

L'intervento all'assemblea del neo presidente FIGO

Doers... and dreamers

“Per realizzare grandi cose, non dobbiamo solo agire ma anche sognare, non solo programmare ma credere, così sapremo affrontare le sfide e produrre dei veri cambiamenti”. È con queste parole che il neo presidente eletto della FIGO Gamal Serour conclude il suo discorso di insediamento. Un discorso forte sia per l'emozione che suscita il quadro della

drammatica condizione materno infantile nel mondo più povero sia per l'energia con cui ci richiama a cambiare le cose: “perché possiamo farlo, occorre solo il coraggio di un nuovo inizio”. Nella sua proposta di un piano di lavoro in 8 punti, il professor Serour riassume la sostanza degli impegni che attendono la Federazione

internazionale per il prossimo triennio: un'agenda “molto pesante”, che richiede ancor più dedizione, entusiasmo e volontariato. E anche la capacità di superare i limiti di budget e le lacune di un lavoro ancorché straordinario. “Non c'è bisogno di ricordarvi – ci ricorda invece il professor Serour - che entro la fine di quest'ora dedicata alla

cerimonia di chiusura dei lavori, saranno probabilmente morte nel mondo: 180 donne per Hiv/Aids, 60 per gravidanza e parto, 30 per cancro della cervice... E saranno morti 420 neonati, 120 bambini a causa della morte delle loro madri, 60 bambini per Hiv/Aids... E il 98 per cento di queste tragedie si verifica nei Paesi a basso reddito”.

di Gamal Serour

Your Excellency the Ambassador of Italy to South Africa, FIGO officers and Executive Board Members, representatives of FIGO member societies, International organizations and Congress participants.

I stand here today humbled by the task before me, grateful for the trust you have bestowed and mindful of the contributions of my predecessors.

I would like to begin by expressing my thanks to Dr. Dorothy Shaw, the immediate past president, for the great work she has done over the last three years. I would also like to thank my the outgoing FIGO Officers, Executive Board members, Chairs and members of FIGO committees, who have shown outstanding commitment, dedication and volunteerism. My gratitude also goes to the pillars of FIGO - our Chief Executive Hamid Rushwan, the Administrative Director Bryan Thomas, Marie Christine and the expanding and efficient staff at FIGO Secretariat who worked very hard to promote progress of FIGO. To you all, thank you very much for being here at the closing ceremony after six long, exhausting, but I hope, very enjoyable and rewarding, congress days. To my family with sincerity and love I say thank you.

I would not be standing here today without the unyielding support of my wife Misho the rock of our family all along 35 years and the sacrifice of sons Ihab, Ahmed and daughter Menna. I say sorry for the many times I was not there when you might have loved needed me around.

In my address to you today I would like to highlight three important issues:

In this Inaugural address, I would like to highlight three important issues:

The first issue: Global achievements in women's and new-



borns' health:

There have been some encouraging achievements in this area which include:

- The Countdown to 2015 Initiative data which shows impressive declines in child deaths in some high-mortality countries.
- The 2007 Women Deliver Conference in London which has greatly strengthened advocacy for maternal and newborns' health. Its call to prioritize maternal mortality reduction is being championed by several organizations and eminent personalities such as the UN Secretary General

Ban Ki Moon; WHO Director General Margaret Chun; UNFPA Executive Director Thoraya Obaid and the Patron of the white Ribbon Alliance Sarah Brown.

c- Momentum to achieve MDG 5 which is now strengthened

off-track to meet its targets of reducing maternal mortality by three fourth by 2015 (Ref.1).

To get back on track towards achieving MDG 5, a 5.5% annual rate of decline of maternal mortality is needed compared with

Professore di ostetricia e ginecologia e direttore dal 1990 dell'International Islamic Centre for Population Studies and Research alla Al Azhar University del Cairo, Gamal Serour vanta una profonda esperienza sulle questioni bioetiche che gli è valsa la nomina a membro del FIGO Committee for the Ethical Aspects of Human Reproduction & Women's Health e dell'IBC-International Bioethics Committee dell'Unesco

by the inclusion of Universal access to reproductive health by 2015 as a new target.

d- Political commitments by the first ever G8 commitment in 2008 to prioritize and address maternal and child health as part of a comprehensive approach to basic health care delivery.

