



## NEWSLETTER

### **‘The value of volunteerism’: FIGO President encourages global action in 2014**

#### **Dear Colleagues**

We are living in a world of economic, environmental and civic turmoil. Women and children are particularly vulnerable at such times, and require extra specialist help and support. FIGO offers condolences to those affected – even though our resources are naturally limited, we urge those who can to help in any way they can.

#### **The challenges of NCDs, Climate Change and Health**

As well as natural catastrophes, there are two silent ‘cyclones’ or ‘tsunamis’ that will undoubtedly affect current and future generations: non-communicable diseases (NCDs) and climate change and health. FIGO is working with the World Diabetes Foundation (WDF) and regional and national societies to look at the issue of the diabetic and obesity epidemics. Our aim is to halt them through influencing

adolescent and young women’s nutrition so that the epigenetic influences of foetal origins of adult disease can be curtailed to some degree. Recently, FIGO and WDF held well-received workshops on these important topics at conferences in Addis Ababa, Mexico and Shanghai, with the assistance of Professor Luis Cabero-Roura, Professor Moshe Hod, Dr Anil Kapur (former WDF Managing Director) and Dr Anders Dejgaard (current WDF Managing Director).

#### **A human rights-based approach**

In my capacity as President of the British Medical Association (BMA) I am working – with its valuable help – on the issues of NCDs, climate change and health, to help increase volunteerism by doctors and training students from all UK medical schools on a human rights-based approach to women’s health. Professor Lesley Regan, Chair of the FIGO Committee for

Women’s Sexual and Reproductive Rights (WSRR), is spearheading this particular initiative – for example, FIGO held a very successful workshop on this topic, with Dr Diane Magrane (Committee Co-chair) and Professor Pak Chung Ho (Committee member), at the recent Asian & Oceanic Congress of Obstetrics and Gynaecology.

I would therefore make a plea to national societies, and individuals, to be active in these areas via voluntary activity to help those in need, as well as teaching and training in a rights-based approach to care. Further information can be found at: [www.glowm.com/womens\\_health\\_rights](http://www.glowm.com/womens_health_rights).

#### **The urgent need for contraception**

Women in this world are dying because of a lack of contraception. It is estimated that there could

*continued on page 2*



L-R: Ms Miriam Maluwa, UNAIDS Senior Adviser, Policy & Programmes; Professor Sir Sabaratnam Arulkumaran, FIGO President; Dr Luiz Loures, UNAIDS Deputy Executive Director, Programme; Professor CN Purandare, FIGO President Elect; Professor Hamid Rushwan, FIGO Chief Executive; Dr Hani W Fawzi, Chair of Scientific Committee; Ms Rosemary Museminali, UNAIDS Representative to the AU and UNECA; Mr Warren Naamara, UNAIDS Country Coordinator for Ethiopia (FIGO Africa Regional Conference, Addis Ababa, October 2013)

#### **INSIDE:**

Success of FIGO’s first Africa Regional Conference in Addis Ababa | Spotlight on *The Global Library of Women’s Medicine* | NESOG revamps its communications strategy | Indonesian and Ugandan workshops set the scene for new FIGO-ICM-IPA ‘Essential Interventions’ project

## 'The value of volunteerism': FIGO President encourages global action in 2014

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be a 30 per cent reduction in maternal deaths by expanding contraceptive services. Many multi-donor agencies are working in this area but more help is needed, especially through professional societies, so FIGO is keen to engage with societies to see how matters can be improved. FIGO's new project in this area – 'Institutionalising Post-Partum Intrauterine Device (IUD) Services and Increasing Access to Information and Education on Contraception and Safe Abortion Services' – is underway, with many activities planned. As background, in several countries young women undergo tubal occlusion because of the unavailability of other methods of contraception. Long acting reversible contraceptives (LARCs) with IUD or implants may be suitable alternatives, and the best time to action this for many women may be immediate post-delivery – after women leave hospital after birth, they may encounter difficulties in returning to health facilities to receive suitable contraceptive advice.

I also attended an important meeting in September in the UK on this subject, facilitated by the Population Council and the London School of Hygiene & Tropical Medicine. This may indeed be an opportune time for national societies and regional federations to plan how best they can work with government, NGOs and donors to improve the contraceptive situation in their own countries.



Professor Sir Sabaratnam Arulkumaran, FIGO President, addressing the first FIGO African Regional Conference (Addis Ababa, October 2013)

### FIGO presence at high-profile national and regional meetings

As FIGO President, I attended the excellent FOGSI Southern Zone, Tamil Nadu meeting in August, with special sessions devoted to school children and the public. Shortly afterwards, the President of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, Professor Michael Permezel, invited me to attend its excellent annual meeting, where evidence-based medicine and guidelines were robustly challenged in every session.

