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SPECIAL ARTICLE

A vision for FIGO[☆]

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President 2006–2009

I am deeply honored by the privilege bestowed on me as President of FIGO. I am also acutely aware of the responsibilities and expectations associated with the office of president during this time of transition and recognize that they can only be accomplished through teamwork on many levels, as demonstrated by President Aziz, Professor Ho, Lord Patel, and the AOS team during this XVIIIth FIGO World Congress.

My first responsibility is to recognize the history of our organization as we collectively move forward, and the vision and commitment of our past presidents. Building an organization requires a strong foundation and when change is required to strengthen the organization, the wisdom and support of those strong leaders is a great benefit.

I would like to thank all of you for your support in making today a reality, but in addition to my family, I particularly wish to thank the Society of Obstetricians and Gynecologists of Canada (SOGC) for their commitment to FIGO, to the partnerships they have built with member societies in low income countries, for initiatives such as the International ALARM train, the trainer program in emergency obstetric care. Dr. André Lalonde deserves special mention, since in addition to his role as co-chair of the FIGO committee for Safe Motherhood and Newborn Health and his SOGC leadership, he has also represented FIGO tirelessly on the new international partnership for

Abbreviations: AMREF, African Medical and Research Foundation; AOS, Asian Overland Services; ECSAOGS, East Central Southern African Obstetrics and Gynecology Societies; FEBRASGO, Federation of Brazilian Societies of Gynecology and Obstetrics; IPA, International Paediatric Association; ICM, International Confederation of Midwives; IPPF, International Planned Parenthood Federation; MDGs, Millenium Development Goals; POPPHI, Prevention of Post Partum Hemorrhage Initiative; SASOG, South African Society of Obstetrics and Gynecology; SIDA, Swedish International Development Co-operation Agency; UNFPA, United Nations Population Fund; UNICEF, United Nations Children's Fund; WB, World Bank; WHO, World Health Organization; WSRR, Women's Sexual and Reproductive Rights.

[☆] Inaugural address by Dr. Dorothy Shaw. President, International Federation of Gynecology and Obstetrics, FIGO XVIIIth International Congress, Kuala Lumpur, November 10th 2006.

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Maternal Newborn Child Health (PMNCH) and with our partners in ICM, IPA and others, professional organizations are finally being recognized as important partners internationally in moving our common agenda forward.

What is our common agenda? Why did we choose sexual and reproductive health as our specialty, unique in its public health foundation and in its ability to raise more controversial questions than any other field of medicine?

Saving women's lives

In the 5 days since this Congress opened, on Sunday, November 6, 2006 at 5 pm, until the time we began the closing ceremonies, approximately 7000 women died around the world from pregnancy-related causes, and for every woman who died, 30 more, or 210,000 women, have suffered serious illness, injury or disability. At FIGO, we understand that global maternal mortality is a shameful reality requiring our urgent attention, with an estimated 500,000 women dying during pregnancy or childbirth every year, most in the poorest countries.

It was a former FIGO President, Mahmoud Fathalla, who turned the spotlight on the social responsibilities of FIGO; with the Safe Motherhood initiative in 1997 highlighting this role in addition to providing professional development for obstetrician/gynecologists of the world. His statement is still true today: "Women are not dying because of diseases we cannot treat. They are dying because societies have yet to make the decision that their lives are worth saving." Women who die during childbirth or who suffer serious complications frequently experience stillbirth or lose their newborn infants, compounding the tragedy.

The importance of reproductive health to maternal and infant health, addressing HIV/AIDS epidemic, gender equality, human rights, and poverty reduction was recognized by the global community during the International Conference on Population and Development at Cairo in 1994, when 179 countries agreed to achieve universal access to sexual and reproductive health by 2015. It was expected that the program of action would be included in the Millennium Development Goals. The FIGO Pre-Congress Workshop on November 2–3, 2006 was focused on emerging issues in access to reproductive health.

Health is not only a human right; it is an important contributor to economic development. This creates a compelling case for investing in reproductive health, especially since interventions are readily available and affordable. When the MDG's were adopted in 2000, the evidence for such links was ignored and the MDG's failed to include targets for universal access to reproductive health. Fortunately, many governments, non governmental organizations (NGOs) and other organizations, including FIGO, recognized this omission, and began to call for increased commitment, political and financial, to reproductive health services. After years of pressure from the global community, in October 2006 the United Nations General Assembly finally accepted the target of achieving universal access to reproductive health as a target for MDG #5 – to reduce maternal mortality by three-quarters by 2015. This was partnership in action.

Saving women's lives

During the last 3 years, FIGO's new committee on safe motherhood and newborn health has initiated 12 projects to save the lives of women and their newborns. Building on the lessons learned from twinning in the previous Safe Motherhood projects, each of these involves a mentor country and requires involvement of the Ministry of Health in the member country.

Partnership in action

President A. Acosta has led an initiative on the Prevention of Post Partum Hemorrhage. I want to state explicitly that three year cycles at FIGO are a thing of the past. FIGO is now moving to sustainability and strategic thinking about our priorities. The partnership with ICM on postpartum hemorrhage has been very effective, but must remain a focus for some time yet. The POPPHI initiative will continue over the next 3 years, since postpartum hemorrhage is the most common cause of maternal mortality. It is also one of the more easily treatable causes.

Saving women's lives

There is another easily preventable cause of maternal mortality that we need to work on together, that of unsafe abortion. Of the half a million deaths each year related to pregnancy, at least 13% are caused by unsafe abortion. Many of the FIGO member societies have asked for FIGO's support as they struggle with their efforts to prevent this tragedy. If we look at the evidence, it is clear that unsafe abortion is a problem that affects poor women in countries where abortion may be legal or illegal. How can we prevent these senseless deaths and disabilities? Can we come to a place of understanding, so that we can save women's lives literally and broadly? Women who resort to unsafe abortion are desperate, poor, uneducated, have no access to financial resources, have no power to negotiate in their sexual relationships, and, in fact, are often faced with non-consensual sex, or forced to use their bodies to feed their families. How does blaming women and prosecuting them solve this problem? Does society care less about the lives of poor women? The human cost also involves others who are unable to be helped by a health care system unnecessarily burdened with very ill women suffering the consequences of preventable unsafe abortion.

The evidence is clear. Restrictive laws on abortion have clearly been shown to increase maternal mortality. The highest abortion rates are in countries with no legal access to abortion and restricted access to contraception. The lowest abortion rates in the world are in countries, such as Belgium, where young people are educated, there is comprehensive sex education in schools, and there is access to free or low-cost contraception and abortion services. There has been substantial work on unsafe abortion through the FIGO Committee on Women's Sexual and Reproductive Rights, driven by input from our member societies, on a regional basis. The workshop in Pretoria early in 2006 identified unsafe abortion and HIV/AIDS as priorities for the ECSAOGS region. The report from that workshop was instrumental in the outcome of the Special Session of the

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