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EDITORIAL

Improving women's health

The grand challenge of "Improving Women's Health" is the theme of the 2012 World Report on Women's Health. Many factors influence maternal morbidity and mortality and sexual and reproductive health, spanning youth to old age. Although Millennium Development Goal (MDG) 5 encompasses the reduction of maternal mortality and improvement of sexual and reproductive health, every MDG has an impact on women's health; for example, MDG 1: the eradication of poverty; MDG 2: education; MDG 3 gender equality; MDG 4: reduction of child mortality; and MDG 6: HIV/AIDS, tuberculosis, and malaria. The people most affected by these MDGs are women. The focus for us, as professionals, needs to expand beyond the traditional basic and comprehensive obstetric functions and tackling the "3 delays model" to reduce maternal mortality. For MDG 5, although results have shown a reduction in maternal mortality, the rates in many countries to date are not what had been hoped for. The aim of the 2012 World Report is to focus on these wider issues, in addition to MDG 5.

The 2012 World Report comprises a Special Communication from FIGO's President, Professor Gamal Serour, and 20 articles under 2 chapters: Improving Maternal Health; and Improving Reproductive Health. Professor Serour's article highlights the various Committees and initiatives that are in place to achieve FIGO's vision of improving women's health and reducing reproductive morbidity and mortality. The Report includes articles by authors involved in some of these Committees, which detail their activities and achievements. FIGO works collaboratively and cooperates with other professional societies and nongovernmental organizations to improve women's health, and numerous authors involved with these organizations have kindly contributed articles related to their main sphere of activity.

Improving maternal health

The first article, from the Partnership for Maternal, Newborn and Child Health (an umbrella coalition bringing together all of the activities related to the mother, newborn, and child) describes the importance of the continuum of care and how we need to accelerate our efforts to achieve MDGs 4 and 5. The medical activities that need to be implemented to prevent maternal mortality and morbidity are known, but global progress cannot be achieved unless effective policies are introduced by governments that enable women to access such care. The second paper, by authors from WHO, describes the effective strategies that have been employed by countries that have shown progress in reducing maternal mortality. Maternal, newborn, and child survival and health go hand-in-hand and, in the third paper, members of the International Pediatric Association address an integrated action agenda to reduce global maternal, newborn, and infant mortality.

FIGO's Safe Motherhood and Newborn Health Committee initiated projects in 10 countries involving their national obstetrics and gynecology societies. The achievements, impact, and challenges of the initiative are described in the fourth paper. Accessibility, availability, affordability, and appropriate care are essential for improved health care. In many situations, improving women's and society's knowledge of the causes of maternal morbidity and mortality, and empowering women's groups to take an active role in their own health, have been proven to be highly effective. The fifth paper discusses the impact of mobilizing women's groups for improved maternal and newborn health and the challenges for sustainability and scale-up.

Specific problems must be tackled if we are to reduce maternal mortality. HIV infection takes the greatest toll on maternal health and mortality in Africa, and 1 in 3–4 pregnant women may be affected in some countries. In the sixth paper, authors from the University of KwaZulu-Natal, South Africa, describe the magnitude of the problem, what has been achieved, and what still needs to be done.

The seventh paper tackles pre-eclampsia, which is estimated to cause between 63 000 and 72 000 maternal deaths and 500 000 perinatal deaths annually. The global PRE-EMPT (PRE-eclampsia-Eclampsia Monitoring, Prevention and Treatment) project has focused on 5 component objectives in the form of community research. The main components are calcium for prevention, monitoring by risk stratification, and community-level interventions to reduce morbidity and mortality. The project covers a number of countries, but the tools will be useful for others, and the effectiveness of these interventions will be evident at the end of the trials.

Postpartum hemorrhage (PPH) contributes to 30%–45% of maternal deaths. In many settings, these deaths result from lack of oxytocics and lack of active management of the third stage of labor. The refrigeration "cold chain" has been a barrier to the use of oxytocin. Misoprostol is cheap, effective, and heat stable at standard room temperature, and has been shown to be effective for the prevention and treatment of PPH in resource-poor settings. Our colleagues from Gynuity provide an overview of the evidence for use of misoprostol for the prevention and treatment of PPH.