Following this, the FOGSI-FIGO 'International Conference on Recent Advances in Obstetrics and Gynecology', organised by the energetic Professor Shantha Kumari, was held in Hyderabad, India, in late September. There was a record attendance of over 1,000 participants and the scientific programme was enhanced with a number of excellent pre-congress workshops. Attending the Singaporean and Swedish societies' meetings also enriched my knowledge – they, too, are trying to see how best they can interact and help less well-resourced countries.

Most high-profile of all recent meetings was the first FIGO Africa Conference of Gynecology and Obstetrics, held in early October in Addis Ababa, Ethiopia, expertly presided over by Conference President Dr Yirgu Gebrehiwot (also President of the African Federation of Obstetrics and Gynaecology; AFOG). The Conference attracted an attendance of over 800 delegates from 70 countries, and the scientific programme, ably

overseen by Chair Dr Hani Fawzi, was excellent. We also met with the Ministers of Health and Foreign Affairs who pledged their full support for AFOG and FIGO activities in general.



help improve women's health on this great continent.

One African highlight was a visit to the Hamlin Fistula Hospital in Addis Ababa ([www.hamlinfistula.org](http://www.hamlinfistula.org)) – an amazing organisation. Dr Catherine Hamlin and her staff deserve every recognition for the outstanding work they have performed over several decades. FIGO is proud to be associated with Catherine and the hospital – it is now the main training centre for FIGO Fellows.

In mid-October, I attended – together with Professor Rushwan – the World Congress of Surgery, Obstetrics, Trauma and Anesthesia (WCSOTA) in Trinidad and Tobago, supported by several prestigious organisations, including Johns Hopkins University School of Medicine, the International College of Surgeons, the World Federation of Societies of Anaesthesiologists, and the Ministry of Health of Trinidad. Special thanks go to Professor Jean Anderson from Johns Hopkins and Professor Samuel Ramsewak, Dean of Medical Sciences at the University of the West Indies, for enabling our participation at this superb event.

In late October I attended the 64th Congreso Mexicano de Ginecología y Obstetricia, in Mexico, participating both in the pre-congress workshop sponsored by WDF and in the main conference. My congress plenary focused on 'Knowledge Transfer', and incorporated a mention of *The Global Library of Women's Medicine* ([www.glowm.com](http://www.glowm.com)), the educational platform supported by FIGO (see page four for an interview with David Bloomer, its founder). I was pleased to be given the chance to promote the excellence of the GLOWM website, and to be able to give an indication of its breadth: eg hundreds of ultrasound pictures; tens of videos and master class lectures; and hundreds of textbook chapters, etc. Professor Ernesto Castelazo, FIGO's Vice President, and his team, looked after us well – we owe congratulations to Ernesto on his being elected the new President of the Mexican national federation.

After Mexico, I visited Cordoba with Professor Luis Cabero-Roura to attend the conference of the Argentinian Federation, superbly overseen by its President (and FIGO Executive Board member) Professor Néstor Garello. Simultaneous translation enabled full participation by the audience. Professor Luis Cabero-Roura and I were honoured to receive recognition from Cordoba University (one of the oldest universities in the world) – a doctorate and professorship respectively. We were delighted and grateful for their kind gesture. More importantly, this gave us an opportunity to meet with seven FIGO Executive Board members and members of the Federation of Latin American Societies of Gynecology and Obstetrics (FLASOG) to discuss matters of mutual interest and concern.

In November I participated in the International Annual Meeting of the Lebanese Society of Obstetrics and Gynecology. The theme,

'Integrated Care in Acute Emergencies', was certainly an appropriate focus with regard to their current situation. Lebanon's population is 4.2 million – already there are more than a million refugees arriving from Syria and they are expecting a further million. They are planning how best to deal with the health needs of women and children. FIGO Executive Board member, and Co-ordinator of the Congress, Professor Faysal El-Kak, is working closely with the Lebanese national society, and is partially seconded to the Ministry of Public Health. FIGO encourages everyone involved to give of their best, and we look forward to learning from their experiences in future meetings.

One observation I would make is that our hosts are all busy with their clinical practices, teaching and research, but yet give us time and look after us well – splendid hospitality for which I and my fellow colleagues are most grateful.

### Countdown to Vancouver 2015: preparations in full swing



The preparation for the next FIGO World Congress in Vancouver (4–9 October 2015) is well in hand, under the leadership of our various Congress Committees. The conference facilities are second to none, and the hotel accommodation exceptionally well appointed, and all well within walking distance. The Congress 'First Announcement' has now been released

(see [www.figo2015.org](http://www.figo2015.org) and [www.figo.org](http://www.figo.org)), so I urge you to reserve the dates and join us for what will be a truly memorable event. I have no doubt it will be a great success and I want you, FIGO's valued colleagues, to play an integral part in that success.

