



International Federation of Gynecology and Obstetrics

Issue 6 October 2011

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NEWSLETTER

Raising FIGO's profile; scaling up our global role

Dear Colleagues

Since June, FIGO has been busy raising its profile to obstetricians and gynecologists worldwide, and scaling up its role in achieving the health-related MDGs.

Executive Board 2011: the Latin American picture

June's Board meeting, hosted by the Federación Mexicana de Colegios de Obstetricia y Ginecología (FEMECONG), was held to strengthen ties with our Mexican Society and the Federación Latinoamericana de Sociedades de Obstetricia y Ginecología (FLASOG); to enable Board members to view first-hand maternal, reproductive and sexual health achievements and obstacles encountered, and to exchange views; and to hold a special Workshop organised by the FIGO Committee for Capacity Building in Education and Training. The opening session was attended by the Mexican Minister of Health, who presented the important efforts of their Government to improve women's and children's health.

Sincere thanks to the Society for its superb hospitality, especially to Dr Alberto Kably Ambe, FEMECONG President, and Dr Ernesto Castelazo Morales, the Executive Board's Mexican representative, for meticulous organisation (a full overview is on page 5).

Our valuable partners

Shortly after, Sir Sabaratnam Arulkumaran - FIGO President-Elect - and I attended the 29th Triennial Congress of the International Confederation of Midwives (ICM), in Durban, alongside 3,000 participants from over 100 countries. FIGO participated in the opening and closing sessions, the launching of the Global Midwifery report and delivered lectures. A high-profile FIGO plenary session was held, featuring speakers Lynette Denny, Chair of the FIGO Committee for Gynecologic Oncology, Jack Moodley from South Africa, Abulfadl Mohsin Ebrahim, a member of the FIGO Committee for the Ethical Aspects of Human Reproduction and Women's Health, the President-Elect and I. We met with the new ICM leadership to discuss strengthening collaboration and arrangements for an ICM session at FIGO's Congress in 2012.

We also met with the United Nations Population Fund's (UNFPA) Dr Luc de Bernis, ICM leadership and other international organisations to discuss developing templates for strengthening the education and training of midwives and other health personnel on SRH and

EMONC, and the development of a workplan with country level commitments.

A meeting was also held with USAID's Carolyn Curtis to discuss plans for wider dissemination - and further translation - of the Family Planning joint consensus statement developed by FIGO, ICM and the International Council of Nurses (ICN). Endorsement of the document by other organisations was agreed.

In Cairo, I met with Dr Babatunde Osotimehin, UNFPA Executive Director, Dr Hafez Shikair, ASRO UNFPA Regional Director, and Dr Ziad Rifaie, Egypt UNFPA Country Director, to discuss collaboration at global and regional levels, and UNFPA's continuing support of the FIGO fistula project, among other issues.

In July, I attended a successful FOGSI conference in Bangalore - 'Emergencies in Obstetrics Care' - in collaboration with the Bangalore Society of Obstetrics & Gynaecology, delivering a plenary lecture on 'Women's Health in the 21st Century - Paving the Way to MDG5'. I met with Professor Mahapatra, FOGSI President, to discuss further strengthening the FIGO and FOGSI collaboration.

As a long-standing FIGO member, the American College of Obstetricians and Gynecologists (ACOG) has contributed greatly to FIGO activities. With the retirement of Professor Ralph Hale, the appointment of Dr Hal Lawrence as Executive Vice President, and the election of Dr James T Breeden as the new President, it has been decided to hold a top level meeting in London in October between ACOG and the FIGO leadership to discuss strengthening collaboration at a global level for improving women's and newborns' health.

I have committed to many regional and national meetings over the next few months, and look forward to reporting on the strengthening of our collaborations in the next issue.

Our global work accelerates

The second FIGO LOGIC Initiative Annual Review Meeting, and Technical Advisory Group (TAG) meeting, will shortly take place in Mumbai. Fresh energy has been added to this Initiative through recent new appointments (see page six).

During Mozambique's forthcoming ECSAOGS meeting, Professor Rushwan and I will discuss with the World Health Organization's (WHO) Regional Office for Africa and our African colleagues arrangements to establish



Professor Gamal Serour and Professor Sabaratnam Arulkumaran at the 29th ICM Triennial Congress, Durban, South Africa, June 2011

the long awaited Pan African Federation of Gynecology and Obstetrics.

Negotiations are ongoing with Women and Health Alliance (WAHA) to collaborate our valuable efforts in training programmes for the prevention and treatment of obstetric fistula.

Education and training as priority

I am proud to report that FIGO's education and training work is flourishing. A large number of Workshops have been held globally by the Committee for Capacity Building in Education and Training, ably chaired by Professor Luis Cabero-Roura. FIGO is now being recognised by international organisations such as UNFPA, Gynuity, and the WHO - as well as member societies, the medical industry and obstetricians and gynecologists in general - as a figurehead in ob/gyn training and education, particularly in low-resource countries.

Plans are advanced to finalise the establishment of two training centres for MIS (Sudan and Ukraine). A recent meeting between Dr Reinhard Zentner, Managing Director of Olympus Surgical Technologies, Europe, Professor Luis Cabero-Roura and Chief Executive Hamid Rushwan discussed the final details of this ambitious programme.

Discussions have also been ongoing to fine-tune Rome 2012's pre-congress educational Workshops, a new component of our Congress, implemented for the first time in its history, and held in addition to the traditional pre-congress Workshop on RSH.

A hands-on Workshop on post-partum haemorrhage with the Lebanese Society of Obstetrics & Gynecology is scheduled for November 2011, and the third FIGO Workshop for hands-on training in the prevention and treatment of infertility and ART in poor resource countries will be held from 3-7 December 2011 in Cairo.

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This journal publishes articles on all aspects of basic and clinical research in the fields of obstetrics and gynecology and related subjects, with special emphasis on matters of worldwide interest.

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Continued...

FIGO Workshops or sessions are becoming a constant theme in many national and regional obstetric and gynecology conferences. I thank Professor Luis Cabero-Roura and his Committee for their robust work in this area.

Committees and Working Groups scale up work

The impressive progress by FIGO Committees and Working Groups continues apace. Their various documents and scientific products were officially endorsed at the recent Board meeting, including consensus statements, guidelines and original articles. These will be published as FIGO documents in the International Journal of Gynecology and Obstetrics (IJGO).

