



Global Campaign to end Obstetric Fistula



The Cost of Giving Birth



- **Complications of pregnancy and Childbirth = 12.5% of DALYs lost globally, and much more in low-income countries**
- Every 2 minutes, 1 woman dies from pregnancy-related complications in Africa, and 1 in Asia
- Two thirds of these deaths occur during the high risk period of labour, birth and the immediate post-partum period
- For every woman who dies, approximately 30 others survive but experience chronic disabilities – among which the most severe is obstetric fistula
- Between 1 and 2 million women are currently living with fistula in Africa, with 50,000+ new cases per year



The Cost of Giving Birth, and yet...



- Prevention and treatment of obstetric complications are well known and do not require sophisticated technologies (Access)
- Proven and cost effective interventions need to be delivered to all women (Equity)
- They require a good level of skills that is only provided by professionals (Skilled B.Attendant)
- With an attention to Human Rights and Poverty
- Two lives in the balance... (2 MDGs)

What is obstetric fistula?



Fistula is a hole that is formed between the vagina and the bladder (or the rectum) after a woman has suffered from prolonged or obstructed labor. This labor may have lasted for days without relief.

Consequences of fistula



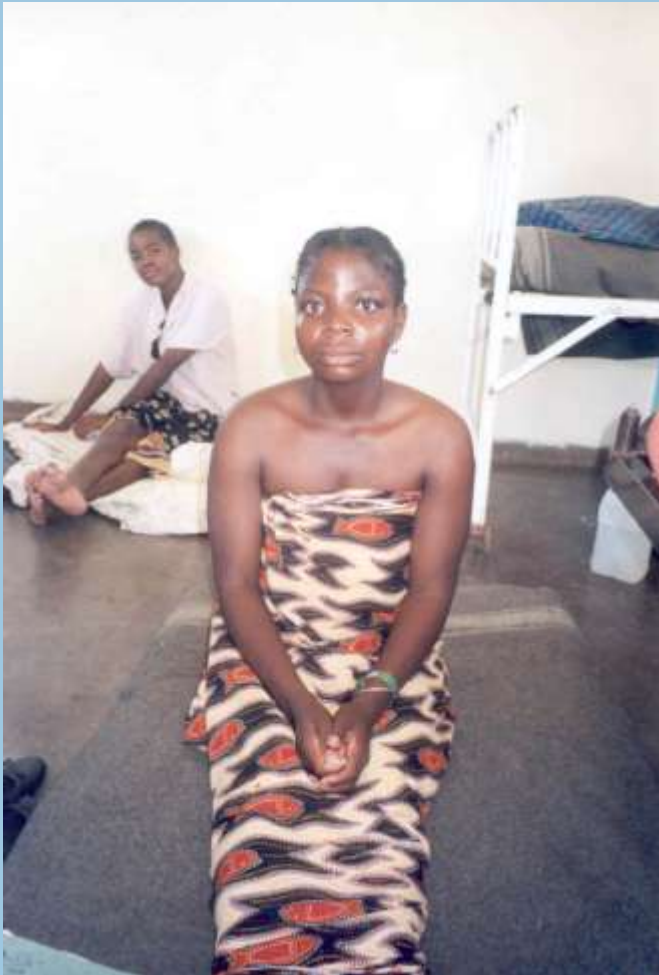
Physical

- Incontinence or constant leaking of urine and/or stool.
- Frequent bladder infections
- Painful genital ulcerations
- Infertility

Social

- Exclusion
- Divorce or abandonment
- Ridicule and shame
- Inability to start a family
- Lack of opportunities
- Risk of violence

Socio-cultural Context: Fistula is associated with...



- The lower status of women and girls
- Poverty
- Malnutrition
- Lack of education
- Early marriage and early maternity
- Harmful traditional practices and beliefs

Why focus on fistula?



- **Fistula highlights many important issues:**
 - **the need for RH services at the PHC level**
 - **reproductive health and rights**
 - **gender equality and women's empowerment**
 - **adolescent sexual and reproductive health**
 - **Strategies for reaching the poor: equity**
- **Tangible results are already available**

What can be done?



