

**Minutes of the Obstetric Fistula Working Group Meeting
London Excel Center – Women Deliver Conference
19 October 2007, 8-9AM**

In attendance:

GFMER (Lisa Nathan), AMDD (Barbara Kwast, Samantha Lobis), USAID (Trish MacDonald), EngenderHealth (Karen Beattie, Joseph Ruminjo, Henry Kakande), White Ribbon Alliance (Theresa Shaver, Betsy McCallon), FIGO (Dorothy Shaw, Hamid Rushwan), Addis Ababa Fistula Hospital (Catherine Hamlin, Ruth Kennedy, Mulu Muleta), UNFPA (Kate Ramsey, Magda Armah, Yahya Kane, Ann Pettigrew Nunes)

Updates were offered from each organization.

GFMER: Lisa Nathan presented on behalf of Dr. Charles-Henry Rochat and shared a handout briefing all present (Spring 2007 report). She was part of the March/April 2007 mission to Hospital Saint Jean de Dieu in Tanguieta, Benin with Dr. Rochat and a Detroit-based urologist. The mission team conducted close to 40 operations, largely fistula repairs. Sentinelle (Swiss NGO) is working on follow-up and patient care; they are working on training local surgeons. The mission also addressed the issue of recordkeeping and the hospital's database: there has been progress on patient records, and Sentinelle is working on follow-up recordkeeping.

AMDD: A new area of work is health systems strengthening for equity, including a focus on human resources for health. This work includes documenting the evidence on use of mid-level providers for provision of caesarean sections in Mozambique, Tanzania, and Malawi. A human rights-based maternal mortality Campaign was launched at Women Deliver with Paul Hunt, Special Rapporteur on the Right to Health, CARE and other partners and they are looking for funding for field-based advocacy. AMDD are also working on revising the process indicators for emergency obstetric care. One revision is to emphasize more the basic level by changing the availability indicator to 5 EmOC facilities per 100,000 population with at least one comprehensive.

USAID: Currently working in 10 countries and on 2 regional programmes through EngenderHealth. Since 2004 USAID has been gradually increasing their support to fistula programmes in terms of training medical doctors in repair, and in training nursing and counseling staff. They are also working with EngenderHealth on a facility-based prospective study looking at determinants of post-operative outcomes in fistula surgery.

EngenderHealth: Through funding from the Bill and Melinda Gates Foundation, they have been working on a project in Darfur which will come to a close in 2007. The study 'Risk and Resilience' conducted with Women's Dignity Project has just been released. For the above-mentioned study, pre-testing has begun and data collection will begin in November at 13 sites. The proposal will be shared for information.

FIGO: Supporting AMREF to do fistula repair surgeries in Tanzania. FIGO has established a new committee on fistula, co-chaired by Mulu Muleta and Lord Patel. In collaboration with UNFPA, FIGO will be developing a Competency-based Training Manual on Fistula Surgery and Post-operative Care and it is expected that a draft will be available sometime in the summer 2008. It will then be field-tested, finalized and disseminated. They are also supporting training over three years to West African Fistula centers in francophone countries.

AAFH: AAFH conducted 2500 repairs in 2006. They have recently opened 3 ‘mini-hospitals’ and two more are forthcoming through which they are hoping to double their patient load. They have trained 24 Ob/Gyns in Ethiopia in 2006, as well as 13 international surgeons. They are changing their training methodology to ‘team training’ such that surgeons also bring nurses along to ensure they are trained in post-operative care as well.

Following a meeting with several surgeons in April, an International Society of Obstetric Fistula Surgeons will be launched shortly – more information on the group is forthcoming.

AAFH is working with JHPIEGO on developing a training manual based upon their programme. They are now seeking possibilities for accreditation of the programme. The training is structured as 2 blocks of 6 weeks each, comprised of 3 weeks basic training in Addis Ababa, followed by practical training of 3 weeks at satellite hospital. The team then returns to Addis Ababa and conducts between 6 months and 2 years practice (at home) with a possible visit from the supervisory team in Addis. The team then returns to Addis for further 6 weeks master training of trainers. AAFH are planning to collaborate with Point G Hospital in Bamako for material translation; they’ll do a trial run early next year and a ToT in December.

AAFH is planning to open a training school for midwives (including ability to perform C-sections) and accelerated EmOC Training for Health Officers. They are beginning with 12 midwives and hope to have 25 centers throughout Ethiopia staffed with 2 midwives in each location.

The AAFH database currently holds 18,000 case notes; the hospital has arranged for someone to come to Addis Ababa and organize the database.

White Ribbon Alliance: A brief update was provided on a project conducted in Tanzania with Women’s Dignity Project, which has included awareness-raising through spots on TV. WRA also offered a brief summary of the launch event of *Stories of Mothers Lost*, which took place Tuesday October 16 at RCOG, Regent’s park. London. WRA is interested to work more on prevention.

UNFPA: A brief overview of *The Campaign to End Fistula* was offered by Kate Ramsey; the Annual Report was shared (http://www.endfistula.org/docs/annual_report2006.pdf) and highlights were briefly touched upon. Additionally UNFPA’s new advocacy publication entitled *Living Testimony* was made available in English, this publication is also available online through the Campaign website. The French version will be distributed later in 2007. A supplement of the International Journal of Gynecology and Obstetrics featuring 27 articles on obstetric fistula was published with the October 2007 issue – copies were shared and articles are also available online. UNFPA is working with FIGO on the previously mentioned training manual. Plans for a multi-centric research study in eight countries on long-term clinical and quality of life outcomes in collaboration with Johns Hopkins and WHO are nearly finalized. The proposal will be shared in due course. UNFPA is also embarking on work related to empowerment of fistula survivors as advocates, the presence of six women at the Women Deliver conference marks the first step in this direction. UNFPA is sponsoring an Africa Regional Conference on Obstetric Fistula and Maternal Health to take place in Nouakchott, Mauritania 10-13 December 2007; partners are cordially invited to attend.

Next meeting/Next steps

- It was decided that a full meeting of the group would be organized for early 2008.
- Consensus was reached to have a monthly e-mail update on the activities of each organization.
- Translation of the WHO manual into French should be considered.