Professor Anibal Faúndes - Chair of the Working Group for the Prevention of Unsafe Abortion - has been mandated to negotiate with the Population Council the logistics of an international meeting on unmet needs of FP. A new Working Group on Breast Cancer chaired by Professor Walter Jonat was agreed upon by the Executive Board. Professor Lynette Denny, Chair of the Committee for Gynecologic Oncology, submitted Terms of Reference (TOR) and a workplan, which were approved. Impressive improvements to the TOR were the inclusion of related subspecialties such as chemotherapy, pathology and epidemiology, and the modernising of the FIGO oncology

report to include more clinical relevance to ob/gyn readers.

The Committee for Reproductive Medicine is finalising its Fertility Toolbox (see page nine) which will be an excellent addition in the field, enabling obstetricians and gynecologists to help prevent infertility and to choose how, where and when to treat infertile couples.

China to host Executive Board 2012

After the enormous success of the 2011 meeting, societies with representation on FIGO's Executive Board were encouraged to bid for 2012, with detailed submissions received from China, Malaysia and Turkey. All approaches were attractive, and it was difficult to choose. Following careful discussion, the leadership, mandated by the Board, selected Beijing. As China is a vast country, the Chinese society is also proposing to host another scientific meeting in Chengdu immediately afterwards, in which some Board members will participate.

I thank all three societies, and congratulate the Chinese Society of Obstetrics and Gynecology. I am sure they will make the event as memorable and successful as our last two meetings in Tanzania and Mexico.

Spotlight on Sarah Brown at Congress

Plans are advanced to secure Congress success. A first-

class event is assured, spanning all levels of knowledge and expertise. Professors Dunlop, Milliez and Scambia, Chairs of the various Congress organising bodies, have now approved the Congress Second Announcement, and are working hard to ensure the satisfaction of all attendees from high-, middle- and low-resource countries (see page 10).

It is thrilling that Sarah Brown is among those who have accepted the FIGO Recognition Award for Non-Obstetrician/Gynecologists, and will join us in Rome to receive it. Please be there to salute her and the other award winners for their outstanding efforts to alleviate the sufferings of women and newborns, particularly those from low-resource countries.

Finally, arrangements for a Papal audience on Wednesday 10 October are underway: this unique opportunity cannot be missed.

Be sure to visit Rome from 7-12 October 2012.

Best wishes.



FIGO President Gamal Serour



Chief Executive's overview Fast-forward to year-end

Dear Colleagues

It is difficult to believe that FIGO is now entering the final quarter of 2011. The last few months have produced many accomplishments, but, as always, our schedule leaves no room for complacency, and our diaries continue to fill as we move towards year-end.

Shortly after my June report, I attended a 'Fistula Forum', an important meeting of fistula experts in Edinburgh, including the Lord Naren Patel, Chair of the FIGO Committee for Fistula and Dr Suzy Elneil, author/editor of FIGO's Global Competency-Based Fistula Surgery Training Manual, which has now been printed and widely disseminated. The issues discussed focused on the realities, challenges and strategies of implementing successful high quality clinical training for the care of women with obstetric fistula. It is a sobering fact that more than two million women live with untreated obstetric fistula in Asia and sub-Saharan Africa - we must do all we can to help alleviate their misery.

Mexico provided a dramatic backdrop to FIGO's annual Executive Board meeting in mid-June, held in conjunction with Federación Mexicana de Colegios de Obstetricia y Ginecología (for a full report, see page five). I would like to reiterate my thanks to our member association in Mexico for providing us with outstanding hospitality and organisation, in particular to Dr Alberto Kably Ambe, FEMECONG President, and Dr Ernesto Castelazo Morales, our Executive Board's Mexican representative.

Vancouver beckoned late summer, when I was invited to represent FIGO at the Annual Clinical Meeting of the Society of Obstetricians and Gynecologists of Canada (SOGC). FIGO has a thriving working relationship with its Canadian member association and this trip was an excellent opportunity to touch base with our Canadian counterparts on many issues. I was privileged to receive an Honorary Member award at this meeting, and I am extremely grateful for this recognition from the SOGC.

A brief trip to Rome took place shortly afterwards to follow up on Congress activities, and I am pleased to report that we are now heading into the last major phase of preparation. If you have not already done so, please visit www.figo2012.org to view the very latest information on next year's much anticipated event.

In July I was invited by Family Care International (FCI) and Gynuity Health Projects to a New York meeting entitled 'Misoprostol for Post-Partum Haemorrhage: From Evidence to Action'. Our recent new FIGO Initiative - Misoprostol for Post-Partum Haemorrhage in Low Resource Settings - is making good early progress in its objective to advocate and disseminate evidence-based information for providers and clinical policy makers. More details on this meeting, and our project, can be found on page seven.

In early August, I was invited by Women and Health Alliance International (WAHA) to participate in the opening ceremony of a new Fistula Training Centre in Gondar, Ethiopia, which has a 60-bed capacity and is attached to the University of Gondar teaching hospital. The support towards the establishment of the centre came from the Fistula Foundation (USA). FIGO will be working with the Foundation on the development of a special Fellowship Programme for fistula training.

Shortly afterwards, FIGO held a special key meeting in



Kate Grant, Executive Director of the Fistula Foundation, with Professor Hamid Rushwan, Gondar, Ethiopia, August 2011




Fistula Forum attendees

Dar es Salaam, Tanzania, to discuss the progression of its Fistula Initiative with EngenderHealth, the aim of which is to ensure high quality clinical training for the care of women with obstetric fistula. The objectives of this very important enterprise were to address the implementation of structured fistula training programmes; become familiar with the concept and principles of competency-based training and the use of the training manual; determine the tools required for use in conjunction with the training manual; and determine the availability of 'master trainers' to undertake site visits in order to monitor and evaluate training (see page eight).

In early September, I was invited to attend a major health conference in Oslo, Norway - 'Contributions to Global Health Research, Capacity Building and Governance' - where I presented on 'Capacity Building of Professional Organisations: The FIGO Perspective'. This theme is a major FIGO focus, because robust and effectively managed professional organisations provide solid grounding for important global work. I would naturally like to extend FIGO's condolences to the people of Norway as they continue to come to terms with recent shocking events.

