Preventing Harm and Healing Wounds

Ending Obstetric Fistula

UNFPA

Campaign to End Fistula

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ENDING OBSTETRIC FISTULA

C O N T E N T S

A fistula patient at a UNFPA-supported health facility in Islamabad, Pakistan.
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Overview

By Thoraya Ahmed Obaid, Executive Director, UNFPA

Every minute, a woman in Africa or Asia dies in childbirth. For each woman who dies, at least 20 more are left injured or disabled. No woman should face such risks.

One of the most devastating injuries of childbearing is obstetric fistula—a hole in the birth canal that leaves women incontinent, ashamed, and alone. Its survivors are typically poor, young, illiterate women and girls living in remote areas where gender inequality is pervasive and access to health care limited. Unable to reach even the most basic of health-care facilities, they suffer prolonged and harrowing labour and, in most cases, deliver stillborn babies. Leaking urine, faeces, or both, they are often abandoned by their husbands and relatives.

Once common throughout the world, obstetric fistula has been virtually eliminated in industrialized nations through the provision of adequate health services. Yet at least two million women and girls in developing countries are living with this preventable and treatable injury, and tens of thousands of new cases develop each year.

A woman's right to health should not depend on where she is born, nor should customs and traditions add to the dangers inherent in pregnancy and childbirth. Preventing disability (and saving lives) requires political leadership, investments in reproductive health services, and improved status for women and girls. It requires the involvement of men, who play an important role in supporting women's health and gender equality. Ultimately, it requires respect for human rights.

In 2003, UNFPA, the United Nations Population Fund, launched the world's first global Campaign to End Fistula. The Campaign promotes prevention, treatment and social reintegration, and it is producing demonstrable results. With joint action, UNFPA and partners—governments, non-governmental organizations (NGOs), the private sector, and individuals—can end fistula by strengthening health systems and providing essential and emergency maternal health care. Through these efforts, safe and healthy childbirth can be a reality for all women.

Women sit in the waiting room at the Katsina Specialist Hospital in Nigeria.

LUCIAN READ/WPN/UNFPA

ADVANCING MATERNAL HEALTH AND RIGHTS

In Bangladesh, where almost all births take place at home, a 22-year-old woman described the daily burden of fistula. After five days of obstructed labour her baby died, and she was rendered incontinent. "I have to put on heavy clothes. There are painful blisters and itching. Nobody wants to stay with me because of the smell." She once worked as a maid, but no one will hire her now.[1]

Every year, more than 500,000 women die in pregnancy and childbirth. For each woman who loses her life, a family is shattered; surviving children are deprived of a mother's care; communities suffer.

The two million or more women living with obstetric fistula were very nearly part of this grim statistic.[2] They survived the physical and emotional trauma of obstructed labour to become living reminders of health system failure. All too often, however, they are hidden away and forgotten.

Obstetric fistula, almost unknown in the industrialized world, is most common in poor communities of sub-Saharan Africa and Asia where emergency obstetric care is rarely accessible. It occurs when a woman undergoes a difficult and prolonged labour without prompt medical intervention. Left incontinent, women with fistula are often abandoned by husbands and loved ones and blamed for their condition. Their babies are usually born dead.

Like maternal death, obstetric fistula is preventable. Averting it will also contribute to safer childbearing for women throughout the developing world.

CAUSES AND CONSEQUENCES

Risk factors: Poverty is the primary root cause of obstetric fistula because it is associated with poor health, stunted growth, early childbearing, and limited access to maternal health care. Childbearing before the pelvis is fully developed, as well as malnutrition and small stature, put women and girls at greater risk for obstructed labour. Gender inequities, including lack of schooling and power within a household, often conspire to prevent a woman from planning her pregnancies or arranging for appropriate obstetric care.

"The existence of fistula is a barometer of maternal health in the country. If year by year fistula decreases, we know that maternal health is improving."

—Dr. Kalilou Ouattara, fistula surgeon, Mali

How does obstetric fistula occur?

