

## Celebrating 100 years of AOGS with a focus on global health

On the 100th anniversary of *Acta Obstetrica et Gynecologica Scandinavica* (AOGS), we are proudly presenting this special themed issue on women's global sexual and reproductive health to our readers. In this issue, we celebrate the contributions of Nordic clinicians and scientists that have led to a better understanding of key areas in our medical specialty, as well as the political, societal, economic and environmental factors that have substantially improved women's health around the world. We also celebrate Nordic innovations in obstetrics and gynecology, and the international efforts resulting in improved care of women and better health outcomes.

Established a century ago in 1921, AOGS has subsequently developed into a major international journal within our specialty.<sup>1</sup> Right from its conception, the international spirit of the journal has been palpable, as demonstrated by the articles published in English, French and German in the very first issue.<sup>1</sup> With the passage of time, English has become the scientific publishing language of AOGS, yet the journal continues to reflect the diverse views of the international scientific community while maintaining its Scandinavian quality and promoting a Nordic approach to medicine and healthcare. It has also become an integral part of the Nordic Federation of Societies of Obstetrics and Gynecology (NFOG), playing a key role in continuing professional development and international representation of Nordic obstetricians and gynecologists. Yet another example of NFOG's contribution to improving the quality of medical education globally is the recently published Nordic textbook of Obstetrics and Gynecology. The textbook is freely available online via the NFOG home page ([www.nfog.org](http://www.nfog.org)) in English (<https://www.sundhed.dk/sundhedsfaglig/opslag-og-vaerktoejer/laereboeger/>).

In this themed issue, we have included a range of carefully selected reviews, commentaries and original research articles encompassing topics such as the impact of globalization and climate change on women's health, female genital mutilation, latest issues on refugee and immigrant health, contraception, abortion, sexual abuse and domestic violence, cervical cancer screening, as well as obstetric care and gynecologic surgery in low- to middle-income countries (LMICs). Some articles included in this special issue provide insight into Nordic innovations that have had an impact on sexual and reproductive health care globally or are examples of successful collaboration between the Nordic countries and LMIC.

History has clearly demonstrated the importance of educating and empowering girls and women, challenging conventional thinking and harmful practices, and promoting medical innovations for improving women's health. One of the areas that has clearly benefited

from this concept is the provision of contraception and safe abortion care. However, an estimated 25 million unsafe abortions – a number almost equal to the total population of the Nordic countries combined – continue to take place every year around the world. Women still die from abortion complications despite the fact that each single death from abortion is potentially preventable. Abortion is a medical necessity and access to safe, legal abortion is crucial in this regard; however, it is equally important to provide means to avoid unplanned and unwanted pregnancy. Alongside the progress made, abortion rights have continuously come under threat globally, even in countries where legislation has previously been relatively liberal. Considering international backlash against sexual and reproductive rights and health in general, and safe abortion in particular, continuing advocacy and support for women's rights is crucial.

Nordic countries have been actively involved in the development of abortion and contraceptive care. The Finnish innovation of the levonorgestrel-releasing intrauterine system (LNG-IUS) and collaboration with the Population Council is such an example.<sup>2</sup> The Swedish innovation of medical abortion has meant increased access to safe abortion care globally by combining the French “abortion pill” mifepristone, and a prostaglandin analog (a discovery awarded the Nobel Prize). The subsequent development of a simplified, effective and safe protocol for abortion has led to a method which can be task-shifted to mid-level providers as well as women themselves. In 2006, the first telemedicine provision of medical abortion was started by women on the worldwide web, initially as a safe option for women living in countries with no access to legal abortion. It has since expanded further as a safe, effective and accepted method. Drawbacks to sexual and reproductive health and rights during the pandemic and how countries rise to the challenge is described in the paper by the FIGO committee on Human Rights, Refugees, and Violence against Women.<sup>3</sup> Although ultrasonography may, in some cases, have a role in facilitating safe completion of surgical abortion by guiding the surgeon and monitoring the procedure intraoperatively,<sup>4,5</sup> or by diagnosing ongoing pregnancy and incomplete abortion during the follow-up when indicated,<sup>6</sup> the demand for ultrasound dating has become a potential barrier to abortion access. The safety of non-ultrasound confirmed second trimester abortion is the focus of a retrospective study from Nepal.<sup>7</sup>

Screening programs have dramatically reduced mortality from cervical cancer in high-income countries. In contrast, women in LMICs often present with advanced stages of the disease and often have co-existing morbidities with further additive effects. This

problem is illustrated in the article by Swai et al, who found that 3.6% of Tanzanian women attending routine cervical cancer screening had high-grade cervical lesions on cytology and those with HIV had a prevalence of 28%.<sup>8</sup> The successful prevention of cervical cancer depends on widespread screening and accurate diagnosis of precancerous lesions, followed by relevant triaging and treatment. However, despite compelling evidence that screening can reduce the burden of cervical cancer, comprehensive screening is often not feasible in LMICs due to the lack of sufficient resources and adequate infrastructure. Studies from Tanzania seem to indicate that cheap, rapid HPV tests which do not require a laboratory set up, along with HPV self-sampling combined with text messages of positive results to ensure timely follow-up and treatment of screen-positive women, might be useful.<sup>9</sup>

The impact of globalization on women's health cannot be underestimated, as indicated by the widespread effects of the recent pandemic. Furthermore, the influence of global warming, climate change and natural as well as manufactured disasters (eg conflicts, wars, nuclear accidents) on human health are also becoming more evident in recent years. These phenomena, which lead to the displacement of people, as well as sorrow, ill-health and death, have the most devastating impact on women and children. Immigrants and refugees consistently have poorer health outcomes compared with local populations, not only in LMICs but also in prosperous high-income countries,<sup>10</sup> although larger and better quality studies are needed to understand this disparity as demonstrated by a systematic review.<sup>11</sup> Therefore, more focus and effort are required globally to prevent such disasters, ease suffering and improve health.

The Danish, Finnish, Norwegian and Swedish International Development Agencies, DANIDA (<https://um.dk/en/danida-en/>), FINNIDA (<http://finnida.fi/>), NORAD (<https://www.norad.no/en>) and SIDA (<https://www.sida.se/en>), have a long-lasting tradition of collaborating and providing support for research projects in LMICs with the aim of building local capacity and improving research competency. This support has led to continuing networks and research collaborations between the Nordic countries and a number of LMICs. Several articles included in this issue are the result of such ongoing collaboration.

Sexual and reproductive health and rights constitute fundamental human rights and are key to the building of sustainable societies. In our opinion, the long-standing advocacy of women's rights and popular support for gender equality in the Nordic countries have been inspirational and instrumental in promoting sexual and reproductive health globally. However, despite the significant progress made, maternal mortality still remains unacceptably high, genital mutilation is still practiced in many LMICs, and sexual abuse and domestic violence still exist globally. We believe that the Nordic countries and international communities need to continue to play a role and contribute to improving women's well-being globally. The active participation of Nordic countries in international professional and scientific organizations, and their input into infrastructure development and educational programs around world, must continue to

serve as inspirational examples of our joint efforts to improve women's global sexual and reproductive health and rights.

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