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Advancement of women

Intensifying efforts to end obstetric fistula within a decade

Report of the Secretary-General

Summary

The present report has been prepared pursuant to General Assembly resolution [75/159](#). Obstetric fistula is a devastating childbirth injury that leaves women and girls incontinent, stigmatized and isolated from their families and communities. It is a development, public health and human rights issue; a stark outcome of gender and socioeconomic inequalities, a denial of human rights and an indicator of poor quality of care. It signifies the failure of health systems to provide high-quality sexual, reproductive, maternal and newborn health care and services. Climate change and obstacles presented by the coronavirus disease (COVID-19) pandemic exacerbate the root causes of fistula. Addressing structural barriers and inherent biases and increasing the levels and predictability of funding are crucial to ending obstetric fistula and to ensuring that no one is left behind. Ending obstetric fistula is an integral component of achieving the Sustainable Development Goals. The present report contains an outline of efforts made at the global, regional and national levels to end this tragedy and recommendations to intensify those efforts, using a human rights-based approach, so as to end fistula by 2030.

* [A/77/150](#).



I. Introduction

1. The present report is submitted pursuant to General Assembly resolution [75/159](#), in which the Assembly requested the Secretary-General to submit a report to it, at its seventy-seventh session, on the implementation of that resolution under the item entitled “Advancement of women”.

2. Poor quality of care¹ and a lack of access to high-quality sexual and reproductive health services are a leading cause of morbidity and mortality for women of 15 to 49 years of age, compounded by gender inequality and the denial of human rights, including the right to the highest attainable standard of physical and mental health. Obstetric fistula, a severe maternal morbidity resulting from prolonged obstructed labour without timely access to emergency obstetric interventions, occurs disproportionately among impoverished, often uneducated vulnerable girls and women. It is preventable when women and girls have access to high-quality comprehensive sexual and reproductive health services. Fistula, therefore, is an indication of extreme gender inequality and poverty. In 2019, world leaders committed to achieving universal health coverage by 2030, including universal access to sexual and reproductive health and reproductive rights. Unfortunately, progress on sexual and reproductive health has been slow at the global level and related services fall short of needs in low- and middle-income countries.² Climate change and new obstacles presented by the coronavirus disease (COVID-19) pandemic exacerbate the root causes of fistula.³ Fistula can be avoided by delaying the age of first pregnancy and providing universal access to emergency obstetric care. Prevention efforts also include education and the empowerment of women and girls, addressing economic and sociocultural factors that negatively affect them, engaging men and boys and empowering communities. Using a human rights-based and gender-transformative approach to address obstetric fistula in a holistic manner will help to uncover underlying inequalities and discrimination that drive the condition. Consequently, it is imperative to work towards the advancement of women who are suffering, including as a result of centuries of disparate health care.

II. Background

3. Making up for hundreds of years of disparity in health care could be achieved through the attainment of the Sustainable Development Goals, which entail equitable access to timely, high-quality and life-saving maternal and newborn health care. Worldwide, an estimated 500,000 women live with fistula, with new cases occurring annually, in over 55 countries (see [A/75/264](#)). Its occurrence is a consequence of violations of human rights and a reminder of gross inequalities.

4. Obstetric fistula continues to afflict many poor women and girls who lack access to timely and high-quality health services, which in turn are contingent on adequate numbers of well-trained health-care providers. The COVID-19 pandemic has disrupted health services and stalled maternal and newborn health progress for the past two years, thereby likely increasing the number of fistula cases and reducing access to surgery. Travel restrictions have also made access to care challenging for

¹ Margaret E. Kruk and others, “High-quality health systems in the Sustainable Development Goals era: time for a revolution”, *The Lancet: Global Health*, vol. 6, No. 11 (September 2018).

² Elizabeth A. Sully and others, *Adding It Up: Investing in Sexual and Reproductive Health 2019* (New York, Guttmacher Institute, 2020).

³ Gretchen Luchsinger, *No Exceptions, No Exclusions: Realizing Sexual and Reproductive Health, Rights and Justice for All* (High-Level Commission on the Nairobi Summit on ICPD25 Follow-Up, 2021).

women needing reproductive health services and fistula repair. Disruptions in essential health services caused by the pandemic may have contributed to approximately 11,000 additional maternal deaths during 2020 in South Asia alone.⁴ Intensifying efforts to provide access to comprehensive emergency obstetric care, treat fistula cases and address underlying health, socioeconomic, cultural and human rights determinants is therefore urgently needed. Addressing physical and structural barriers to care, including transportation infrastructure; challenges due to climate change, such as flooding, drought and other natural disasters; lower levels of education; and lack of income is also necessary to end fistula. The Intergovernmental Panel on Climate Change found that gender inequalities are exacerbated by climate-related hazards and result in higher workloads, psychological and emotional stress and higher mortality for women.

5. Obstetric fistula is associated with devastating lifelong morbidity, with severe medical, social, psychological and economic consequences if left untreated. Aside from urinary incontinence, stillbirth (in 90 per cent of cases), neurological disorders, orthopaedic injury, urinary tract infections, kidney failure and infertility often accompany the condition. The odour from constant leakage, combined with misperceptions about its cause, often results in stigma and ostracism leading to social marginalization, depression and even suicide. Women and girls are often abandoned by their husbands, partners and families and face difficulties in securing income or support, thereby deepening their poverty. Women and girls who live with fistula face intersecting forms of discrimination based on their health status, disability, marital status, education and socioeconomic status, further widening the inequality gap.

6. The COVID-19 pandemic has worsened gender-based and socioeconomic inequalities. Increasing rates of violence against women, a worse economic impact on women and higher risks for women of colour and young people have been reported.⁵ A call for increased resources in maternal and child health, sexual and reproductive health and services for vulnerable groups to rectify the damage caused by the pandemic was made in a report issued in 2021.⁶

7. Strengthened health systems that are easily accessible and have the capacity to deliver high-quality health care are key to preventing fistula. The most cost-effective interventions to reduce maternal and newborn mortality and morbidity are: (a) timely access to high-quality emergency obstetric and newborn care; (b) the presence of trained health professionals with midwifery skills at childbirth; and (c) universal access to modern contraception.