Obstetric fistula is a result of prolonged obstructed labour. If a baby is too big to pass through the birth canal, or the mother's pelvis is too small or too immature, birth will be obstructed. Without trained help, labour may last as long as six or seven days. The baby usually dies after two or three days. When the soft tissues of the pelvis are compressed between the descending baby's head and the mother's pelvic bone, the lack of blood flow causes tissue to die, creating a hole—called a "fistula"—between the mother's vagina and bladder, or between the vagina and rectum, or both.

Note: A fistula can develop in various parts of the body, including the lungs or digestive tract. Obstetric fistula affects the vagina, bladder, and rectum. Traumatic fistula may occur as a result of rape, notably in the case of violent gang rape.

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Physical consequences: Left untreated, fistula can lead to ulcerations and frequent infections, kidney disease, and even death. Some women drink as little as possible to avoid leakage and become dehydrated. Damage to the nerves in the legs can make walking difficult and painful. Even after treatment, patients may need extensive physical rehabilitation.

Some fistula survivors have endured their condition for 40 years or more and manage to conceal the urine and keep clean. But the smell of leaking urine or faeces is hard to eliminate and difficult to ignore. Chronic dampness causes rashes and infections, and pain or discomfort may be continuous. Clean-up is a constant chore.

Psychological and social consequences: Along with physical disability, many women with fistula face profound social isolation. Although some women have supportive families, the smell can drive husbands and friends away. Fistula survivors are often barred from preparing food and may be excluded from prayer or other religious observances. The injury leaves women with few opportunities to earn a living, and some may turn to begging.

The pain and loneliness associated with fistula are often compounded by a sense of shame. In some communities, the condition is perceived not as a medical condition, but as a punishment or a curse for an assumed wrongdoing.

While some women with fistula display amazing courage and resilience, many succumb to illness and despair. Suicide and high rates of depression have been reported among women living with the condition.

A QUESTION OF EQUITY

In addition to being a major public health concern, obstetric fistula is—by any standard—an issue of rights and equity. The continued existence of fistula in resource-poor areas is evidence of the profound social and institutional neglect of girls and women. Yet policymakers and health providers often fail to recognize the scope and severity of this disability.

The absence of preventive care, including emergency obstetric care, violates the human rights of women and girls, especially their right to health care and, in particular, to reproductive health care.

SAFE MOTHERHOOD AND THE MDGs

Ending the needless deaths and suffering of women and girls worldwide is critical to development. One of the eight Millennium Development Goals (MDGs) calls for a 75 per cent reduction in maternal mortality by 2015. Yet progress towards this goal, sanctioned by 189 countries in 2000, remains slow. Moreover, in some countries maternal deaths and injuries are on the rise.

Nevertheless, there are grounds for hope. Governments, even in the poorest countries, can deliver effective interventions provided there is the will to do so. The UNFPA strategy for safe motherhood emphasizes:

- Family planning services to prevent unintended pregnancies
- Skilled care for all women during pregnancy and delivery
- Emergency obstetric care for those who develop complications

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Fistula and Poverty

Where fistula is common, so too are unacceptably high rates of maternal mortality:

- Of the more than 536,000 maternal deaths in 2005, 99 per cent occurred in developing countries.[3]
- A woman living in Niger has a 1 in 7 lifetime risk of dying in childbirth or pregnancy. In Sweden, the risk is about 1 in 30,000.[4]

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A patient at Babbar Ruga Fistula Hospital in Katsina, Nigeria.

The Campaign to End Fistula

The goal of the global Campaign to End Fistula is to eliminate obstetric fistula worldwide by advancing maternal health throughout sub-Saharan Africa, Asia, and the Arab region. The Campaign has three key aims:

Prevention

The most effective way to prevent fistula is to ensure access to quality maternal health care services, including family planning, skilled birth attendance and emergency obstetric care. In the long run, prevention also entails tackling underlying social and economic inequities through efforts aimed at empowering women and girls, enhancing their life opportunities, and delaying marriage and childbirth.

Treatment

Obstetric fistula is a treatable condition. A simple surgery can usually repair the injury, with success rates as high as 90 per cent for uncomplicated cases.[5] The Campaign supports all areas of treatment, from training health professionals in fistula surgery and post-operative care to equipping and upgrading fistula centres.