### The tool of advocacy: Recognising and supporting global days of interest

As a final word, I would like to stress that advocacy as a tool has never been more important. Our standard practice (alongside other organisations) is to issue statements of support on important global days – for example, World Prematurity Day – to help galvanise organisations to work together. Ms Alexandra Gilpin, our Communications Officer, together with the FIGO leadership, produces these statements, and posts them on [www.figo.org](http://www.figo.org). We now email these important messages to national societies for them to disseminate and to encourage them to produce their own.

FIGO and I are most grateful to all of you for improving the health of women both as individuals, and through your respective organisations. I would like to take this opportunity to thank you for the tremendous support that you provide. I would also like to thank the hard-working FIGO staff for their efforts. This final Newsletter of 2013 comes to you with our very best wishes for a 'Happy New Year', and a positive beginning to 2014!

With kind regards

Professor Sir Sabaratnam Arulkumaran  
FIGO President

## Dear Colleagues

FIGO's global activities continue apace until the very end of 2013 and beyond, and the last few months have witnessed great regional and international developments.

## Green light for 'Essential Interventions' Workshops

September brought the new FIGO project for 'Improving the Quality of Maternal and Newborn Healthcare Services Through Accelerated Implementation of the Essential Interventions by the Healthcare Professionals' Associations' into sharp focus, as two inception workshops were held in Jakarta, Indonesia, and Kampala, Uganda, respectively (see page six). Much was achieved at these valuable meetings, and we look forward to progressing the project over the next few months.

In mid-September, FIGO participated effectively in the scientific programme at the FOGSI-FIGO International Conference on 'Recent Advances in Obstetrics & Gynaecology', Hyderabad, India. The conference was exceptionally well attended, offering a rich and varied programme, and it naturally gave me the valuable opportunity of meeting with many of our FOGSI counterparts. The meeting demonstrated the importance of FIGO collaboration with national and regional associations in conducting high quality conferences.



Professor Rushwan at the first FIGO Africa Regional Conference, Addis Ababa, October 2013

It gives me great pleasure to report that the first FIGO Africa Regional Conference held in Addis Ababa in October was a tremendous success. Attracting over 800 delegates from nearly 70 countries, the conference was truly an international event, as well as welcoming the cream of Africa's ob-gyn community. A number of stakeholders participated – the Ethiopian Society of Obstetricians and Gynecologists (ESOG) provided excellent support and high-level officials participated in the opening and closing ceremonies. The African Federation of Obstetrics and Gynaecology (AFOG) also made use of the opportunity to hold its Annual General Meeting, and discussed strategies for advancing its work.

During the conference, a visit was made to the Hamlin Fistula Hospital in Addis Ababa ([www.hamlinfistula.org](http://www.hamlinfistula.org)) which is now the main training centre for FIGO Fellows. Dr Catherine Hamlin was met during the visit, and all present expressed admiration for the excellent work being performed in the institution to help women in great need.



The FIGO leadership and colleagues from the African Federation of Obstetrics and Gynaecology (AFOG) meet Dr Catherine Hamlin

Another important activity during the conference was the excellent FIGO master training course on 'Helping Mothers Survive Bleeding After Birth (HMS-BAB)' – conducted in collaboration with Jhpiego and the Laerdal Foundation – attended by representatives from seven countries. The course will provide the basis for the selection of countries for a new FIGO project, supported by the Foundation.



'Bleeding after Birth' workshop – Professor Rushwan centre (at the FIGO Africa Regional Conference, October 2013)

## WCSOTA: Focus on surgical, obstetrical, trauma and anaesthesia care

In mid-October, alongside the FIGO President, I attended the World Congress of Surgery, Obstetrics, Trauma and Anaesthesia (WCSOTA) in Trinidad and Tobago. This high profile conference, hosted by the International College of Surgeons, the World Federation of Societies of Anaesthesiologists, Johns Hopkins University School of Medicine, and the Ministry of Health of Trinidad, was an ideal platform from which to share knowledge to advance surgical, obstetrical, trauma and anaesthesia care.



Professor Rushwan with Dr Leslie Mancuso, President and Chief Executive Officer, Jhpiego (WCSOTA conference, October 2013)

In late October, I participated in an important Technical Working Group meeting: development of the 'WHO Guidance on implementing, and measuring, quality of care in midwifery services', at WHO HQ in Geneva. Topics discussed included reviewing the current knowledge base on quality of care in midwifery services, and identifying knowledge

gaps. It was also agreed to develop a background paper that will provide the basis of the 'WHO guidance in implementing and measuring quality of care in midwifery services'.

