



# FIGO

INTERNATIONAL FEDERATION  
OF  
GYNECOLOGY & OBSTETRICS

## FIGO – NEWS!

The Nordic countries have traditionally had a representative at the FIGO Executive Board. The representative has been chosen according to the national rotation in NFOG, and has been promoted by the NFOG-countries during the FIGO congress. Officially national societies are members of FIGO and responsible for the expenses of the board member. The members of the NFOG board have felt that there is a need to improve communication between FIGO and NFOG and to strengthen collaboration between these two organizations. Therefore, the NFOG board has decided to cover the expenses of the FIGO Executive Board member from a Nordic country and he/she shall attend the NFOG board meetings at least once a year to report of FIGO activities and to keep NFOG members up dated by news letters. This is the news letter from my first FIGO Executive Board meeting.

**FIGO Executive Board Meeting took place in June in Dar Es Salam, Tanzania.**



The board is chaired by professor Gamal Serour from Egypt and has over 40 representatives in different positions: 24 representatives from national societies, the Chief Executive and 6 officers, 10 committee and working group chairs, and the editor of International Journal of Gynecology and Obstetrics. In addition, an observer from Europe (EBCOG) , Asian & Oceanian Federation (AOFOG) and the Federation of Latin American Societies (FLASOG) participated the meeting. EBCOG was represented by the president Peter Hornnes from Denmark. The FIGO Executive board has three female members : Past-President Dorothy Shaw, Canada, Christine Tippett, Australia , and Seija Grénman, Finland.

This was my first Executive Board meeting, but the 253 page long briefing baggage including reports from the officers and the committees as well as the material delivered at the meeting helped in learning about the numerous activities of FIGO. The discussions with many longstanding board members indicated that **FIGO has undergone some fundamental changes during the recent years.** The Federation has:

- 1) become more international and focused more on the problems in developing, low income countries.
- 2) recruited more non-governmental funding, the Gates foundation being the greatest supporter.
- 3) created a close network with other organizations working to improve female sexual and reproductive health
- 4) aims to create closer collaboration with national societies and regional federations.

In addition, the board members expressed on several occasions that the main focus of FIGO activities should be education and training at grass- route level as there is already a wealth of guidelines and protocol available.

President Gamal Serour and the Chief Executive Rushwan have attended a number of meetings of national societies or organizations like WHO and UNFPA (United Nations Population Fund), and work to establish joint efforts to improve women´s reproductive and sexual health.

FIGO has the office in London and during the recent years the number of people on the FIGO staff has increased from 3 to 13. In 2008 prof. Hamid Rushwan from Sudan started as Chief Executive and has worked actively to promote both funding and follow up of projects. His contract was renewed for another 3 years in 2010.

President Gamal Serour had decided to arrange **the Executive Board meeting in Tanzania for at least three reasons:**

1. To show the board members what are the **problems and resources** in African countries, Tanzania has the population of nearly 40 million, and only 140 gynecologists. Half of the deliveries take place at home, and from every 20. mothers one die due the complications, mainly post partum haemorrhage (PPH).
2. To show **a positive example of FIGO activities**. We had a chance to visit the fistula hospital supported by FIGO and AMREF (African Medical and Research Foundation).



AMREF has a number of projects going on in Africa, and the support of the fistula hospital in future is under consideration. Around 250-300 operations are performed yearly, mainly by a Greek surgeon, and 1-2 Tanzanian doctors are in training yearly. Professor, The Lord Patel from Dundee is the chairman of FIGO Committee on Fistula.

3. **To support AGOTA** (Association of Gynecology and Obstetrics in Tanzania) and to help them to get resources from the government. It was obvious that the meeting was successful in this respect. On 23. June the FIGO Executive Board and AGOTA arranged a joint workshop “Challenges in women’s health; evidence based practices” . It was attended by Mama Salma Kikwete, the First Lady of Tanzania, and officers from the Ministry of health. Almost half of the Tanzanian gynecologists and a number of midwives attended the meeting, and had a chance to discuss the treatment and prevention of post partum haemorrhage, family planning, unsafe abortions and other important topics.

**The FIGO committee for Safe Motherhood and Newborn Health (SMNH)** is one of the most important committees within the Federation. It is chaired by Professor André Lalonde from Canada, and it is overseeing the Saving Mothers and Newborns initiatives (twinning projects) in 10 countries, but has also many other ongoing activities. The twinning projects were initially planned for four years, and are closing in 2010-2011 due to the lack of further support. It is a shame because these projects have been running well. Sweden has been twinning with Pakistan, and Denmark with Nigeria. It is obvious that FIGO needs more support from non-governmental organizations to run its activities.

The majority of the work is done in the working groups and committees. Most of the committees have eight members, and some consultants or corresponding members. The activity and the frequency of meetings of the committees seem to some extent to vary, the SMNH being one of the most active with a teleconference every six weeks and one physical meeting/ year.

The cultural and religious differences of the member countries are most obvious in the **committee for the Ethical Aspects**. The committee makes proposals and writes statements on numerous issues. The completed statements can be found at the FIGO home page, [www.figo.org](http://www.figo.org), and may be helpful in some problematic cases. Many interesting topics are at final stage of discussion including cross-border reproductive care, care of pregnant women who are in persistent vegetative state or brain dead, gynaecologic care of disabled women, late term detection of severe fetal impairment, teenage pregnancy associated with early marriage etc. The statement and recommendation on hymenoplasty was listed as completed in the report, but was withdrawn at the meeting since it still needs more discussion among the committee members.

Attending the FIGO Executive board meeting was very interesting and educational. I look forward to learning more about FIGO and will keep the NFOG members updated on its activities, and also on possibilities to participate projects run by FIGO.

Best regards,

Seija Grénman  
FIGO Executive Board Member  
Finland /NFOG

Professor/Chairman  
Department of Obstetrics and Gynecology  
Turku University Hospital  
20520 Turku  
Finland