Rehabilitation

Fistula treatment goes far beyond repairing tissue. Many patients will need emotional, economic, and social support after surgery to fully recover from their ordeal. Through the Campaign, women receive counselling, literacy classes and skills training to help improve their reproductive health and allow them to gain self-sufficiency.

How it works

In each country, surveys are undertaken to determine the extent of the problem and the resources required to treat fistula. The country then receives financial support to develop a national plan. Finally, a multi-year implementation phase begins, based on the national plan, that includes interventions to prevent and treat fistula, and programmes to help women reintegrate with their communities following surgery.

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For this strategy to work, health systems as a whole will need to be improved and expanded. This will require considerable resources and sustained commitment at all levels—from local communities to national governments.

Goals for Safe Motherhood: Action to end obstetric fistula directly advances the Millennium Development Goals—in particular, newborn and maternal health targets (goals 4 and 5). It also contributes to MDG1, eradicating extreme poverty, and MDG3, promoting gender equality and the empowerment of women.

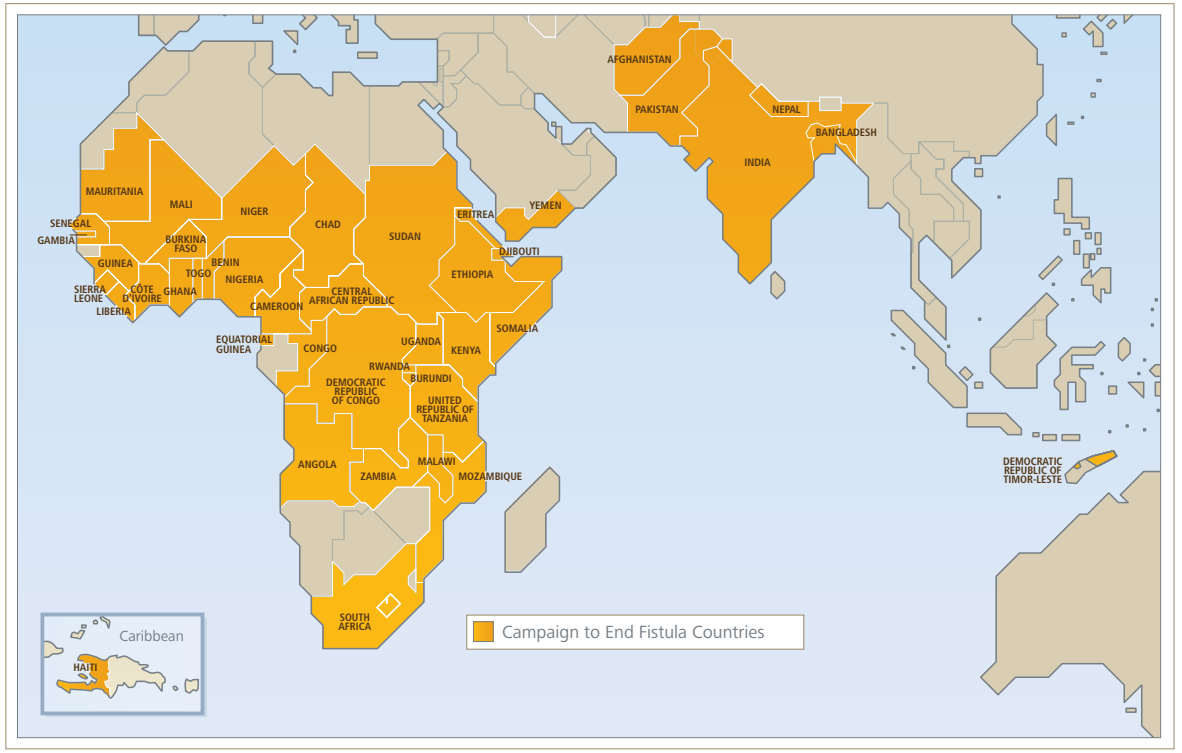
Additionally, these efforts are linked to nearly every aspect of the recommendations put forward during the 1994 International Conference on Population and Development (ICPD), in particular, paragraph 8.20 of the Programme of Action: [Countries should strive] "to promote women's health and safe motherhood; to achieve a rapid and substantial reduction in maternal morbidity and mortality and reduce the differences observed between developing and developed countries and within countries."

