, a medical educator and a reproductive rights lawyer) met to determine how best to produce the curriculum. An outline document was drafted describing 10 universal human rights and the healthcare competencies that are necessary to ensure them in the course of daily medical practice. Each statement of rights would be accompanied by a case study or exemplar, references to relevant medical, ethical and legal literature and followed by a list of specific discussion questions that would guide the student and teacher to consider local practices, laws and governance.

It was recognised that guidelines for the curriculum's teachers would need to be produced, along with recommendations for

dissemination and implementation in medical schools globally.

In May 2011 the list of 10 human rights and healthcare competencies was finalised. A final document was produced alongside plans and a dissemination timetable, and these were presented to the FIGO Executive Board in June 2011, and further approved.

Following on, draft outlines for case studies to illustrate the human rights and competencies checklist were proposed by the Committee. A workshop was held in January 2012 to review and complete the editing for eight of the 10 clinical case studies, which now include the case narrative, questions specific to each and references.

We have deliberately weighted the references more heavily towards human rights standards on the assumption that medical teachers and their students have more ready access to texts and references describing the health conditions than they do human rights literature. There is a common theme to the questions beginning with the medical dilemma and the threat to rights, then progressing to explore the complexities of the relationship of health and rights for the case scenario and for the general healthcare system which is in place locally for that student and teacher.

We have now completed the last two cases and reference materials and will start designing the format of the teaching materials guide and curriculum assessment tools. Every opportunity will now be taken to disseminate the project in the form of presentations and interactive workshops.

### FIGO World Congress, Rome 2012 – the next steps

A plenary session, 'Integrating Human Rights and Health – introducing the FIGO project to transform women's healthcare', scheduled for Monday 8 October 2012, aims to attract global leaders in women's health and human rights, representatives of ob/gyn specialist societies, and education and ethics teachers.

The Committee will demonstrate how the checklist of human rights can be applied to an individual case study and so easily incorporated into daily teaching on women's reproductive health. This will be followed by a panel discussion with audience participation. Attendees will be invited to use the educational materials available on [www.figo.org](http://www.figo.org) and to register for an interactive Workshop to be held the next day, 9 October 2012 – 'Integrating Human Rights and Women's Health into your educational and clinical practice' – designed for leaders from national societies and training colleges.

We hope to recruit a cadre of future trainers who will help us disseminate the project globally, and we will actively encourage feedback to help refine

our materials. Do join us at the FIGO plenary and Workshop sessions, and encourage your colleagues to attend.

### The way ahead

This transformational project is still evolving, and aims to move women's health and reproductive needs from a marginal position in most curricula to more mainstream thinking. We aim to turn the tables on traditional approaches and ensure that, in the future, sexual and reproductive healthcare teaching and practice has a central focus based on human rights principles.

### Integrated Human Rights and Women's Health: Checklist to Determine Competencies for Clinical Practice

Physicians must be able to apply the principles of human rights to the daily practice of women's health care.

1. Right to life: Everyone has the right to life.
2. Health: Everyone has the right to the highest attainable standard of physical and mental health.
3. Privacy: Everyone has the right to respect for privacy in the field of health care.
4. Confidentiality: Everyone has the right to confidentiality in relation to information on health care and health status.
5. Autonomy and decision-making: Everyone has the right to autonomous decision-making in matters concerning their health.
6. Information: Everyone has the right to receive and impart information related to their health.
7. Non-discrimination: No one shall be subject to discrimination on any grounds in the course of receiving health care.
8. Right to decide number and spacing of children: Everyone has the right to decide freely and responsibly on the number and spacing of children and to have access to the information, education and means to enable them to exercise these rights.
9. Freedom from inhumane and degrading treatment: Everyone has the right to be free from torture or cruel, inhuman or degrading treatment or punishment in the field of health care.
10. Benefit from scientific progress: Everyone has the right to enjoy the benefits of scientific progress and its applications.

### The main questions

1. What is the nature of the health care problem?
2. What is the threat to human rights posed by the scenario?
3. How does the health care system support or infringe human rights?
4. What are the local regulations governing delivery of care?
5. How can the health care system be improved to respect human rights and ensure health care?



The Committee (January 2012)  
L-R: Professor PC Ho – Hong Kong (OBGYN); Professor Lesley Regan – London (WSRR Chair, OBGYN); Dr Diane Magrane – Philadelphia USA (Medical Educator, OBGYN); Professor Anibal Faundes – Brazil (OBGYN, Contraception and Safe Abortion care expert); Ms Adriana Lamackova – London (Reproductive Rights lawyer); Dr Stephen Munjanja – Zimbabwe (OBGYN, Domestic Violence expert)

# Setting the agenda for 2012 – LOGIC looks ahead



Meeting participants



President Gamal Serour (right) in discussion with FOGSI Past-President Dr C N Purandare

The FIGO LOGIC (Leadership in Obstetrics and Gynecology for Impact and Change) Initiative in Maternal and Newborn Health (MNH) – funded by the Bill & Melinda Gates Foundation – held its Annual Review Meeting in Mumbai, India, from 12-13 October 2011.

