



International Federation of Gynecology and Obstetrics

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December 2016

NEWSLETTER

FIGO's agenda attracts global opinion leaders to Florence

Dear Colleagues

It has been an eventful three months, with many important meetings around the world.

September began with the London meeting of the FIGO Working Group for Preterm Birth, supported by March of Dimes, which was extremely fruitful.

I then travelled to Colombo to attend the 1st South Asia and Asia Pacific International Congress on Diabetes, Hypertension & Metabolic Syndrome in Pregnancy. The 'Colombo Declaration' was signed during the opening ceremony – it is a regional call to action to address the link between maternal health and diabetes as a public health priority. The

document also highlights FIGO recommendations on hyperglycemia in pregnancy (HIP) and advocates for their implementation.

FIGO's HIP Working Group was involved in the creation of the Declaration, and the first signatory was the Sri Lankan Minister of Health and Indigenous Medicine, Hon. Dr Rajitha Senaratne, followed by FIGO dignitaries: myself; Professor Moshe Hod; Dr Hema Divakar; and Dr Anil Kapur. Nearly 18 per cent of pregnant women in the region suffer from hyperglycemia in pregnancy, with major consequences for the mother, newborn baby and the risk of diabetes in both mother and child later in life, resulting in a national health issue.

I attended a conference in Hyderabad on best practices and controversies – a public forum was also present (via a city cycle rally) to say 'No to Gender Violence'. This was attended by government officials, the police and social activists, with FIGO and FIGO's Indian Member Society, FOGSI, supporting the initiative.

The International Federation of Fertility Societies' (IFFS) meeting was held in Delhi from 22–24 September, attended by over 2,500 visitors. I was honoured to chair the FIGO-IFFS conference oration. The FIGO Committee for Reproductive Medicine, Endocrinology and Infertility was there in full strength and participated in a colourful inauguration with the Minister for Health for State as the Chief Guest. The Committee Chair, Dr Edgar Mocanu, and I had the opportunity – along with other Committee members – to have deliberations with the team from the World Health Organization (WHO); we agreed to co-operate with all fertility societies and agree on uniform policies, especially with respect to considering infertility as a health problem – this will allow much needed insurance support to be possible for fertility treatment, which is currently beyond the reach of an average earning couple.

October saw some very important meetings, starting with a Gujarat state conference where I participated in an inauguration, and gave a speech on near-miss reviews.

This was followed by a high-profile meeting,

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L-R: Professor C N Purandare, FIGO President; Professor Seija Grenman, FIGO Vice President; Professor Luis Cabero-Roura, Chair of the FIGO World Congress 2018 Organising Committee; Dr Carlos Fuchtnert, FIGO President-Elect; and Professor Gian Carlo Di Renzo, FIGO Honorary Secretary

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Interview with new FIGO Chief Executive | Introducing the World Association of Trainees in Obstetrics and Gynecology (WATOG) | FIGO and the Colombo Declaration | Special feature from the International Urogynecological Association (IUGA)

PRESIDENT'S MESSAGE

FIGO's agenda attracts global opinion leaders to Florence

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endorsed by FIGO and many others, such as Women Deliver, WHO, Gavi, the Government of India and the American Cancer Society. It was organised by Global Health Strategies on 'Cervical Cancer Prevention and Control in India and Beyond: A Comprehensive Approach Towards Elimination'. While India has achieved a reduction in deaths due to maternal mortality to 44,000 per year, cervical cancer deaths number 67,000 per year. FIGO emphasised the great urgency – gains in saving lives through a reduction in maternal mortality are lost through women dying from a preventable cause like cancer of the cervix.

I visited Mozambique for the PMNCH (WHO) meeting to debate and work on the Strategic Objectives and the implementation of *Every*

Woman Every Child – no-one should be left behind, especially in the African Region.

The highlight of the last few months has been the joint conference of FIGO and WHO in Florence in early November – the Global Conference on Maternal Infant Health – where joint recommendations were produced, together with other participating bodies, after intense deliberation. These recommendations will be submitted to the Italian Government so that it can refer the document to next year's G7 meeting for consideration. The Vatican also invited all key players for a one-day discourse on maternal, newborn and adolescent health.