At the 2005 World Summit in New York City, world leaders resolved to achieve universal access to reproductive health by 2015, promote gender equality and end discrimination against women.

THE CAMPAIGN TO END FISTULA

Launched in 2003, the global Campaign to End Fistula is building political commitment and securing resources to strengthen maternal health care in developing countries. The Campaign—led by UNFPA and partners—focuses on three key areas of intervention: preventing fistula, treating affected women, and helping women return to full and productive lives after surgery.

Reducing maternal death and injury is a priority area for UNFPA, which supports safe motherhood interventions in more than 90 countries. A strong partner network and a wealth of expertise at the country level are making a difference. Fistula prevention and treatment touches on every aspect of the UNFPA mandate, including safe motherhood, reproductive rights, adolescent sexual and reproductive health, gender equity, early marriage and childbearing.



Students at a UNFPA-supported Midwifery School in El-Fasher, Darfur, practice techniques for a safe delivery.

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Chapter two

PREVENTING HARM

Married at 12 in Ethiopia, Almaz's tiny and fragile body was not ready for the strain of pregnancy and childbirth. After two days of obstructed labour, she was told to keep pushing. On the sixth day, her baby was stillborn. Her gruelling labour ripped her insides, leaving a hole between her bladder and vagina.[6]

Fistula prevention is a matter of improving maternal health. The aim is to make pregnancy and childbirth safer from the start and, if something goes wrong, to ensure that women are able to obtain timely emergency obstetric care.

Three key areas for immediate action are family planning, skilled attendance at birth, and access to emergency obstetric care. In the long run, poverty eradication, delayed childbearing, and the empowerment of women and girls will also reduce the risk of obstetric fistula.

FAMILY PLANNING

Women and girls who begin childbearing too early, or whose pregnancies are too closely spaced or high in number, risk death or maternal disability, such as fistula. Family planning helps couples delay, space, and limit pregnancies, thereby reducing the risk.

Family planning also prevents unintended pregnancies and the likelihood that women will seek an unsafe abortion. Every year, women and girls are forced to contend with 80 million unwanted pregnancies, of which 45 million end in abortion. Nearly half of these abortions are carried out under unsafe conditions.[7] This results in the deaths of 68,000 women a year and countless injuries.

Ensuring access to voluntary family planning could reduce maternal deaths and injuries by at least 20 per cent. However, an estimated 200 million women currently lack access to safe and effective contraceptives.[8] Contraceptive use is especially low in countries where obstetric fistula is common. In Niger and Rwanda, for example, less than 5 per cent of the population use modern contraceptive methods, compared to 55 per cent in the world's more developed regions.[9]

Ensuring universal access to a full range of safe and reliable family planning methods is part of the UNFPA mandate. UNFPA works towards this goal by supporting clinics and outreach services, training community health workers and other health providers, procuring contraceptive supplies and advocating on behalf of couples and individuals to have the information and services they need to freely plan their families.

"It's one thing to repair the horrific physical damage. It's harder but even more urgent to prevent the damage in the first place. That means confronting the social and economic ills that underlie girls' and women's vulnerability to fistula."

—Maggie Bangser, Women's Dignity Project, United Republic of Tanzania

Planned Caesarean Helps Expectant Mother Avoid Another Fistula

ZINDER, Niger —Thirty-year-old Mariama Hadjara isn't taking any chances. The mother-to-be, now seven months pregnant, is planning a Caesarean section to avoid losing another child.

"I don't care if it's a boy or a girl," said Mariama, who lives in Guidimouni, a village 60 kilometres east of Zinder, where she is seeking antenatal care at Solidarité, a non-governmental organization providing care and support to fistula patients. "Whatever God gives me—as long as the baby is healthy."

Mariama's first two pregnancies did not end happily. During her first delivery, she laboured at home for four days. "My mother refused to let me go to the hospital," Mariama explained. "After four days, my parents decided to get a horse and cart and let me go to the hospital. As soon as they took out the baby, the urine started."