LOGIC's aim, over five years, is to help enable member associations (MAs) in eight low-resource African and Asian countries to play a catalytic role in making positive changes in policy and practice and improve maternal and newborn health services for under-served populations. The countries involved are Burkina Faso, Cameroon, Ethiopia, India, Mozambique, Nepal, Nigeria and Uganda.

The meeting was hosted by the Federation of Obstetric and Gynaecological Societies of India (FOGSI). Representatives of FIGO LOGIC MAs from the participating countries and high-level representatives from FIGO and other partners were in attendance.

The countries presented on key achievements, challenges and lessons learned in 2011, including those in relation to organisational capacity development, implementation of Maternal Death Reviews (MDRs), and policy influencing and advocacy.

Professor David Taylor, Project Director, explained: 'This meeting prioritised three critical objectives: to review the progress of project activities in 2010/11; to share the experiences of, and the lessons learned from, 2010/11; and to develop and agree final 2011/12 workplans.'

## Engaging; influencing; innovating

### Improving maternal and newborn health policy

Most FIGO LOGIC MAs are engaging in policy influencing and advocacy activities with the aim of improving MNH policy. The MAs are liaising



L-R: FIGO President-Elect Professor Sabaratnam Arulkumaran; Chairperson Adolescent Health Committee, FOGSI, Dr Roza Olyai; FOGSI President Dr P K Shah; FIGO Chief Executive Hamid Rushwan; LOGIC Project Director Professor David Taylor



The LOGIC team meets with the Bill & Melinda Gates Foundation and the Society of Gynecologists and Obstetricians of Cameroon (SOGOC)



Professor Gwyneth Lewis (right) and Professor Dorothy Shaw engage with a Working Group on Maternal Death Reviews

and/or developing relationships with key stakeholders such as Parliamentarians and other health professional organisations, and are engaging with the media on MNH issues.

### Improving maternal health practice through MDRs

The majority of MAs are now implementing MDRs in selected hospitals in their respective countries. The aim is to improve the quality of maternal health care by collecting relevant data on the causes of maternal deaths, and in some cases near-misses, so that future deaths and morbidities can be prevented.

### Organisational capacity development

Several of the MAs have made significant progress in developing strategic plans and

developing their overall organisational capacity to implement projects in 2011. Successful workshops were held on Basic Financial Management for NGOs, Project Management Skills, and Advocacy. Many of the MAs received support from the Society of Obstetricians and Gynaecologists of Canada (SOGC) to help them develop strategic and operational plans.

## The year in focus

The meeting discussed plans for LOGIC in 2012. The MAs will continue to focus on strengthening their organisational capacity to implement MNH projects and to secure additional funding for such activities. The improvement of MNH clinical practice, including the implementation of MDRs and MNH policy, will continue to be a major theme in 2012.

In summary, Professor David Taylor commented: 'The LOGIC meeting was, once again, invaluable for all parties, and set the scene for a confident move into 2012 activities. I would also like to extend my very sincere thanks to FOGSI for its organisational help with this meeting, and its robust support of all aspects of our work.'

## TAG – looking forward to 2012

LOGIC's Technical Advisory Group (TAG) – comprised of global experts from fields such as public health, advocacy, and midwifery – met on 14 October in Mumbai to discuss a wide-ranging agenda of issues, including the development of an electronic toolbox to help strengthen the organisational capacity of health professional organisations; the future implementation of MDRs; and plans for disseminating the Initiative's successes and lessons learned to key external audiences.

## New addition to LOGIC



Charlene Bruneau

The LOGIC team was delighted to welcome Charlene Bruneau to the role of LOGIC Administrative Officer in late 2011.

Charlene joined FIGO from the Department of Health in the UK, where she worked as a Personal Assistant and administrator for the International Clinical Lead for Maternal Health, supporting her on the Confidential Enquiries into Maternal Deaths; as well as an administrator for the Maternity and Newborn team and senior civil servants, overseeing key administrative and secretarial support.

She also has over 15 years' experience of working in the UK's NHS, including accident and emergency departments and the 'out-of-hours' GP service.

Charlene said: 'I have really enjoyed my experiences so far with the LOGIC team – I am looking forward to the challenges and providing a positive contribution in our efforts to ensure the project's continued success.'