In November, I participated in the 9th Conference of the Pacific Rim Society for Fertility and Sterility, Kobe, Japan – where FIGO was prominent in the Scientific Programme – and the Japan Society for Reproductive Medicine's (JSRM) 55th meeting. The organisation of these meetings, and the traditional Japanese hospitality, was, as expected, outstanding.

In late November, I attended the 80th Nestlé Nutrition Institute Workshop conference in Bali, Indonesia with Professor Purandare, FIGO President-Elect: 'Health and Nutrition in Adolescents and Young Women: Preparing for the Next Generation'. This highly important Workshop spanned many crucial subject areas such as obesity, diabetes, the social determinants of health in adolescents, and nutrition challenges in low- and middle-resource countries. FIGO is negotiating with stakeholders to receive an unrestricted educational grant – its overall objective is to produce, disseminate and implement evidence-based guidelines on maternal nutrition, from pre-conception to the post-partum period, in collaboration with obstetricians and gynecologists and other key healthcare professionals and workers, thereby contributing to the advancement of women's reproductive health and rights and the promotion of newborn and child health. We look forward to working with them on this highly important enterprise.

## FIGO presence at World Innovation Summit for Health

As this goes to press, I am travelling to Doha as FIGO has been invited to attend the World Innovation Summit for Health – under the patronage of Her Highness Sheikha Moza bint Nasser – an international summit (last held in London, in 2012) with the objective of catalysing the innovations needed 'to meet modern health challenges such as the non-communicable disease epidemic and achieving universal access to healthcare'. It is a prestigious event, attracting many figureheads, and I look forward to reporting on its conclusions in early 2014.

At the end of what has been a challenging but productive year, I wish you and your families a peaceful start to 2014. There is much work ahead of FIGO in its continuous quest to ensure that every woman, wherever she lives in the world, has her physical, mental, reproductive and sexual health needs met by a highly professional standard of healthcare.

Best wishes for 2014.

Professor Hamid Rushwan  
FIGO Chief Executive

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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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# 'Enhancing communication with members': A case study from the Nepal Society of Obstetricians & Gynaecologists (NESOG) – supported by the FIGO LOGIC Initiative

by Dr Pushpa Chaudhary, NESOG President



Dr Pushpa Chaudhary,  
NESOG President

Communication is derived from the Latin word 'communis', that means 'to share'. It is a two-way process and involves a meaningful flow or exchange of thoughts, messages, or information within people or a group of speech, visuals, signals, writing or behaviour.<sup>1</sup> 'Media' means communication channels such as traditional broadcast media and mass media, as well as modern communication media, including telecommunication – media for long-distance communication.<sup>2</sup>

Professional associations can effectively contribute to people's health status if they are empowered with better organisational capacity and leadership. FIGO supported the Nepal Society of Obstetricians & Gynaecologists (NESOG) to help them influence national health policy and practice through FIGO's Leadership in Obstetrics and Gynecology for Impact and Change (LOGIC) Initiative in Maternal and Newborn Health. An Organisational Capacity Improvement Framework (OCIF), developed by the Society of Obstetricians and Gynaecologists of Canada (SOGC), was used to evaluate the baseline organisational capacity development efforts.

## NESOG's early communications

Members are the strength of any organisation and better communication and linkage with members improves 'belongingness' to an organisation and ultimately results in better performance of members and the organisation. Before the FIGO LOGIC project, communication was mostly interpersonal and telephonic, with very limited use of electronic media, particularly

collaborative partners, and information on national and international events, including conferences, and achievements of NESOG members.



NESOG organisational capacity assessment by the SOGC's Liette Perron in 2010 (front row, right)

emails, until 2001. Major decisions were taken during meetings such as Continuing Medical Education (CME) Workshops. Limited use of group SMS was used by the President/Secretary through personal mobile phones. NESOG Journals and Newsletters were first launched in 2005. During NESOG's initial organisational capacity assessments in 2010, a tool to assess its operational capacity was rated as moderate (39 per cent).

## Seizing the opportunity

Several initiatives were taken to improve communication with members and to keep them informed about NESOG activities. The office 'set up' was improved, with the addition of high speed internet access. Activities included: sending group emails/messages to disseminate information regarding CME training workshops and conferences, as well as sharing opportunities and resources; updating member profiles, including contact details; printing a new members' list in the NESOG Newsletter; updating Facebook and its photo gallery with recent activities; and updating the NESOG website – [www.nesog.org.np](http://www.nesog.org.np) – with a new banner and more information, including a member list, details on affiliations with FIGO, AFOG, SAFOG and

collaborative partners, and information on national and international events, including conferences, and achievements of NESOG members.

