



International Federation of Gynecology and Obstetrics

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May 2013

NEWSLETTER

New FIGO team sets the agenda for 2013–2015

Dear Colleagues

It has been over six months since I took office as President of this prestigious organisation. A great deal has been achieved by each and every one of you, both as individuals and as members of your respective national societies. Over the years you have striven hard to reduce maternal mortality and morbidity and to improve women's health. My sincere thanks for your ongoing efforts. The past FIGO Presidents, Officers, Executive Board members, Chief Executive, Administrative Director and staff have all worked alongside you on these goals. You can certainly expect the same commitment from the new Officers, Board and staff. There is, naturally, much more to do to help achieve women's rights and health.

Working with valuable partners

We need to continue to work together with various like-minded organisations, such as our national societies and Regional Federations, the

International Confederation of Midwives (ICM), the International Pediatric Association (IPA) and many, many others. For example, we wanted to have a strong relationship with various United Nations organisations: now we have a UN representative on each of our FIGO Committees. This will ensure timely alignment of aims and activities, and a strong link at both HQ and 'on the ground' levels.

Education and training: a FIGO cornerstone

Our swift progress with FIGO activities in education and training has been achieved to a great extent under Past-President Professor Gamal Serour's expert leadership through the FIGO Committee for Capacity Building in Education and Training, chaired by Professor Luis Cabero-Roura. Two major FIGO Regional Conferences are being held in 2013: in Cartagena, Colombia, from 1–4 May 2013, and

in Addis Ababa, Ethiopia, from 2–5 October 2013 (see page 11 for details). FIGO will also participate in a FOGSI-FIGO International Conference on 'Recent Advances in OBGYN' in Hyderabad, India, in September. FIGO has also continued its ongoing collaboration with Olympus Surgical Technologies on Minimally Invasive Surgery (MIS) Workshops, the most recent one being held in the Ukraine, in February.

More generally, the Committee has provided educational sessions in a number of national and subject-specific conferences. One such session at the 56th All India Congress of Obstetrics and Gynecology (AICOG; January 2013), organised by the Federation of Obstetric and Gynaecological Societies of India (FOGSI), was a great success (see page nine). My sincere congratulations to the outgoing and incoming Presidents, Professors P K Shah and Hema Divakar.

continued on page 2



FIGO Officers' Meeting, February 2013

L-R: Professor C N Purandare (President-Elect); Dr Ernesto Castelazo Morales (Vice President); Professor Sir Sabaratnam Arulkumaran (President); Professor Gian Carlo Di Renzo (Honorary Secretary); Professor Wolfgang Holzgreve (Honorary Treasurer); Professor Hamid Rushwan (Chief Executive); Professor Gamal Serour (Past-President)

INSIDE:

First FIGO Africa Regional Conference | Profile of Johnson & Johnson's Denis Robson
| Costa Rica ruling on ART | Young professionals benefit from 2012
FIGO Chien-Tien Hsu Fellowships

New FIGO team sets the agenda for 2013–2015

Continued from page 1

In March, Professor Cabero-Roura and I attended the 7th International DIP Symposium on 'Diabetes, Hypertension, Metabolic Syndrome, and Pregnancy' in Florence, Italy – a FIGO Pre-Congress Workshop, organised in collaboration with the World Diabetes Foundation (WDF), was attended by over 200 delegates. Obstetricians and gynecologists have a major role to play in reducing obesity and diabetes, and their consequences. Maternal nutrition, pre-term birth, intrauterine growth restriction, immediate breast-feeding and the infant childhood period are some of the factors that determine the final outcome. Early influences at gametogenesis and early development may promote epigenetic changes that may have a major impact on NCDs. The first 1,000 days from conception appear to be the key in reducing this epidemic, compared with our efforts to reduce the '5 Ss' in adult life ('salt, sugar, saturated fatty acids, sedentary life and spirits in excess'). National societies should certainly develop their own agendas on this major epidemic by linking up with governments, midwives, paediatricians and public health physicians.

My thanks to Professor James Ching-Hung Hsieh, President of the Taiwan Association of Obstetrics and Gynecology, for inviting me to join the international session of their excellent annual conference, alongside delegates from Taiwan, Korea, Japan and many Asian and Oceanic countries. It gave me an opportunity to listen to their aspirations and see how they view FIGO playing a part with them in helping less well-resourced countries. We need to develop this agenda and I look forward to suggestions from national societies.

Web-based 'knowledge transfer'

In this highly sophisticated age of technology – eg mobile phones, tablets, computers – we should be able to provide obstetricians, gynecologists and health professionals with education anywhere, and at any time, through books, images, videos and master classes. Not every professional has adequate access to this. To counter this, FIGO has signed an historic Memorandum of Understanding (MOU) with the 'Global Library of Women's Medicine' (GLOWM – www.glowm.com), founded by Paula and David Bloomer, making GLOWM its educational platform and helping provide content with the input of FIGO Committees and experts from various national societies. I have now assumed the position of Editor in Chief (my thanks to former Editor in Chief Professor Jack Sciarra, FIGO Past-President, for his able leadership), and



David Bloomer, Publisher, GLOWM

will work with the GLOWM editorial team to bring you the latest in evidence-based practice. Please use this excellent educational platform and recommend it to others (more detail can be found in the Chief Executive's report on page three).

Transfer of skills

FIGO is currently exploring a joint collaboration with Professor Harshad Sanghvi, from Jhpiego, and Mr Tore Laerdal, Chairman of the Laerdal Foundation, on the enhancement of teaching and training in life-saving skills. Through a specific programme of 'Buy one – Donate one', they have agreed to donate a large number of MamaNatalie® birthing simulators – FIGO will explore how best to deploy them in teaching centres so that they are constantly used to

benefit healthcare workers, medical and midwifery students, and professionals. They will also assist with funding to organise Pre-Congress Workshops on essential obstetric functions, principally on prevention and treatment of post-partum haemorrhage and helping babies breathe. The first such Workshop has been funded and will be held before the first FIGO Africa Regional Conference in Ethiopia, October 2013.

Clinical fellowships

FIGO has also recently signed an MOU with Wellbeing of Women, a leading charity in the UK promoting women's health by funding research and educational fellowships. Annually, WOW gives several fellowships to doctors, midwives and medical students to do research, travel abroad to centres of excellence, and gain clinical experience – it has now agreed to work with FIGO to provide some fellowships to enable doctors to come from outside the country to the UK to gain experience for a limited period of time. We look forward to fruitful collaboration on this, and other, activities.



Liz Campbell, Director, Wellbeing of Women

Recognition and celebration

International Women's Day, World Health Day, and the International Day of the Midwife have all recently taken place; FIGO is always keenly supportive of these important global enterprises, and I am grateful to Alexandra Gilpin, our communications contact, for assisting with the issuing of FIGO statements (available on www.figo.org/news/statements).

The 'Women Deliver' (WD) conference is an important event taking place in Kuala Lumpur from 28-30 May 2013, under the phenomenal leadership of WD founder Jill Sheffield. This conference attracts a substantial global mix of policymakers, health administrators, healthcare professionals and women's advocates. FIGO will be attending, and will also participate in the special second Global Midwifery Symposium taking place prior to it, organised by the United Nations Population Fund (UNFPA) and partners. I encourage you all to attend WD, and contribute to its important objectives.