Obstetric Fistula is
Preventable
and
Treatable



Fistula Interventions



- **Primary prevention: age at marriage and first pregnancy, Access to contraception, education**
- **Secondary Prevention: Skilled attendance at all births, Access to EmOC and C-section**
- **Tertiary Prevention: Surgical repair, care of complications**
- **Social Reintegration**



Global Campaign to End Fistula



Objectives:

- Raising Awareness**
- Determining Needs**
- Expanding services**
- Mobilizing resources**



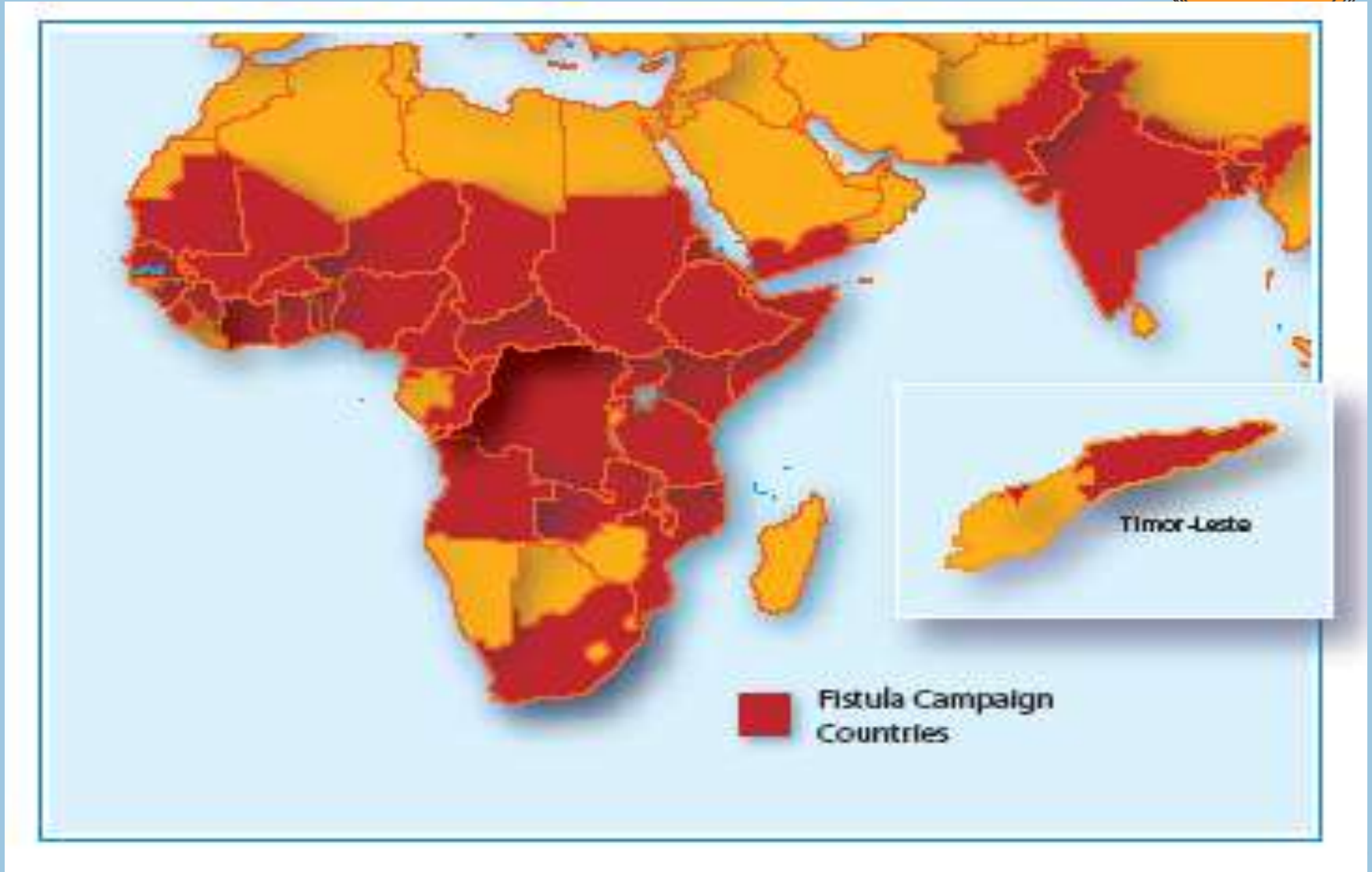
Campaign Update



Five years into the Campaign (since 2003):