Inadequate health facilities, health personal, equipment, and supplies are a major problem. Under the auspices of UNFPA and the International Confederation of Midwives (ICM), the problems of shortage, standards, and training issues of midwives were researched and a comprehensive report was produced in 2011. Our ICM colleagues discuss the report in their paper, and it is clear that if we are to achieve MDGs 4 and 5, we need to advocate for more midwives to be properly trained and employed.

Strong professional organizations provide leadership. They set standards of education, practice, and professional competency assessment, and can work together with governments and other stake-

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holders in setting and implementing health policies to improve the health of women, newborns, children, and adolescents. The ability to provide such contributions is poor in less resourced countries. The FIGO-LOGIC project (Leadership in Obstetrics and Gynecology for Impact and Change), described in the tenth article, is addressing this issue in 8 countries. The plans and progress are described and the project is a model to be considered by other professional organizations.

A marked reduction in maternal mortality has been evident in some countries, although the approaches used to achieve this have differed. The experience from Sri Lanka, considered in the 11th paper, describes the success of community midwifery models; while the paper discussing Eritrea describes the improvements achieved through the centralization of obstetric services. Sharing such experiences will allow countries to adopt the model that is most appropriate to their own settings.

Improving reproductive health

The first article in this chapter discusses applying human rights to improve access to reproductive health services. The public, professionals, and politicians must understand the need to apply the principles of human rights if we are to improve reproductive health to acceptable high standards. The authors explain the concepts clearly and these should be in the vocabulary of every professional if we are serious about improving reproductive health.

The provision of sexual and reproductive health services for young people is patchy, disjointed, and at times the environment is unfriendly or hostile. Our colleagues from International Planned Parenthood Federation (IPPF) explain how to match the needs of young people with health systems in the second article.

Although global warming is spoken of extensively, little attention is paid to its impact on maternal and child health. Women and children make up the majority of those affected by natural disasters associated with global warming. The authors of the third article provide information on the integration of health services in relation to global warming—issues that may be indirectly connected, but are important nonetheless.

Unsafe abortion is a major cause of maternal mortality and morbidity. Problems associated with hemorrhage, hospital admission, pelvic infection, and subfertility can be avoided by safe abortion services. In the human drama of abortion there are many actors: religion, politicians and government legislation, specific interest groups, and professional biases. Provision of safe abortion services within the legal framework, prevention of unexpected pregnancies among all age groups by the use of long-term contraceptive methods (that do not depend on user adherence) and emergency contraception, and considerate compassionate care for women who have complications of unsafe abortion are essential to reduce morbidity and mortality. The author of the fourth article describes the steps that could be taken in different settings.

Benign gynecological conditions that affect women's health at all ages are not spoken of or cared for, particularly in less resourced settings. Cultural, religious, and social norms influence the outcome. The authors of the fifth article provide information on the magnitude of the problem and raise important issues that we must consider if we are to improve women's health.

Millions of women with vesicovaginal fistula following obstetric trauma live as outcasts within their family and social settings simply because of the lack of provision for safe child birth. Many charitable organizations and individuals have dedicated their lives and services to improving the fate of these women. To tackle the lack of surgeons to manage fistula and to promote uniformity of management to achieve greater success, FIGO developed the *Global Competency-Based Fistula Surgery Training Manual*. The authors of the sixth article describe key elements of the training program and its implementation.

It is estimated that more than 100 000 women die of cervical cancer and the majority of these deaths could be prevented. New opportunities for primary and secondary prevention in the 21st century are described in the seventh article and information is provided on how countries can adopt policies based on their available resources, since some action is better than no action. A vast number of women die prematurely in low- and middle-income countries owing to the lack of breast and cervical cancer screening programs. This situation could be overcome by incorporating cancer screening into sexual and reproductive health programs by strengthening existing health systems. The final paper in this chapter discusses the challenge of women's cancer in low-resource settings and how professionals should work with governments, nongovernmental organizations, and charities to address how the situation in each region or country can be improved.

The 2012 World Report on the topic of improving women's health provides ample information to allow us to take action at an individual, institutional, and professional society level. The Report is a call for action based on evidence. It addresses HOW we can act, in addition to what has happened or what is currently going on. One single organization or government cannot achieve these tasks. In addition to the global cooperation of partner organizations, every one of us has to take some responsibility to improve women's health.

Conflict of interest

Sabaratnam Arulkumaran is President Elect of FIGO (2009–2012). Timothy Johnson is the Editor of the *International Journal of Gynecology and Obstetrics* (IJGO). The authors have no conflicts of interest to declare.

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