8. Ill-equipped health-care facilities and lack of health-care personnel in the most rural parts of countries with women with fistulas directly correlate with the incidence of obstetric fistula. Women with fistula are evidence of the failure of health systems to deliver universally accessible, timely and high-quality obstetric care. Three categories of delay impede women's access to care: (a) delay in seeking care; (b) delay in arriving at a health-care facility; and (c) delay in receiving appropriate, high-quality care once at the facility. A lack of awareness of treatment available for fistula and the high cost of treatment contribute to delays in seeking help. Sustainable solutions for ending fistula therefore require well-functioning, strengthened health systems, well-trained health-care professionals, access to and supply of essential medicines and equipment and equitable access to high-quality health services, as well as community empowerment.

⁴ See <https://unstats.un.org/sdgs/report/2021/goal-03/>.

⁵ See <https://forum.generationequality.org>.

⁶ United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) and United Nations Population Fund (UNFPA), *Impact of COVID-19 on Gender Equality and Women's Empowerment in East and Southern Africa* (Nairobi, 2021).

9. Poverty and sociocultural barriers, gender inequalities and other multiple and intersecting forms of discrimination and marginalization, lack of education, child marriage, malnutrition, adolescent pregnancy, inadequate and inequitable access to sexual and reproductive health services, and lack of reproductive rights are the root causes of maternal mortality and morbidity. To end fistula, more than basic health services are needed. Universal access to sexual and reproductive health services and safe surgery is essential; socioeconomic inequities have to be addressed; and the human rights of women and girls need to be promoted and protected.

10. Complications from pregnancy and childbirth are the leading cause of death among girls between the ages of 15 and 19 years in low-income and middle-income countries. At the global level, approximately one in five girls will be in a formal marriage or an informal union before the age of 18. Child marriage and early pregnancy put girls at risk of violence, mortality and morbidity, including fistula. The compounding violation of girls' rights can only be redressed through targeted investments in empowerment, education and bodily autonomy for girls, access to high-quality health information and services, including comprehensive sexuality education for adolescent girls and boys, access to opportunities, participation and decision-making, a supportive community, and evidence-based policy and legal frameworks. As a result of development programmes being delayed by the COVID-19 pandemic, an additional 10 to 13 million child marriages⁷ are expected to take place between 2020 and 2030. This is likely to increase the overall numbers of fistula cases.

11. Iatrogenic fistulas caused during gynaecological procedures or caesarean deliveries are on the rise in many countries that also face the burden of obstetric fistula.⁸ Countries facing such a double burden have to target health-care quality and capacity-building urgently to address this challenge. Other causes of female genital fistula include traumatic injury and sexual violence.

12. Prevention of fistula is critical. Most fistula cases can be treated through surgery (although some are inoperable or incurable), following which survivors can be reintegrated into their communities with appropriate psychosocial, medical and economic support to restore their well-being and dignity. However, unmet needs for fistula treatment remain high. Tragically, at the current rates of treatment relative to the existing backlog of cases and the occurrence of new ones, many women and girls will suffer for a long time before getting treatment and care.

III. Initiatives taken at the global, regional and national levels

A. Major global initiatives

13. The implementation of the Programme of Action of the International Conference on Population and Development,⁹ adopted in 1994, contributes to the achievement of the 2030 Agenda for Sustainable Development. It is stated in the Programme that “the human rights of women and the girl child are an inalienable, integral and indivisible part of universal human rights”, as well as the right to attain the highest standard of sexual and reproductive health. It calls for the elimination of all practices that discriminate against women and the advancement of gender equality and equity and the empowerment of women. Achieving universal access to sexual and reproductive

⁷ United Nations Children's Fund (UNICEF), “COVID-19: a threat to progress against child marriage”, March 2021.

⁸ Michel Mpunga Mafu and others, “Frequency and management of non-obstetric fistula in the Democratic Republic of Congo: experience from the Fistula Care Plus project”, *Tropical Medicine and International Health*, vol. 25, No. 6 (June 2020).

⁹ [A/CONF.171/13/Rev.1](#), annex.

health care and fulfilling the reproductive rights of individuals remain an unmet goal, with millions left behind. In 2021, the High-level Commission for the 25-year review of the implementation of the Programme of Action assessed progress made with regard to 12 global commitments made at the 25-year review in Nairobi, in 1994, by Governments, individual and organizations, including a commitment to zero preventable maternal deaths and morbidity. The commission reported slow progress on quality, accessible sexual and reproductive health care, exacerbated by the COVID-19 pandemic, and recommended a deliberate and comprehensive agenda for sexual and reproductive justice.¹⁰

14. In 2022, at its fifty-fifth session, the Commission on Population and Development called upon Member States to ensure universal access to sexual and reproductive health-care services, including for family planning, and to ensure the full and effective implementation of the Beijing Declaration and Platform for Action and the Programme of Action of the International Conference on Population and Development, and to ensure universal access to sexual and reproductive health and reproductive rights. The Commission also urged Member States to mainstream a gender perspective into all development and humanitarian efforts, acknowledging that achieving gender equality and the empowerment of all women and girls and the elimination of all forms of violence and discrimination against them were crucial to the full implementation of the 2030 Agenda.

15. In 2022, at its sixty-sixth session, the Commission on the Status of Women called upon Governments to integrate reproductive health into national strategies and programmes, recognizing that the human rights of women include their right to have control over and decide freely and responsibly on all matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence, as a contribution to the achievement of gender equality and the empowerment of women and the realization of their human rights, including in the context of climate change and environmental and disaster risk reduction policies and programmes.

16. In 2021, the Generation Equality Forum launched a five-year action journey to achieve irreversible progress towards gender equality, through concrete, ambitious and transformative actions, including \$40 billion in financial commitments.

17. In its resolution [47/25](#), adopted in 2021, the Human Rights Council called upon States to promote a human rights-based and gender-responsive multisectoral and cross-disciplinary coordination of policies, programmes, budgets and services designed to prevent and treat maternal morbidities with the active participation of all relevant stakeholders, and especially the full, equal and meaningful participation of women and girls at the national, local and community levels; and to promote social accountability mechanisms in order to accelerate the elimination of maternal mortality and morbidity and the achievement of universal access to sexual and reproductive health.