This has been recently emphasized by President Obama's speech in Cairo where he called for women's equality, and women's making of their free choices.

The second issue: Challenges we are facing in women's and newborns' health:

Although progress has been real, it is far from what has been anticipated by the International Community as our time horizon to reach the MDGs is now only six years.

a- MDG 5 which is central to the achievement of other MDGs Stands as the slowest-moving of all MDGs, and is seriously

the prevailing rate of 1% decline per year between 1999-2005 (Ref. 2).

b- MDG 5 is the most underfunded of the health-related MDGs.

c- The global economic crisis, is posing serious and growing threats to women and their children.

d- The alarming nature of the global health workforce crisis with an estimated world-wide shortage of 4.3 million workers with Africa currently suffering from the lack of over a million healthcare workers (Ref.3). Thirty six countries in Sub-Saharan Africa have severe shortages of health workers.

e- The quality of care at birth is very poor in low income countries, resulting in a tragic situation in 49 low income countries. (Ref. 5):

Let me now turn to address **the third and difficult issue**, which

is the vision I have as President of FIGO in the light of these challenges. This vision must be coherent with the overall vision and mission of our federation as outlined in our constitution.

The theme for the coming three years is improving quality care of women's and newborns' health through education, training and capacity building.

We cannot talk about the role of our FIGO Federation for the coming three years without a situation analysis of our achievements to build upon and our shortcomings and constraints.

Achievements to build upon:

a- FIGO - under the competent leadership and the wisdom of its 19 past presidents since its inception in 1954 - has achieved tremendous success in advocacy, partnership, political and operational leadership to improve maternal and newborn health and recognize sexual reproductive rights in many countries.

b- FIGO has been involved in the development of effective health systems for some member societies through its various capacity building projects and the recent Bill-Melinda Gates Foundation project.

c- FIGO managed to establish over a long period of time very active committees on ethics, Women's Sexual and Reproductive rights, oncology, safe motherhood and obstetric fistula. These committees and the recently established working groups produced a wealth of knowledge and information.

d- FIGO developed its own capacity building by establishing a fully equipped headquarter in London supported with a highly efficient technical and secretarial staff

Shortcomings and constraints:

Shortcomings and constraints are identified not for the sake of criticism; on the contrary they are identified for continuous improvements and progress.

1- A too-long period of time between FIGO's triennial congresses, with practically no scientific activities inbetween. Although these congresses are very successful, most of the participants are the senior, well-off consultants or academics who can afford to pay (or are paid for) the high registration fees and the expensive hotel accommodation. The young obstetricians and gynecologists, particularly those in training from developing countries, usually cannot afford to attend.

2- The pre-congress workshop is limited to the Alliance Reproductive and Sexual Health workshop. Although the workshop is very important and has become a landmark in our triennial congresses, other topics of significance to

obstetricians and gynecologists are not touched upon.

- 3- Member societies and individual obstetricians and gynecologists around the globe, apart from those with whom FIGO runs projects, have very little contact with FIGO and they often complain that they only hear from FIGO when invited to the General Assembly at the triennial congress, but only after paying their overdue fees.
- 4- The wealth of scientific material produced by the highly efficient FIGO committees and working groups is underutilized due to the lack of an educational and training program at FIGO for the dissemination and implementation of this wealth of knowledge.
- 5- Limited resources available for FIGO:
 - 5.1. FIGO representatives were not able to participate in some of the important meetings FIGO was invited to, and missed the opportunity of more advocacy, networking and partnership.
 - 5.2 The EB meeting is held only once a year which is too infrequent to have continuous dialogue and feedback from our member societies at the EB.