Participation of NESOG members in its various activities was strong, such as attendance at Workshops on subjects including Grant Proposal Writing, Advocacy, Constitution Amendment and Near-Miss Reviews. NESOG CME conferences outside Kathmandu Valley were also increased. Members were impressively active in reciprocating via Facebook, and through participation in online voting in the NESOG elections (84 per cent). There was also a remarkable increase in the number of new members.

## Special challenges

However, there were still a few barriers to communication, including 'load shedding' [power cuts] and slow internet connections. Due to their busy schedules, daytime telephonic communication with members was often difficult. Limited access to and reciprocation of emails, particularly among members outside Kathmandu Valley, as well as a low response to SMS, was also noticed, and there was no evidence that the website was regularly accessed by the majority of members. It was, however, noted that SMS and telephonic communications were preferred.

## Further refinements

Additional efforts for effective communication were the formation of extended NESOG committees/sub-committees, and exploring sub-specialty training opportunities for members. The website was made even more dynamic with the addition of a new banner, a members' blog and greater promotion of social media. Going forward, communication will continue to be made even more effective, including teleconferencing and Skyping with members, which is particularly useful in supporting those working in remote districts.

## Conclusion

Such interventions under the support of the FIGO LOGIC Initiative suggest that innovative approaches to enhanced communication between members of a society, spread all over the country, with diverse geography, can result in a positive impact on members' participation in a professional association's activities.

### References:

- <http://en.wikipedia.org/wiki/Communication>
- [http://en.wikipedia.org/wiki/Media\\_\(communication\)](http://en.wikipedia.org/wiki/Media_(communication))

The FIGO LOGIC Initiative concluded at the end of October 2013

## FIGO Misoprostol Initiative: new resources available in Portuguese



Three new resources in Portuguese (outlining both prevention and treatment of post-partum haemorrhage with misoprostol, and detailing recommended dosages) are now available on the FIGO website at: <http://www.figog.org/projects/figo-misoprostol-post-partum-haemorrhage-low-resource-settings-initiative>.

French and Spanish versions are also available.

The Initiative has also been active in sharing the latest evidence at a number of recent major conferences: the first FIGO Africa Regional Conference in Addis Ababa; the Brazilian Congress of Gynecology and Obstetrics; and the Annual Conference of the Lebanese Society of Obstetrics and Gynecology.

Upeka de Silva, the Initiative's Project Manager, said: 'The expert panel sessions

and materials have been well received. In addition to sustaining these dissemination efforts, focus will also be placed on assessing the value of this initiative at national level in 2014.'



# Green light for Jakarta and Kampala 'Essential Interventions' Inception Workshops

September brought the new FIGO project for 'Improving the Quality of Maternal and Newborn Healthcare Services Through Accelerated Implementation of the Essential Interventions by the Healthcare Professionals' Associations' into sharp focus, as two inception workshops were held in Jakarta, Indonesia, and Kampala, Uganda.



This project, involving FIGO, the International Confederation of Midwives (ICM) and the International Pediatric Association (IPA) leading a multi-stakeholder plan of action in Uganda and Indonesia, focuses on implementing 17 Essential Interventions relating to Childbirth and Postnatal care. Support from the World Health Organization (WHO) has been central to its development. Activities are being undertaken within two referral level health facilities in each country with the aim of increasing the capacity of the participating obstetricians, midwives and paediatricians to integrate the selected Essential Interventions into clinical practice.

The project's ultimate aim is for a tested and replicable package of tools for implementing the selected Essential Interventions in low- and middle-income countries to be made available. Monitoring and Evaluation (M&E), a key component, has been provided by the Institute for Clinical Effectiveness and Health Policy (IECS – *Instituto de Efectividad Clínica y Sanitaria*) through the development of an M&E Strategy.

### A broad stakeholder base

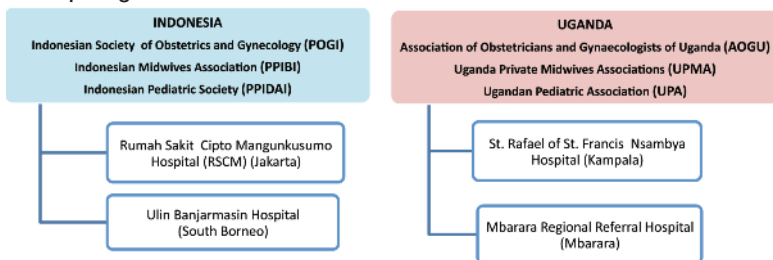
Both countries will seek support from their Ministries of Health (MoH) and WHO country offices; will make best use of other activities implemented by civil society organisations (CSO); and will collaborate with academia. The private sector will also be involved eg the acquisition of equipment such as the MamaNatalie® Birthing Simulator (courtesy of the Laerdal Foundation).



