

NEGLECTED  
NO MORE

Ending  
Fistula



Campaign   
to End Fistula





Obstetric fistula is a devastating child birth injury that has been severely neglected, despite the traumatizing impact it has on the lives of affected women and girls. It is caused by obstructed labour without timely medical intervention—an emergency Caesarean section. The consequences of fistula are life shattering.

Due to the prolonged obstructed labour, the baby almost inevitably dies, and the woman is left with chronic incontinence. Unable to control the flow of urine or feces, or both, she may be abandoned by her husband and family and ostracized by her community. Without treatment, her prospects for work and family life are virtually non-existent.

Preventable and treatable in most cases, fistula occurs disproportionately among impoverished, vulnerable and marginalized girls and women, particularly those living far from medical services. These are the same women and girls who are most at risk of dying in childbirth.







## Advancing Maternal Health

Every day about 800 women die in pregnancy or childbirth. Almost all of these deaths occur in developing countries. For each woman who loses her life, a family is shattered. Surviving children are deprived of a mother's vital care and are more likely to die, and communities suffer. However, most of these deaths are preventable.

The women and girls suffering from obstetric fistula are living proof of high maternal mortality. They survived the physical and emotional trauma of obstructed labour to become living reminders of health systems' failure and a tragic sign of global social injustice and inequity. All too often, however, they are hidden away and forgotten.

Ending the needless pregnancy-related deaths and suffering of women and girls is critical to meeting the Millennium Development Goals (MDGs), which have been adopted by 189 countries and serve as a blueprint for reducing poverty and improving lives.

One of the eight MDGs—MDG 5, to improve maternal health—calls for a 75 per cent reduction in maternal mortality and universal access to reproductive health by 2015. Yet, progress towards this goal remains too slow.

Maternal death and obstetric fistula—stark examples of poor access to health care services and persistent socio-economic inequality—are largely preventable. Taking action to end fistula is a fundamental human rights challenge of the 21st century and directly advances the MDGs—in particular, child and maternal health targets (Goals 4 and 5)—as it brings us one step closer to making safe childbirth a reality for all women.

## The Campaign to End Fistula

The Campaign to End Fistula is led and coordinated by UNFPA, the United Nations Population Fund. In 2003, to address this neglected public health and human rights issue, UNFPA and partners launched the global Campaign to End Fistula with the goal of making fistula as rare in developing countries as it is in the industrialized world.

The Campaign is present in more than 50 countries in Africa, Asia, the Arab region and the Caribbean, and is founded upon three key strategies:

- [Preventing fistula from occurring](#)
- [Treating women and girls who are affected](#)
- [Supporting women and girls after surgery](#)

The time has come to put an end to this global injustice. Your support can help us restore health, hope and a sense of dignity to women and girls suffering needlessly from this devastating condition.

### Preventing Harm

Prevention is the key to ending fistula. We know what works and what needs to be done. The same interventions that prevent fistula could also save many of the hundreds of thousands of women who die each year from complications of pregnancy or childbirth. And healthy women mean healthier infants, children, families, communities and societies. UNFPA's strategy to make motherhood safer includes:



- Family planning to prevent unintended pregnancies (and/or enable women to space their pregnancies in a healthy manner)
- Skilled, accessible and culturally appropriate care for all women during pregnancy and delivery
- Equitable access to high-quality, timely, emergency obstetric care for those who develop complications

A lack of resources and political will hinders the availability of skilled delivery care and family planning services, especially in remote rural areas. Poverty, socio-economic and gender inequalities, poor health systems, child marriage and early childbearing contribute to the occurrence of fistula. Harmful traditional practices such as unassisted births and lack of opportunity and empowerment of women and girls are also factors.

## Healing Wounds

In the vast majority of cases, fistula is treatable. Reconstructive surgery can repair the injury, with success rates as high as 90 per cent for uncomplicated cases. However, fistula treatment requires trained, specialized and highly committed expert surgeons, nurses and support staff. A minimum of two weeks of post-operative care is also critical, with many cases requiring extended periods of hospitalization and further surgery to fully recover. The average cost of fistula treatment—including surgery, post-operative care and rehabilitation support—is about \$400 per patient. This is a small price to pay to give a woman or a girl a restored body and a renewed life.

Most women living with fistula are either unaware that treatment is available or cannot access or afford it. In areas where fistula is common, the number of existing and developing cases far exceeds treatment capacity. Globally, it has been estimated that at least two million women and girls are living with fistula, waiting to be cured, and sadly, more than 50,000 new cases occur each year.

## Renewing Hope

Fistula treatment extends far beyond repairing the injury. After surgery, women can often resume a full life and even bear children, although due to their injuries, many may be left infertile. Emotional and socio-economic support and continuous follow up are essential components of holistic rehabilitation and reintegration approaches designed to promote a full recovery.

Counselling and peer support can help to heal the emotional scars caused by stigma and isolation. Skills training, small grants for start-up businesses and community awareness-raising can also help facilitate a successful transition back into society, and serve to break the cycle of poverty and vulnerability that renders women susceptible to fistula in the first place.

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### MILLENNIUM DEVELOPMENT GOAL 5 *Improve maternal health*

- **Target 5.A:** Reduce by three quarters the maternal mortality ratio.
- **Target 5.B:** Achieve, by 2015, universal access to reproductive health.



## Aziza's Story

Married at the tender age of 10, Aziza became pregnant almost immediately after her wedding. Due to complications during labour, Aziza's baby died and she developed obstetric fistula, a condition she would live with for the next nine years. The smell and shame of her constant leaking of urine drove her husband away.

Aziza was eventually treated at the Saudi Maternity Hospital in El-Fasher, Sudan. With her body repaired and dignity restored, Aziza decided to turn her tragic experience into a source of strength for others, training to become a midwife.

Sadly, an estimated 5,000 new cases of obstetric fistula occur in Sudan every year. Throughout the Darfur region, UNFPA continues to work on prevention and management of obstetric fistula by supporting the training of health care providers, strengthening the capacity of medical facilities and offering fistula treatment services.

More information on [EndFistula.org](https://www.endfistula.org)

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every pregnancy is wanted  
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