Respectable audience, your Federation, building upon its past achievements, is undertaking a change. A change, which will make FIGO more visible to the obstetricians and gynecologists around the globe, particularly in the under-privileged countries. I was told by a fellow obstetrician and gynecologist during my visit to Nairobi, "Gamal: We want FIGO more visible and palpable". And I couldn't agree more.

The core of this change is improving quality care of women's and newborns' health through education, training and capacity building (ETC). I know, and even have been told by some skeptics, that this is a difficult goal to achieve. I fundamentally disagree. I am well aware from past experience, that it is a difficult goal to achieve, but it is possible and I am willing to face the challenge.

OUR AIM

Every pregnancy wanted, every birth safe, every newborn healthy, every wanted pregnancy is achieved and every young woman is free from HIV/AIDS and treated with dignity and respect. We can prevent nearly 6 million deaths among mothers and babies Globally.

But can we make it happen during our life time? All of us – share this world but for a brief mo-

ment in time. The question is whether we spend that time focusing on our shortcomings and feeling sorry for ourselves, or whether we commit ourselves to sustained effort to bring a change, and to focus on saving the lives and improving the quality of life for women and newborns around the globe, particularly in the under privileged countries.

To quote the words of a Chinese proverb:

It is better to light a Candle than to curse darkness. (Chinese proverb). We shall face more com-

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plex challenges than we have ever faced before, but fellow officers and members of the new board, that is exactly what our member societies have elected us for, and we shall not fail them. We have chosen the right path, not just the easy path. Our chosen path is long and rugged, and I do need the concerted efforts and contributions of you all. To be able to achieve our goal we need a defined strategy with a clear work plan and time lines.

Here is my proposal for an eight points work plan for the coming three years which I am submitting to you and to the newly elected EB to make FIGO more visible and palpable to member societies:

First: FIGO shall continue its leading advocacy, partnership and commitments to promote the rights and access of women to reproductive and sexual health services, to reduce maternal mortality including unsafe abortion and to fight violence against women, harmful practices and exploitation of women.

In this regards FIGO as a world Federation is well aware and respects the sovereign right of each country, consistent with national laws and development priorities, with full respect for the various religious and ethical values and cultural backgrounds of its people and in conformity with universally recognized international human rights as indicated in the action plan of the

ICPD 1994. The sixth World Report on Women's Health, which I launched here during the FIGO Conference, is just the beginning of this activity. It will be followed by a number of workshops on reproductive and sexual health rights in low income countries, particularly African and Asian countries, during the year 2010, and we have already raised the funds for this activity.

Second: FIGO shall continue with great enthusiasm all the good projects

it has been running.

FIGO shall expand its efforts in

pursuing new avenues for new projects

with more donors, utilizing the expertise it developed in fund raising and project development.

Third: FIGO shall establish an education, training and capacity building committee from the chairs of the various FIGO committees, in addition

to an expert in the development of educational materials for low income countries. The mandate of the committee will be:

3.1. Conducting at least one-two educational workshops every year in each continent, with a total of at least 15 workshops before the FIGO Rome Congress with special emphasis on the topics of particular interests and responding to the needs of the host country and the region.

3.2. Organizing a number of Pre-Congress Workshops at Rome 2012 FIGO Congress, in collaboration with the International Scientific Committee.

3.3. Collaborating with sister non-profit subspecialty world societies and federations in some of their workshops, conferences and meetings.

3.4. Enriching and continuously updating the scientific section of our website.

3.5. Contributing to our newsletter and Int. J Gyn & Obs. And we have already raised the funds for the activities of this committee.

Fourth: Establishing a reproductive Medicine Committee.

With my professional background I would like to find ways that FIGO takes the lead in addressing a Medical, Social and Cultural problem that involves a huge gender-biased suffering and that is infertility in the developing world. According to WHO infertility is a highly prevalent global reproductive he-



alth problem affecting at least 15% of reproductive-aged couples worldwide (Ref. 6). There are more than 186 million ever-married women of reproductive age (15-49) in developing countries (excluding China) who are infertile because of primary or secondary infertility (Ref. 7). WHO has recognized infertility as a disease which contributes to the global burden of diseases and should be alleviated by all means. Further-more for a successful family planning program and adoption of small family norms, the issue of involuntary infertility becomes more pressing. Infertility prevention and treatment of millions of infertile couple worldwide is a reproductive right in line with the agenda of ICPD 1994.