World Congress 2015

Preparations have started in earnest for FIGO's next World Congress, to be held in Vancouver, Canada, from 4–9 October 2015. The 2012 Rome Congress was an enormous success, and I have no doubt that 2015 will also exceed expectations. Dr Abdul Aziz Yahya, Chair of the

Congress Organising Committee, will work closely with Professor Joanna Cain, Scientific Programme Committee Chair, and Dr Mark Heywood, Chair of the Canadian Local Organising Committee and his team. Marta Collins, FIGO's Events and Meetings Manager, will liaise with FIGO's Chief Executive, Professor Hamid Rushwan, and Administrative Director, Bryan Thomas. The Lord Patel has agreed to be our adviser, and we will certainly benefit from his vast knowledge, experience and wisdom. Please keep the dates firmly reserved in your diary, as we would like to see as many colleagues as possible there.

FIGO 'on the ground'

FIGO Initiatives continue apace, as you will see from the updates within this Newsletter. It is most important that FIGO is active at the 'grassroots' level in as many countries as possible, working collaboratively with national societies. This is the priority, and we continue to explore additional opportunities to enhance our activities.

Officers' Meeting, February 2013

The new Officers' group had a stimulating and challenging meeting held over two days in early February. Everyone brought in new ideas to enhance FIGO activities: Professor C N Purandare, President-Elect, on improving our income; Professor Ernesto Castelazo Morales, Vice-President, on closer interaction with national societies; Professor Gian Carlo Di Renzo, Honorary Secretary, on the importance of our expert Committees issuing good practice guidelines; Professor Wolfgang Holzgreve, Honorary Treasurer, on the revenues and matters related to the publication of FIGO's journal, the International Journal of Gynecology & Obstetrics (IJGO); and Professor Gamal Serour, Past-President, on the Alliance for Women's Health, and other partnership activities. These were well received and the resultant proposals will be submitted to the Executive Board for approval and action when it meets in London in mid-June.

Committee Chairs and members were also finalised at the meeting, with care taken to ensure appropriate geographical and gender representation. In future Newsletter issues, we will carry more in-depth reporting on Committee and Working Group activities. All these specialist FIGO bodies – ably co-ordinated by Marie-Christine Szatybelko, FIGO's Senior Administrator and Committee Manager – will regularly keep us in the picture on their myriad of activities, and bring us up to speed with the latest developments in the different spheres of our discipline.

Until I write to you again in September 2013, I wish you a happy and productive year.

Professor Sir Sabaratnam Arulkumaran
FIGO President



Officers' Meeting in progress

CHIEF EXECUTIVE'S OVERVIEW

Dear Colleagues

FIGO finds itself in the first third of 2013 as busy and committed as ever. As mentioned in our post-Congress issue, many new collaborations have arisen from our time in Rome, and the last few months have been spent in much discussion with a variety of agencies and contacts.

Early in January I travelled to Arusha, Tanzania, to join the LOGIC (Leadership in Obstetrics and Gynecology for Impact and Change) Initiative's Technical Advisory Group (TAG) meeting. As the Initiative enters its final year, there were naturally many important issues to be discussed, not least the timely communication of the project's many achievements, and the sustainability of the member associations involved in the LOGIC Initiative and their various project activities.

Tackling the burden of unsafe abortion



L-R: Professor Rushwan, Professor Chaturachinda, Professor Faúndes (IWAC 2013)

In late January, I was invited to Thailand to present at the 2nd International Congress on Women's Health and Unsafe Abortion (IWAC 2013), by Professor Kamheang Chaturachinda, President of the Women's Health and Reproductive Rights Foundation of Thailand (WHRRF), and President of IWAC 2013. A rich and stimulating programme focused on many aspects, including the burden of unsafe abortion; global trends in unsafe abortion; education and training; law, regulation, politics and ethics; and women's health and reproductive rights. FIGO's own Prevention of Unsafe Abortion Initiative – ably spearheaded by Professor Aníbal Faúndes – is at the very forefront of efforts to contribute to the reduction of maternal mortality and morbidity associated with unsafe abortion and to contribute to the reduction of the burden of induced abortion for women.

AFOG: the first meeting

In February, I travelled to Brazzaville, Congo, for an historic first Officers' meeting of the newly established African Federation of Obstetrics and Gynecology (AFOG), hosted by the World Health Organization's Regional Office for Africa (WHO/AFRO). The agenda was an important one, its primary aim being the creation of a cohesive, all encompassing AFOG (see page 8).

March and April were extremely busy months, as I travelled to Maputo and Addis Ababa for fistula accreditation activities (more on page 7); Dubai, for the OBS/GYNE Exhibition and Congress; and



Professor Hamid Rushwan meets the Right Honourable President of Nepal, Dr Ram Baran Yadav, during the NESOG Congress (on the right, Professor Sir Sabaratnam Arulkumaran, FIGO President)

Kathmandu to participate in the Nepal Society of Obstetricians and Gynaecologists' (NESOG) International Conference. In Nepal, we had the honour of meeting with the President of Nepal, who is a physician in his own right. It was an important opportunity to discuss the importance of political commitments as key to the promotion of women's health.

Partnership in action: FIGO, ICM and IPA

FIGO, the International Confederation of Midwives (ICM) and the International Pediatric Association (IPA) are set to lead a multi-stakeholder plan of action to implement the Essential Interventions on maternal and newborn healthcare. The project, funded by the Partnership for Maternal, Newborn and Child Health (PMNCH), will be implemented within two referral level health facilities in two countries and will seek to increase the capacity of obstetricians, midwives and paediatricians to integrate the selected Essential Interventions into clinical practice.

A special feature of this project is the collaboration planned between multiple stakeholders, including the WHO, Ministries of Health, academia, civil society and the private sector. At the end of the project a replicable package of tools for translating international quality of care guidance into practical action for the benefit of women and children in underserved communities will be made available.

More detail will be available very shortly.

New MOUs signed with GLOWM and Wellbeing of Women

As previously mentioned in the President's message, FIGO is very pleased to have signed two new Memoranda of Understanding with the 'Global Library of Women's Medicine' (www.glowm.com) and 'Wellbeing of Women'

(www.wellbeingofwomen.org.uk, a charity dedicated to improving the health of women and babies across the UK).

GLOWM's objectives are to provide medical professionals worldwide with expert, peer reviewed guidance on best practice for women's medicine; to offer a vast range of resources to support doctors, midwives and even community healthcare workers; and to be of special additional value to less-resourced countries, where access to the latest information may not always be easily available. Access to the site is entirely free – it has been funded by the Founders with the support of some recent donors and of over 900 authors who provide their contributions free.

Director of 'Wellbeing of Women', Liz Campbell, said: 'Wellbeing of Women is delighted to be working in partnership with FIGO to improve women's health throughout the world. We believe that our project on training fellowships will improve the transfer of skills between different countries and the work will add to the body of knowledge on women's health. We look forward to developing the detail of this project and making the first awards. We hope that there will be other areas of collaboration which we can develop in time'.

More activities are being scheduled in the next few months for the promotion of FIGO's work, and will be reported on in the next issue.

My very best wishes for a productive and enjoyable few months.

Professor Hamid Rushwan
FIGO Chief Executive

International Federation of Gynecology and Obstetrics

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Readers are invited to send all comments, articles and reports (by email to communications@figo.org or on disk) to the FIGO Secretariat no later than 31 July 2013 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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Denis Robson, Director, African Affairs, Johnson & Johnson Medical UK

Denis Robson is a long-serving employee of Johnson & Johnson (www.jnj.com), with almost 40 years' service. Through his current position as Director for African Affairs in the division of Corporate Social Responsibility, Denis develops collaborative partnerships on behalf of Johnson & Johnson with a number of stakeholders involved in the field of health workforce capacity-building.