In mid-September, I flew to New York for the UN General Assembly and its associated meetings. This is always an exceptionally busy few days for FIGO, as we link up with global partners at important side meetings and events. I look forward to reporting on this, and future trips, in the next issue.

My very best wishes for a successful conclusion to 2011.



Hamid Rushwan
FIGO Chief Executive



People

Q and A with Dr David Adamson, MD, FRCSC, FACOG, FACS



Dr David Adamson

More details available on
www.figo.org/about/comms/reproductive_medicine



Dr David Adamson is a reproductive endocrinologist, surgeon and Director of Fertility Physicians of Northern California. He is Past President of the American Society for Reproductive Medicine, the AAGL, the Society for Assisted Reproductive Technology, the Society of Reproductive Surgeons and six other major gynecological societies.

Currently he is Chair of the FIGO Committee for Reproductive Medicine, a Board member of the International Federation of Fertility Societies, Chair of the International Committee Monitoring ART and President of the World Endometriosis Research Foundation. He is a member of the American Gynecological and Obstetrical Society, the Society for Gynecological Investigation and the Society of Gynecologic Surgeons.

He has published and lectured extensively - both nationally and internationally - on assisted reproductive technologies, endometriosis, reproductive surgery and infertility.

In 1997 he founded Advanced Reproductive Care, a national network company that provides financial and other services to IVF practices and their patients.

He has been recognized by 'Good Housekeeping' magazine as one of the 400 best physicians for women in America. In 2006 he received the Outstanding Achievement in Medicine award from the Santa Clara County Medical Society, and a Certificate of Special Congressional Recognition for outstanding and invaluable service to the community.

Dr Adamson, how did your relationship with FIGO evolve?

While I have been a reproductive endocrinologist for three decades, I first practiced obstetrics for a decade, and have always been interested in international medicine. As a result, I attended my first FIGO meeting almost four decades ago. During the past 10 years, I learned more about FIGO from Dr Gamal Serour, our current President, who informed me of its significant international activities and contributions. We discussed the importance of reproductive medicine and the need for it to have a presence with practicing obstetricians and gynecologists. When Dr Serour asked me to chair the new FIGO Committee for Reproductive Medicine I felt very honoured and fortunate to have the opportunity to help improve this aspect of women's healthcare globally.

How have you been collaborating with FIGO, and what has been the outcome?

I worked with Dr Serour to choose members of the new Committee - not an easy task with so many qualified FIGO physicians! We then communicated by email and met in London at FIGO HQ, where Committee members developed the vision, mission and strategic objectives, ably assisted by FIGO staff. These documents were presented to the FIGO Executive Board who subsequently gave helpful suggestions and then

approved the Committee and its goals in June 2010.

Since then, the Committee has been reporting to the Executive Board during the development of 'The FIGO Fertility Tool Box™', the Committee's primary work product. While not yet finished, this Tool Box will be used to increase global patient access to quality, cost-effective infertility prevention and management.

Additionally, the Committee participated in a workshop in Cairo last year, made presentations at non-FIGO professional meetings and is preparing to participate in future FIGO meetings, including the 2012 Congress in Rome. It has also worked with FIGO to build and enhance relationships with the World Health Organization (WHO), the European Society for Human Reproduction and Embryology (ESHRE), the International Federation of Fertility Societies (IFFS), the American Society for Reproductive Medicine (ASRM) and the International Planned Parenthood Federation (IPPF). In addition, it has collaborated with the FIGO Committee for Capacity Building in Education and Training by submitting a 'Worksheet for Education Programmes' Planning and Documentation Tool'.

How do you see your work progressing in the future?

The Committee's immediate goal is to complete 'The FIGO Fertility Tool Box™'. This will then be disseminated widely within FIGO and to other stakeholder organisations involved in women's healthcare. The Committee hopes to educate FIGO physicians, other healthcare providers, government policy makers and others who can help to distribute and integrate its utilisation into women's healthcare globally. We hope to participate in many FIGO meetings and activities to further these goals.

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

The opportunity to work with so many outstanding international physicians from many different countries who share the same commitment to improve women's health has been a most rewarding experience. This includes all our Committee members, as well as members of the Executive Board, and especially Dr Serour. Additionally, FIGO staff in London have given us excellent support.

The most challenging aspect of our work has been to focus on a few goals that we think we can achieve given the massive, and different, deficiencies in reproductive medicine care globally, and to do this with extremely limited resources, both in time and money. Nevertheless, I have been very pleased with the progress that we have made in just over a year, and I am hopeful that we can make a difference despite the immensity of the problems globally.



Welcome to the world of ASGO

www.asiansgo.org

A new society for fighting against gynecologic cancers in Asia

Historically, ASGO originated from a small regional society, the Japan-Korean Joint Conference of Gynecologic Oncology Group, which was organised at the 9th Biennial International Gynecologic Cancer Society (IGCS) in Seoul in 2002. During the 7th annual meeting in 2008, gynecologic oncologists from the two countries acknowledged the importance of increased regional cooperation, and envisioned the necessity of a representative society which could encompass the whole of the Asian region, and ASGO was inaugurated to expand the spirit of cooperation of the Japan-Korean Joint Conference of Gynecologic Oncology Group to all Asian countries.

Goals of ASGO

ASGO aimed at scientific exchange, international collaboration, provision of educational opportunities, deepening friendship between members, and ultimately the improvement of Asian women's health. ASGO plays an essential role in understanding, investigating, and resolving regional health problems like other regional societies such as SGO and ESGO.



Official Journal of ASGO www.ejgo.org

JGO (Journal of Gynecologic Oncology)

Publishes:

- Quality manuscripts dedicated to the advancement of care of patients with gynecologic cancer
- Quarterly: March, June, September, December
- Editorials, original articles, reviews, case reports, and correspondence



2nd Biennial Meetings of ASGO www.asgo2011.org November 3-5, 2011, Seoul, Korea

Under the theme, "New insight into gynecologic cancer in Asia", a wide range of scientific programmes will discuss the cutting-edge of gynecologic oncology, as well as convey the basic knowledge in this regard.

Soon-Beom Kang, M.D., Ph.D.
President
Asian Society of Gynecologic Oncology



Mexico sets the scene for FIGO Executive Board 2011

The FIGO Executive Board meeting 2011 was held at the Nikko Mexico Hotel in Mexico City from 12-13 June 2011, in conjunction with Federación Mexicana de Colegios de Obstetricia y Ginecología (FEMECOG).