18. The commitments made in the 2030 Agenda include eliminating poverty, achieving gender equality and securing health and well-being for all through the achievement of the 17 Sustainable Development Goals. According to a report of the Secretary-General on progress towards the Goals issued in 2022 ([E/2022/55](#)), the COVID-19 pandemic led to the first increase in extreme poverty (a root cause of fistula) in years, adversely affecting progress towards gender equality and worsening the unevenness in overall progress towards reaching the Goals. Improvements in essential health services remain lowest in sub-Saharan Africa. In the same report, the Secretary-General warns of a possible reversal of two decades of progress in

¹⁰ Luchsinger, *No Exceptions, No Exclusions*.

reproductive, maternal and child health, calls for a scale-up of investments into universal health coverage and notes the importance of social protection systems to protect health, as well as the consequences of large coverage gaps. International solidarity will require a transformative recovery, specifically focused on the 2030 Agenda and the Paris Agreement on climate change.

19. Global initiatives led by the United Nations Children’s Fund (UNICEF), the United Nations Population Fund (UNFPA) or the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), such as the Global Programme to End Child Marriage and the Spotlight Initiative, in partnership with the European Union and Member States, are aimed at achieving gender equality, ending child marriage and adolescent pregnancy and preventing maternal and newborn deaths and disabilities by addressing the underlying social determinants of fistula.¹¹

20. Additional global initiatives, such as the Every Woman, Every Child initiative of the Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030), the UNFPA Maternal and Newborn Health Thematic Fund, the Partnership for Maternal, Newborn and Child Health, the Global Financing Facility for Women, Children and Adolescents, the H6 partnership and the strategies towards ending preventable maternal mortality, remain significant in the fight to end fistula. The initiatives are aimed at ending preventable maternal and newborn mortality and morbidities and supporting countries in implementing the Sustainable Development Goals. They place emphasis on country leadership and strengthening accountability, as well as on developing a sustainable evidence-informed health financing strategy, strengthening health systems and building strategic, multisectoral partnerships.¹²

21. In its resolution on strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage, the World Health Assembly called for access to emergency and essential surgery for all. For fistula survivors, this global commitment to strengthening surgical and anaesthesia care could help to accelerate a reduction in disparities, morbidity and mortality through improved access to surgical treatments. Nigeria, Pakistan, Rwanda, the United Republic of Tanzania and Zambia have integrated national surgical obstetrics and anaesthesia plans into their national health strategic plans.

22. Fistula was first acknowledged by the General Assembly in 2007 as a major women’s health issue, with the adoption of resolution [62/138](#). In 2020, the Assembly adopted resolution [75/159](#), in which it called for greater investments and accelerated action to end fistula within a decade, as part of the United Nations agenda for the advancement of women. Resolution [75/159](#) builds on six previous resolutions (adopted between 2007 and 2020) in which Member States reaffirmed their obligation to promote and protect the rights of all women and girls and to strive to end fistula, including by supporting the Campaign to End Fistula.

23. The International Day to End Obstetric Fistula is commemorated annually, on 23 May, to raise awareness, strengthen partnerships and foster commitment, national leadership and ownership to end fistula.

¹¹ UNFPA, *Costing the Three Transformative Results: The Cost of the Transformative Results UNFPA is Committed to Achieving by 2030* (New York, 2020).

¹² World Health Organization (WHO) and others, *Survive, Thrive, Transform: Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030) – 2018 Monitoring Report: Current Status and Strategic Priorities* (Geneva, WHO, 2018).

B. Major regional initiatives

24. A number of regional initiatives have been developed, assessed and strengthened to respond to commitments to ending obstetric fistula as part of the broader maternal and newborn health, development and human rights agenda.

25. The Campaign on Accelerated Reduction of Maternal, Newborn and Child Mortality in Africa (extended to 2030), promotes the implementation of the Maputo Plan of Action 2016–2030 for the Operationalization of the Continental Policy Framework for Sexual and Reproductive Health and Rights and the Africa Health Strategy 2016–2030. Fifty countries in the region have launched the Campaign and implemented it within their national road maps to accelerate the reduction in maternal mortality and within their poverty reduction strategies and health plans. Four successful strategies of the Campaign are: (a) the use of existing structures; (b) the use of innovations to implement low-cost interventions; (c) the engagement of high-profile and high-level personalities; and (d) strengthened partnerships to support activities and prioritize maternal and newborn and child health.¹³

26. At a high-level meeting held in 2021, the First Ladies in West and Central Africa, under the patronage of the First Lady of the Niger, and UNFPA launched a regional strategy entitled “Helping Women Regain Their Dignity” aimed at ending obstetric fistula in West and Central Africa. The meeting offered an opportunity to leverage partnerships in order to mobilize resources and support to eliminate obstetric fistula in the region, with reiterated financial and technical commitments from the Korea International Cooperation Agency, Germany, Iceland, the Islamic Development Bank and the United States Agency for International Development. This follows a resolution adopted in 2018 by health ministers of the Economic Community of West African States (ECOWAS) aimed at eliminating obstetric fistula from the ECOWAS region and the 2019 Niamey Declaration of ECOWAS First Ladies calling for an end to child marriage and the promotion of the education and empowerment of girls.¹⁴

27. The Sahel Women’s Empowerment and Demographic Dividend Project is a joint response by the United Nations and the World Bank Group active in West Africa. Since 2015, the project has strengthened national programmes that promote fistula prevention, such as those focusing on generating demand for maternal and newborn health, empowering women and girls, preventing early marriages and increasing the availability of trained health workers, including midwives. With a total investment of \$680 million by 2020, the project is also aimed at strengthening legal frameworks that promote women’s rights to health and education.¹⁵

28. Key regional initiatives, including the Agenda 2063: The Africa We Want, the African Union Campaign to End Child Marriage, the African Charter on Human and People’s Rights and the African Charter on the Rights and Welfare of the Child, address the underlying determinants of fistula. In Eastern and Southern Africa, 17 countries have put in place national strategies to end fistula. UNFPA and Campaign to End Fistula partners have supported national initiatives to end fistula in the region.