Q and A with Denis Robson, Director, African Affairs, Johnson & Johnson Medical UK

Denis, what is your ongoing relationship with FIGO?; how do you see the FIGO-Johnson & Johnson collaboration progressing?

In 2010 Johnson & Johnson answered the UN Secretary General's *Every Woman Every Child* call to action to accelerate progress toward the Millennium Development Goals, pledging to reach 120 million women and children each year

through 2015. To fulfil this pledge, Johnson & Johnson expanded its maternal and infant health programmes, and one important example was partnering with FIGO in the *Campaign to End Fistula* to fund the Fistula Fellowship surgical training programme, which is at the heart of FIGO's fistula capacity-building work. Our approach to obstetric fistula is to focus on breaking the cycle by addressing prevention, training and treatment. Together with FIGO, we hope to identify existing programmes that require support and work with them to build their capacity to serve patients. Additionally, our partnership will focus on increasing fistula awareness within the professional societies to attract more trainees.



Denis with colleagues: L-R: Professor Oumarou Sanda Ganda (Niger); Denis Robson (J&J); Patricia English (FIGO Fistula Project Co-ordinator); Professor Serigne Magueye Gueye (Sénégal); Edoé Viyomé Sewa (Togo, former competency-based obstetric fistula surgery programme fellow)

Describe a typical working day in the busy schedule of Denis Robson

My work is immensely satisfying and really varied, but a common thread is communicating daily with the multiple NGO health partners that receive resources from Johnson & Johnson's corporate contributions fund. I try to extend the reach of our products and cash-giving by introducing thought leadership to help shape and guide our partners' programmes. They appreciate the business experience that I bring to their discussions – for example, the use of

metrics and evaluation to drive progress and achieve maximum impact.

Why do you do this job?

I was very fortunate to enjoy a successful 35-year role in Medical Devices for Johnson & Johnson in the Middle East and Africa, and have regularly been impressed by the way we put the words of our credo into action. This has now given me the opportunity, through our Corporate Contributions programme, to give something back to a part of the world that has been such a big part of my life. For five years now I have had the dream job of sharing our resources to build health workforce capacity by bringing the latest knowledge and education technology to improving lives, particularly the lives of women and children.

FIGO welcomes new addition to Finance team

FIGO would like to welcome Katarzyna Majak ('Kasia') to the role of FIGO Finance Assistant, based at the FIGO Secretariat headquarters in London.

Kasia joined FIGO from Aramark, subcontractor for PricewaterhouseCoopers, where she worked for five years, the last two as a Financial Administrator. Her role encompassed book-keeping, financial reporting, liaising with company accountants/headquarters, and HR activity.



Katarzyna Majak

She said: 'I am delighted to be joining such a high profile and well regarded global organisation, and I am really looking forward to working with colleagues, both here at the Secretariat and internationally, on a variety of projects and activities.'

IJGO continues success in 2012



IJGO Editorial Board Meeting 2013

FIGO's official publication, the *International Journal of Gynecology & Obstetrics* (IJGO), continued its success in 2012.

The current Impact Factor of 2.045 is its highest to date and a considerable achievement. The 2012 Impact Factor will be released in June 2013.

Clare Addington, Managing Editor, said: 'In 2012, the Journal received 1,292 submissions and published around 300 items, including three sets of important FIGO Guidelines: prevention and treatment of post-partum haemorrhage in low-resource settings (May 2012); management of the

second stage of labour (November 2012); and prevention and treatment of post-partum haemorrhage with misoprostol (December 2012).

'The Congress year saw publication of five IJGO Supplements, including the first edition of the FIGO Cancer Report (print copies can be purchased from the Secretariat by enquiring at figo@figo.org), and the World Report on Women's Health (available for free download at www.ijgo.org). A successful and well-attended Author Workshop, titled "An Insider's Guide to Getting Published", was held during the XX FIGO Congress. An increase in submissions was evident after the Workshop, and the presentation slides are available in the IJGO section on the FIGO website.'

The annual meeting of the IJGO Editorial Board convened in London in February 2013 and was attended by its Editor, Dr Timothy Johnson; Associate Editors; members of the Editorial Office; and representatives from FIGO and the publisher, Elsevier. The process to recruit a new Editor was discussed following Dr Johnson's agreement to extend his term until September 2014. The Guide for Authors has been overhauled and detailed submission requirements are available to improve the quality of submissions and assist authors in maximising their chances of getting published.

2013 will see the publication of papers originating from the Alliance for Women's Health Pre-Congress Workshop – held prior to the XX FIGO Congress - as a Supplement to the IJGO. Several additional supplements are in the pipeline, including those originating from FIGO project work (eg the LOGIC and Misoprostol for Post-Partum Haemorrhage Initiatives).

Clare Addington continued: 'The IJGO continues to go from strength to strength, in both quantity and, more importantly, in the quality of submissions. Author feedback is extremely positive, with the Journal averaging higher author satisfaction scores than many of its competitors.

'The increased Impact Factor will help boost recognition of the IJGO and its niche among women's health journals.'

AOGU committed to MPDRs

– an update on the LOGIC Initiative's activities

The FIGO LOGIC (Leadership in Obstetrics and Gynecology for Impact and Change) Initiative in Maternal and Newborn Health (MNH) works towards improving MNH policy and clinical practice in eight countries in sub-Saharan Africa and Southern Asia by supporting participating FIGO Member Associations (MAs) to facilitate and contribute to better health for women and newborns in their respective countries.

Here, **one of the MAs** participating in the LOGIC Initiative provides insights into its work: the **Association of Obstetricians and Gynaecologists of Uganda (AOGU)** reports on Maternal and Perinatal Death Reviews.

Improving the health of mothers and babies through Maternal and Perinatal Death Reviews in Uganda

The Association of Obstetricians and Gynaecologists of Uganda (AOGU) is working with the Ugandan Ministry of Health (MoH) and other partners to implement Maternal and Perinatal Death Reviews (MPDRs) across Uganda. AOGU recently agreed a Memorandum of Understanding with the MoH, which, among other things, will give AOGU the responsibility for overseeing the implementation of MPDRs in Uganda.

The facility-based MPDRs enable hospitals to investigate the causes and circumstances surrounding maternal deaths and perinatal deaths (the period immediately before and after birth) and to take appropriate action to prevent future deaths.



Staff and the deputy executive director at the national referral hospital, Mulago, in Kampala, listen to an AOGU presentation on MPDRs

Maternal and neonatal mortality in Uganda

The maternal mortality ratio in Uganda is 310 maternal deaths per 100,000 live births (WHO 2012). The neonatal mortality rate is 28 deaths per 1,000 live births. Newborn deaths account for about 33 per cent of under-five mortality in Uganda (UNICEF 2012). The high levels of maternal and newborn deaths in Uganda are of great concern to the Government of Uganda, and the Government is working with partners to tackle maternal and neonatal mortality in the country. However, to be able to achieve Millennium Development Goal (MDG) 4, to reduce child mortality, and MDG 5, to improve maternal health, improved information on why mothers and newborns are dying is needed to better understand how to improve maternal and newborn health in Uganda.