Uganda participants

International HCPAs attended the inception workshops and conducted visits to the selected health facilities and meetings with the relevant stakeholders. The main objectives were to explore opportunities and share lessons learned from related national initiatives – these discussions informed the planned actions for increasing coverage of the MNH Essential Interventions. Besides the international and national HCPAs, presenters included the MoH, WHO Geneva and WHO country offices, as well as World Vision in Indonesia and ACHES in Uganda, representing the CSO Coalition who are leading MNH-supportive projects. These key national institutions will be part of the National Steering Committee.

### Participating affiliates:



### Strength in partnership: an effective route to success

Professor Hamid Rushwan, FIGO Chief Executive, said: 'These valuable workshops were essential to set the scene of this important project, covering areas such as the initiative's value, purpose, vision and key strategies. The main objectives were analysed in depth: to

accelerate dissemination mechanisms for the interventions; to institutionalise quality implementation to ensure future sustainability; and to establish strong collaborative work between stakeholders.



Indonesia participants

'Strategically focusing on the birth and postnatal period – covering a critical period for mothers and newborns – brings a valuable opportunity for obstetricians, midwives and paediatricians to work collaboratively, culminating in a change in practice in relation to the selected Essential Interventions. A complementary package of activities – including mentorship, commodity reviews, team building sessions and case conferences – to promote joint learning, quality improvement and a motivated health workforce is at the very heart of the national plans of action.'

He added: 'I consider this project to be an important milestone in establishing collaborative

work between the three key professional organisations at the health facility level. FIGO, ICM and IPA consider it a professional responsibility to work with their member associations at

country level. This will contribute enormously to the improvement of maternal and newborn health, especially in low- and middle-resource countries.'

FIGO will report on project progress in the next issue.

*\*This article was prepared with the assistance of Amata Kwizera, Project Manager*

## FIGO collaborates on 'Helping Mothers Survive Bleeding After Birth'

In 2013, FIGO secured funding from the Laerdal Foundation to run a master training course on 'Helping Mothers Survive Bleeding After Birth'.

The course, conducted in collaboration with Jhpiego and the Laerdal Foundation, was held prior to the first FIGO Africa Regional Conference in Addis Ababa.



Representatives from seven African countries were trained by Jhpiego using the Laerdal Foundation's MamaNatalie® Birthing Simulators.

Professor Hamid Rushwan, FIGO Chief Executive, said: 'A pivotal aim of FIGO is to ensure the availability of appropriately trained and equipped healthcare providers who are able to implement life-saving techniques for the benefit of mothers and babies on the day of birth.'

'This excellent and highly practical workshop is a good example of an interactive learning methodology which will no doubt contribute to improving the quality of care in delivery services.'

'FIGO hopes to institutionalise similar training programmes at its national and regional Congresses.'





Mr David Bloomer

Mr David Bloomer founded *The Global Library of Women's Medicine* with his wife Paula.

After studying law at Oxford and qualifying as a barrister-at-law, David has spent nearly all his professional life in medical publishing, founding his first publishing company in 1969, and later The Parthenon Publishing Group which, from its offices in London and New York, published peer review journals and medical textbooks ranging across the whole field of medicine, with a special focus on women's health.

Since retiring, David has made use of his vast experience to explore new ways of sharing medical knowledge, particularly in parts of the world where traditional methods of publishing are handicapped by distribution challenges and cost considerations. Thanks to his long-standing association and friendship with Professor John J Sciarra, a former FIGO President, the concept for *The Global Library of Women's Medicine* was developed in 2006 and the programme launched in 2008.

David manages GLOWM from the UK, supported by a strong team. The project is being continuously expanded and increased emphasis is currently being given to the needs of less-resourced countries, with a committee established to explore new initiatives in this area. Since [www.glowm.com](http://www.glowm.com) is entirely free to all users, accepts no advertising and has no commercial objectives, David and Paula are continuing to look for supporters to assist in financing the Foundation so that it can maintain the site and expand this unique initiative in global medical education.

### Q and A with David Bloomer, founder of *The Global Library of Women's Medicine*

#### David, what is the ethos behind *The Global Library of Women's Medicine*?

The simple objective of *The Global Library of Women's Medicine* is to make a contribution to the enhancement of women's healthcare around the world. It tries to do this by making available expert, up-to-date and peer-reviewed clinical guidance for medical professionals that is entirely free and accessible by anyone, anywhere.