29. The Asia-Pacific region continues to battle both obstetric and iatrogenic fistulas. Twelve countries in the region have developed road maps to reduce maternal mortality and morbidity, including fistula.

¹³ See <https://au.int/en/pressreleases/20200206/campaign-accelerated-reduction-maternal-mortality-africa-carmma-2009-2019>.

¹⁴ Economic Community of West African States (ECOWAS), “ECOWAS first ladies affirm commitment to end child marriage and promote girl-child education in the region”, 8 July 2019.

¹⁵ World Bank, “Investing in girls and women’s empowerment in and beyond the Sahel”, 28 May 2020.

30. The League of Arab States, in partnership with UNFPA, has developed a regional strategy for reproductive, maternal, newborn, child and adolescent health that gives its member States a strategic framework for informing national plans until 2030. The strategy provides a comprehensive approach to reducing maternal mortality and obstetric fistula in four priority States: Djibouti, Somalia, the Sudan and Yemen.

31. South-South cooperation is an essential part of the strategy to end obstetric fistula. In order to build national capacity and sustainability for fistula management, UNFPA and Campaign to End Fistula partners, including the International Federation of Gynaecology and Obstetrics and the Comprehensive Community-based Rehabilitation in the Tanzania, have supported highly skilled fistula surgeons from all regions of the world to provide fistula training, mentoring and treatment in the highest-burdened fistula countries.

C. Major national initiatives

32. The global maternal mortality ratio decreased by 38 per cent between 2000 and 2017,¹⁶ and the number of maternal deaths fell from 451,000 per year to 295,000; yet thousands of new cases of fistula occur every year.

33. Government ownership and leadership coupled with adequate health budgets, as well as additional technical and financial support from the international community, are crucial to solving the problem of fistula. Data indicate that 21 countries with a high prevalence of fistula have national strategies for eliminating obstetric fistula, and 18 countries (Bangladesh, Benin, Burkina Faso, Chad, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Ghana, Guinea, Guinea-Bissau, Madagascar, Mauritania, Nigeria, Senegal, Somalia, Togo and Uganda) have costed and time-bound operational plans to end fistula. Most of the strategies and plans are, however, not fully funded. Twenty-three countries have established national fistula task forces, which serve as coordinating and monitoring mechanisms for government and partner activities.¹⁷

34. Partnerships are key to sustaining efforts to end fistula. The Fistula Foundation improved the care pathway for fistula patients in Kenya by linking rural patients to surgeons throughout the country and raising awareness of fistula in communities. The United Nations Federal Credit Union Foundation supported empowerment and social reintegration of fistula survivors in Nigeria. Together with partners, the Government of Nigeria developed a national protocol for the rehabilitation and social reintegration of fistula survivors to guide programmes. Mauritania has initiated the development of an emergency obstetric newborn care facility network to improve timely access to obstetric care.

35. In Haiti, the capacities of health professionals and community stakeholders with regard to fistula surveillance, prevention, referral and screening were strengthened. Awareness-raising campaigns conducted in partnership with the Haitian Society of Obstetrics and Gynecology and midwives enabled the identification of 40 fistula survivors for treatment.

36. The Government of Bangladesh has introduced a fistula elimination approach in four divisions in the country. Amid the COVID-19 pandemic, 801 fistula survivors received surgical treatment with a success rate of over 92 per cent, and 85 per cent of the women concerned received needs-based rehabilitation and reintegration support,

¹⁶ WHO and others, *Trends in Maternal Mortality 2000 to 2017: Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division* (Geneva, WHO, 2019).

¹⁷ UNFPA, *The Maternal and Newborn Health Thematic Fund: Saving Lives and Mitigating the Impact of COVID-19 on Mothers and Newborns – Annual Report 2020* (New York, 2021).

including training to make three-layer cloth masks and jute handicrafts, and psychosocial counselling through telemedicine. In 2021, Panchagarh was declared the first fistula-free district in Bangladesh. In Nepal, obstetric fistula-related indicators have been integrated into the national health management information system, and the detection and early management of fistula are included in the pre-service curriculum of midwives.

37. One in 20 women die in childbirth in Somalia and thousands are affected with morbidities, including obstetric fistula. UNFPA supports 55 emergency obstetric and newborn care facilities, 15 midwifery schools and human rights-based family planning services across the country, which contribute to preventing those avoidable maternal deaths and morbidities.

38. The International Federation of Gynaecology and Obstetrics training programme has built the capacity of 75 fellows from 24 countries with skills in fistula surgery. In addition, the programme is training fistula care teams on holistic fistula care to enhance the quality of treatment. In April 2022, the training programme reached a milestone of 15,000 fistula repairs performed by fellows. Another training centre was established in Soroti, Uganda, in collaboration with TERREWODE, the Association for the Rehabilitation and Re-Orientation of Women for Development.

39. Since 2009, the Fistula Foundation has provided support for 60,000 fistula surgical interventions and carried out social reintegration in 33 countries in Africa and the Arab States region. The Foundation has formed new partnerships in Burkina Faso, the Democratic Republic of the Congo and the United Republic of Tanzania to end fistula. Healing Hands of Joy, a non-governmental organization, has trained more than 2,000 fistula survivors in Ethiopia as safe motherhood ambassadors, reaching over 1 million community members with information on fistula prevention, treatment and maternal health.¹⁸

IV. Actions taken by the international community: progress made and challenges ahead

A. Prevention strategies and interventions to achieve maternal and newborn health and eliminate obstetric fistula

40. The global Campaign to End Fistula, launched in 2003 by UNFPA and partners, focuses on four key strategies: prevention, treatment, social reintegration and advocacy. The Campaign is active in more than 55 countries and brings together nearly 100 partners with the aim of eradicating fistula globally. UNFPA leads the Campaign and serves as the secretariat of the International Obstetric Fistula Working Group, the main decision-making body of the Campaign. Since 2003, UNFPA has provided direct support for over 129,000 fistula repairs, and partners, such as EngenderHealth, the Fistula Foundation, the Freedom from Fistula Foundation, Direct Relief, the United Nations Federal Credit Union Foundation, Focus Fistula, Women and Health Alliance International and the Kupona Foundation, have provided support for thousands more. UNFPA and the Campaign to End Fistula were awarded the United Nations Federal Credit Union Foundation Women's Empowerment Award, in appreciation for the global leadership of UNFPA and the transformative impact of the Campaign on reducing inequities and its action for a new global agenda grounded in the principles of rights, inclusiveness, and equality.¹⁹ In its new strategic plan (2022–2025), UNFPA affirmed its commitment to leading the Campaign to End Fistula by 2030.