MPDR support to hospitals and revision of tools

AOGU has been training service providers at regional referral hospitals in how to conduct MPDRs since 2007. However, AOGU has been supporting one national hospital (Mulago) and two regional referral hospitals (Masaka and Mbarara) as part of FIGO LOGIC since 2009. This includes helping the hospitals to conduct quality

MPDRs and to act on the information and recommendations coming out of this process. AOGU is also providing training and support to other hospitals, including in the Kabarole, Kibaale, Kamwenge and Kyenjojo districts.

AOGU is an active member of the National MPDR Committee, which includes key partners working on MPDRs in Uganda. AOGU has, for example, updated MPDR tools for Uganda, which have been approved by the National MPDR Committee and are available for national and regional referral hospitals to use online. AOGU is currently working with partners on the National MPDR Committee to develop a MPDR training curriculum.



Staff at Kabarole hospital meet to review maternal and perinatal deaths at the hospital

MPDR findings

The purpose of the MPDRs is to learn lessons from the death of a mother and/or a baby immediately before or after birth and translate those lessons into recommendations and service improvements, thereby preventing future deaths.

AOGU has compiled and analysed MPDR data from the AOGU/FIGO LOGIC supported hospitals from 2009 to 2011. The data confirmed that maternal deaths are largely preventable and women were dying of causes such as post-partum haemorrhage, obstructed labour, sepsis and HIV-related complications. Mothers also tended to die at times when the midwives were changing shifts and appropriate handovers were not done. Hospitals also tended to be short of supplies towards the end of the fiscal year when funds are in short supply. The outcome for the foetus and the number of live births were often not appropriately recorded on the MPDR forms. Many pregnant women did not attend appropriate antenatal care (ANC). The hospitals therefore need to take appropriate action to tackle these issues (AOGU 2012).

The MPDR teams at the hospitals made over 500 recommendations, which included thematic areas such as health systems strengthening (eg increase in staff levels and access to blood and other supplies); development and use of protocols, including on use of the partogram and management of the critically ill; improved referral; improved documentation; and community mobilisation to tackle late access to healthcare, including ANC, importance of skilled birth attendance and contraceptive use (AOGU 2012).

AOGU has also been working with partners in the National MPDR Committee to analyse MPDR

reports from a number of hospitals in Uganda between 2009 and 2011. This analysis showed that the major underlying factors causing the deaths of mothers and newborns were related to weaknesses in the health system, such as inadequate numbers of health workers; lack of supplies; lack of transport between health facilities; and the delay in performing caesarean sections (National MPDR Committee 2012).

A lot of work still remains to be done to improve and expand MPDRs across Uganda. However, AOGU is committed to contributing expertise and to work with the MoH and other key partners to improve health services and reduce maternal and neonatal mortality through MPDR processes.

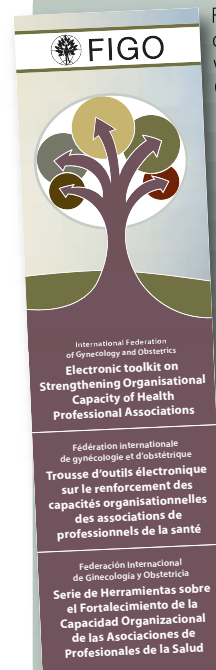
Dr Jolly Beyeza-Kashesya is the Project Co-ordinator and Dr Daniel Murokora is the Project Supervisor for LOGIC.

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FIGO LOGIC Toolkit – organisational capacity development resources for health professional associations

Launch of FIGO LOGIC Toolkit



FIGO LOGIC has developed, in collaboration with the Society of Obstetricians and Gynaecologists of Canada (SOGC), an electronic Toolkit with organisational capacity strengthening resources and tools for health professional associations.

The Toolkit brings together a collection of information, resources and tools for anyone interested in fostering organisational change within a health professional association, either through the conduct of occasional activities or by initiating a more thorough capacity building process.

Using the Toolkit will lead to better understanding of what makes an organisation strong; what the different

elements of organisational capacity building are; how a change process can be initiated; and how practical activities can be conducted to support such change processes.

The Toolkit is available in English, French and Spanish at www.figo-toolkit.org.

Misoprostol for Post-Partum Haemorrhage (PPH) in Low-Resource Settings Initiative – an update on activities

Phase II of this Initiative (March 2013–September 2014) is in progress, and being overseen by a new Project Manager, Upeka de Silva, who will be profiled in the next issue.

Promoting the use of misoprostol for the treatment of post-partum haemorrhage – WHO EML set for update

In April 2013, the 19th Expert Committee on the Selection and Use of Essential Medicines met in Geneva to update the World Health Organization (WHO) Model List of Essential Medicines (EML) for both adults and children. An application for inclusion of misoprostol (800 mcg sublingual) on the EML for treatment of post-partum haemorrhage (PPH) was submitted by Gynuity Health Projects and will be considered by the Expert Committee during the meeting.

The application sets out the latest evidence demonstrating that where standard uterotonics are not available or their administration is not feasible, misoprostol, a synthetic E1 prostaglandin analogue, may be the only technology available to control PPH, thereby making it an ideal medicine to add to the package of interventions available to providers, particularly in low-resource settings.

In support of this application and informed by the latest WHO and FIGO guidance relating to the use of misoprostol for the treatment of PPH, FIGO submitted a letter to the Expert Committee endorsed by 43 experts and partner organisations and is awaiting the Committee's final decision.

For more information on the EML, see www.who.int/selection_medicines/en/

FIGO experts attend SAGO Congress

In collaboration with Gynuity Health Projects, Jhpiego, Child Fund Senegal and the Rwandan Ministry of Health, an expert panel session on the management of PPH was held at the XII Congress of the Société Africaine de Gynécologie-Obstétrique (SAGO)/IV Congress of the Société de Gynécologie et Obstétrique du Niger (SGON), in Niger, which brought together over 1,000 delegates from Francophone Africa.

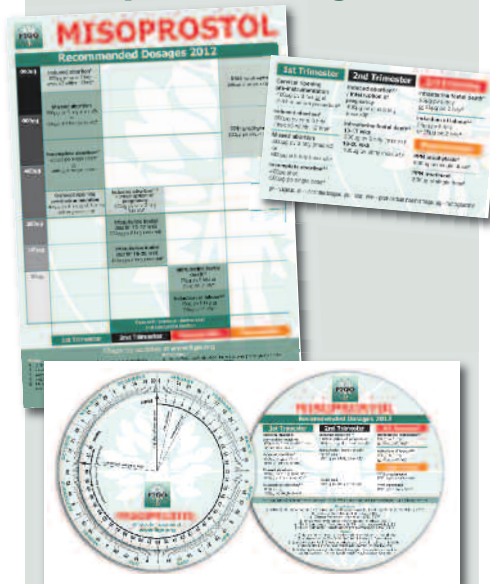
During the panel session, which was well attended by senior representatives from the region's maternal health community, Professor Robert Leke, President of the Society of Obstetricians and Gynaecologists of Cameroon, a FIGO member association,

discussed FIGO's work on using misoprostol for the prevention and treatment of PPH, and promoted the French versions of the latest FIGO guidelines on the same.



SAGO 2013

New tools available on misoprostol dosages



As part of an ongoing effort to ensure the safe and effective use of misoprostol at different gestational ages, user-friendly guidelines on the recommended dosages of misoprostol based on current evidence were produced in 2012 and are available online in English, French, Portuguese and Spanish (www.figo.org/projects/figo-misoprostol-post-partum-haemorrhage-low-resource-settings-initiative).