Thanks to the generosity and support of over 900 experts from many different countries *The Global Library* now features a truly vast, and constantly expanding, range of resources. These include 446 specially commissioned chapters on most aspects of women's medicine; a growing range of new textbooks; masterclass lectures; educational and surgical films and diagnostic atlases – all of which are principally for doctors – as well as skills videos; tutorials; wall charts; and other resources for nurses and midwives. There is also an expanding range of resources for community education, and a special section focused on women's health rights and empowerment.

#### What attracted you about collaboration with FIGO?

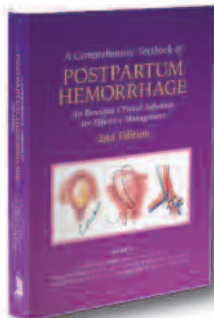
FIGO is by far the most important globally unifying force in women's medicine seeking, as it does, to set high standards of best practice for adoption around the world. I have personally worked closely with FIGO for more than 25 years on a number of important projects and I have seen its impact grow and its outreach develop in a most impressive way, so I am delighted that *The Global Library* is now able to collaborate with it in such a close way.

Since within our own sphere of activity we share exactly the same objectives as FIGO, it is enormously helpful to have FIGO's support in developing the work that we do. It helps us to focus on the most important current issues, to interact with more people in more countries around the world and to identify and develop the most needed new resources. In return, I hope that our role as an official education platform for FIGO will make at least some small contribution to FIGO's own global mission.

#### How will this collaboration evolve?

We are already working with FIGO in order to play a supporting role in some of its upcoming programmes, and we expect that this will develop further in the future. We are also actively looking at ways in which we can make access to knowledge at all levels easier and more effective, so, in addition to the internet, we are now using print, smartphone technologies and other options to enhance the availability of our resources, and some of FIGO's.

One example of our collaboration with FIGO arose at FIGO's recent first Africa Regional Conference of Gynecology and Obstetrics, held in Addis Ababa in October. At that meeting we recruited over 80 'Ambassadors' who have agreed to accept from us memory sticks featuring almost all the resources of



*The Global Library*, plus some selected resources from [www.figog.org](http://www.figog.org). The Ambassadors will use these memory sticks to download this material directly onto their local medical school and hospital library computers. Therefore, doctors and students at these medical schools and hospitals will be guaranteed instant access to all this valuable clinical guidance regardless of internet availability – in significant parts of Africa the internet is still either not available or very slow, so we hope this will be a genuinely worthwhile initiative.

Of course, this is only one example of the many ways in which I hope our collaboration will lead to useful developments in the future.

A 'highly commended' citation from the British Medical Association has just been awarded to GLOWM's new, specially commissioned *Comprehensive Textbook of Postpartum Hemorrhage*. It was edited by Professor Sir Sabaratnam Arulkumaran, FIGO President, and colleagues, and is available to download from [www.glowm.com](http://www.glowm.com)

### New faces at FIGO

FIGO is delighted to announce the recent appointment of two new key staff members, based at the London Secretariat.



Laura Banks

**Laura Banks:** New Project Manager for FIGO's initiative on Institutionalising Immediate Post-Partum IUD Services.

Laura has a humanitarian and research background encompassing programme management

experience with the Feinstein International Center at Tufts University in Boston and with Valid International in Oxford, and supporting projects relating to nutrition, livelihoods and the environment; she holds a BA in Development Studies, with qualifications in epidemiology and nutrition in emergencies.

She said: 'I am very excited to have joined FIGO and to have the opportunity to be involved in such an exciting and interesting project from the early stages, with such potential to impact as it grows! I very much look forward to the challenges and achievements ahead.'

**Amata Kwizera:** New Project Manager for the FIGO-ICM-IPA project: 'Improving the Quality of Maternal and Newborn Healthcare Services Through Accelerated Implementation of the Essential Interventions by the Healthcare Professionals' Associations'. She is also overseeing the FIGO Project for Promoting Advocacy for Better Practices in Post-Partum Haemorrhage and Pre-eclampsia and Eclampsia.

Amata holds a Masters in Public Health, having previously worked for IPAS and on HIV activities in Mozambique with Johns Hopkins University.

She said: 'When I collaborated for the creation of the ob-gyn association in Mozambique (AMOG), I saw the great potential of professional associations to drive change in practice. This potential grows exponentially when different associations work together as is the case in the Joint Initiative by FIGO, ICM and IPA. I do hope that by documenting and sharing the different experiences around the world, we will make the FIGO affiliates stronger!'

Professor Hamid Rushwan said: 'We are delighted to welcome these very capable Project Managers to FIGO House. We wish them well in their respective endeavours, and look forward to updates on their activities.'



