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)
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 Abeba Fistula Hospital, Babbar Ruga Hospital Nigéria, Point G Bamako, Monze Zambie
- 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