An accompanying resource kit, which includes a gestational calendar, a dosage reminder card and a sticker to place on the wall of a clinical area, is also available in English, French and Spanish (contact figo@figo.org for more details).

A pledge to increase access to life-saving commodities

At the 2012 ministerial meeting of the United Nations Commission on Life-Saving Commodities for Women and Children, health ministers from seven African countries (Democratic Republic of Congo, Ethiopia, Nigeria, Senegal, Sierra Leone, Tanzania and Uganda) committed to speed up access to and use of 13 life-saving commodities, including misoprostol, to all women and children in their countries by 2015.

Their pledge, particularly to review the status of the life-saving commodities, as well as opportunities, bottlenecks and gaps in their respective countries, and to engage national stakeholders in these efforts, presents important opportunities for FIGO affiliates to promote the use of misoprostol for preventing and treating PPH.

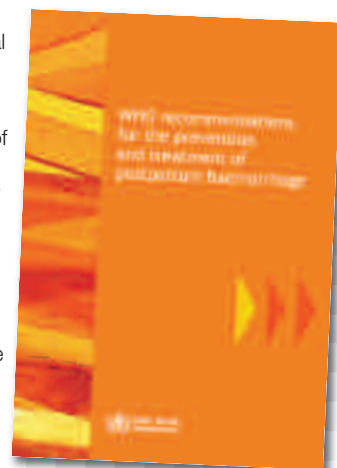
For more information on the UN Commission, visit: www.everywomaneverychild.org/resources/un-commission-on-life-saving-commodities

Resources:

The latest WHO recommendations on preventing and treating post-partum haemorrhage.

Available at www.who.int

This document establishes general principles of PPH care and is intended to inform the development of clinical protocols and health policies related to PPH. Of particular note are the two recommendations relating to the use of misoprostol which reinforce the previous FIGO statements on the same (available at www.figo.org)



Misoprostol for the prevention of PPH

Recommendation 4

In settings where skilled birth attendants are not present and oxytocin is unavailable, the administration of misoprostol (600 µg PO) by community healthcare workers and lay health workers is recommended for the prevention of PPH.

Misoprostol for the treatment of PPH

Recommendation 14

If intravenous oxytocin is unavailable, or if the bleeding does not respond to oxytocin, the use of intravenous ergometrine, oxytocin-ergometrine fixed dose, or a prostaglandin drug (including sublingual misoprostol, 800µg) is recommended.

Scaling up Misoprostol for Postpartum Haemorrhage: Moving from Evidence to Action.

Available at www.familycareintl.org

This policy brief, published in 2012 by Family Care International, in partnership with Gynuity Health Projects, PATH and FIGO, explores strategies to help governments and partners improve maternal health by expanding access to misoprostol for PPH.



Fistula Initiatives gain ground in 2013

By Patricia English, Project Co-ordinator

The FIGO Competency-Based Obstetric Fistula Surgery Training Programme entered a new phase in this quarter as grants with both UNFPA and EngenderHealth came to a successful conclusion. Our partnership with two strong organisations that have a truly global reach paved the way for the identification and accreditation of nine training centres in eight countries. Now, with our current partners, The Fistula Foundation and Johnson & Johnson, the focus of the project has made the natural transition from establishing training centres to the monitoring, evaluation and strengthening of the fellowship programme.



Founder Catherine Hamlin with CEO Martin Andrews (Hamlin Fistula Hospital) and the FIGO Chief Executive



Fistula education

the training programme and to learn more about the obstetric fistula care services available to women in sub-Saharan Africa.

At the WACS meeting in Lomé, the project



Dr Sohier Elneil, of the Fistula Committee, with Dr Justus Baragine

coordinator participated in a panel session designed to provide information about the competency-based training manual and the competency-based training fellowship programme. Dr Edoé Viyomé Sewa of Togo had recently completed his training with Professor Serigne Magueye Gueye in Sénégal, so he was able to provide more than 50 participants with a first-hand account of the training programme. Additionally, Professor Gueye, Professor Oumarou Sanda Ganda (Niger) and Denis Robson (Johnson & Johnson) spoke about the training programme in West Africa, classification of obstetric fistulae, and the role of corporations in addressing global maternal health.



Operating theatre in Mulago National Referral Hospital

GLOBAL TRAINING PROGRAMME OBJECTIVES

1. To enable dedicated physicians to acquire knowledge, skills, and professionalism needed to prevent obstetric fistulae and provide proper surgical, medical, and psychological care to women who have incurred fistulae, whether during childbirth or because of inflicted trauma
2. To avail needed fellowships for trainees to acquire competency-based training in recognised training centres using a standardised training curriculum
3. To increase the number of equipped training and service centres for fistula care in countries where the condition is prevalent
4. To provide a reliable data collection system in fistula centres to assist in proper monitoring and evaluation, and research

In April, global stakeholders – including surgeons and donor agency representatives – came together in London to discuss issues related to the further development of the obstetric fistula surgical training programme. Among the issues discussed was the strengthening of a comprehensive post-training mentoring programme to support the further development of fellows as both obstetric fistula surgeons and as advocates for a continued focus on the care needs of women living with the condition. To date, fellows from Bangladesh, Togo and Nigeria have completed the residential training programme. In the coming months, fellows from Nepal, Madagascar and the Central African Republic will undergo training at one of the eight accredited centres in sub-Saharan Africa.

The road ahead

The obstetric fistula group will be heading to Nairobi to conduct a Training of the Trainers session with one of the accredited training centres. The ToT, which will include obstetric fistula surgeons from several hospitals in Uganda, provides an opportunity for the surgeons to gain a deeper understanding of the competency-based training model.

PPH and PE/E: FIGO taking action to promote best practice guidelines

FIGO project for promoting advocacy for better practices in post-partum haemorrhage and pre-eclampsia and eclampsia.



Dr Fawzi (centre, second row)

In January 2012, USAID approved – through JHPIEGO, under the MCHIP programme – a sub-agreement over a 20-month period to advocate for and implement best practice guidelines on post-partum haemorrhage (PPH) and pre-eclampsia/eclampsia (PE/E) at the institutional level in six low-resource countries.

FIGO commissioned Dr Hani Fawzi to act as an international consultant over the lifetime of the project – he is a consultant obstetrician/gynecologist and public health specialist working for the South Tyneside National Health System (NHS) Hospital in the United Kingdom. He is also a Director of Medical Education.



Workshop in progress

Dr Fawzi has now facilitated workshops in Uganda, Mozambique, Nigeria, and Nepal. In each country, he met with senior representatives of national professional associations and facilitated a meeting of opinion leaders (assembled by the national association) to discuss existing protocols, barriers/challenges, and mechanisms for strengthening advocacy for, and implementation of, best practices in PPH- and PE/E-care. In all cases, the participants were able to finalise a list of participating institutions and respective outcome measures to be monitored during the lifetime of the project.

Dr Fawzi is currently working with associations in Ethiopia and India to plan the PPH and PE/E workshop. Following completion of the workshops in the six identified countries, he will continue to work with national co-ordinators identified by the national associations to develop and implement project activities.

Historic ruling on Costa Rica reproductive health technology ban

In December 2012, the Inter-American Court of Human Rights (IACHR) ruled that Costa Rica's reproductive health technology ban violated the right to privacy, liberty, personal integrity and form a family, as recognised under international law. The court also found that obstructing access to reproductive health services violated the right to be free from discrimination.