My last assignment was at the inauguration of the International Conference on Gestosis, along with FOGSI, which took place in Mumbai, attended by over 2,500 delegates.

The new FIGO Chief Executive, Johan Vos, took over the organisation in mid-September, and is working on a new strategic direction from 2017 onwards.

The planning of the 2018 FIGO World Congress is in full swing, and we will keep you updated in the coming months.

Wishing you all a Merry Christmas and Happy New Year.

Best wishes



Professor C N Purandare
FIGO President
2015–2018

Professor Purandare (centre) with the 'Textbook of Diabetes and Pregnancy' (third edition), edited by Professor Moshe Hod, Chair of the FIGO Hyperglycemia in Pregnancy Working Group (right)



Professor Purandare in Hyderabad at the Violence Against Women Public Forum (August 2016)



Professor Purandare at the PMNCH meeting in Mozambique with Mrs Graça Machel, Board Chair (centre), and Mrs Frances Ganges, Chief Executive of the International Confederation of Midwives (ICM)



Professor Purandare speaking at the concluding session in Florence



Visiting FIGO's Member Society in Mozambique (President Dr Nafissa Bique Osman is in white)

FIGO welcomes a new Chief Executive!

Johan Vos was appointed to the role of FIGO Chief Executive in September 2016.

Johan has over 20 years' experience working within the charity/not-for-profit sector, and has extensive experience of leadership within national and international health charities and membership-based organisations. His most recent position was as Deputy Executive Director at Alzheimer's Disease International (ADI) where he gained significant experience of advocacy and influencing global, regional and national health agendas with Governments and international health agencies such as the World Health Organization (WHO).

In addition, Johan has represented ADI on the global stage, negotiated and managed strategic partnerships with global industry (including pharma) and has wide-ranging experience of policy and membership development. Prior to this, he worked within senior leadership and income development roles for the world's leading charities that include Alzheimer's New Zealand, Arthritis New Zealand and UNICEF New Zealand.

Q and A with Johan Vos

Johan, welcome to FIGO! Tell us a little about your background.

I was born in Holland but was fortunate at a young age to have lived in a number of different countries.

My father's work took us to Venezuela and Chile in the 70s when I was five. Seeing poverty and inequality made a huge impression on me as a child. Learning Spanish and English, as well as appreciating new cultures, taught me valuable life lessons such as openness, compassion and making a difference to people less fortunate. It also taught me resilience – changing houses and schools, learning new languages and making new friends was not always easy!

In Chile we lived under the dictatorship of General Pinochet. As a family, we helped where we could, including supplying food to orphanage homes and later adopting my Chilean sister at three years of age. After returning to Holland for some years, we then moved to New Zealand. I finished high school, studied marketing and management and began my career, moving to London to live four years ago.

What attracted you about working for FIGO?

My experiences of living abroad at a young age have shaped who I am today.

Early on I decided on a personal goal – to help people achieve better life outcomes through my professional work. I have been fortunate and privileged to work for leading NGOs like UNICEF, where I started my career. I have predominantly worked for national and international health- and membership-based organisations. Using my management skills I was able to build strong teams and best position these organisations for



success. Prior to joining FIGO, I was with ADI – similar in structure to FIGO. During my time there, I was able to strengthen membership associations, open a regional office in the Asia Pacific, build new programmes and achieve success in advocacy and income development.

Joining FIGO provides me with the opportunity to use 20 years of knowledge and skills to champion women's health and to help support the noble profession of obstetrics and gynecology. I have a strong moral compass and will lead FIGO as Chief Executive with my own personal values in mind. I look forward to working with the FIGO Officers and Executive Board to define the strategic direction and goals, and then my team and I will implement this. I will provide a safe pair of hands for changes that will enable FIGO to become stronger and achieve new levels of success – ultimately this will mean that women are better supported.

What do you see as the main challenges/opportunities ahead for FIGO in the next few years?