Professor David Taylor said: 'Charlene made a significant contribution to the success of our 2011 Annual Meeting, and we are looking forward to working with her as we approach a busy year for the team, in the run-up to the Rome World Congress in October 2012.'

# FIGO taking the lead on post-partum haemorrhage prevention and treatment

## – an update on the Misoprostol for Post-Partum Haemorrhage in Low Resource Settings Initiative

### Global experts refine new PPH guidelines

A new set of FIGO guidelines on misoprostol for PPH prevention and treatment are under development, and will be ready in time for the FIGO World Congress in October 2012.

In recognition of the paucity of evidence-based guidelines on the use of misoprostol for PPH care, the guidelines will reflect the current best available research, addressing important areas such as recommended dosages and routes of administration, contraindications, precautions, course of treatment, and side effects.

The decision to develop simple and concise guidelines, which will be available in French and Spanish translation, was taken following a technical consultation meeting convened by FIGO to assess the evidence and to ascertain whether there was sufficient group consensus in key areas. The meeting, held in New York (November 2011), was attended by an invited group of experts from FIGO's Committee for Safe Motherhood and Newborn Health, Gynuity Health Projects, the International Confederation of Midwives (ICM), the World Health Organization, the Universities of Liverpool and Stanford, and FIGO.

In accordance with standard practice, the draft guidelines will undergo a process of internal and external consultation before final endorsement at the next FIGO Executive Board meeting in May. FIGO will work towards securing a joint statement on PPH with other authoritative international bodies. FIGO's formal position regarding the use of misoprostol for PPH care was last outlined in November 2006 in a joint statement with the ICM – *FIGO and ICM Joint Statement: Prevention and Treatment of PPH. New Advances for Low Resource Settings.*

### Advocacy key focus at regional conferences

As part of an ongoing initiative to increase access to evidence-based clinical and operational research to a global audience of obstetricians and gynecologists, FIGO continues to sponsor expert panel sessions on the use of misoprostol for PPH care at regional conferences.

In January 2012, FIGO's President-Elect, Professor Sabaratnam Arulkumaran, chaired a session at the All India Congress of Obstetrics and Gynaecology in Varanasi, India, where expert speakers presented on the role of misoprostol at different levels of the health system in India; analysed clinical indicators of post-partum haemorrhage; and introduced new community-based research in India and Egypt comparing the effectiveness of two strategies at the community level: the implementation of universal prophylaxis (600mcg oral misoprostol) versus the secondary prevention service delivery model (whereby only women who bleed 350 mL following delivery would receive 800mcg sublingual misoprostol).

In February 2012, during the Royal Society of Morocco's 30th annual meeting in Casablanca, Dr Mohamed Cherine, El Galaa Teaching Hospital (Cairo), presented evidence from two double-

blinded randomised non-inferiority trials on the efficacy of misoprostol 800mcg sublingual compared to 40 IU IV oxytocin for treatment of PPH in hospitals where oxytocin prophylaxis is provided during the third stage of labour and in others where it is not provided.



Professor Sabaratnam Arulkumaran

Further sessions are planned for the Royal College of Obstetricians and Gynaecologists' 10th International Scientific Meeting (Malaysia, June 2012), and the Mexico Society's 63rd Congress (Guadalajara, August 2012).



Dr M B Bellad at AICOG

### Moving from evidence to practice: IJGO special communication

(doi:10.1016/j.ijgo.2011.10.005)

The January 2012 issue of FIGO's official publication, the *International Journal of Gynecology & Obstetrics* (IJGO), featured a special communication addressing the challenges to evidence-based use of misoprostol and the strategies for expanding access to evidence-based care. The article, jointly authored by Ann Starrs (Family Care International) and Beverly Winikoff (Gynuity Health Projects), is also available online to IJGO subscribers and non-subscribers at: [www.sciencedirect.com/science/article/pii/S0020729211005030](http://www.sciencedirect.com/science/article/pii/S0020729211005030)



### Abstract

*'Clinical and operational evidence indicates that misoprostol is a safe and effective technology for addressing postpartum hemorrhage, a major cause of maternal death. This research has not yet been translated into effective policies, programs, and practice in many parts of the world. Efforts to expand evidence-based use of misoprostol are often complicated by misoprostol's range of indications, insufficient availability, a lack of evidence-based guidelines and provider training, and misconceptions about the drug. The medical and health policy communities need to work together to translate research findings into changes in policy, knowledge, and clinical practice so that we can deliver on the world's promise to improve maternal health.'*

### 'The Product Problem: Pathways for Making Misoprostol Available for Postpartum Hemorrhage'

A report summarising a meeting to discuss pathways for making misoprostol more widely available for PPH indications is available online at the Gynuity Health Projects website:

[www.gynuity.org/resources/info/pathways-for-making-misoprostol-available-for-postpartum-hemorrhage-en/](http://www.gynuity.org/resources/info/pathways-for-making-misoprostol-available-for-postpartum-hemorrhage-en/) Some 50 international experts from the programmatic, policy and pharmaceutical arenas gathered in New York in March 2011 to discuss product regulation, the importance of quality products, registration, procurement, and the development of effective service delivery and programmatic models.