Dr Fernando Zegers-Hochschild, a member of the **FIGO Committee for Reproductive Medicine**, explained the historic developments, and his contribution to the final ruling:



'This has been a decade of perseverance, a journey full of frustration for 18 couples in their quest for their reproductive rights. In this long journey, they were accompanied by professionals from Costa Rica, and our Latin American network, as well as several human rights organisations. It took ten years to reach the Inter-American Court of Human Rights, and now we have an overwhelming and robust verdict. In my understanding, its robustness results from the establishment of a judiciary and human rights decision based on, and making specific reference to, biomedical scientific evidence. I believe this is quite unique and provides extra strength and universality to this ruling.

'I was privileged to be part of this historic moment, and after presenting at the Court and being examined by the judges, the government, the Inter-American Commission and the lawyers, I realise how important it is to bridge science with the public, and the genuine interest there is from lay people to learn how nature operates and how this applies in the technology we have developed. I was thrilled to realise the genuine interest the judges expressed while learning how reproduction works. I believe it is our challenge to translate science into the public domain in a friendly and rigorous way, and empower women and men, in order to defend human rights issues.'

Dr Zegers-Hochschild added: 'It is an honour for me to work in the FIGO Committee for Reproductive Medicine under the direction and guidance of my friend Dr David Adamson. We are making strong contributions to help women and men in low-resource environments have access to reproductive care.'

Summary of the Ruling

Assisted Reproductive Technology (ART) is practiced worldwide as a treatment for infertility, with an estimated five million babies born as a result of this revolutionary technology. Furthermore, the latest calculations communicated by the International Committee for Monitoring ART (ICMART) indicate that 1.6 million cycles are initiated every year and result in the birth of approximately 400,000 babies.

The latest survey by the International Federation of Fertility Societies (IFFS) reports that 105 countries use ART as treatment for infertility. In this global context, Costa Rica has been the only country in which a Supreme Court ruled against the use of ART by declaring it illegal. In doing so, the Costa Rica Court reasoned that IVF risked the right to life of human embryos, which were entitled to protection as actual persons. This, ruled the Supreme Court of Costa Rica, was established both in their own legislation and in Article 4.1 of the Inter-American Convention of Human Rights written in 1969 and signed by countries in the Americas. This article says that, *'Every person has the right to have his life respected. This right shall be protected by law and, in general, from the moment of conception. No one shall be arbitrarily deprived of his life'*.

After almost 10 years of appeals to local and regional courts, in September 2012 the case reached the IACHR. As independent Expert to the Court, it gives me great pleasure to provide a brief comment on the verdict that was made public on 20 December 2012. In its verdict, the Court obliges Costa Rica to restore ART as lawful treatment for infertility, and make it available through the national health system as an expression of non-discrimination against infertile people who cannot pay.

It further obliges the government to provide victims (couples who remained infertile because of the prohibition) with financial compensation and psychological support for four years. It also obliges the government to publicise the complete

verdict in the written mainstream press and to train personnel working in the legal apparatus of the government in the concepts involved in reproductive rights.

The IACHR went on further in its verdict and explicitly stated that:

- 1 Reproductive rights are part of human rights, and the right to found a family and the right to privacy and autonomy to live one's life must prevail.
- 2 Infertility is a disease (World Health Organization), which generates disability. In this context, prohibiting IVF represented discrimination against persons with a disability.
- 3 With respect to the interpretation of Article 4.1, the Supreme Court of Costa Rica used conception as a synonym of fertilisation and defined personhood from fertilisation onwards. Thus, a zygote was entitled to similar rights to actual persons, and as a corollary to this reasoning, since embryos could die as a consequence of IVF, this technology unlawfully risked the right to life of embryos. In its verdict, the IACHR explicitly recognises to the contrary that personhood and the rights to protection are acquired gradually throughout biological development. The Court then defined 'conception' as the period which starts with embryo implantation. Thus, the owner of the right to life is the pregnant woman, not the embryo, and the protection to which embryos are entitled is accomplished through the protection of pregnant women.
- 4 The right to conceive and raise children should not be jeopardised by laws or regulations that are directed towards the protection of embryos.

In its ruling, the Court specifically recognised the diversity by which personal beliefs determine each one's life, but at the same time it establishes without hesitation that the rights to found a family, have autonomy and not be discriminated against are human rights to which all people are entitled. This historic decision by the IACHR will open new avenues in the defence of women's rights in the Americas, and may well have global implications.

This summary was prepared by Dr Fernando Zegers-Hochschild (FIGO Committee for Reproductive Medicine), Program of Ethics and Public Policies in Human Reproduction, University Diego Portales, Santiago, Chile

First AFOG Officers' meeting takes place in Brazzaville

The first Officers' Meeting of the African Federation of Obstetrics and Gynecology (AFOG) took place in Brazzaville, Congo, from 11–13 February 2013.



Back L-R: Elnahas, Ketsela, Ladipo, Alihonou
Front L-R: Goolab, Sambo, Rushwan, Gebrehiwot, Nkurunziza

(courtesy of WHO/AFRO)

Participants were: President: Dr Yirgu Gebrehiwot, (Ethiopia); Vice President: Professor Eusèbe Alihonou (Benin); President Elect: Professor Oladapo Ladipo (Nigeria); Honorary Secretary: Dr Amir Elnahas (Sudan); Honorary Treasurer: Professor Bhaskar Goolab (South Africa); Dr Luis Sambo, Regional Director, WHO AFRO; Dr Tigest Ketsela, Director, Health Promotion, WHO AFRO; Dr Triphonie Nkurunziza, Family & Reproductive Health Cluster (FRH) Programme Area Co-ordinator; and Professor Hamid Rushwan, FIGO Chief Executive.

The meeting was sponsored by the WHO Regional Office for Africa (WHO/AFRO).

Professor Hamid Rushwan, FIGO Chief Executive, said: 'The AFOG Officers discussed all relevant matters with regard to the organisation,

such as the structure of the Secretariat office, future fundraising events and the forthcoming first FIGO Africa Regional Conference in Addis, Ababa (2–5 October 2013). It was also decided that AFOG would hold its first Regional Meeting at the end of 2014.'



Meeting in progress

(courtesy of WHO/AFRO)

FIGO and FOGSI join forces at 56th AICOG

By Dr Narendra Malhotra



L-R: Professors Bhattacharya, Purandare and Arulkumaran

The 56th All India Congress of Obstetrics and Gynecology (AICOG), the annual congress of the Federation of Obstetric and Gynaecological Societies of India (FOGSI), was held in Mumbai from 16–20 January 2013. With over 11,000 delegates attending, this was the largest ever conference of its specialty in India. The

scientific programme was conducted in seven theme-based halls over three days.

As is the annual tradition, AICOG hosted, as part of its scientific programme, international sessions in partnership with FIGO, AFOG, SAFOG and RCOG. This year these sessions were also theme-based and planned in a partnership scientific committee – this ensured that the sessions were delegate-centric and aimed at the practicing clinician by addressing issues related to daily clinical practice. The FIGO session – ‘FIGO Guidance in Clinical Practice’ – was formatted jointly by Professor Sir Sabaratnam Arulkumaran, FIGO President; Prof Luis Cabero-Roura, Chair of the FIGO Committee for Capacity Building in Education and Training; and Dr Nozer Sheriar, Chair of the 56th AICOG Scientific Committee.