I think FIGO has a rich history and is exceptionally well served by so many dedicated professionals who give their time so willingly. Women's health is a very broad topic and FIGO will need to define what areas it wants to focus on or risk having its message diluted. FIGO can better support its national societies. Building capacity and strengthening them means they are better able to represent women's health to governments and policy makers. I would also like to see more women in leadership roles!

I would like to see FIGO have a stronger voice globally and strengthen its existing relationships to work more collaboratively. I think we can also

do more to strengthen communication both internally and externally.

FIGO's dedicated staff members often work over and above what is asked of them. There are opportunities to enhance our work, better support the Committees and Working Groups and undertake more work that directly makes a difference to women around the world who need our help and support, particularly in low- and middle-income countries.

How do you switch off from the demands of the job?

I play tennis, swim, bike or walk, mostly with my children (Alexander, 10, and Elizabeth, eight), who are my treasures. I also own a classic British sports saloon, and working on it helps me relax! Driving through the countryside is lovely, too – if I can get all the pieces to fit back together!

I also enjoy music and history, playing chess and spending time with my friends and family. I am very much a 'people' person and enjoy meeting and getting to know others.

I want to thank you for making me feel very welcome in FIGO. It has been a great pleasure getting to know the FIGO family. I look forward to working together and serving women's health globally.

A handwritten signature in blue ink, which appears to read 'Johan Vos'.

Johan Vos
FIGO Chief Executive

International Federation of Gynecology and Obstetrics

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Readers are invited to refer items for consideration by email to communications@figo.org no later than 27 February 2017 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.

Produced and edited by Alexandra Gilpin at the FIGO Secretariat © FIGO 2016.

FIGO signs the Colombo Declaration: fighting the diabetes epidemic in South Asia

FIGO was recently involved in the creation and signing of a landmark document calling for increased focus and commitment on Hyperglycemia in Pregnancy (HIP) in the South Asian region.

The 'Colombo Declaration' was signed during the opening ceremony of the 1st South Asia and Asia Pacific International Congress on Diabetes, Hypertension & Metabolic Syndrome in Pregnancy held in Colombo, Sri Lanka on 8–10 September. It is a regional call to action to address the link between maternal health and diabetes as a public health priority. The document also highlights FIGO recommendations on HIP and advocates for their implementation.

Hyperglycemia is one of the most common medical conditions affecting women during pregnancy, impacting an estimated quarter of all live births in South Asia. Pregnancies affected by HIP are subject to increased risk of complications – hypertension, obstructed labour, post-partum haemorrhage, infections, still births, premature delivery, newborn deaths due to respiratory problems, hypoglycemia and birth injuries.

Eight countries account for 55 per cent of global live births as well as 55 per cent of the global burden of diabetes; three of these are in South Asia – India, Pakistan and Bangladesh. Despite these high numbers and the fact that South Asian women are considered to have the greatest vulnerability for gestational diabetes (GDM), routine testing of all pregnant women is not undertaken. Without testing, women are not diagnosed and their condition is not managed. Also, without preventive care, almost half of the women with gestational diabetes will go on to develop type 2 diabetes and significant proportions develop premature cardiovascular



disease within 10 years of childbirth. Children born to women with gestational diabetes are also at very high risk of obesity, early onset type 2 diabetes and cardiovascular disease, making this an intergenerational concern.

For these reasons the Colombo Declaration was created where signatories pledge to support efforts to raise public awareness of the link between maternal health and diabetes and the impact of HIP on maternal and child health; for policy makers and providers to encourage preconception counselling, antenatal care and post-natal follow up; to ensure all pregnant women are tested for HIP; and to ensure that there is appropriate care, including post-partum, to better attend the high-risk mother child pair following a pregnancy affected by GDM.

Signatories also pledge to accelerate the implementation of the FIGO guidelines for gestational diabetes in South Asia. These guidelines ([www.ijgo.org/issue/S0020-7292\(15\)X0015-4](http://www.ijgo.org/issue/S0020-7292(15)X0015-4)) were created by the FIGO Working

Group on HIP, chaired by Professor Moshe Hod, published in 2015.