Mariama underwent three fistula repair operations before she was finally cured. While delivering her second child, she sought a Caesarean section after labouring for one day. But she had waited too long to seek treatment, and the baby boy was stillborn.

With her third pregnancy, Mariama planned well in advance for a Caesarean section, giving birth to a healthy girl. Timely access to emergency obstetric care, usually a Caesarean section to relieve obstructed labour, helps prevent a fistula from occurring or reoccurring and ensures a safe delivery for both mother and child.

"For my third child, I came to the centre early," said Mariama, who had a Caesarean section at the UNFPA-supported Maternité Centrale de Zinder, which offers emergency obstetric care to pregnant mothers and is located in the same compound as Solidarité.[10]

SKILLED OBSTETRIC CARE

The presence of a skilled health professional is necessary to ensure a safe delivery and to recognize and refer any complications for emergency obstetric care. Yet in developing countries, only 57 per cent of women deliver with the assistance of a skilled professional,[11] and just 40 per cent give birth in a hospital or health centre.[12]

Midwives play a central role in saving lives and improving the health of mothers around the world. However, they often perform under poor working conditions with inadequate supplies. An estimated 700,000 more midwives are needed to provide universal access to skilled care at birth.[13] Addressing this shortage through education, training, and deployment to underserved areas is critical to ending obstetric fistula and improving maternal health globally.

In case of an emergency such as obstructed labour, immediate action can prevent obstetric fistula, most often through a Caesarean section. For the mother, this relieves the pressure that is cutting off the blood supply to her organs which, in turn, causes the soft tissues of the pelvis to die, opening up a hole or fistula. A timely Caesarean section can also improve the baby's chance of survival. Complications can arise without warning, so proper planning for emergency referral and transport is critical.

UNFPA supports the training of doctors, nurses, and other health workers in life-saving obstetric care in dozens of countries across the globe. It also provides the medications and equipment necessary to save lives. The Fund works with community leaders and policymakers to increase awareness and mobilize support for pregnant women.

THE POVERTY LINK

Poverty robs women of choices and closes off options. In some cultures, families believe that early marriage can protect a girl's reputation and secure her future. But it can also mean the denial of the right to education, good health, economic opportunity, friendship, and the freedom to choose whom, when, or whether to marry.

The Three Delays

Delay can be deadly, compromising the lives of both mother and child. Most maternal deaths and disabilities occur as the result of one or more of 'the three delays':

Delays in recognizing the danger signs:

In many places, husbands, male relatives, or mothers-in-law decide the type of delivery care a woman receives, even though they may be poorly informed about the risks of childbirth and the need for skilled care. Women often rely on traditional birth attendants who may not recognize the danger signs in time to take appropriate action. In many countries, the problem is compounded by a strong cultural preference for home delivery.

Delays in reaching a health-care facility:

Hospitals or medical centres equipped to handle obstructed childbirth may be scarce and geographically remote. Transportation is often rudimentary. Women already deep in labour may be forced to travel many hours—or even days—by bus or donkey cart to obtain help. By the time they reach a hospital, it is often too late. For some families, the cost of transport may also be prohibitive.

Delays in receiving quality care at the facility:

In resource-poor countries and particularly among poor women, rates of Caesarean sections are well below the minimum recommended standard of 5 per cent.[14] Facilities are rarely able to provide emergency care because of insufficient staff or the lack of trained providers, equipment, and supplies. Some women experience delays at the facility because of health workers' negative attitudes towards poor patients.

A catheter carries urine into a collecting bag and bowl. Catheterization is an essential part of the recovery process for fistula patients.

In many countries where fistula is common, extreme poverty undermines entire health care systems. Health centres and hospitals are often understaffed, poorly equipped, and unable to provide adequate care. The poor quality of care is one reason many pregnant women avoid seeking medical attention altogether: they associate hospitals with illness and death.

UNFPA mobilizes donor support to provide essential reproductive health services, equipment, and supplies for countries that cannot afford them. The objective is to overcome poverty and provide women and girls with opportunities that transcend what is usually their only other option: early marriage.