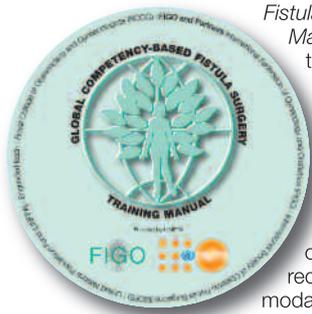


# New interactive video trainer set to revolutionise fistula repair

## The challenge of fistula

Obstetrical fistula remains a common and demeaning affliction of young women in the developing world, in part due to the lack of sufficiently trained medical personnel. Training medical professionals in fistula repair can be costly and time-consuming, and many who have successfully completed a training programme lose confidence over time and do not continue repairing fistula.

The most significant advance in the training of fistula repair is the recent publication of FIGO's 'Global Competency-Based Fistula Surgery Training Manual', which, for the first time, has established a standardised educational curriculum. Implementation of this manual is a formidable challenge and will require a multi-modal training initiative.



## A technological solution

Simulation technologies have revolutionised the education of surgical trainees across the developed world. These tools have yet to be utilised meaningfully in the developing world and may benefit the implementation of the manual at certified fistula training centres.

In this effort, the FIGO Committee for Fistula has requested the assistance of the US-based non-profit organisation Children's Surgery International\* and medical software company Red Llama, Inc. to develop and deploy a simulation trainer that would communicate the key elements of this curriculum in an interactive video format. The final product is intended to run on the surgical trainee's own personal computer and provide a preparatory course with assessments of knowledge before a student begins a hands-on training programme at a certified fistula centre.

Five master fistula surgeons from the FIGO Committee for Fistula have been appointed to the authoring and editorial board of this unique project: Professor Serigne Gueye, Dr Kees Waaldijk, Dr Mulu Muleta, Dr Andrew Browning and Dr Suzy Elneil.

## The benefits of the interactive approach

It is believed that such an interactive video training programme would uniquely engage fistula trainees and allow them the opportunity to fully rehearse the steps of the procedure before practicing on a woman and potentially making a serious error. Utilising this tool, it is hoped that many more surgeons could be trained efficiently and safely at certified centres. In addition, upon returning to the trainee's home hospital, this video trainer may provide a useful refresher and build confidence in those who may consider abandoning their newly acquired skills.

The manual curriculum is divided into 'standard', 'advanced' and 'expert' levels. The intended audience for this video trainer project will be practicing surgeons who are entering at the 'standard' level of fistula repair and plan to attend a training programme at a fistula training centre.

The trainer's core software engine will be based

on video recordings of a master fistula surgeon's actual cases and will be uniquely interactive, requiring input from the trainee in order to proceed through the entire training course. It will also provide virtual mentorship and a running narrative throughout the programme, as well as an assessment of the surgical trainee's knowledge base via a comprehensive testing and scoring system.

## The project in detail

In the production of this programme, an entire fistula repair will be video recorded using high definition endoscopic camera equipment. Afterwards, the footage of the procedure will be broken down and the key images/video clips organised into a series of logical steps. A team of software engineers will then generate live 'hot spots' within the video picture frame to highlight the relevant anatomic locations in the surgical field. In the final product, the trainee will be required to choose the correct instrument from an animated Mayo stand using their computer's mouse and place the instrument at the correct point of action ('hot spot') within the surgical field. Incorrect choices will be recorded as an error and identify an area that may require more focused training.

Once the correct choice is made, the video will progress with running commentary of that specific step. Step-by-step, the student will progress in this fashion until completion of an entire fistula repair. At important intervals, quizzes and tests of pre-op assessment, patient positioning, instrument management, anatomy, post-op management and awareness of complications will appear in order to verify that the core principles are being imparted to the trainee.

Upon completion of the trainer, a print-out of the student's score is provided to identify areas needing additional attention. It is hoped that this assessment will allow master trainers at certified training centres to focus their educational efforts on the areas needing most attention.