The Working Group was involved in the creation of the Colombo Declaration which was signed at the opening ceremony of the conference. The first signatory was the Sri Lankan Minister of Health and Indigenous Medicine, Hon. Dr Rajitha Senaratne, followed by FIGO dignitaries: President, Professor CN Purandare; Professor Moshe Hod; Dr Hema Divakar; and Dr Anil Kapur.

Working at the forefront of this international movement to improve maternal health and meet the challenges of the non-communicable disease epidemic, it is the FIGO HIP Working Group's intention that the Colombo Declaration is just the first of many such regional pledges that will lead to a global declaration at the FIGO World Congress in Brazil in 2018.

For more information, see: www.igo.org/hyperglycemia-pregnancy-project.

Report courtesy of Jessica Morris, FIGO Project Manager

FIGO Fistula Surgery Training Initiative – from strength to strength in 2016

The success of the FIGO Fistula Surgery Training Initiative – to build the capacities of fistula surgeons in accredited training centres, using the FIGO Global Competency-Based Fistula Surgery Training Manual – continues apace. The Initiative helps dedicated physicians to acquire the knowledge, skills and professionalism needed to prevent obstetric fistula, and provide high quality surgical, medical and psychosocial care to women who have incurred fistula, whether during childbirth or because of inflicted trauma.



Gillian Slinger, Project Manager, third from left; Lilli Trautvetter, Project Assistant, third from right

Gillian Slinger, Project Manager, explains: 'From the beginning of the Initiative in 2012 until the end of 2016, 61 Fellows have been involved in an ongoing manner in the programme and have done training placements

in FIGO Accredited Training Centres in the following countries: Ethiopia, Tanzania, Nigeria, Kenya and Uganda.

'We're delighted to report that an additional 15 new Fellows joined the Programme in 2016, including some from high-need countries that are new to the project eg Somaliland, Somalia, Angola, Sudan and Zambia. To provide additional training and support to Fellows on the Programme, a carefully planned coaching schedule was developed in 2016, with one- to two-week visits by Accredited Trainers taking place for Fellows in their home facilities in Bangladesh, Kenya, Uganda, Nepal, Tanzania and numerous sites in Nigeria.

'Keeping track of our success has been a key objective! Fellow surveys have been undertaken as the Programme has grown – increasing numbers of surgical fistula repairs are being done by Fellows as the initiative continues to gain momentum.

eg

- August 2016
 - Total repairs by all Fellows since initial training placement = 2,840 (86% success rate)

'Our quarterly newsletter, which was launched in December 2014, now has 500-plus subscribers, and continues to be very popular.

'In October 2016, the Fistula Project team took part in the biennial Conference of the International Society of Obstetric Fistula Surgeons (ISOFS), in Abuja, Nigeria, and had the opportunity to give a presentation on the Training Programme, as well as to personally thank many Trainers and Fellows present for their vital contributions to the Initiative and to help affected women all over the world.'

Gillian ended: 'The next exciting phase of the project will include further expansion, with continued admission of Fellows from new, high-need countries, while moving towards programmatic consolidation, by reinforcing and developing the skills and activities of all Fellows already on the Programme.'



Tsung-Hsien (Charles) Su, MD, PhD; FIGO Urogynecology and Pelvic Floor Committee Chair



G Willy Davila, MD, IUGA Past President

What's happening in Urogynecology? – A 'spotlight' on the International Urogynecological Association (IUGA)

By Tsung-Hsien (Charles) Su, MD, PhD, FIGO Urogynecology and Pelvic Floor Committee Chair and G Willy Davila, MD, IUGA Past President

The International Urogynecological Association (IUGA) is the largest professional association focusing on female pelvic floor problems. As Past-Presidents of the association, we have helped it become the premier source of information and education for clinicians whose professional interest is centered on urogynecology. Among the many fruitful relationships IUGA has fostered over the years, we are the most pleased by the growing working relationship with FIGO.

Partnership with the FIGO Urogynecology and Pelvic Floor Committee

In 2015, FIGO developed a new Committee on Urogynecology and Pelvic Floor which has very strong links to IUGA as all members of this Committee have, at one time, been involved with IUGA. Since IUGA has existed for more than 40 years, it has tremendous influence on the development of science in the field of urogynecology and it will support this Committee by providing input on academics and policy. Between the expertise provided by IUGA members and FIGO's links with organisations such as the World Health Organization (WHO), this Committee has the potential to make a huge impact in the realm of female pelvic health.