The FIGO session was chaired by Dr Hema Divakar, FOGSI President; Dr Nozer Sheriar,



Dr Narendra Malhotra

FOGSI Secretary General; and Dr Narendra Malhotra, representative of FOGSI to FIGO. In this session, the FIGO President spoke on the ‘FIGO Guidelines on Management of the Second Stage of Labour’; Professor C N Purandare, FIGO President Elect, on the ‘FIGO Guidelines on Prevention and Management of PPH’; and Professor Siladitya Bhattacharya on ‘The FIGO Fertility Tool Box™’.

Over 550 participants attended this highly informative and interactive session, with delegates standing in the aisles. FOGSI believes that such sessions are excellent channels through which FIGO can reach out to member associations at national conferences.

FOGSI Workshop puts ASRH in spotlight

By Dr Roza Olyai, Chairperson, FOGSI Adolescent Health Committee; Vice President Elect, FOGSI 2014

The Federation of Obstetric and Gynaecological Societies of India’s (FOGSI) Adolescent Health Committee Workshop – during AICOG 2013 – was an enormous success, attracting an excellent number of participants.



Dr C N Purandare, FIGO President-Elect

The first session was chaired by Professor Dr Alka Kriplani, HOD AIIMS, Delhi, and Professor James Walker, Senior Vice President of the UK’s Royal College of Obstetricians and Gynaecologists (RCOG).

Due to an important unforeseen FIGO

commitment, FIGO’s Chief Executive, Professor Hamid Rushwan, was unable to attend, but his presentation was ably delivered by Dr C N Purandare, FIGO’s President-Elect: ‘Adolescent Sexual and Reproductive Health: the Global Issues’. We are very grateful to Professor Purandare.

The second session was chaired by Professor Walker, Dr Duru Shah (FOGSI Past President and former FIGO representative) and Dr Milind Shah (former FOGSI Vice President).

Professor Lesley Regan, Chair of the FIGO Committee for Women’s Sexual and Reproductive Rights, spoke on the topic of: ‘Adolescent health issues in the UK – the need for prevention and a life skills’ approach to women’s health’.

‘Adolescence’ magazine issue 08 was released in the presence of the invited guest speakers and faculty members by Dr Narendra Malhotra – FOGSI past president and representative of FOGSI to FIGO – who praised the Committee’s work and encouraged members in their continued good efforts.

At conclusion, Dr Olyai shared an overview of the Adolescent Health Committee activities of which she has been Chairperson since 2009. This was followed by a special awards ceremony for the advisors and members of the Committee.

Special thanks were given to FIGO Chief Executive, Professor Hamid Rushwan, and FIGO President, Professor Sir Sabaratnam Arulkumaran, under whose guidance the Committee actions its projects.



Dr Roza Olyai (in red, 4th from left) and the ‘Adolescence’ magazine



Professor Lesley Regan



Workshop attendees

FOGSIANS convene at FIGO World Congress 2012



A large contingent of FOGSI members (‘FOGSIANS’) was present at the 2012 Rome Congress in October.

Many presented papers and posters and also participated in the main Congress as speakers and chairpersons. A FIGO-FOGSI symposium was also held.

A special FOGSI night was organised as a cultural showcase and was attended by over 400 guests – including the Indian Ambassador to Rome – from various countries.



(All photos courtesy of FOGSI)

Young professionals benefit from 2012 FIGO/Chien-Tien Hsu Fellowships

In 1992, the Chien-Tien Hsu Research Foundation and FIGO established a fellowship to enable young obstetricians and gynecologists beginning a career in gynecologic oncology to attend the FIGO World Congress and to visit a gynecologic centre (in a country usually where a FIGO Congress is being held). A grant of US \$5,000 is awarded to each successful applicant.

Chien-Tien Hsu was Professor of Obstetrics, Gynecology and Biochemistry at the Taipei Medical College and, subsequently, Professor of Obstetrics and Gynaecology at the National Yang-Ming Medical College, both in Taipei, Taiwan. He became internationally renowned for his work in radical surgery for cervical cancer, and served on many FIGO Committees, most notably on its Oncology Committee. Following his death in 1992, the FIGO/Chien-Tien Hsu Fellowship was established in his honour and memory.

In 2012, the two successful Fellowship applicants were Dr Samir Hidar (Tunisia) and Dr Eun Ji Nam (Korea), and they report here on their successful activities.



Dr Samir Hidar

Dr Samir Hidar

Attending the 20th FIGO World Congress was extremely beneficial for me. Many communications were of great interest in the pelvic oncologic field.

The role of initial surgery versus neoadjuvant chemotherapy in advanced ovarian cancer was brilliantly debated. The main interest of these communications was the critical review of the published data.

Despite our published data concluding that initial chemotherapy and surgery in advanced ovarian cancer were equivalent, we had a staff discussion in the department on what I heard and learned in the Congress regarding the absolute necessity of rigorous initial evaluation before concluding non initially operable advanced ovarian cancer.

A very interesting chapter dealt with ovarian borderline tumours (or those with low malignant potential), and the place of the conservative approach. Finally, the place of different surgical approaches in early ovarian cancer was discussed.

From the data presented in the Congress and the available literature our team decided to continue the 'laparotomy approach', since it seems the

most reliable and reasonable option in our context.

Recurrent ovarian cancer and the place of surgery in this situation was discussed. From the presented data, it seems that secondary cytoreductive surgery can be of benefit for patients with a long disease-free interval and in whom the number of recurrence sites are low. Here again, the residual disease after secondary cytoreduction surgery is an independent prognosis factor.

The Fellowship was held over five days in November 2012, at Hôpital Européen Georges-Pompidou, Paris, France, and was overseen by Professor Fabrice Lecuru.

Day one (operating room):

- Pelvic oncologic surgery: laparoscopic cervical cancer; total radical hysterectomy and lymphadenectomy
- Breast cancer surgery: conservative approach with primary oncoplastic surgery

Day two (operating room):

- Laparoscopic pelvic surgery; laparoscopic ovarian tumour
- Breast cancer surgery: conservative approach with sentinel node detection (dual method)
- Meeting: 'How to improve patient management and obtain official certification in breast cancer and pelvic oncologic surgery: the French (AP-HP) model'

Day three (attending conferences as part of the SFSPM annual meeting):

- Initial experience with a new therapeutic scheme in breast cancer: neoadjuvant chemotherapy; radiotherapy; modified radical mastectomy with immediate breast reconstruction; the French experience
- Initial experience with acellular dermal matrix in oncologic surgery reconstruction

Day four (operating room):

- Pelvic robotic surgery:
 - Radical hysterectomy
 - Modified extrafascial hysterectomy with sentinel lymph node detection (endometrial cancer)

Day five:

- Meeting: 'How to evaluate researchers and oncologic publications: the French experience with SIGAPS (Système d'Interrogation de Gestion et d'Analyse des Publications Scientifiques)

During the stay we also discussed co-operation between our two units, and Professor Lecuru agreed to on-site oncologic surgery and to take part in the teaching of our certificate held in April 2013 in Sousse-Tunisia.

I would like to thank the Selection Committee for the FIGO/Chien-Tien Hsu Fellowship in Gynecologic Oncology and the Chien-Tien Hsu Cancer Research Foundation for giving me this opportunity to enhance my skills and knowledge in the gynecologic oncologic field as a hospital practitioner and teacher. I would also like to thank Professor Lecuru for his warm welcome, and Ms Marie-Christine Szatybelko at FIGO for her assistance.



Dr Eun Ji Nam

Dr Eun Ji Nam

This symposium was the first symposium that I have ever participated in.