## Next steps: production and implementation

Phase I (development) of the project has been completed, including an initial on-location film shoot in Dakar, Senegal at Grand Yoff General

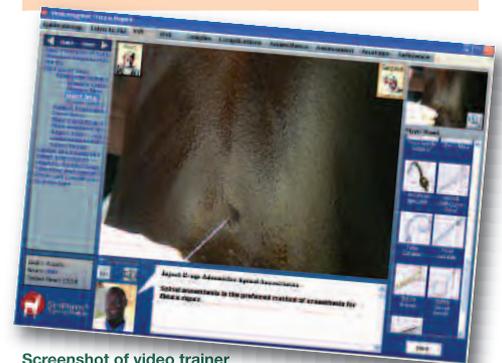
Hospital with Professor Serigne Gueye, in which numerous fistula repairs were video recorded from start to finish using high definition endoscopic cameras and video equipment provided by Stryker Corporation.

Phase II (production) involves the laborious and highly technical effort of separating the video of a fistula repair into individual steps, applying the interactive anatomic 'hot spots', and integrating curricula from the manual. Upon completion of Phase II (which will take approximately eight months), a deliverable product will be available in the form of a standard DVD that runs on a personal computer.

Phase III (implementation) involves the distribution and implementation of the project, including a validation study and language translation.

We will report on further progress with this project very shortly – we are confident that our video trainer will prove an invaluable, truly ground-breaking tool in the fight against fistula.

*\*This article was prepared with the assistance of Peter Melchert MD, who is a Paediatric/Internal Medicine Hospitalist at Abbott Northwestern Hospital, Children's Hospitals and Clinics of Minnesota. Since 2004, he has been on the board of Children's Surgery International ([www.childrenssurgeryintl.org](http://www.childrenssurgeryintl.org)), a humanitarian organisation that provides free surgical services to enhance the lives of underprivileged children, and serves as its Medical Director.*



Screenshot of video trainer (administering spinal anaesthesia)



Surgery in progress

# Successes from the Saving Mothers and Newborns (SMN) Initiative

By Moya Crangle, Project Manager, SMN Initiative

FIGO's multi-faceted SMN Initiative came to full conclusion in 2011. In this last feature, we present the highlights of its work in Haiti and Kenya

**Haiti – 'Setting up basic and comprehensive emergency obstetric care in a health centre in the district of Croix-des-Bouquets' (conclusion: 30 June 2011)**

## Setting the scene

Haiti is the poorest country in the Western Hemisphere: 70 per cent of its seven million people live on less than one dollar a day, and it has the highest rate of maternal mortality in the region – 670 deaths per 100,000 live births. The Société Haitienne d'Obstétrique et de Gynécologie (SHOG) recognised an ongoing need to provide quality and accessible obstetric care.

## Work in action

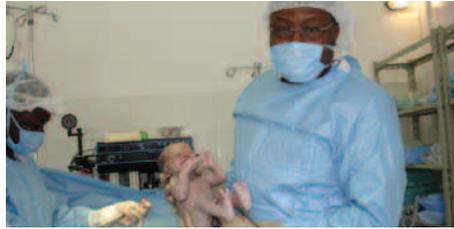
In collaboration with other local partners such as the Ministry of Health (MOH) and the Association des Infirmières et Sages-Femmes d'Haiti (AISFH), SHOG worked to improve the physical infrastructure and the availability of health care professions in the maternity ward within a public health centre located at Croix-des-Bouquets, 20 kilometres from Port-au-Prince.

## Achieving the goals

Before the project, the centre at Croix-des-Bouquets offered only antenatal and postnatal care on an outpatient basis. Initially SHOG was successful in converting an outpatient unit into a maternity centre, offering basic emergency obstetric and newborn care with referral for caesarean and blood transfusion to a nearby hospital.

After Haiti's catastrophic earthquake, the project director, with the support of Canadian counterparts, was able to obtain funds in order to increase the level of maternity services so that women would have caesarean sections available to them, if required. As a result of improvements made through this project, 24-hour care is now being provided with the availability of basic emergency obstetric care and caesarean section. Blood transfusions are available on-site during office hours and women are referred to another centre outside of these times.

Although the SMN Initiative has been completed, the MacArthur Foundation ([www.macfound.org](http://www.macfound.org)) is now funding the project. The Society of Obstetricians and Gynaecologists of Canada (SOGC) continues to support the project through the management of the MacArthur Fund, as well as continually searching for future funds to keep the maternity unit running.