In a letter to FIGO President Professor Gamal Serour, FEMECOG President Dr Alberto Kably Ambe said: 'On behalf of the Executive Committee of the Federación Mexicana de Colegios de Obstetricia y Ginecología, we want to express our great pleasure at receiving you in Mexico. Selecting our country as the venue for your meeting is an honour that we deeply appreciate. We sincerely congratulate you on the new FIGO directions that help to strengthen collaboration with Member Societies and Regional Federations, as well as contribute to continuing education and professional development programmes in different parts of the world.'

A number of valuable related activities took place alongside main Executive Board business.

Women's Health: Contemporary Challenges

A one-day educational Workshop was held on 10 June to address the many critical areas of challenge in women's healthcare today. It included presentations on unsafe abortion, Female Genital Mutilation (FGM), maternal mortality, post-partum haemorrhage, fistula, hormonal contraception and health needs in emergencies, among many other topics. President Gamal Serour focused on the forthcoming high-profile 'World Report on Women's Health: Current Challenges', which will be released at next year's World Congress.

Professor Luis Cabero-Roura, Workshop organiser and Chair of the FIGO Committee for Capacity Building in Education and Training, said: 'This type of seminar

is an excellent opportunity to show to the Executive Board hosting country the full breadth of FIGO's work and also the challenges that it faces on women's health issues. Additionally, it is a useful opportunity to discuss with the delegates the role of FIGO's national societies and FIGO's aspirations for the future. We offer sincere thanks to FEMECOG for its tremendous efforts in the organisation of the Workshop, and special mention must go to Dr Ernesto Castelazo Morales, the Executive Board's Mexican representative, for his hard work in helping the event run smoothly.

'FIGO is looking forward to holding equally successful Workshops of this kind at future Board meetings.'

The Mexican picture

A briefing session on the state of women's health in Mexico and, in particular, maternal and newborn health, was held on 11 June. Representatives from FEMECOG, the Ministry of Health and a number of international organisations were invited to present an overview of women's health to the Executive Board meeting participants.

National Institute of Perinatology opens doors to FIGO

A site visit took place to the National Institute of Perinatology (www.inper.edu.mx) in Mexico City as part of the Executive Board agenda. Chief Executive Hamid Rushwan commented: 'Visiting the Institute provided FIGO with an excellent overview of its valuable work in the areas of reproductive and perinatal health. We are most grateful for the time and attention we received from staff. Grateful thanks are due to Dr Javier Mancilla Ramírez at the Institute for the superb organisation.'



FIGO President Professor Serour speaking at the Workshop (Professor Luis Cabero-Roura to his left)



Dr Alberto Kably Ambe, FEMECOG President



Dr José Ángel Córdova Villalobos, Mexican Minister of Health



L-R: Professor Bruno Carbonne, Dr André Lalonde and FIGO Chief Executive Hamid Rushwan talk with Institute staff



Workshop attendees

Women Obstetricians and Gynecologists – Executive Board encourages 2012 Congress Award nominations

At each World Congress since 1997, FIGO has recognised women obstetricians and gynecologists who have contributed significantly to the improvement of health care for women, with a special FIGO Award in Recognition of Women Obstetricians/Gynecologists.

The tradition is set to continue at FIGO's 2012 World Congress, with awards to be made predominantly to women practitioners from low- and middle-income countries/territories.

FIGO societies are strongly encouraged to nominate a candidate who has made a special contribution internationally or nationally to promote the development of science and scientific research in the fields of gynecology and obstetrics, and who, throughout her

career, has promoted better health care for women, mothers and their children.

A nomination form has been sent to all member societies, and is additionally available on the FIGO website at www.figo.org/news/call-nominations-figo-congress-2012-figo-awards-recognition-women-obstetriciansgynecologists-00

The submission must be sent by member societies to the FIGO Secretariat to be received by 31 October 2011 (late submissions will not be accepted), or emailed (with accompanying documentation) to figo@figo.org.

(NB: Previous recipients of this award are not eligible for inclusion and only one nomination may be made by each FIGO member society.)



Executive Board in progress



Executive Board 2011

FIGO in the field...

LOGIC Initiative welcomes new members to the team

The FIGO LOGIC Initiative (Leadership in Obstetrics and Gynecology for Impact and Change) was formerly the Maternal and Newborn Health Initiative

New staff appointments, country visits, and preparation for the forthcoming LOGIC Annual Review and Technical Advisory Group meetings to be held in Mumbai, India (12-14 October 2011) have ensured a hectic few months for the LOGIC team.

Recent country visit highlights include:

Strength in numbers - financial training in Uganda (Kampala, May 2011)

A LOGIC workshop, 'Practical Financial Management for NGOs: Getting the Basics Right', took place in Kampala, attended by observers from the LOGIC team and participants from the project countries. It was designed to strengthen the skills and confidence of NGO staff to integrate good financial management systems into operations management; and manage and control financial resources more efficiently and effectively. There was a high level of satisfaction with the course and it was judged to be highly relevant - feedback showed that participants found there was much they would be able to use on their return to work.



'Brainstorming' sessions (Kampala, 2011)

Keeping momentum at the SOGOC (Cameroon, June 2011)

LOGIC Project Manager Patrick Delorme visited the Society of Gynecologists and Obstetricians of Cameroon (SOGOC) to monitor project activities; provide managerial and technical assistance; review the strategic planning process; and meet and coach full-time staff members on their roles and responsibilities. The SOGOC is firmly on track with project activities, with enhanced credibility and visibility, and it continues to receive guidance and technical support from the LOGIC team, especially in project and financial management and organisational development. It is especially noteworthy that SOGOC is playing a true leadership role in Cameroon, as it is regularly approached for expertise by the World Health Organization (WHO), the United Nations Population Fund (UNFPA) and others.