Modern technology for infertility treatment is inaccessible and unaffordable for the majority of infertile couples in low income countries. Furthermore, the overuse and over price of these technologies, and the exploitation of patients, have been noticed most in the low income countries. The mandate of this committee will be to fill in the gap not covered by the subspecialty global federations and societies, and is an everyday challenge to the general obstetricians and gynecologists. It will issue guidelines and recommendations relevant to this problem and its prevention.

And we have already raised the funds for this activity.

Fifth: Optimizing Utilization of FIGO Committees' and working groups and their products to

make these committees more visible and palpable.

5.1. We shall ensure an appropriate participation of these committees, through various channels, including, but not limited to, education committee activities, regional workshops and pre-congress workshops.

5.2. Committees shall be encouraged to hold their meetings outside London in the different regions, and to coincide and participate in regional or national meetings whenever possible.

5.3. Translation of the guidelines and recommendations issued by these committees to different national languages, and their publication in national and regional journals.

Sixth: Ethics curriculum development in reproductive and sexual health for the developing countries.

With my background as a practicing physician in a developing country and long involvement with FIGO Ethics Committee and UNESCO-IBC (International Bioethics Committee) I would like FIGO to take the lead in assisting our colleagues in the developing countries to apply ethical principles in their treatment and research on women for the protection of human subjects during treatment and research. In many parts of the world where women are most disadvantaged, most of the violations of ethical principles occur, both in therapy and in research particularly in Reproductive and Sexual health. Bioethics should

Da sinistra: Giorgio Vittori, il Console d'Italia a Città del Capo Emanuel Curnis, Gamal Serour, Antonio Chiantera e Giovanni Monni



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of us for the coming three years and FIGO needs most your dedication, enthusiasm and volunteerism.

I do not need to remind you that: by the end of the one hour allocated for this closing ceremony, the following tragedies would have happen for women and newborns around the globe:

- 180 Women would have died from HIV/AIDs, 60 women from pregnancy and labour, and 30 women from cancer of the cervix. Furthermore 1800 women would have suffered from injuries related to pregnancy and childbirth.
- During this same hour 420 newborn babies would have died, 120 children died because their mothers have died, 60 children would have died from HIV/AIDs and 350 girls would have been subjected to FGM/C and the share of the low income countries would be 98% of all these tragedies.

My fellows,

To accomplish great things we must not only act but also dream, not only plan but believe, and we shall face the challenges and make the changes.

Thank you.

speak up for the powerless and help them to find ways to speak for themselves. Therefore, FIGO is undertaking the responsibility of developing during the year 2010 a bioethics curriculum in Reproductive and Sexual Health for the sake of disadvantaged women in low income countries. This curriculum will be available to provide guidance and help for low income countries who wish to introduce a bioethics curriculum in their medical schools and/in their pre-service and in-service training of obstetricians and gynecologists. This is a task which the new ethics committee shall take during 2010 and we have already raised the funds for this activity.

Seventh: Improving management, communication and involvement of member societies and regional federations.

In view of the sharp increase in expenditure over the past three years it becomes incumbent on management to minimize expenditure when ever possible and maximize revenue opportunities. This will be achieved by:

- 7.1. Holding meetings of EB whenever possible outside London and to tie with a member society or regional federation meeting.

- 7-2. Consulting more with member societies and regional Federations for the development of the agenda of the EB meeting.

- 7.3. Circulating a biannual report to members of the EB.

- 7.4. Depending more on electronic methods of communi-

cation.

- 7.5. Holding frequent conference call meetings for the officers whenever necessary in addition to the biannual face to face meetings.