- **Working in over 45 countries, mostly in Africa, also in South Asia and the Middle East**
- **Carried out groundbreaking studies in over 28 countries**
- **Supporting national strategies in 16 countries**
- **Brought together diverse global partners**
- **Broad media coverage and increased awareness of the issues, at global and country levels**

The Campaign



Partners in the Campaign



- UNFPA, WHO
- AMDD (Columbia University), GFMER (Geneva)
- ENGENDER HEALTH, Women's Dignity Project
- FIGO, ICM, SAGO and regional chapters
- RPMM, AMREF, Addis Ababa Fistula Hospital, Babbar Ruga Hospital Nigéria, Point G Bamako, Monze Zambia
- Equilibres et Populations (Paris)
- Young and Rubicam (London), Johnson & Johnson
- In-country Partnerships: Exemple in Mali: UNFPA, Government, IAMANEH, Delta Survie, Médecins du Monde
- In Bénin: UNFPA, WHO, Government, GFMER, IRSP



Phasing in Sub-Saharan Africa



- Countries in Phase I, Evaluation of needs and resources: Guinea, Angola, CAR, DRC, Liberia, Rwanda, South Africa, Togo
- Countries in Phase II, preparation of national Plan of Action: Cameroon, Ghana, Malawi, Mozambique, Sierra Leone, Senegal, Djibouti
- Countries in Phase III, Implementation of the national Plan of Action: Benin, Burkina Faso, Eritrea, Mali, Chad, Kenya, Niger, Nigeria, Mauritania, Tanzania, Uganda, Zambia



Campaign Challenges



- **Still need to increase awareness globally**
- **More funds needed to implement campaign**
- **Political support still lacking in some countries: Role of Ministers of Health**
- **Lack of human and material resources: Role of the Reform of Health Systems**
- **Enormous backlog of cases**

**Over 1 million African women awaiting
the start of a new life...**



Measurement, Monitoring & Evaluation



- **Contributing to int'l efforts to measure OF incidence/prevalence**
 - Participate in global Data working group
 - Provide technical support to countries wishing to include DHS/MICS questions on fistula
- **Providing technical support for national M&E**
 - Finalize comprehensive strategic results framework
 - Field test and develop definitions for the framework
- **Support assessment of country-level progress (with GD's)**
 - Develop and implement a systematic reporting system

Indicators



- **Global for MDG5 : Reduction of MMR by 75%**
 - Target 1: % of births attended by Skilled health personnel
 - Target 2: Universal access to RH – 4 indicators (CPR, UMNFP, ANC, Adolescent Fertility Rate)
 - Additional: Density EmOC facilities, Obs Met Need, C/section, OCFR
- **Specific Indicators for M&E of OF programmes**
 - Prevalence, Incidence, Rates, number treated, unmet need,
 - Density specialized health workers and specialized centres
 - Births with Partograph,
 - Training facilities, trainers, surgeons trained,
- **Quality of Care**
 - Success rate of repair by type,
 - Success rate of social re-integration

Capacity development, research & documentation



- **Promoting research, both clinical and operational, on obstetric fistula and related programme interventions**
 - Collaborate with classification research,
 - Provide technical support for M&E for country projects
 - Identify promising researchers, hospitals, surgeons, to become leaders and trainers
 - Develop proposals and grants for implementation research
 - Integrate OF in research initiatives on Health Systems Strengthening (HSS) e.g. Midwifery, SBA, referral systems
 - Provide technical support to NGO capacity development initiatives
- **Increasing the body of knowledge on fistula programmes**
 - Document and disseminate good practices from country level