The Committee was created to promote the global standard of women's healthcare in the lower urinary tract (LUT); establish a platform for physicians to obtain more knowledge about urogynecology; and promote the development of science, knowledge and technique in the world of pelvic floor dysfunction. It is currently working on establishing a guideline on the use of transvaginal mesh for pelvic floor reconstruction. This effort is along the lines of IUGA's previously published recommendations on appropriate uses of synthetic mesh in reconstructive surgery. The Committee will also set up a guideline on the minimal knowledge required for obstetricians and gynecologists that will meet the requirements for their daily practice.

The IUGA Academy

IUGA members now have access to hundreds of webcasts, abstract presentations, surgical videos, podcasts and more via the new IUGA Academy. The Academy is a one-stop shop for IUGA members' e-learning needs. Members can search for e-learning material based on dysfunction (like stress incontinence or an overactive bladder), an annual meeting year or contributor – finding what you are looking for is super easy! You must be logged-in as an IUGA member to view the content.

The Surgical Database

At its 2016 meeting in Cape Town, IUGA launched a test version of a surgical database

which will allow users to collect pre-, intra- and post-operative data and print reports based on this information. The surgical database is for IUGA members only and allows members to self-monitor their treatment outcomes and/or combine their data with other centres.

IUGA 2017 in Vancouver, Canada

Join us next June as IUGA heads to Vancouver for its 42nd Annual Meeting (at the same venue

as FIGO's meeting last year!) This meeting won't disappoint, with a full day of didactic and hands-on workshops, state-of-the art lectures, two and a half days of abstract presentations, regional meetings, a vibrant social programme and much more. Save www.iugameeting.org/ to your bookmarks' tab and visit it frequently for updates. We hope to see you there!

For more information about IUGA, please visit www.iuga.org.

FIGO Preterm Birth Working Group sets robust agenda for 2017

The latest meeting of the FIGO/March of Dimes Working Group on Preterm Birth took place in early October at the offices of the Royal College of Obstetricians and Gynaecologists (RCOG) in London. With the full attendance of the group – including several new members – specialists in the field from around the world participated in a lively debate on a number of topics relating to preterm birth.



The Preterm Birth Working Group in London

In September this year, the group published its paper – '*Cross-Country Individual Participant Analysis of 4.1 Million Singleton Births in 5 Countries with Very High Human Development Index Confirms Known Associations but Provides No Biologic Explanation for 2/3 of All Preterm Births*' [www.ncbi.nlm.nih.gov/pubmed/27622562]. This used country-level data from four high-income countries – with a total of over four million births – to assess the contributions of known risk factors for both spontaneous and provider-initiated preterm birth. The paper goes on to estimate the potential impact of successful interventions due to advances in research, policy and public health, or clinical practice.

Discussion at the meeting centred on additional activities for the group, including an upcoming commentary on the paper, and several events in Latin America that follow up its publication. On 9–10 December 2016, the group will host an event in San Jose, Costa Rica, entitled *Infertility, Assisted Reproduction and Preterm Birth*. This will be attended by a number of representatives from the Costa Rican government; the Asociación de Obstetricia y Ginecología de Costa Rica; and regional and international experts, among other influential individuals. This event is in line with the agreement made in 2013 between FIGO and March of Dimes, where the two organisations agreed to apply the findings from the work in high-income countries to middle-income countries in Latin America, utilising existing links which the American College of Obstetricians and Gynecologists has with FIGO Member Societies. Later in 2017, the group plans to hold a similar event in Uruguay.

These joint efforts mark the continued excellent relationship between FIGO and March of Dimes. On 17 November, FIGO supported the March of Dimes' campaign on World Prematurity Day, as well as supporting efforts during Prematurity Awareness Month (November).