- 7.6. Depending more on officers and members of the FIGO EB and Presidents and officers of our member societies and Regional Federations to represent FIGO in local and regional meetings which are of interest to them and close to their location and ask them to report back to FIGO officers. The President would love to represent FIGO in every meeting but, apart from the cost, it is unrealistic and does not reflect the group leadership of the Federation.

- 7.7. Encouraging member societies and the regional federations to involve FIGO in their ongoing activities.

Eighth: Strengthening collaboration with UN organizations, regional Federations, sister world Federations, NGOs and Member Societies.

We all have the power and the potentials to bring about the changes we seek, but only if we have the courage to make a new beginning - a determined beginning - from all of us, while learning from and building upon what has been achieved in the past. To the incoming officers and members of the new Executive Board and committees: I express to you my most sincere congratulations and welcome on board. We have a very heavy agenda ahead

Intervista a Gamal Serour La lotta alle mutilazioni genitali femminili: una battaglia di civiltà

All'indomani della sua elezione a presidente della Figo abbiamo incontrato il professor Gamal Serour, con il quale abbiamo affrontato il tema delle mutilazioni genitali femminili. Un problema con cui sempre più spesso anche i ginecologi italiani sono chiamati a confrontarsi e su cui anche le nostre Istituzioni hanno preso posizione in maniera molto netta.

Professore, come mai questa "tradizione" è così dura a morire?
Le mutilazioni genitali costituiscono sostanzialmente una forma di controllo sulla sessualità delle donne, con l'obiettivo preteso di incentivarne la verginità e la castità. Esiste poi e non è secondario, un discorso di identità di genere: credenze antiche vogliono che il corpo delle donne nasca androgino e che sia necessario tagliare qualcosa per renderlo completamente femminile. Si pensa che, altrimenti, il clitoride potrebbe danneggiare l'organo genitale maschile durante i rapporti oppure la testa del neonato durante il parto. Molti uomini sono convinti che, se le donne non proveranno più piacere, saranno scoraggiate dall'essere infedeli. Senza contare un altro equivoco diffuso, che vuole che il rapporto con una donna mutilata o infibulata sia più soddisfacente per l'uomo: una convinzione negata dai fatti, se è vero che spesso il troppo dolore e le contrazioni locali che si verificano in queste donne impediscono addirittura i rapporti.

Considera questo argomento una priorità per la Figo?

Certo, per esempio nella dichiarazione che abbiamo stilato sull'argomento come Federazione internazionale dei ginecologi e degli ostetrici sottolineiamo proprio che qualunque mutilazione genitale rappresenta una violazione dei diritti della persona. Su questo tema esistono già molte campagne attivate ma è necessario insistere per migliorare la cultura, non solo fra la popolazione ma anche fra gli stessi professionisti.

A questo proposito, una norma approvata dal parlamento egiziano lo scorso anno è stata criticata perché ammette le mutilazioni in caso di "necessità mediche".

Si tratta di una precisazione inaccettabile, contro cui la mia categoria professionale ha preso posizione e che io ho criticato in qualità di portavoce del comitato etico di Al-Azhar. Non esistono, infatti, «necessità mediche» che possano giustificare queste mutilazioni. Chi intendeva difendere l'eccezione di legge faceva riferimento all'esigenza di intervenire chirurgicamente per rimuovere ad esempio un tumore. Ma è evidente che in questo caso ciò che è richiesto è una procedura chirurgica per affrontare una malattia. Le mutilazioni genitali non c'entrano nulla. Bisogna essere molto chiari.

Pensa che rafforzare il ruolo sociale della donna possa rappresentare una strategia efficace per combattere queste mutilazioni?

Sì, incoraggiare l'emancipazione femminile è molto

importante, per dare alle donne consapevolezza sulle violazioni dei propri diritti umani. Ma visto che nella quasi totalità dei casi le ragazze vengono sottoposte alla mutilazione genitale da molto piccole, e comunque senza che venga chiesta la loro approvazione, penso che sia la società intera - e in particolare le madri - a dover essere in primo luogo educata. Solo attraverso una consapevolezza diffusa i diritti delle donne potranno essere tutelati.