Fistula patients at the Babbar Ruga Fistula Hospital in Katsina, Nigeria.
CHRIS DE BODE/PANOS/UNFPA

EARLY MARRIAGE AND CHILDBEARING

Delaying the first pregnancy is a central strategy in the fight against fistula and maternal death. The reason, in part, is physical: The younger the woman, the higher the risk of complications. Girls under the age of 15 are five times more likely to die in childbirth than women in their twenties, and girls aged 15 to 19 are twice as likely to lose their lives.[15] Many of those who survive obstructed labour end up with fistula.

Young married girls are often pressured to become pregnant soon after marriage and may have difficulty accessing family planning services. In some places, they are required to show evidence of spousal consent, and this may be impossible to obtain if their husbands disagree with delayed childbearing or child spacing.

Taboos and traditional beliefs regarding premarital sexual relations often inhibit young people—especially girls—from getting the information they need. Health providers, teachers, and other potential sources of support may discourage questions or lack adequate information or training.

UNFPA recognizes that changing deeply entrenched traditions such as early marriage requires sensitivity and patience. In many countries, the Fund works with influential community and religious leaders who, in turn, can be very effective in mobilizing support for the right to reproductive health. UNFPA also supports youth-friendly centres to help young people, both married and unmarried, obtain reproductive health information and services.

EDUCATING AND EMPOWERING WOMEN AND GIRLS

In many of the areas where fistula is prevalent, women have little control over decisions regarding work, school, the distribution of household resources, and medical care. These important decisions are often left to husbands or male relatives.

Education helps girls know their rights and claim them. Girls who stay in school are more likely to delay marriage and have smaller, healthier families.[16] Yet in many resource-poor countries, girls are less likely than boys to complete their education.

UNFPA and many of its partners in the Campaign to End Fistula are working to promote gender equality, one of eight Millennium Development Goals. Gender parity in education—both at the primary and secondary level—is a benchmark for the achievement of this goal. The Fund also works with men to educate them about reproductive health issues and encourage them to become more supportive partners.

Early Marriage, Early Loss

Notwithstanding laws in some countries that prohibit early marriage, 82 million girls in developing countries who are now aged 10 to 17 will be married before their 18th birthday.[17]

Fistula patient Selina Kaloki at Machakos District Hospital in Kenya.

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Chapter three

HEALING WOUNDS

"I suffered a lot during labour," said Zainab, a young Nigerian girl. "When I was in that agony, I was thinking, 'Is this the way that other women suffer?' I asked for help, but nobody was ready to assist me." Zainab was one of hundreds of women and girls treated for obstetric fistula during a UNFPA-supported treatment campaign in northern Nigeria.

Obstetric fistula is treatable. Reconstructive surgery can mend the injury, with success rates as high as 90 per cent for uncomplicated cases managed by experienced surgeons. For complicated cases, the success rate is closer to 60 per cent.[18] The average cost of fistula treatment—including surgery, post-operative care and rehabilitation support—is $300, well beyond the means of most affected women.

SURGICAL REPAIR

Uncomplicated fistula cases can be repaired with a fairly simple operation. The surgery involves mending the hole in the bladder or rectum. This operation requires specially trained surgeons and support staff as well as two or more weeks of post-operative care. Careful screening and management prior to surgery is necessary owing to the presence of other health conditions such as malnutrition, anaemia and malaria. After surgery, women can often resume full and productive lives. They can usually bear more children, though delivery by Caesarean section is recommended to prevent fistula from reoccurring.

Many women with fistula suffer nerve damage in their legs and require extended physical therapy. In some cases, injury to the internal organs is extensive, and more than one surgery is required. When surgery cannot correct the problem, women may undergo a procedure called a urostomy and wear a bag to collect their urine.

Fistula Repair in Bangladesh

Hajera, pictured on the opposite page, was married at 13 and pregnant soon after. An agonizing two-day labour left her with a stillborn son and extensive tissue damage in her pelvis. She began leaking urine uncontrollably. Hajera's husband remarried. Her family treated her as an outcast. "Everyone rejected me," she says. "Cure me or kill me," Hajera pleaded with her doctors at Dhaka Medical College Hospital in Bangladesh, moments before undergoing surgery to mend the injury.

"Having fistula is not the end of the world. Fistula can be cured: I am a living example of that."