Amata Kwizera

## Addis Ababa welcomes first FIGO Africa Regional Conference of Gynecology and Obstetrics – October 2013



The FIGO leadership with conference officials

The first FIGO Africa Regional Conference of Gynecology and Obstetrics, held in Addis Ababa from 2–5 October 2013, was a 'great success', attracting over 800 attendees from approximately 70 countries.

Professor Hamid Rushwan, FIGO Chief Executive, said: 'This long-awaited major conference has enabled international participants to meet with both local and world-renowned experts in obstetrics and gynecology, and to be updated on the most critical current issues.'

'In particular, the popular Pre-Conference Workshops – with topics ranging from Non-Communicable Diseases, Infertility and Assisted Reproduction in Developing Countries, Perspectives in Leadership and Minimally Invasive Gynecologic Surgery – provided attendees, at all levels, with the very latest, cutting-edge knowledge and techniques.'



### First General Assembly for AFOG

Professor Rushwan continued: 'The Conference was also notable for holding the important first General Assembly of the African Federation of Obstetrics and Gynaecology (AFOG), which was formally launched at last year's FIGO World Congress in Rome.'

'We were extremely pleased to welcome AFOG members from Nigeria, Cameroon, Benin, Burkina Faso, Guinea, Sudan, Kenya, Uganda,

Ethiopia, Mozambique, Gabon, Senegal, Mali and Zambia. It was agreed to hold the next AFOG meeting in early 2014, in Sudan, to continue discussion on matters such as the formation of the new Executive Board, and to finalise plans for the Federation's initial activities for the promotion of women's health.



Professor Yirgu Gebrehiwot, Conference President and AFOG President

'Sincere thanks are due to the sterling efforts of the Conference President, Professor Yirgu Gebrehiwot; the Organising, Scientific and Local Committees, notably their Chairpersons Professor Luis Cabero-Roura, Dr Hani W Fawzi, and Professor Yirgu Gebrehiwot respectively; and all other staff who worked so tirelessly to make the Conference such a rich experience.'

Countries with the most representatives:  
Ethiopia, Sudan, Nigeria



Dr Hani W Fawzi, Chair of the Scientific Committee



### FOGSI and FIGO highlight recent advances in obstetrics and gynecology

The FOGSI-FIGO International Conference on 'Recent Advances in Obstetrics & Gynaecology', held at Hyderabad International Convention Centre in mid-September 2013, was organised by FIGO, FOGSI and OGS. The conference was an enormous success, with many eminent international and national figureheads in attendance, and it attracted huge numbers of delegates from all over India.

According to organisers Dr Narendra Malhotra (FOGSI representative to FIGO) and Dr Shantha Kumari (Organising Secretary): 'The Conference provided an excellent opportunity to forge new relationships and to exchange views and opinions with professionals from across the country and globally on critical issues of women's health.'



The FIGO leadership with conference officials



### Diary Dates

#### 1–5 February 2014

57th All India Congress of Obstetrics and Gynaecology 2014 (Patna, India)  
[www.aicog2014patna.com/](http://www.aicog2014patna.com/)

#### 20–23 February 2014

19th World Congress on Controversies in Obstetrics, Gynecology & Infertility (COGI) (Macau, China)  
[www.congressmed.com/cogimacau](http://www.congressmed.com/cogimacau)

#### 20–23 February 2014

3rd International Congress on Cardiac Problems in Pregnancy (Venice, Italy)  
[www.cppcongress.com](http://www.cppcongress.com)

#### 5–8 March 2014

16th World Congress of Gynecological Endocrinology (Florence, Italy)  
<http://isge2014.isgesociety.com/>

#### 28–30 March 2014

RCOG World Congress 2014 (Hyderabad, India)  
[www.rcog.org.uk/rcog2014](http://www.rcog.org.uk/rcog2014)

#### 30 October–2 November 2014

FIGO-SAFOG-SLCOG Conference (Colombo, Sri Lanka)  
[www.figo-safog2014.colombo.org/index.html](http://www.figo-safog2014.colombo.org/index.html)

#### 4–6 April 2014

5th Congress of the Asia Pacific Initiative on Reproduction (Brisbane, Australia)  
[www.aspirecongress.org/](http://www.aspirecongress.org/)

#### 24–26 April 2014

XII Annual Meeting of the Mediterranean Society for Reproductive Medicine (MSRM) & COGI-BCGIP (Barcelona, Spain)  
[www.comtedmed.com/MSRM/2014/](http://www.comtedmed.com/MSRM/2014/)

*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.*



FIGO



Vancouver

XXI FIGO World Congress of  
Gynecology and Obstetrics

4 - 9 October 2015