Report courtesy of Matthew Pretty, FIGO Project Co-ordinator



By Petra Gabor (Hungary), WATOG General Secretary

Encouraged by the example of their own country, a couple of young doctors in France had the idea of creating a world association for trainees in obstetrics and gynecology. The project was welcomed by FIGO, whose Officers had long wanted to find a way to mobilise the youngest members of our profession.

The World Association of Trainees in Obstetrics and Gynecology (WATOG) was founded on 7 October 2012 under the auspices of FIGO. On that day representatives from 73 countries unanimously supported its founding. Today, four years later, 80 countries are represented in the association.

WATOG is a non-profit organisation whose main mission is to help every OB/GYN trainee in the world to access the highest level of education, overcome cultural and gender barriers and facilitate contact and exchange between members from different countries.

WATOG's first concern is to promote the foundation and sustaining of OB/GYN trainee associations at national and regional levels. To achieve this, it encourages and helps trainee initiatives but it also collaborates with FIGO and other national and regional senior associations to



The first WATOG Executive Committee at the FIGO World Congress in Rome, 2012



FIGO-WATOG meeting in September 2016 – Professor Hamid Rushwan (then FIGO Chief Executive) and WATOG Officers: Dr Olivier Ami, President; Dr Petra Gabor, General Secretary; and Dr Magali Barbier, ENTOG representative



WATOG members at the second General Assembly of the FIGO World Congress in Vancouver, 2015

New addition to FIGO Finance Department

The FIGO Finance Department has been recently strengthened with the addition of Adedire Pitan as Finance Co-ordinator.

Adedire is an ACCA (part qualified) accountant, with over nine years' experience within the public and charity sectors. He joins FIGO having previously worked for major public and charity organisations, including Save the Children, the Department for Communities and Local Government, the Metropolitan Housing Trust, the Competition and Markets Authority, and Shakespeare's 'Globe'.

He said: 'I am delighted to join FIGO, an organisation that embraces change. I believe that an accountant's role helps to play a substantial part in the effective running of programmes around the world. This really gives a sense of purpose to my daily work.'



Adedire Pitan, Finance Co-ordinator

strengthen the connection between young and senior representatives of the profession.

The final goal is to integrate the involvement of OB/GYN trainees in global issues pertaining to reproductive healthcare, especially those of the mother, foetus and newborn, but also women's healthcare in general.

Any young professional who has started his or her OB/GYN specialisation not more than ten years ago is considered to be a young OB/GYN and can be a WATOG member. The trainee status is reserved for those who are enrolled in the nationally recognised training programme, but who have not yet completed training nor received certification as a specialist in obstetrics and gynecology.

The association has been divided into six geographical regions: Europe, Asia, Latin America, North America, Africa and Oceania. Every region has two representatives who report to WATOG and whose task is to promote networking within the region and support the creation of local trainee organisations. Europe is represented by the European Network of Trainees in Obstetrics and Gynecology (ENTOG) within WATOG. ENTOG's 20 years' experience in networking provides an example and guidance for other countries and regions.

WATOG wishes to create a platform where trainees can connect, exchange information and learn from one another with a common goal of improving the quality of care and women's health. Thanks to the individual effort of its voluntary organising members and the support of a few

sponsors, it has financed the participation of trainees from numerous member countries at the WATOG General Assembly during the FIGO Congress in 2012 and again in 2015. This is an incredible opportunity for trainees from all over the world to meet, exchange ideas and network. Furthermore, it facilitates the engagement of youth in the future of our speciality.

During the last four years, a lot of progress has been achieved. WATOG had a role in the promotion of national trainee organisations – independently or within the existing senior society – in 15 countries (Mexico, Tunisia, Zambia, Zimbabwe, Nepal, Salvador, Bolivia, Nigeria, Egypt, Japan, Russia, Burkina Faso, Sudan, Turkey and South Africa).

The network is getting stronger via online communication (www.watog.org) and through social media (Facebook: www.facebook.com/groups/watog), and Twitter: twitter.com/WATOG_org). We are working on a website for educational content that can be easily and freely accessible for trainees all around the world (www.watog-campus.org). Our aim is to become a platform that not only trainees but also senior societies can use to pass information to other young professionals worldwide. For any enquiries, do not hesitate to contact us at executive@watog.org.