AOGLU puts focus on Maternal Death Reviews (Uganda, June 2011)

This timely trip - undertaken by Professors David Taylor and Gwyneth Lewis - was to explore the scope of work currently being undertaken on maternal death audits as part of the LOGIC Initiative, and to provide



Advocacy workshop participants (Addis Ababa, July 2011)



L-R: Professor Robert Leke, SOGOC President; Dr Patrick Delorme, LOGIC Project Manager; Dr Nana Philippe, SOGOC LOGIC Project Co-ordinator; Dr Florence Tumasang, SOGOC Executive officer; Dr Rebecca Tonye, SOGOC Secretary General; Ms Shearon Azong, SOGOC LOGIC Project Administrative and Finance Officer (Cameroon, 2011)

practical advice and support for the expansion and strengthening of the reviews. A key component was a one-day workshop on maternal death audits focusing on facility-based reviews, the methodology chosen by the Ugandan Government and the Association of Obstetricians and Gynaecologists of Uganda (AOGLU). In addition, meetings were held at the Ministry of Health and with UNFPA. Dr Lewis gave a public lecture on the impact of maternal death reviews, attended by many stakeholders, including parliamentarians. There is now the political will to develop a sustainable and effective national maternal death review programme.

Keeping 'on-message' with advocacy issues in Addis Ababa (July 2011)

A highly successful advocacy workshop held in Addis Ababa, Ethiopia, ensured that participants received a thorough grounding in the basics of this crucial aspect of the project. Topics covered included selecting a focus for advocacy in the light of current maternal and newborn health issues, analysing objectives and tactics, creating an effective advocacy plan, delivering the message via a carefully planned step-by-step approach, and using monitoring and evaluation techniques.



Outlining an 'Influence Map' (Addis Ababa, July 2011)

New faces at LOGIC



Dr Bart Vander Plaetse

The LOGIC Initiative is delighted to welcome Dr Bart Vander Plaetse to the new role of Senior Management Specialist and Helena Lindborg to the role of Project Manager.

Bart has 15 years' experience as a development consultant and project manager in health care and in strengthening health systems. He has a deep understanding of working in Africa and has worked in Rwanda, the Democratic Republic of Congo, Zimbabwe, Mali, Malawi, Nigeria and Niger. His most recent post was as CEO of Apparel Lesotho Alliance to fight AIDS (Alafa).

Project Director David Taylor said: 'Bart's role is a critical one within the LOGIC team, covering many

vital areas such as supporting Member Associations' implementation of specific project activities; enabling one-to-one coaching; technical assistance for Member Associations in key areas such as leadership, financial management and human resources; and facilitating the identification of consultants who may be able to provide technical assistance.'

Helena is an experienced Policy Adviser/Project Manager in global health and international development, with over seven years' experience working in international development for the UK Department for International Development (DFID), the media and communication organisation Panos London, and the Swedish Mission to the UN.

David Taylor said: 'Helena has a wealth of fresh and varied experience to bring to the LOGIC Initiative, and we know that she will build on and add to the excellent work implemented by Dr Patrick Delorme.'

Bart and Helena said: 'We are delighted to be joining LOGIC at such an important time, and look forward to strengthening the collaborative efforts of the Initiative.'

Farewell from FIGO

FIGO would like to extend its good wishes to Dr Patrick Delorme, formerly the LOGIC Initiative's Project Manager, who has moved to Canada with his family, and to Dorota Wasowska, formerly Administrative Officer, who has moved on to pastures new in London.

David Taylor said: 'Patrick and Dorota have been delightful and valuable members of our LOGIC team, and the many good wishes sent to them from members in our project countries are testament to that. We wish them well in their future roles.'



Patrick welcomes Helena Lindborg to her new role with the LOGIC team

Misoprostol for Post-Partum Haemorrhage in Low Resource Settings Initiative

'Misoprostol for PPH: From Evidence to Action'

In July, Family Care International (FCI), working in collaboration with Gynuity Health Projects, brought together over 50 obstetricians, midwives, women's rights advocates, public health programmers, researchers and policy makers from around the world to help shape policy and advocacy on the use of misoprostol for the prevention and treatment of PPH.

The New York meeting aimed to translate the scientific evidence on misoprostol's safety and efficacy into effective strategies for expanding access to misoprostol at the national level. It addressed opportunities, barriers, and challenges related to promoting greater access to misoprostol for PPH. Human rights experts framed access to misoprostol within the context of international human rights' standards and treaties.

The meeting highlighted the need to drive policy change at the country level (eg registering misoprostol for this indication, including it on national essential drug lists,

and incorporating it within national clinical norms and guidelines), and to ensure that these policies are adequately implemented and funded so that they translate into real progress on the ground.

Experts from Nepal, Kenya and Ecuador shared lessons from successful efforts to achieve policy approval and expand distribution of misoprostol, and participants from India, Tanzania, Uganda, Burkina Faso and Laos also contributed their experiences. There were promising results from several countries where community distribution of misoprostol has proven effective in addressing the risk of haemorrhage among women who give birth at home – where more than half of births in low resource countries still take place.

Discussions also centred on advocacy campaigns in related sectors, including emergency contraception, medical abortion and the HPV vaccine for cervical cancer, and considered how those lessons may be



L-R: Dr Lisa Thomas, World Health Organization, Switzerland; Dr Nuriye Hodoglugli, Venture Strategies Innovations, USA; Dr Godfrey Mbaruku, Ifakara Health Institute, Tanzania

applied to improving access to misoprostol for PPH.

Looking ahead, FCI will work with partners to develop and implement an advocacy and communications strategy that will drive real progress in helping countries, health care providers, and women themselves address this leading direct cause of maternal death.

For more information, visit:

www.familycareintl.org/en/orphan/32

Mozambique and Nepal: Studies pave way for Government-supported national expansion programmes

The results of an operational study looking into the effectiveness of misoprostol for the prevention of PPH at the community level in **Mozambique** were published in May 2011. The pilot concluded that misoprostol for home births is a safe and effective intervention that is acceptable to women in Mozambique, and recommended to policy makers and key stakeholders that distribution of misoprostol for PPH prevention through anti-natal care visits, as well as through traditional birth attendants for home deliveries, be scaled up throughout the country.

The Ministry of Health has since set up a multi-stakeholder taskforce, which includes representatives from the Mozambican Society of Obstetricians and Gynecologists (AMOG), focusing on national scale up. A copy of the final report in brief, 'Community-based

prevention of postpartum hemorrhage with misoprostol in Mozambique', is available online at:

www.vsinovations.org/assets/files/VSI_AMOG_Bixby_PSI%20Moz%20PPH%20Brief%202011%2006F%20ENG%20Compressed.pdf.