First caesarean delivery at Croix-des-Bouquets (Dr Lauré Adrien, Project Director)



Improved facilities



Project staff (Dr Lauré Adrien, Project Director, is centre)

**Kenya – 'Improving the quality of maternal and perinatal health care services in four health facilities' (conclusion: 31 August 2011)**

## Setting the scene

With a maternal mortality ratio of 530 deaths per 100,000 live births, the Kenya Obstetrical and Gynaecological Society (KOGS) wanted to improve the quality of maternal and newborn health services. Building on its experience of criterion-based clinical audit in a previous project called 'The Know-How Project', the Society decided to implement this quality assurance method to four health facilities – in three hospitals (Kenyatta National Hospital and Pumwani Maternity Hospital in Nairobi, and Moi Teaching and Referral Hospital in Eldoret), and in one smaller health centre (Sabatia Health Centre, Kakamega, Western Kenya).

## Work in action

KOGS' aim was to improve the supply of and increase the demand for maternal health care. The main activity of criterion-based clinical audits

was directed to improve the supply of maternity services, and KOGS provided in-depth training in this method of audit. To increase the demand for services, all sites reached out to civil society, and worked with it to distribute messages about emergency preparedness, encouraging delivery with a skilled attendant and safe motherhood.

The project provided a forum for health care providers to reflect on their working environment and to identify areas to improve care to women during the child-bearing year. Each site took on different tasks relevant to its findings: eg the development and implementation of standards and protocols; in-service training in emergency obstetric care; and community sensitisation. In addition, some sites used project money to acquire essential equipment and supplies for the improvement of the delivery of obstetric care eg sphygmomanometers, urine sticks, stethoscopes and partographs.

## Achieving the goals

The project was successful in strengthening the technical capacity of health professionals to conduct objective criterion-based clinical audit. This was achieved through recruiting junior members of the society to provide support to the teams in the creation of measurement tools and in the evaluation of criteria.

At the project's conclusion, it was discovered that communication between referral levels had greatly improved. Staff members have experienced increased and improved communication with referral centres through holding training sessions about the project, and sharing standards and protocols.



Training at Moi Teaching and Referral Hospital



Joyce Oduor (Project Manager), right, delivers supplies for Kenyatta National Hospital

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Readers are invited to send all comments, articles and reports (by email to [communications@figo.org](mailto:communications@figo.org) or on disk) to the FIGO Secretariat no later than 31 May 2012 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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## Associação Moçambicana de Obstetras e Ginecologistas (AMOG)

[www.amogmz.org](http://www.amogmz.org)

### AMOG's history and organisational profile

The Mozambican Association of Obstetricians and Gynaecologists (AMOG) was created in July 2006. It currently comprises 50 members, both associate and honorary. Its national secretariat is established in Maputo and staffed by three employees, two full-time and one part-time.



**President Dr Nafissa Bique Osman**

AMOG is a private, scientific, non-profit organisation with social interest established for the purpose of bringing together, and representing, medical professionals with specialisation in obstetrics and gynecology in Mozambique.

The association was accepted as a full member of FIGO during the FIGO World Congress in Cape Town, South Africa, in October 2009.

### Mission Statement

AMOG's mission is to promote excellence in the practice of obstetrics and gynecology through actions related to education, advocacy and research.

### Vision Statement

AMOG envisions a country where all women and adolescents achieve the highest possible standards of sexual and reproductive health and rights through the best practices of obstetrics and gynecology providers.

### Values/beliefs

AMOG's values are those of the highest ethical standards, professionalism, transparency, integrity and leadership.

### Initiatives

Since its establishment, the association has been involved in a number of initiatives that seek to improve the sexual and reproductive health and rights of Mozambican women and adolescents. These include:

- Collaborations with the Ministry of Health (MOH) for the development of reference/clinical manuals related to family planning, emergency obstetrical care, ante-natal and post-partum

care, screening of cervical cancer and comprehensive abortion care;

- A partnership with Venture Strategies Innovation (VSI) related to the use of misoprostol for the prevention and treatment of post-partum haemorrhage and the management of spontaneous abortion;
- Collaborations with FIGO to address the issue of unsafe abortion in Mozambique and, more recently, strengthening the organisational capacity of the association to assume greater leadership in the field of maternal and newborn health;
- Collaboration with DKT International for in-service training related to long-term family planning methods (IUD and implants)

Through these initiatives, AMOG has led operational research in the prevention of post-partum haemorrhage and the treatment of incomplete abortion with the use of misoprostol. It has conducted a situational analysis followed by the development and implementation of a plan of action related to the prevention of unsafe abortion; and it has also conducted training on post-abortion care, prevention and treatment of post-partum haemorrhage and family planning.

Additionally, AMOG is involved in Continuing Medical Education (CME) through its annual scientific meeting, which is open to external stakeholders, and also through its members in formal education at the local Faculty of Medicine.