The active members of WATOG keep working to strengthen this network, where every trainee from every country will be able to benefit freely from the exchange of information and collaboration on a global level.

The 'Power of Programming'...



Matthew Pretty in Munich

An international conference on developmental origins of adiposity and long-term health took place from 13–15 October 2016 in Munich.

FIGO occupied a booth and several Members of the FIGO Working Group for Adolescent, Pre-conception and Maternal Nutrition delivered keynote presentations, including the Chair, Professor Mark Hanson, who chaired and presented in a number of sessions.

Matthew Pretty, Project Co-ordinator on the FIGO Nutrition Initiative, said: "This was a key event in the calendar for the developmental origins of health and disease (DOHaD) agendas, and thus an important opportunity for FIGO to disseminate the messages of their nutrition recommendations and the importance of good nutrition throughout the life course."

Videos from the FIGO Congress 2015 Nutrition sessions are viewable at: www.who.org/videos.



Free women's health newsfeed at www.who.org

FIGO provides a free women's health newsfeed on its website, which is written by an independent news agency. This 'one-stop shop' features the latest global stories on issues such as female genital mutilation (FGM), fertility, gynecology and technology, gynecology and the law, gynecology and women's health, the menopause, newborns' health and oncology.

Visit www.who.org/news/womens-health-newsfeed.



Take your pick – IJGO offers free Editor's choice every month

FIGO's journal, the International Journal of Gynecology and Obstetrics, offers a free paper to view each month – the Editor's Monthly Pick – which can be accessed at www.who.org/international-journal-gynecology-obstetrics

There are also a number of other useful free to view papers and supplements available including the 2015 World Report on Women's Health and the 2015 FIGO Cancer Report. Visit www.who.org/free-view to access the selection.

Diary Dates

2nd World Congress on Recurrent Pregnancy Loss

19–22 January, Cannes, France
www.2017.wcrpl.com/

60th All India Congress of Obstetrics and Gynaecology

25–29 January 2017, Ahmadabad, India
www.aicog2017.com/index.html

The 25th AC and Silver Jubilee Celebration of the Ethiopian Society of Obstetricians and Gynecologists (ESOG) and the 2nd AC of the African Federation of Obstetrics and Gynecology (AFOG)

2–4 February 2017, Addis Ababa, Ethiopia
www.esog.weebly.com/

9th International DIP Symposium on Diabetes, Hypertension, Metabolic Syndrome and Pregnancy

8–12 March 2017, Barcelona, Spain
www.comtedmed.com/dip/2017/welcome.aspx

RCOG World Congress 2017

20–22 March 2017, Cape Town, South Africa
www.rcog2017.com/

Congress of the Asia Pacific Initiative on Reproduction (ASPIRE 2017)

30 March–2 April 2017, Kuala Lumpur, Malaysia
www.aspire2017.com/

International Federation of Cervical Pathology and Colposcopy (IFCPC) 2017 World Congress

4–7 April, 2017, Orlando, United States
www.ifcpc2017.com/Default.aspx

The 69th Annual Congress of the Japan Society of Obstetrics and Gynecology

13–16 April 2017, Hiroshima, Japan
www.jsog.umin.ac.jp/69/index69.html

1st World Congress on Maternal Fetal Neonatal Medicine

24–26 April 2017, London, UK
www.mcascentificevents.eu/worldmfnm2017

2017 ACOG Annual Clinical and Scientific Meeting

6–9 May 2017, San Diego, USA
www.acog.org/Education-and-Events

13th World Congress on Endometriosis

17–20 May 2017, Vancouver, British Columbia, Canada
www.endometriosis.ca/world-congress/wce2017

11th European Congress on Menopause and Andropause

22–24 May 2017, Amsterdam, Netherlands
www.emas-online.org/default2017.asp

25th Asian and Oceanic Congress of Obstetrics and Gynaecology (AOCOG)

15–18 June 2017, Hong Kong
www.aocog2017.com

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FIGO 2018

XXII FIGO World Congress of
Gynecology and Obstetrics

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To register your interest please email: congress@figo.org