¹⁸ See www.healinghandsofjoy.org.

¹⁹ See www.endfistula.org.

41. Midwives represent the key health workforce that provide the full continuum of care from pre-pregnancy to childbirth and the postnatal period, including obstetric fistula prevention. In *The State of the World's Midwifery Report 2021*, it is stated that midwives who are educated, supported and regulated according to international standards can provide 90 per cent of the essential sexual, reproductive, maternal, newborn and adolescent health interventions needed. The UNFPA Global Midwifery programme has helped to educate and train over 200,000 midwives in more than 140 countries. By 2021, over 85 countries had aligned their midwifery curriculum with international standards. The World Health Organization (WHO), UNFPA, the International Confederation of Midwives and other partners have developed the Framework for Action for Strengthening Quality Midwifery Education for Universal Health Coverage 2030. UNFPA is updating its global midwifery strategy to include new megatrends, maternal mental health and a humanitarian segment to better address the sexual and reproductive health needs of women and the health needs of their newborns.

42. Universal, accessible, high-quality health care has helped to eliminate obstetric fistula in developed countries. In the action plan “Every Newborn: an Action Plan to End Preventable Deaths”, WHO, UNICEF and partners called for universal coverage of high-quality care, to be achieved through: innovation, accountability and data; leadership, governance, partnerships and financing; and a review of global and national goals, targets and milestones for the period 2014–2035. Ninety countries have adopted the Every Newborn Tracking Tool, showing an overall improvement across all national milestones and demonstrating country-level commitment to achieving planned milestones.

43. Ensuring that all women have access to high-quality health care is critical to ending fistula. The Network for Improving Quality of Care for Maternal, Newborn and Child Health was launched in 2017 by WHO, UNICEF, UNFPA and partners. The Network is a country-led initiative, active in 10 countries²⁰ and supported by a high quality of care framework, with the aim of halving rates of maternal and newborn deaths and stillbirths in targeted health-care facilities by 2022. All participating countries are implementing road maps for high quality of care. Ghana, Nigeria and Sierra Leone have, in addition, developed national high-quality policies and strategies.

44. To better support countries in achieving the health-related Sustainable Development Goals, the Global Action Plan for Healthy Lives and Well-Being for All²¹ was launched by 12 agencies before the General Assembly in 2019. Implementation of the plan at the country-level had scaled up from 5 countries in 2020 to 37 in 2021.²² The plan features four commitments (engage, accelerate, align and account) and seven accelerator themes (primary health care; sustainable financing for health; community and civil society engagement; determinants of health; innovative programming in fragile and vulnerable settings and disease outbreak responses; research and development, innovation and access; and data and digital health). The H6 partnership is a transformative mechanism that harnesses the collective strengths of UNFPA, UNICEF, UN-Women, WHO, the Joint United Nations Programme on HIV/AIDS and the World Bank Group to build equitable and resilient national systems for health. H6 plays a key role in countries by ensuring agency coordination and collaboration,

²⁰ Bangladesh, Côte d'Ivoire, Ethiopia, Ghana, India, Malawi, Nigeria, Sierra Leone, Uganda and the United Republic of Tanzania.

²¹ See www.who.int/initiatives/sdg3-global-action-plan.

²² WHO, *Stronger Collaboration for an Equitable and Resilient Recovery Towards the Health-Related Sustainable Development Goals: 2021 Progress Report on the Global Action Plan for Healthy Lives and Well-Being for All* (Geneva, 2021).

supporting country leadership and action for the health of women, children and adolescents.

45. Ensuring access to family planning contributes to the prevention of unintended pregnancies and the reduction in deaths and disabilities related to complications with pregnancy and childbirth, including fistula. Access to voluntary family planning information, high-quality counselling and a range of contraceptive methods is critical for delaying early childbearing. However, more than 257 million women and girls who want to avoid pregnancy are not using safe, modern methods of contraception.²³ In 2021, UNFPA programmes contributed to averting 5.4 million unintended pregnancies and 14,500 maternal deaths. The new phase of the global partnership Family Planning FP2030 builds on the strengths and successes of Family Planning 2020 and is aimed at accelerating progress towards universal access to family planning.

46. Fistula may recur in women whose fistula has been surgically treated but who receive little or no medical follow-up and become pregnant again. In its resolution [73/147](#), the General Assembly called upon States to acknowledge obstetric fistula as a nationally notifiable condition, triggering immediate reporting, tracking and follow-up. Developing and strengthening systematic registration and tracking mechanisms for fistula, with a human rights-based approach, at the community, facility and national levels are crucial to help to prevent the recurrence of fistula, ensure the survival and well-being of mothers and their newborns in subsequent pregnancies and strengthen the integration of data-driven fistula programmes into maternal health systems.

47. Community empowerment, participation and awareness-raising are essential to addressing the determinants of maternal mortality and morbidity. Fistula survivors are key advocates and champions in that effort. Many organizations train former fistula patients as safe motherhood ambassadors who educate women and communities about maternal and newborn care and safe delivery, identify and refer fistula survivors for treatment and provide psychosocial support, thereby breaking the cycle of isolation and suffering.