A similar study (Rajbhandari et al, 2010) conducted in the Banke district of **Nepal** concluded that community-based distribution of misoprostol, given to pregnant women to self-administer as a prophylaxis, could be successfully implemented under government health services in a low-resource and geographically challenging setting. The proportion of vaginal deliveries protected by a uterotonic, the primary measure of performance, rose from 11.6 per cent to 74.2 per cent,



with the poor, the illiterate, and those living in remote areas experiencing the most gains.

A national-level expansion programme has now begun in Nepal.

FIGO session attracts large audience at FLASOG



Professor Anibal Faúndes

There was standing-room only in a packed auditorium in Managua when Professor Anibal Faúndes took to the podium to moderate a session on the prevention and treatment of PPH at the Latin American Federation Congress of Obstetrics and Gynaecology in September.

The panel was comprised of four experts. Carlos Fuchtnner focused his presentation on the evidence base supporting the use of misoprostol for PPH prevention,

particularly in community-based settings. Ilana Dzuba discussed the use of misoprostol for treatment of PPH, with an emphasis on three recently published studies (Winikoff et al, 2010; Blum et al, 2010; Widmer et al, 2010). The studies concluded that misoprostol is a suitable first-line treatment for PPH, especially where the use of oxytocin is not possible or feasible, and that the combined use of oxytocin and misoprostol does not confer any advantages over oxytocin alone.

An unexpectedly greater proportion of high fever were documented in Ecuador compared to the other sites, and Wilfrido León presented on this phenomenon and

Managua (Nicaragua), 5-9 September 2011

the findings of a hospital-based pilot study conducted in Quito which looked at the potential of a reduced treatment dose on the incidence of high fevers.

The session also provided a platform for a presentation by Shirley Villadiego (PATH) on oxytocin in the Uniject™ injection system for PPH prevention. In an effort to increase coverage and extend use of oxytocin to less skilled birth attendants, PATH, in partnership with others, worked to conduct pilot projects to demonstrate proper use, acceptability, and feasibility of oxytocin in Uniject to prevent PPH at both institutional and community levels in Guatemala, Honduras, Nicaragua, and Argentina.

FIGO endorses international recommendations that emphasise the provision of skilled birth attendants and improved obstetric services as central to efforts to reduce maternal and neonatal mortality.

In a joint 2006 statement, the International Confederation of Midwives and FIGO stated in relation to PPH prevention that 'in situations where no oxytocin is available or birth attendants' skills are limited, administering misoprostol soon after the birth of the baby reduces the occurrence of haemorrhage'; and in relation to PPH treatment that misoprostol 'may be appropriate for use in low resource settings and has been used alone, in combination with oxytocin, and as a last resort for PPH treatment.'

FIGO holds first key fistula meeting in Dar es Salaam

A high-level meeting to push forward FIGO's recently published Global Competency-Based Fistula Surgery Training Manual and the subsequent implementation of structured fistula training programmes was held in Dar es Salaam, Tanzania, in mid-August 2011.

The Manual is the first standard manual of its kind aimed at healthcare providers from low- and middle-income countries involved in the prevention and management of fistula. Its purpose is to enable physicians to acquire the knowledge, skills and professionalism needed to prevent obstetric fistula and provide proper surgical, medical and psychosocial care to women who have incurred fistula, whether during childbirth or because of inflicted trauma.

Produced in collaboration with a global expert team (including fistula surgeons, professional organisations and specialist health organisations) and with funding from the United Nations Population Fund (UNFPA), it is a



Meeting participants

key tool for use in the development of structured training programmes in low- to mid-resource countries.

Open Call for Fellowship Applications – Fistula Surgery Training

FIGO is pleased to announce an open call for fellowship applications for fistula surgery training.

Through this, FIGO is seeking to increase the number of fistula surgeons providing treatment for women living with obstetric fistula in countries where this condition is prevalent.

Full details can be found on the FIGO website at: www.figo.org/news/open-call-fellowship-applications-fistula-surgery-training-004015
Deadline: 31 December 2011



FIGO in the field...

Successes from the Saving Mothers and Newborns (SMN) Initiative

By Moya Crangle, Project Manager, SMN Initiative



Dr Lulaj, KOGA President; Dr Syheda, Alarm International Director; Dr Pauls, Mentor (Kosovo)

Kosovo - 'Reduction of maternal and newborn mortality in Kosovo' (conclusion: December 2010)

Setting the scene

To put into context, Kosovo's perinatal and neonatal mortality rates are more than double that of European Regional rates, and the Kosovo Obstetrics and Gynaecology Association (KOGA) has recognised that there is an ongoing need for capacity building of healthcare professionals to prevent, detect and refer health problems that occur during pregnancy and childbirth.

Work in action

KOGA's aim was to strengthen its capacity and sustainability and to take an active role in improving the quality of maternal and newborn care. It also recognised the need to promote quality care among its membership, in order to become an effective leader in women's health care.

Achieving the goals

KOGA was able to strengthen its capacity by holding its first presidential elections, creating a strategic plan and developing a comprehensive member database. Communications were also enhanced - a website was established to update members on activities, events and news, and to set out the organisation's Statutes.

KOGA has taken a strong leadership role in the development and implementation of 11 national standards and protocols related to maternal and

newborn care in regional and university maternities in Kosovo. This also involved continuous medical education, which was of substantial benefit to members. The biggest success was the KOGA Annual Conference 2010 and 2nd RCOG-Eurovision Conference, held in Pristina, May 2010, to highlight professional and academic contributions in the field of women's health. This strengthened KOGA's role and visibility among European professional bodies, and reinforced its reputation as a major professional association.

Uganda - 'Building capacity for the reduction of maternal and newborn mortality and morbidity in two poor Ugandan districts through the provision of emergency obstetric and essential newborn care' (conclusion: March 2011)

Setting the scene

Uganda's maternal mortality ratio of 435 deaths per 100,000 live births equates to about 6,000 women dying every year due to pregnancy-related causes. Infant mortality is estimated to be 76 deaths per 1,000 live births in 2006 - 32 per cent are neonatal deaths and the majority occur within 24 hours.¹

An evaluation of the health units in the Kiboga and Kibaale districts revealed that, although basic physical infrastructures for Emergency Obstetric Care (EmOC) and Emergency Newborn Care (EmNC) were present, the irregular supply of drugs and sundries; inadequate equipment; skill gaps among health care providers; community perceptions; poverty; and gender power relations were real obstacles to improving maternal and newborn health.