### Working with FIGO

With the support of the FIGO LOGIC Initiative (Leadership in Obstetrics and Gynecology for Impact and Change), AMOG is currently involved in piloting tools related to maternal mortality audits in three main referral hospitals in Maputo City. It has also initiated advocacy work with parliamentarians and the media for the purpose of addressing the issue of unsafe abortion.

### Looking forward

In August 2011, the association prepared its Strategic Plan and Plan of Action with the support of the Society of Obstetricians and Gynaecologists of Canada (SOGC) and the FIGO LOGIC Initiative. This Strategic Plan, together with a Code of Ethics, was approved at AMOG's annual meeting – held in October 2011, Maputo – during the East, Central and Southern African Association of Obstetrical and Gynaecology Societies' (ECSAOGS) Conference, which it also hosted.

The conference was well attended by over 100

participants, including senior officials from FIGO, who all delivered excellent lectures: President Professor Gamal Serour; Chief Executive Professor Hamid Rushwan; Past President Professor Dorothy Shaw; and Chair of the FIGO Committee for Safe Motherhood and Newborn Health Professor André Lalonde.



**ECSAOGS Opening Ceremony**



**The Honourable Minister of Health delivering his speech at the Opening Ceremony**

After this conference, AMOG's President, Secretary General and Honorary Treasurer attended the FIGO LOGIC Initiative's Annual Review Meeting in Mumbai.



**AMOG's President with the FIGO President and Chief Executive**

In October 2011, AMOG signed a Memorandum of Understanding (MOU) with the Ministry of Health, which will strengthen relations with the Government by officially recognising the association as an important and valued partner in national efforts to accelerate progress towards Millennium Development Goals (MDGs) 4 and 5: to reduce child mortality and to improve maternal health.

For further information on AMOG's activities, visit [www.amogmz.org](http://www.amogmz.org)

## In the diary

### 12-14 April 2012

The 36th Annual Symposium of the American Society of Breast Disease (Dallas, USA)

[www.asbd.org/education/symposium.cfm](http://www.asbd.org/education/symposium.cfm)

### 13-15 April 2012

The 64th Annual Congress of the Japan Society of Obstetrics and Gynecology (JSOG) (Kobe, Japan)

[www.jsog.or.jp/english/annual%20congress/schedule.html](http://www.jsog.or.jp/english/annual%20congress/schedule.html)

### 20-22 April 2012

IVF-Worldwide Live Congress: In Vitro Fertilisation Clinics Embracing the Digital Age (Berlin, Germany)

[www.comtecmed.com/ivf-live/2012](http://www.comtecmed.com/ivf-live/2012)

### 30 April-2 May 2012

5th Geneva Conference – Chronic Diseases: Person- and People-Centered Perspectives (Geneva, Switzerland)

[www.personcenteredmedicine.org/events.php](http://www.personcenteredmedicine.org/events.php)

### 3-6 May 2012

The World Congress on Building Consensus in Gynecology, Infertility and Perinatology (BCGIP): Controversies in Obstetrics, Gynecology and Infertility (COGI) (Barcelona, Spain)

[www.bcgip.com/2012/Default.aspx](http://www.bcgip.com/2012/Default.aspx)

FIGO accepts no responsibility for the accuracy of the external event information. Inclusion of any event does not necessarily mean that FIGO either endorses or supports it.



**7-12 October 2012**  
FIGO World Congress (Rome, Italy)  
[www.figog2012.org](http://www.figog2012.org)

### 9-12 May 2012

22nd European Congress of Obstetrics and Gynaecology (Tallinn, Estonia)

[www.ebcog2012.erpmusic.com](http://www.ebcog2012.erpmusic.com)

### 17-20 May 2012

CPP 2012 – The 2nd International Congress on Cardiac Problems in Pregnancy (Berlin, Germany)

[www.cppcongress.com](http://www.cppcongress.com)

### 25-27 May 2012

University Obstetrics & Gynaecology Congress 2012 (Singapore)

[www.obgyn2012.com](http://www.obgyn2012.com)

### 5-8 June 2012

10th RCOG International Scientific Congress (Kuching, Malaysia)

[www.rcog2012.com](http://www.rcog2012.com)

### 7-9 June 2012

11th European Meeting Days of the French Society of Gynecology (Paris, France)

[www.sfgparis2012.com/?lg=en](http://www.sfgparis2012.com/?lg=en)

### 20-23 June 2012

12th Congress of the European Society of Contraception and Reproductive Health (Athens, Greece)

[www.eschr.eu/events/esc-events/12th-esc-congress](http://www.eschr.eu/events/esc-events/12th-esc-congress)

[www.figo2012.org](http://www.figo2012.org)



'As the FIGO World Congress – at the Fiera di Roma – draws ever nearer, we would like to remind our valuable member associations, partners, global associates and collaborative stakeholders that registration is open for business!' said Chief Executive Hamid Rushwan.