B. Treatment strategies and interventions

48. While much progress has been made, as evidenced by the significantly decreased prevalence of fistula, there is still much to be done in the area of treatment. Through the effort of the United Nations and a large range of partners (e.g. EngenderHealth, the International Federation of Gynaecology and Obstetrics, Freedom from Fistula, the Fistula Foundation, Hamlin Fistula Ethiopia, Mercy Ships and Médecins sans frontières), many surgeons have been trained and fistula repairs are being provided globally. There is evidence that the COVID-19 pandemic has reduced the number of surgical interventions in locations where surgical repairs rely on non-local surgeons (e.g. Zimbabwe). Afghanistan and Ethiopia experienced significant disruptions in fistula care owing to political changes, and many fistula surgeons and trained health workers left the country. Training programmes have continued to focus on increasing and sustaining local surgical capacity while ensuring the quality of surgery. UNFPA partnered with Operation Fistula to scale up a performance-based funding model for the treatment of fistula patients in Burkina Faso, Cameroon, Madagascar and Nigeria with the aim of expanding access to high-quality fistula treatment and care.

²³ UNFPA, *State of the World Population 2022: Seeing the Unseen – The Case for Action in the Neglected Crisis of Unintended Pregnancy* (2022).

49. In 2021, a new manual on principles for clinical management and programme development for obstetric fistula and other female genital fistula²⁴ developed by UNFPA, the Campaign to End Fistula and partners (e.g. Direct Relief, the Fistula Foundation and the International Society of Obstetric Fistula Surgeons) was launched and disseminated. The manual provides guidance regarding holistic, comprehensive and strategic aspects of the response for eliminating obstetric fistula by 2030, with evidence-based approaches. It reiterates the quality of care and the consolidation of resources as significant factors for improving maternal health-care outcomes.

50. Mental health concerns should be incorporated in fistula care in view of the high prevalence of depression noted in research. A study carried out in Mali demonstrates the benefits of integrating mental health care with obstetric fistula surgery.²⁵

51. The International Society of Obstetric Fistula Surgeons and UNFPA developed fistula repair kits with the supplies necessary to perform fistula repair surgery, thereby promoting access to high-quality fistula care. Between 2020 and 2021, UNFPA procured 759 kits for use at facilities in 12 countries.

C. Reintegration strategies and interventions for holistic fistula care

52. Increased financing for holistic fistula care is critical. A holistic approach that addresses the psychological and socioeconomic needs of fistula survivors is required to ensure full recovery and healing. The follow-up of fistula patients and the social reintegration of survivors (including for women and girls deemed to be inoperable or incurable) are major gaps in the continuum of care. Furthermore, when surgery fails, women struggle to reintegrate into society. Ideally, each woman should be repaired only once and paired with a surgeon with the appropriate skill to achieve successful closure the first time. Psychological support is necessary for all fistula patients, especially if they are not fully healed.²⁶ Providing social, educational and economic opportunities tailored to their needs is key to helping survivors to rebuild their lives and livelihoods and reclaim their dignity and agency.

D. Research, data collection and analysis

53. A human rights-based approach helps to uncover the underlying inequalities and discrimination that lead to obstetric fistula through multiple intersecting factors. Fistula primarily affects poor women in remote areas where health services are scarce. Such barriers to life-saving obstetric care, including for preventing fistula, are at the intersection of multiple human rights, such as the right to equality and non-discrimination and the right to health. Human rights accountability goes beyond data monitoring and extends to putting in place redress mechanisms (e.g. issues of obstetric violence and fistula can be investigated by national human rights institutions and tried by courts) and social accountability mechanisms, whereby affected women and girls, civil society organizations and human rights groups can monitor how programmes, services and budgets related to maternal health and fistula care are being implemented.

54. The lack of robust data and research on fistula remains a challenge. The period from 2020 to mid-2022 has seen the smallest number of research papers on fistula

²⁴ UNFPA, *Obstetric Fistula and Other Forms of Female Genital Fistula: Guiding Principles for Clinical Management and Programme Development* (New York, 2021).

²⁵ Melissa H. Watt and others, “Integrated mental health screening for obstetric fistula patients in Mali: from evidence to policy”, *PLOS One*, art. No. e0238777 (2020).

²⁶ Mary J. Stokes and others, “Persistent depression after obstetric fistula repair”, *International Journal of Gynaecology and Obstetrics*, vol. 147, No. 2 (November 2019).

published annually in over a decade, as attention has shifted to the COVID-19 pandemic. Some progress has been made in improving the availability of data on fistula, including with the integration of such data into health management information systems. The Global Fistula Hub²⁷ captures locations and capacity for fistula treatment worldwide with data visualizations. Up-to-date surgical data are however lacking, especially as the production of all maternal health data has been hampered by the pandemic. The integration of routine surveillance and of the monitoring of fistula into national health systems is recommended to help to address the data gap.

55. The availability of estimates of the global burden of fistula based on a model developed by the Johns Hopkins Bloomberg School of Public Health in collaboration with UNFPA and WHO is a welcome endeavour to inform fistula programmes. However, the ongoing collection of accurate data on successful fistula repairs and the number of new cases to assess fistula prevalence and treatment at the country level is severely lacking.

56. Data-driven and evidence-driven health workforce planning is vital to ending fistula and a cost-effective contribution to improving sexual and reproductive, maternal, neonatal and adolescent health-care outcomes. There is, however, a need for 900,000 additional midwives (500,000 in Africa alone).²⁸ The WHO Global Strategy on Human Resources for Health: Workforce 2030 is aimed at optimizing the performance, quality and impact of the health workforce through evidence-informed policies on human resources for health.

57. To prevent the occurrence of obstetric fistula, timely access to high-quality health care is crucial. Twelve countries²⁹ have successfully completed a geographical analysis to manage their national emergency obstetric and newborn care facility network and estimate their population coverage. In 10 countries, however, the population coverage remains low, as a result of poor road conditions, lack of skilled obstetric staff and financial barriers to referrals. Road conditions are likely worsening as a result of climate change, the effects of which include erosion and flooding. Such environmental changes have a direct impact on maternal and newborn health when a woman must travel long distances to reach a facility with a functioning operating room and surgical staff. UNFPA, WHO and UNICEF will continue to develop emergency obstetric and newborn care facility networks at the national scale and support high-quality interventions for obstetric and neonatal care.

58. Maternal and perinatal death surveillance and response systems are being increasingly promoted and institutionalized in several countries, with support from UNFPA and WHO. Thirty countries have developed maternal and perinatal death surveillance and response programmes, 27 generate maternal death notification rates and maternal death review rates to monitor the implementation of their national programmes, and 12 generate annual reports on such implementation.