—Halima Gouroukoye, an 18-year-old fistula advocate from Niger

SVEN TORFINN/PANOS/UNFPA/KENYA

OBSTACLES TO TREATMENT

Costs and transportation: Fistula is most common in remote and rural areas where roads and transport are limited, and where few women can afford the costs of travel. However, when women discover that fistula can be repaired, they will often go to great lengths to pay for transport and treatment. Some travel for days across difficult and dangerous terrain. These "fistula pilgrims" may exhaust all resources by the time they reach a treatment centre and rely on contributions to make their way home.

Transportation strategies are crucial to ending fistula. In Sierra Leone, UNFPA and a number of Campaign partners have collaborated on a programme to identify and transport fistula survivors to medical facilities in Freetown, the capital city, where they receive free surgical treatment. The partner network aims to also reduce excessive waiting times by ensuring that patients are divided evenly among the three treatment sites.

Too few facilities and practitioners: Treatment facilities are often insufficient in number and capacity to handle new cases of fistula. In countries where fistula is common, chronic understaffing has weakened health care systems. Even when qualified surgeons are available, they are often constrained by poor equipment and inadequate supplies.

In some countries, a shortage of skilled local surgeons has created a reliance on teams of visiting doctors. Personnel at facilities offering treatment report that they are reluctant to advertise these visits: When word gets out, so many women show up that some have to be turned away.

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Successful fistula repair depends on teams of skilled practitioners supporting one another and delivering a continuum of care. UNFPA and its Campaign partners are helping countries develop long-term strategies to build capacity through training and the expansion of health facilities. UNFPA also encourages communication and networking among providers to facilitate research and the development of universal standards.

"Every woman should go to the hospital for delivery, and hospitals should be close to the villages."

—Martina Labia, a 62-year-old fistula survivor from Tanzania

The Fistula Training and Rehabilitation Centre at Dhaka Medical College Hospital in Bangladesh, established with support from UNFPA, offers vocational training and education programs for its resident patients.

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Chapter four

RENEWING HOPE

Most women can resume a full life after fistula repair—but surgery is only the first step. Women often need additional support, especially if they have been living with the condition for many years. In many cases, the disability has eroded their social and economic status or worn away their sense of self worth. Full recovery may require counselling, peer support groups, and skills training. Community sensitization helps to correct misperceptions surrounding the condition.

ENDING THE SILENCE

In many places, obstetric fistula is so misunderstood that no word or phrase describes the condition precisely: It is referred to simply as "the urine problem" or "the childbirth injury." A woman with fistula may be characterized as "destroyed" or "she who is no longer a woman." Debunking myths and providing accurate information about its causes and cure can facilitate prevention, encourage compassion and lessen the stigma.

Many women with fistula are isolated and hear little of developments in the outside world. Those unaware that a cure is possible may become resigned, demoralized, or deeply depressed. The knowledge that fistula is treatable can spell hope for women on the verge of giving up.

Ending the culture of silence that has surrounded fistula is a major Campaign strategy. Since 2003, the global Campaign has brought fistula to the attention of a wide audience, including local communities, national policymakers, and health officials. By educating communities about fistula prevention, treatment and rehabilitation, the Campaign is helping to transform lives.

RECLAIMING LIVES AFTER TREATMENT

Empowering women to reclaim their place in society is the ultimate goal of treatment. A variety of Campaign efforts support social reintegration. Some facilities offer literacy classes and skills training in tailoring, knitting, embroidery, and other trades to help women become self-sufficient and improve their self-esteem. Others offer access to small grants for start-up businesses. Women attending such facilities often discover they are not alone in their suffering; many derive comfort from being with others who share their disability.

Health education and post-operative medical counselling are also an integral part of the healing process. Women need information and support to protect their reproductive health. After fistula repair, they are typically referred to family planning services and advised about when it will be safe to resume sexual relations. Health

"If it is going to be true that I will be cured, I want to have another baby. A boy or a girl, I would love either one so much. Just let it be true."

—A woman awaiting fistula surgery in Eritrea

DIMA GAVRYSH/UNFPA/NIGER

care workers also counsel women to deliver in a hospital in the event of future pregnancies.