I received the Chien-Tien Hsu Fellowship in 2012, which was a delightful coincidence as the Head of the Ob/Gyn Department at my hospital, Professor Young Tae Kim, received the same Fellowship 15 years ago and attended the FIGO Congress in Denmark that year. He is now among the most renowned gynecologic oncologists, especially in the field of robotic surgery. This opportunity comes as an honorable experience, and I am grateful to have had the chance to gain the most updated knowledge related to my research interests and meet international collaborators from all over the world.

Most of all, I was surprised by how many people participated from various countries. There were many colleagues from developing countries, and the fact that there were many important discussions concerning women's health in developing nations was striking. South Korea is a nation that has recently become a part of the OECD (Organisation for Economic Co-operation and Development), and has advanced immensely in the field of healthcare. Despite this, however, this symposium provided me with an excellent opportunity to gain understanding about the current state of healthcare in developing nations, and motivated me to contribute further to the field.

The surgery sessions that were broadcast live from various hospitals were both impressive and informative. I felt as if I were actually sitting in on surgeries first-hand at state-of-the-art institutions. I was especially impressed with the rotating sessions from Germany's GOG (Gynecologic Oncology Group). The video was very clear despite a long-distance network, and the featured surgeon's skills were noteworthy and educational.

Thanks to the FIGO/Chien-Tien Hsu Fellowship in Gynecologic Oncology, I was able to receive training at a large institution in Italy. In my case, I was assigned to Professor Scambia at Gemelli Policlinico, where I was given the opportunity to observe surgical cases. It was an exciting experience to be an observer in a familiar, yet novel, environment halfway around the globe. Also, the Professors and residents were very friendly and were eager to teach me. The surgical rooms were well-equipped and the techniques that I saw were impressive.

I was able to gain a fantastic experience in Italy thanks to this Fellowship – to grow and learn as a medical professional. I am thankful to FIGO for bestowing upon me such a unique and enriching experience.

FIGO rolls out landmark 2013 Regional Conferences

A new FIGO initiative – joint Regional Conferences, involving affiliate Regional Federations – will take place during the period between World Congresses, providing the opportunity for collaborative activities, capacity building and educational benefits to colleagues, member societies and Regional Federations.

The first Conference took place between FIGO, FLASOG (Federación Latinoamericana de Sociedades de Obstetricia y Ginecología) and FECOLSOG (Federación Colombiana de Obstetricia y Ginecología), in Cartagena de Indias, Colombia, from 1–4 May 2013 – a report will be included in the next issue.

The second event, the 1st FIGO Africa Regional Conference, involving FIGO, the African

Federation of Obstetrics and Gynecology (AFOG) and the Ethiopian Society of Obstetricians and Gynecologists (ESOG), will be held in Addis Ababa from 2–5 October 2013. This event will cover many high profile topics relevant to the promotion of women's health in Africa, as well as being an important occasion on which to formally introduce AFOG to the professional community.

Chief Executive, Professor Hamid Rushwan, explained: 'The Africa Regional Conference in Addis Ababa will be a timely collaborative enterprise, attracting high profile speakers and a broad range of delegates from many countries. We encourage all those with a particular vested interest in women's health on this great continent to participate.'

Preliminary details are now available on

www.comtecmed.com/figoafrika/ (new information is regularly added).

Other 2013 collaborative conferences will be held with the South Asian Federation of Obstetrics and Gynaecology – dates to be confirmed); with the Asia & Oceania Federation of Obstetrics & Gynaecology – dates to be confirmed); and with the Federation of Obstetric and Gynaecological Societies of India (FOGSI) in September.



Vancouver 2015 takes shape

2015 may seem a long way off, but it is never too early to ensure that the dates of the next FIGO World Congress are noted firmly in diaries: **4–9 October 2015**. The Vancouver Convention Centre will play host to what will undoubtedly be a very special event. The FIGO Newsletter will carry more information as plans progress – in the meantime, visit www.vancouverconventioncentre.com for more information on the venue.



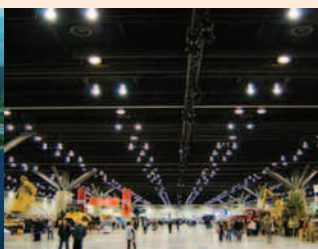
West Meeting Room 306 Lounge



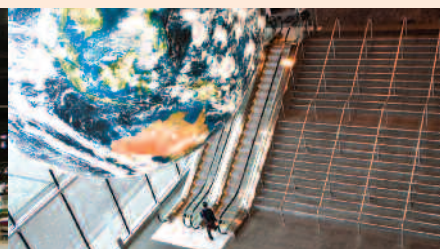
Night view west



Vancouver Convention Centre aerial



West Exhibition Hall



West Entrance Lobby

Diary Dates

22–25 May 2013

1st Global Conference on Contraception, Reproductive and Sexual Health (European Society of Contraception and Reproductive Health) (Copenhagen, Denmark)

www.esrh.eu/events/esc-events/2013

28–30 May 2013

'Women Deliver' (Kuala Lumpur, Malaysia)

www.womendeliver.org/

28 May–1 June 2013

IUGA (International Urogynaecological Association) 38th Annual Meeting (Convention Centre, Dublin, Ireland)

www.iuga2013.com/index.html

29 May–2 June 2013

American College of Nurse-Midwives 58th Annual Meeting and Exposition (Nashville, Tennessee, USA)

www.midwife.org/Annual-Meeting

30 May–2 June 2013

22nd Malaysian International Congress of Obstetrics and Gynaecology (Kuala Lumpur, Malaysia)

www.micog2013.com/

2–5 October 2013

1st FIGO Africa Regional Conference
Addis Ababa, Ethiopia

www.comtecmed.com/figoafrika/

4–9 October 2015

FIGO World Congress
Vancouver, Canada

More information coming shortly on:

www.igo.org/congress/forthcoming_2015

19–22 June 2013

XI World Congress of Perinatal Medicine (Moscow, Russia)

www.mcaeevents.com/t/01/wcpm2013-1/index.aspx

20–21 June 2013

British Gynaecological Cancer Society Annual Scientific Meeting (BGCS 2013) (Belfast, Northern Ireland)

www.bgcsconference.com/

24–26 June 2013

RCOG (Royal College of Obstetricians and Gynaecologists) World Congress 2013 (Liverpool, UK)

www.rcog.org.uk

7–10 July 2013

European Society of Human Reproduction and Embryology (ESHRE) 29th Annual Meeting 2013 (ESHRE 2013) (London, UK)

www.eshre.eu/ESHRE/English/Annual-meeting/London-2013/page.aspx/1541

25–28 July 2013

International Lactation Consultant Association Conference and Annual Meeting (Melbourne, Australia)

www.ilca.org/i4a/pages/index.cfm?pageID=4104

6–8 September 2013

Society for Gynecologic Investigation (SGI) Summit (Istanbul, Turkey)

www.sgiturkey2013.org/

16–17 October 2013

World Congress of Surgery, Obstetrics, Trauma and Anesthesia (Port of Spain, Trinidad and Tobago)

www.wcsota2013.moonfruit.com/

FIGO accepts no responsibility for the accuracy of the external event (ie non FIGO-related) information. Inclusion of any such event does not necessarily mean that FIGO either endorses or supports it.



FIGO



Vancouver

XXI FIGO World Congress of
Gynecology and Obstetrics

4 - 9 October 2015