Work in action

The Association of Obstetricians and Gynaecologists of Uganda (AOGU) improved the supply and demand of maternal and neonatal health care. The key activities were site visits by volunteers (obstetricians and midwives), where they provided hands-on training and supervision, and implemented protocols and maternal death reviews. A course for health administrators (in Kiboga and Kibaale) sensitised them on their role of



'Number three!' - a delighted father welcomes a new addition (Bukomero HCIV, Uganda)

providing an 'enabling environment' in the provision of maternal health care at health facilities.

Community health workers were trained to provide education about safe motherhood; improve referral mechanisms from home to health facility; support village associations to manage a health savings scheme for emergencies; and develop dramas and a DVD about safe motherhood.

Achieving the goals

Conditions have been vastly improved, including:

- More women accessed skilled birth attendants for delivery in a facility from 30 per cent and 51 per cent in 2006 to 41 per cent and 68 per cent in Kibaale and Kiboga respectively. This represents 28 per cent more women delivering in intervention facilities in 2010 compared to the baseline year of 2006.
- A reduction of facility-based maternal mortality was seen in Kibaale from 999 per 100,000 live births in 2006 to 458 in 2010; and in Kiboga from 827 in 2006 to 363 in 2010.
- An overall reduction in the facility-based stillbirth rate from 33 per 1,000 total births in 2006, to 8.4 in 2009, and a subsequent rise to 29.9 in 2010.
- An overall reduction in the facility-based neonatal mortality rate from 18.7 per 1,000 live births in 2006 to 5.9 in 2010.²

¹ Taken from: Rujumba J & Mugasa A (2011) Mothers and Newborn Health Project in Kiboga and Kibaale Districts, Uganda - Draft Report for the Participatory Project Evaluation. ² 'Options' evaluation

Focus on Fertility

By Dr David Adamson (USA), Chair of the FIGO Committee for Reproductive Medicine



The Committee – clockwise from centre: David Adamson (Chair) (USA), Siladitya Bhattacharya (Co-chair) (UK), Klaus Diedrich (Germany), P C Wong (Singapore), Christine Robinson (UK), Fernando Zegers-Hochschild (Chile), Egbert te Velde (Netherlands), John Collins (Canada), Silke Dyer (South Africa)

The FIGO Committee for Reproductive Medicine - initiated by Dr Gamal Serour, FIGO President, and approved by the Executive Board in June 2010 - comprises Co-chair Siladitya Bhattacharya (UK) and members John Collins (Canada), Klaus Diedrich (Germany), Silke Dyer (South Africa), Christine Robinson (UK), Egbert te Velde (Netherlands), P C Wong (Singapore) and Fernando Zegers-Hochschild (Chile).

Setting the scene

The first aim of the Committee - establishing its vision, mission and strategic goals - has now been completed in detail and approved by the Executive Board. The initial major challenge was to determine what aspects of reproductive medicine the Committee would address. We defined reproductive medicine as the branch of medicine that uses medical, surgical, psychosocial and other interventions to help people maintain or improve their reproductive health. The Committee decided to focus on helping infertile women become pregnant and/or alleviating the burden of infertility. The Committee will not focus on Assisted Reproductive Technology (ART), but will work within the range of generalist obstetricians and gynecologists and down to lower level healthcare providers, including lay providers and the public.

We reviewed current policies and guidelines relevant to access, quality and evidence-linked reproductive care that were available at the World Health Organization (WHO), the European Society for Human Reproduction and Embryology (ESHRE), the American Society for Reproductive Medicine (ASRM), Latinoamericana de Reproducción Asistida (RED), the International Federation of Fertility Societies (IFFS) and other professional organisations, and also the literature. We identified a summary literature to educate Committee members on international sensitivities with respect to culture, religion, politics and economics. These documents are currently being organised in an

electronic library which will be regularly updated and shared with other stakeholders.

Education as key

Our Committee also began educating FIGO members about reproductive medicine, with the first postgraduate workshop being held in Cairo, 2010. The second meeting in Agra, India, in March 2011, enabled relationships to be established with the Federation of Obstetric and Gynaecological Societies of India (FOGSI) and the Indian Society for Assisted Reproduction (ISAR), and with academic and private physicians. Our third meeting will be a workshop in Cairo in December 2011, and we will also participate in the FIGO 2012 Rome Congress.

The Committee has also developed a template to create and deliver better educational programmes, presented to the FIGO Committee for Capacity Building in Education and Training.

Relationships with other stakeholders in reproductive medicine have been established including the WHO, ESHRE, IFFS, ASRM and the International Planned Parenthood Federation (IPPF). We look forward to increasing mutually beneficial working relationships with them, especially in the context of educational events.

Breaking new ground: fine-tuning 'The FIGO Fertility Tool Box™'

These first year activities have helped the Committee formulate a major initiative, 'The FIGO Fertility Tool Box™', a new instrument or 'tool' that will be simple, usable, meaningful (ie provide value to users), multifaceted and evidence-linked. It is hoped that this tool will be used by many providers of women's healthcare to increase access to quality, cost-effective infertility prevention and management. It will be a very flexible tool for adaptation in different environments and countries. Although it is still very preliminary and in its developmental stage, its principles and content have been agreed upon by the Committee. It is hoped to have the first iteration ready for distribution at the Rome 2012 meeting; however, it must be emphasised that this will be a very flexible and evolving instrument that will hopefully be applicable in very many different settings and change with time and use.

Initially to be tested in three model countries - Chile, India and South Africa - it will be distributed widely when it is finished. Very different approaches are being taken in these three pilot countries in order to use the Committee's resources in the most effective way in the light of a restricted budget. Eventually, global needs assessment will be done country by country so that effective programmes can be developed to meet the unique needs and situation in each country.



A brief glimpse of the *very preliminary and partial* first component of 'The FIGO Fertility Tool Box™' is shown here. This very first component deals with why infertility matters and why it should therefore be an integral aspect of women's healthcare. It is called 'The FIGO Fertility Daisy'. This component of the Tool Box is primarily the result of Silke Dyer's productivity, but reflects the perspective of the Committee.