Executive Hamid Rushwan.

'We outline core information below, but please visit [www.figo2012.org](http://www.figo2012.org) for a comprehensive review of the Scientific Programme and all logistics.

'Our "Week-at-a-glance" below provides you with a broad overview of how the Congress is structured, to enable you to better plan your visit.'

Delegate Registration Fee includes:

- Opening Ceremony and Reception
- Closing Ceremony
- FIGO Evening for All
- Access to all sessions and the Exhibition Hall
- Tea/coffee breaks
- Delegate bag and Congress literature



## Special fee introduced for low-resource countries

A special early registration fee for delegates from low-resource countries whose national societies are members of FIGO has been introduced. Please visit [www.figo2012.org/lrc/](http://www.figo2012.org/lrc/) and [www.figo2012.org/registration/](http://www.figo2012.org/registration/) for the list of countries and registration details.

## 'Innovative and informative'... introducing the 2012 Scientific Programme

Professor William Dunlop



'The FIGO Congress in Rome promises to be informative, innovative and interesting. The most important international organisations in obstetrics and gynecology have been consulted and all have suggested up-to-date

topics and expert speakers in their areas of special interest. There will be new and exciting presentations in each subspecialty area (Gynecological Oncology, Maternal and Foetal Medicine, Reproductive Medicine, Sexual and Reproductive Health and Urogynecology). Problems relevant to work in low-resource settings will be discussed in each of these areas and will also be separately featured. Topics specific to FIGO will include the roles of professional societies in providing leadership and in capacity building, new classifications for tumour staging and for uterine bleeding and international educational initiatives.

'A new and valuable feature of this Congress will be the transmission of live surgery from several European centres. In addition, there will be important keynote lectures, symposia, oral communications, poster displays, videos and special sessions sponsored by international organisations. The programme should include

topics of interest to every obstetrician and gynecologist. I hope that you will be able to attend.'

– Professor William Dunlop, Chair of the FIGO 2012 Scientific Programme Committee

## Reflections on Congress 2009 in Cape Town

Professor Gerhard Lindeque



'Delegates registered for this high profile Congress from far and wide, with Cape Town graciously hosting more than 8,000 attendees.

'The expectations of most were to attend the varied Continuous Education lectures and research sessions, to explore a famous city and to meet and network with old and new friends.

'The academic programme was extensive, modern and did not disappoint. All Congress activities were exceptionally well attended and delegates were superbly entertained. The friendly spirit and collegiality ensured a peaceful and productive event.

'Does this not encourage you to register for FIGO 2012 in Rome? The same ingredients will be present at this highly anticipated Congress, and the famous city has much to offer. A most exciting FIGO 2012 awaits you.'

– Professor Gerhard Lindeque, Member of the Congress Organising Committee (South Africa) and Chair of the Local Organising Committee



## Extended deadline for registration now available!

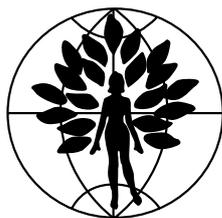
Register before 15 April 2012 and save up to EUR 100 on the regular registration fee!

Typology	Registration fee	Euro	Category
Congress	Payment within 15 Apr 2012	600	early registration low-resource countries
Congress	Payment within 15 Apr 2012	750	early registration
Congress	From 16 Apr 2012 to 31 Aug 2012	850	regular registration
Congress	From 01 Sept 2012 to 15 Sept 2012	950	late registration
Congress	From 06 Oct 2012 onward	950	on site registration
Pre-Congress courses	Course 1: Basic course on ultrasound	100	regular registration
Pre-Congress courses	Course 2: Diabetes and pregnancy in low-resource countries	100	regular registration
Pre-Congress courses	Course 3: Postpartum haemorrhage	100	regular registration
Pre-Congress courses	Course 4: Basic course on endoscopy	100	regular registration
Pre-Congress courses	Course 5: Basic course on colposcopy	100	regular registration
Pre-Congress courses	Course 6: The FIGO Fertility Tool Box™: Infertility Diagnosis and Treatment in Low Resource Settings	100	regular registration
Pre-Congress courses:	Course 7: The Global Obstetrics Network (GONet): Designing a Clinical Trial in Obstetrics	100	regular registration



XX FIGO WORLD CONGRESS OF  
GYNECOLOGY AND OBSTETRICS

Organised by



**FIGO**

INTERNATIONAL FEDERATION OF  
GYNECOLOGY & OBSTETRICS

7<sup>TH</sup> - 12<sup>TH</sup> OCTOBER 2012

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