E. Advocacy and awareness-raising

59. The annual commemoration, on 23 May, of the International Day to End Obstetric Fistula; highlighting powerful stories of fistula survivors in the media showing the human face of fistula; influential champions and fistula advocates speaking out; and enhancing collaboration and coordination with partners have all helped to ensure that fistula does not become a forgotten issue. The Campaign to End

²⁷ See www.globalfistulahub.org/.

²⁸ *The State of the World's Midwifery 2021: Dedicated to All Health Workers Who Have Lost Their Lives to COVID-19* (United Nations publication, 2021).

²⁹ Benin, Burkina Faso, Burundi, Chad, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Guinea, Madagascar, Senegal, Sudan and Togo.

Fistula continues to spread its strong message and undertakes significant communication activities, raising awareness and support in high-burden fistula countries and around the world. During the COVID-19 pandemic, webinars and social media were used to enhance awareness around fistula.

60. The West Africa Regional Fistula Dialogue organized in 2021 by the Government of Côte d'Ivoire, the Korea International Cooperation Agency and UNFPA raised awareness on fistula and brought together policymakers, programme managers, development partners, the private sector, civil society, academia and health service providers from around the globe to discuss innovations, partnerships and research for successful fistula programmes.

61. To accelerate global commitment and action towards ending fistula, Member States issued a call to action to develop a global road map to end fistula within a decade, in line with General Assembly resolution [73/147](#). Innovations are needed in community-based prevention and management of obstetric fistula, investment cases and partnerships for fistula treatment, as well as the translation of research into policy to prevent maternal mortality and morbidity.

F. Global need to strengthen financial support

62. A major challenge faced by many countries is the insufficient level of national financial resources for promoting maternal health and addressing obstetric fistula. Increased investments and intensified resource mobilization (including domestic resources) are required at the national level to support prevention, treatment and social reintegration and the acceleration needed to improve maternal and newborn health to end fistula by 2030.

63. Efforts to end fistula are integrated into and supported by broader maternal and newborn health initiatives, including the Every Woman, Every Child initiative of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030), the H6 Partnership, the Muskoka Initiative on Maternal, Newborn and Child Health, the Partnership for Maternal, Newborn and Child Health, the UNFPA Maternal and Newborn Health Thematic Fund, the Quality of Care Network and the Global Financing Facility.

64. In 2020–2021, contributions to the Campaign to End Fistula at the global and national levels included financial commitments from the Governments of Canada, Germany, Iceland, Luxembourg, Poland, the Republic of Korea and Sweden and from the Spotlight Initiative. Additional funds were donated by private sector partners and philanthropic foundations, including Johnson and Johnson, Friends of UNFPA and the United Nations Federal Credit Union Foundation.

V. Conclusions and recommendations

65. Despite positive developments, serious challenges still hinder efforts to end obstetric fistula. With only eight years to reach the goal of ending obstetric fistula by 2030, intensified efforts, resources and partnerships are necessary to prioritize and scale up programmes to improve women's reproductive health, including through the prevention and treatment of obstetric fistula. National strategies to provide treatment for fistula need to be aligned to reflect the 2030 timeline. This is especially pertinent as the COVID-19 pandemic has eroded gains made in sexual, reproductive, maternal, newborn and adolescent health.

66. Strengthening health systems to improve quality, especially in rural areas, is needed to reduce maternal mortality and morbidities, such as obstetric and iatrogenic

fistula. Advances in disease surveillance and technology should also be harnessed to collect data on new fistula cases and repair outcomes. Establishing obstetric fistula as a quality of care indicator would enhance the monitoring of progress and help to identify regions requiring intensified resources to eliminate fistula.

67. In the light of climate change and the ongoing COVID-19 pandemic, increased political commitment, national leadership and greater financial mobilization are urgently needed to accelerate progress towards the elimination of fistula, including by implementing strategies to prevent new cases and to treat all existing cases. There is a need for committed multi-year national, regional and international cooperation and partnership, both public and private, to provide the resources necessary to reach all women and girls suffering from fistula and to ensure sufficient and sustainable elimination efforts. Special attention should be paid to intensifying support for countries with the highest maternal mortality and morbidity levels and ensuring free access to fistula treatment services.

68. Accelerated efforts using gender-transformative approaches to improve and address the social determinants and norms that affect the health, safety and well-being of women are important. They include the provision of universal education to women and girls, the promotion and protection of their human rights, economic empowerment (e.g. access to microcredit, savings and microfinancing) and gender-responsive legal and social reforms and protections (e.g. legal literacy) to protect women and girls from violence and discrimination, child marriage and early pregnancy.

69. In order to meet indicators 5.6.1 and 5.6.2 of the Sustainable Development Goals, it is essential that universal health coverage be integrated into planning and operational processes at the national, regional and international levels to end obstetric fistula, despite challenges presented by the COVID-19 pandemic and climate change. There is a global consensus on the key interventions necessary to reduce maternal and newborn deaths and disabilities and an urgent need to scale up and monitor the three well-known, cost-effective interventions of skilled birth attendance, emergency obstetric and newborn care and family planning services.