Infertility in low-resource settings is important and management is justified because:

- it reduces **quality of life** through fear, depression, stigmatisation and loss of dignity
- it contributes to the **burden of disease** because 80million women and 80million men are affected globally
- Governments need to deliver on their **political commitments** which they have outlined in the Millennium Development Goals (MDGs), including the achievement of universal access to reproductive health (MDG 5)
- of **non-discrimination**, in that the rich are not more deserving of children than the poor
- **family planning** should also include planning for families, and because services will be strengthened through the integration of prevention of fertility with the treatment of infertility
- fertility preservation and infertility treatment are powerful factors in **STI prevention**, including HIV, by reducing marital and familial instability
- we can make many simpler, yet effective, services **affordable**
- we are wasting precious **resources** when patients receive ineffective infertility care

Other components of 'The FIGO Fertility Tool Box™' will deal with overcoming personal and societal barriers to infertility care, prevention, diagnosis, treatment and referral/termination of treatment.

INTERNATIONAL FEDERATION OF GYNECOLOGY AND OBSTETRICS

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

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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 30 November 2011 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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Spotlight on FIGO member associations

Japan Society of Obstetrics and Gynecology

www.jsog.or.jp  日本産科婦人科学会
Japan Society of Obstetrics and Gynecology

Summer school



'Firstly, all of the members of the Japan Society of Obstetrics and Gynecology (JSOG) would like to express sincere appreciation for the warm-hearted words, donations, and other forms of relief aid from our many colleagues all over the world in the aftermath of the earthquake, and subsequent tsunami, on 11 March 2011 in north-eastern Japan. More than 20,000 people, including three of our society members, were killed or remain missing.

'Immediately following the disaster, JSOG promptly established an obstetrical and gynecological support centre and started to collect and transfer disposable delivery kits, gloves and gowns to the Tohoku area, as normal logistics were disrupted. As part of the emergency medical relief, JSOG Ob/Gyn specialists volunteered in many of the damaged hospitals in the affected areas to help re-establish obstetrical services. JSOG also promptly provided statements backed by scientific evidence to reassure pregnant and nursing women worried about the effects of the radioactive contamination from the destroyed reactors at the Fukushima Daiichi Nuclear Power Station. These activities were supported by generous donations and relief aid from many international and regional Ob/Gyn societies, as well as our individual colleagues. Thank you.

Helping to reduce Japan's maternal mortality rate

'JSOG was established in 1949, effectively unifying multiple regional Ob/Gyn societies in Japan. After the unification, JSOG played important roles, not only in academic activities, but also in education, recruitment of young students, advocacy of women's health issues and the importance of the medical system. In 1899, when the first national maternal mortality rate (MMR) was tabulated, the MMR in Japan was 450 deaths per 100,000 live births. Over the subsequent years and decades, the MMR gradually declined, though even as recently as 1980, the rate was still 20.5, one of the worst statistics among G7 countries at the time. However, this situation has dramatically

improved in the 21st century. Through the persistent endeavours of our JSOG colleagues, Japan's MMR is now below 5.

Trends and challenges

'Japanese people tend to believe that pregnancy is a "happy and safe event". When a pregnancy meets with an unfortunate and tragic complication, such as a maternal or neonatal death or critical illness like cerebral palsy (CP), the mother or the family often suspect physician malpractice. This pressure from patients, families, and society has caused many Ob/Gyn specialists to "burn out" and even abandon obstetric practice. This so-called "obstetric crisis" has become even more severe over the past five years.

'During the first decade of the 21st century, Japan has seen a 10 per cent decrease in the number of obstetricians and gynecologists, while the number of childbirth facilities has dropped by 30 per cent during the same period. Similarly, the number of new resident physicians joining JSOG has also decreased by about 20 per cent. The media has even created a new term, "childbirth refugees", to refer to pregnant women who cannot find birth facilities.

'JSOG dauntlessly fights against these unfortunate trends. The Chairperson and Executive board members have met with politicians, bureaucrats, journalists and lawyers to argue that Ob/Gyn physicians must be able to work without the fear of malpractice accusations. Beginning in 2009, a "no-fault" compensation system was launched in Japan for CP patients related to parturition. JSOG has published obstetrics and office gynecological guidelines to help ensure medical safety and standardisation, while the specialist education system has also been revised during this same period.

Focus on recruitment

'In order to recruit young doctors to Ob/Gyn residency programmes, summer schools for medical students and junior residents are hosted annually by JSOG. More than 300 young students and doctors participate in these JSOG-sponsored summer schools every year.

Through the strong leadership of JSOG, the status of the Ob/Gyn practice in Japan is steadily improving.

'At the same time, demand for Ob/Gyn services in Japan remains strong. The Ob/Gyn practice in Japan has a long and rich history in cancer operations, especially radical hysterectomy. Due to Japanese women delaying marriage and starting their families later in life, the demands for reproductive medicine have increased correspondingly. Today, the largest number of IVF cycles in the world are performed in our country. The life expectancy of Japanese women is now the longest in the world, and we strive to keep all our women healthy in their senior years through sophisticated gynecological and endocrinological practices.

'JSOG is also preserving our respected tradition of PhD education through Ob/Gyn specialist training. It continues to strongly support this tradition by honouring young, as well as established, physician-researchers every year. Through these activities, JSOG promotes Japanese obstetrics, oncology, reproductive medicine and office gynecology, as well as basic research science in our field.

'JSOG has a strong connection with FIGO and we will continue to contribute to women's health all over the world through our activities with the organisation. In 2012, the JSOG Annual Congress, led by Professor Yuji Hiramatsu of Okayama University, will support the FIGO forum in Japan, as well as launch a seminar on international aid for low medical-resource countries to facilitate the MDG5 project with JICA, the Japanese International Cooperation Agency. JSOG will promote these activities as we sincerely continue in our mission to improve women's health and welfare worldwide.'

Ikuo Konishi, MD, PhD

Chairperson of the Executive Board;

Tadashi Kimura, MD, PhD

Director of International Relations

Japan Society of Obstetrics and Gynecology



Professor Konishi

FIGO WORLD CONGRESS: SECOND ANNOUNCEMENT!

The second announcement of FIGO's World Congress (7-12 October 2012) – to be held at the Nuova Fiera di Roma – has just been released.



Full details of how to register, secure accommodation, and submit abstracts etc are now available online at www.figo2012.org

View the FIGO event calendar on www.figo.org/congress/event-calendar1 for information on upcoming FIGO, and external, events

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