Some women never want to experience labour again. In many cultures, however, motherhood and childbearing are central to a woman's identity. Many women have long lives ahead of them and are eager to remarry or return to their husbands. In most cases, they can bear healthy children, so long as the next pregnancy is closely monitored for complications. Those wishing to avoid pregnancy altogether must be able to access counselling and contraceptives.

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Chapter five

HARNESSING MOMENTUM

The global Campaign to End Fistula has made considerable progress to date with relatively modest funding. But the needs are great. Ending fistula worldwide will demand political will, financial resources and strengthened collaboration among governments, community groups, NGOs and health professionals.

PARTNERSHIPS

Until recently, efforts to prevent and treat fistula were carried out primarily by dedicated individuals working with limited political, financial or institutional support. Together with partners, UNFPA is now galvanizing action as never before. More than 40 countries have joined the Campaign, along with a growing number of international and regional NGOs, private sector enterprises, community leaders, and committed individuals.

Partnerships with diverse and active memberships are contributing to the creation of comprehensive and unified strategies to prevent and treat fistula, as the following examples illustrate:

- UNFPA is Secretariat of the International Obstetric Fistula Working Group, an international partnership that coordinates global fistula elimination efforts. Partners, among others, include the World Health Organization (WHO), Columbia University's Averting Maternal Death and Disability (AMDD) Program, EngenderHealth, and Women's Dignity Project.[19]

- UNFPA, the Joint United Nations Programme on HIV/AIDS (UNAIDS), WHO, the United Nations Children's Fund (UNICEF), the World Bank, and more than 100 non-governmental organizations have launched a Partnership for Maternal, Newborn and Child Health to scale up action to achieve MDGs 4 and 5—goals specifically drafted to set a timeline for dramatic reductions in child and maternal mortality by 2015.

Your Money at Work:

Three hundred US dollars for surgery, post-operative care, and rehabilitation is a small price to restore a woman's health and dignity. Campaign researchers estimate that $5 covers the weekly costs of food and water, $10 covers transportation to a hospital, $60 covers a Caesarean section, and $80 covers the surgical instruments needed for fistula surgery.

"Let fistula end with my generation, not the next."

—Marietta Kiden, a 40-year-old fistula survivor from South Sudan

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DONOR SUPPORT

In recent years, UNFPA has secured funding for fistula prevention and treatment from a wide array of donors, including governments, foundations, the private sector, and individuals. Funds raised through the Campaign are used for the following activities:

- Assessing gaps and opportunities for fistula prevention and treatment
- Training doctors and nurses in fistula treatment and emergency obstetric care
- Equipping hospitals and operating theatres
- Subsidizing the cost of transportation for women with fistula
- Supporting fistula repair surgery and post-operative care
- Providing counselling, vocational training, education, and small grants to help women with fistula rebuild their lives
- Raising awareness about fistula and obstructed labour among communities and policymakers

THE WAY FORWARD

UNFPA is leading the way in the fight against fistula. Through the Campaign to End Fistula, the Fund is leveraging partnerships to help women in need. However, significant financial and technical resources are required to sustain this commitment.

The demand for high quality programmes is growing. In response, UNFPA is strengthening its technical and programme support, enhancing data collection, and documenting good practices. UNFPA is also working with partners to create a results-based framework to evaluate progress, enhance South-South cooperation and increase global access to fistula information through its online knowledge network and Campaign web site.

Among the Campaign's most important partners are the governments of countries burdened with high fistula prevalence. Many are making the changes necessary to end the disability. To fulfill obligations to their most marginalized citizens, however, they will need international support.

Success will be measured in the number of women treated and, ultimately, in the elimination of this preventable injury. Success will also be measured in the realization of human rights among some of the world's most disadvantaged. Success means restored health, renewed hope and safer childbirth for all.

RESOURCES

For more information and access to publications and videos, please visit the UNFPA web site for the Campaign to End Fistula at www.EndFistula.org.

ENDNOTES

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LIST OF ABBREVIATIONS

HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
ICPD	International Conference on Population and Development
MDG	Millennium Development Goal
NGO	Non-Governmental Organization
UNFPA	United Nations Population Fund
WHO	World Health Organization

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