70. Member States and the international community need to take the following critical actions urgently, with a human rights-based and gender-transformative approach, to accelerate progress to end obstetric fistula by 2030 and achieve the Sustainable Development Goals:

Prevention and treatment strategies and interventions

(a) Ensure investments to enhance fundamental obstetric services; strengthen reproductive and maternal and newborn health-care systems with adequate well-trained, skilled medical personnel (i.e. midwives, doctors, surgeons, nurses and anaesthetists), infrastructure and supplies; ensure functioning quality assurance and monitoring mechanisms; and implement strategies to ensure timely access to safe and high-quality surgical repair, including during public health emergencies;

(b) Implement and monitor human rights-based, gender-sensitive and multisectoral national strategies, policies, action plans and budgets to eliminate obstetric fistula by 2030. Plans and budgets must incorporate the prevention and treatment of fistula and the socioeconomic reintegration and follow-up of fistula patients into programming and budget for achieving the Sustainable Development Goals (including preventing child marriage and adolescent pregnancy and ending gender-based violence and gender inequality);

(c) Strengthen government-led national task forces for tackling fistula, to enhance national coordination and improve partner collaboration, including

partnering with in-country efforts to increase high-quality surgical capacity and promote universal access to essential and life-saving surgery accompanied by quality assurance mechanisms to address the significant backlog of women and girls awaiting care, with the involvement of key ministries (e.g. for gender issues, social protection, finance and education);

(d) Ensure equitable access and coverage, by means of national plans, policies and programmes, to provide high-quality maternal and newborn health services, in particular emergency obstetric and newborn care, skilled birth attendance, timely and safe surgery, where needed, fistula treatment and family planning services that are financially, geographically and culturally accessible;

(e) Improve the quality of surgical training and obstetric health care in countries to prevent all types of fistulas;

(f) Improve referral pathways, increase accessibility to fistula services, including through the provision, in strategically selected hospitals, of continuously available fistula services, and provide the full continuum of holistic care and follow-up of fistula survivors;

(g) Focus on universal health coverage to ensure universal access to the full continuum of care, including mental health care, in particular in rural and remote areas, through the equitable distribution of health-care facilities and trained medical personnel, collaboration with the transport sector to provide affordable transport, and the promotion of and support for community-based solutions;

(h) Address the underlying determinants of health, such as gender discrimination and socioeconomic factors, that render women and girls more vulnerable to maternal morbidities;

Financial support for universal access to fistula prevention and care

(i) Increase national budgets for health care and invite the international community to assist with national efforts, upon request, ensuring that adequate funds are allocated to universal access to health care, including strengthening health systems to provide essential maternal health services (high-quality family planning, prenatal, emergency obstetric and postnatal care, and skilled birth attendance) to women and girls, including those living in underserved rural areas where obstetric fistula is most common;

(j) Ensure that national policies and programmes address inequities and reach poor and vulnerable women and girls who are at increased risk, owing to worsened poverty caused by the COVID-19 pandemic, including through the provision of targeted financial relief; the provision of free or adequately subsidized maternal and newborn health-care and fistula treatment under a framework of universal health coverage; and opportunities for community engagement and active participation in monitoring policy implementation and service delivery;

(k) Enhance international cooperation, including intensified technical and financial support, especially to high-burden countries, to prevent and respond to fistula, especially in fragile contexts;

(l) Mobilize public and private sectors, to ensure that needed funding is increased, predictable, sustained and adequate to end fistula by 2030;

Reintegration strategies and interventions

(m) Ensure holistic social reintegration services for all fistula survivors, including those deemed incurable or inoperable, including health care, counselling, education, socioeconomic empowerment and family and community support;

(n) Develop and strengthen systems and follow-up mechanisms to make fistula a nationally notifiable condition, including indicators to track the well-being and reintegration of fistula survivors, ensuring a human rights-based approach;

(o) Develop strategies to include community engagement to assist women in preventing another fistula after successful repair, including through education, family planning and caesarean delivery planning;

Research, data collection and analysis

(p) Strengthen research, data collection, monitoring and evaluation to guide comprehensive policies, planning and implementation of maternal and newborn health programmes;

(q) Develop, strengthen and integrate within national health information systems routine reviews of maternal and perinatal deaths and near-miss cases, such as obstetric fistula, as part of national maternal and perinatal death surveillance and response systems;

(r) Develop community-based and facility-based mechanisms for the systematic notification of obstetric fistula cases to ministries of health and the recording of those cases in a national register, and acknowledge fistula as a nationally notifiable condition, triggering immediate reporting, tracking and follow-up, using a human rights-based approach;

(s) Provide an enabling environment for social accountability by ensuring access to information on policies, programmes, budgets and specific services to prevent and address obstetric fistula and by developing the capacity of women, youth-led and disability rights organizations to monitor their implementation and engage with public officials in advocating for policy change;

(t) Expand the scope of maternal death surveillance to include obstetric fistula as a maternal health quality indicator and incorporate response mechanisms to review and address systemic failures in relation to maternal morbidities;

(u) Develop the capacity of independent human rights bodies, including national human rights institutions, to monitor obstetric fistula as a human rights issue and to address related human rights violations;

Advocacy and awareness-raising

(v) Empower fistula survivors to raise awareness and mobilize communities, as advocates for fistula elimination and safe motherhood, and to participate actively in policy formulation, service design and delivery, human rights monitoring and accountability;

(w) Strengthen awareness-raising and advocacy, including through the media, schools, health-care facilities and community outreach programmes, with key messages on fistula prevention and treatment and social reintegration;

(x) Mobilize communities, including religious and community leaders, women's groups, civil society organizations, women and girls, men and boys, to advocate for and support universal access to health care, ensuring human rights, reducing stigma and discrimination;

(y) Ensure gender equality and the empowerment of women and girls, including through sexual and reproductive health and rights and holistic programming for them, recognizing that the well-being of women and girls has a significant positive effect on the survival and health of children, families and societies;

(z) Strengthen and expand interventions to ensure universal access to education, especially post-primary and higher education, end violence against women and girls, protect and promote their human rights, adopt and enforce laws prohibiting child marriage, and support women and girls with innovative incentives for families to keep girls in school, including in rural and remote communities.

71. Ending fistula is within reach. However, setbacks in maternal health and fistula response due to the COVID-19 pandemic and climate change threaten the pace for achieving that goal. Ending fistula requires vastly intensified efforts, including substantially increased funding for interventions at the subnational, national, regional and international levels to prevent an upsurge in new cases and to clear the existing backlog of cases. Significant and enhanced support has to be provided to countries, United Nations organizations, the Campaign to End Fistula and other global initiatives dedicated to improving maternal and newborn health and eliminating fistula.

72. Ending fistula is key to achieving the Sustainable Development Goals. To meet the global targets of the 2030 Agenda and ensure human dignity and rights, UNFPA and the Campaign to End Fistula, in collaboration with Member States and partners, will lead the efforts to accelerate actions, as outlined above, to end fistula by 2030.
