



General Assembly

Distr.: General
28 July 2020

Original: English

Seventy-fifth session

Item 27 of the provisional agenda*

Advancement of women

Intensifying efforts to end obstetric fistula within a decade

Report of the Secretary-General

Summary

The present report has been prepared in response to General Assembly resolution [73/147](#). Obstetric fistula is a devastating childbirth injury that leaves women and girls incontinent and often stigmatized and isolated from their families and communities. It is a stark outcome of gender and socioeconomic inequalities, the denial of human rights and poor access to sexual and reproductive health services, including quality maternal and newborn health care, and an indication of the failure of health systems to provide quality sexual, reproductive and maternal health services. This outcome is likely to be exacerbated in crisis situations. Improving maternal health, strengthening health systems, enhancing the quality of care, reducing health inequities and increasing the levels and predictability of funding are crucial to ensure that no one is left behind. The present report outlines efforts made by the international community at the global, regional and national levels to end obstetric fistula (as a development, public health and human rights priority) and offers recommendations to intensify those efforts, using a human rights-based approach, so as to end obstetric fistula within a decade. Ending obstetric fistula is an integral component of achieving the Sustainable Development Goals by 2030.

* [A/75/150](#).



I. Introduction

1. The present report is submitted pursuant to General Assembly resolution 73/147, in which the Assembly requested the Secretary-General to submit a report to it, at its seventy-fifth session, on the implementation of that resolution under the item entitled “Advancement of women”.

2. Most causes of maternal mortality and morbidity are preventable. Poor quality of care¹ and a lack of access to high-quality sexual and reproductive health services remains among the leading causes of morbidity and mortality for women aged 15–49, compounded by gender inequity and the denial of human rights, including the right to physical and mental health. Obstetric fistula, severe maternal morbidity as a result of prolonged obstructed labour without the mother’s having timely access to emergency obstetric interventions, is fully preventable when women and girls have access to comprehensive sexual and reproductive health services. Fistula can largely be avoided by delaying the age of first pregnancy, the cessation of harmful traditional practices and timely access to obstetric care. Prevention efforts also include improved quality of maternal health care, education and empowerment of women and girls, addressing economic and sociocultural factors that negatively affect women and girls, engaging men and boys and empowering communities. Though much progress has been made to address fistula, interventions have often failed to reach those most in need. The provision of care is either not available or uneven, and the rights and dignity of those who seek it are often not respected. With the global pandemic caused by the coronavirus disease (COVID-19), more women and girls will be at risk of obstetric fistula due to overburdened health systems.² In addition, fistula repairs have widely been suspended as they are deemed to be non-urgent and hospitals have diverted resources to care for patients with COVID-19. To ensure that all women and girls, especially the poorest and most vulnerable, have adequate access to reproductive health care, efforts need to be intensified and urgent steps taken, even during public health emergencies.

II. Background

3. Achieving the Sustainable Development Goals³ implies equitable access to timely, quality and life-saving maternal and newborn health care. Worldwide, an estimated 500,000 women live with fistula, with new cases occurring annually,⁴ which is a burden in over 55 countries. Its occurrence is a violation of human rights and a reminder of gross inequities. Although preventable and virtually non-existent in developed countries, fistula continues to afflict many poor women and girls worldwide who lack access to timely and quality health services, which in turn are contingent on adequate numbers of well-trained health-care providers. Scaling up national capacity to provide access to comprehensive emergency obstetric care, treat

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

² Nguyen Toan Tran and others, “Not a luxury: a call to maintain sexual and reproductive health in humanitarian and fragile settings during the COVID-19 pandemic”, *The Lancet: Global Health*, vol. 6, No. 8 (April 2020).

³ Erin Anastasi, Bridget Asiamah and Geeta Lal, “Leaving no one behind: is the achievement of the Sustainable Development Goals possible without securing the dignity, rights, and well-being of those who are ‘invisible’?”, *International Journal of Gynecology and Obstetrics*, No. 148, Suppl. 1 (January 2020).

⁴ Saifuddin Ahmed, Johns Hopkins Bloomberg School of Public Health, Personal communication regarding forthcoming publication on global, regional and national estimates of obstetric fistula.

fistula cases and address underlying health, socioeconomic, cultural and human rights determinants is fundamental to eliminating fistula.

4. Obstetric fistula is associated with devastating lifelong morbidity, with severe medical, social, psychological and economic consequences if left untreated. Aside from urinary incontinence, stillbirth, neurological disorders, orthopaedic injury, bladder 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 depression and even suicide. Women with fistula are often abandoned by their husbands and families and find it difficult to secure income or support, thereby decreasing their quality of life and deepening their poverty.

5. Women with fistula are evidence of the failure of health systems to deliver universally accessible, timely, and quality obstetric care. Health-care costs can be prohibitive and catastrophic for poor families, especially when complications occur. These factors contribute to the three categories of delay that 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 the availability of treatment for fistula and the high cost of getting that treatment constitutes a fourth category of delay. Sustainable solutions for ending fistula therefore require well-functioning, strengthened health systems, well-trained health professionals, access to and supply of essential medicines and equipment and equitable access to high-quality health services, as well as community empowerment.

6. Poverty and sociocultural barriers based in patriarchal systems, gender inequalities and other multiple and/or intersecting forms of discrimination and marginalization, lack of education, child marriage, 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. In order to end fistula, universal access to sexual and reproductive health services is necessary; socioeconomic inequities have to be addressed; and the human rights of women and girls need to be promoted and protected.

7. 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.⁵ Approximately one in five girls globally will be in a formal marriage or an informal union before the age of 18.⁶ Child marriage and early pregnancy put girls at risk of violence, mortality and morbidity including fistula. The compounding of the violation of girls' rights can only be redressed through targeted investments in empowerment for girls, access to quality health services, information and education, including comprehensive health and human rights education (including comprehensive sexuality education) for adolescent girls and boys. As a result of development programmes being delayed by the pandemic caused by COVID-19, 13 million more child marriages are expected to take place between 2020 and 2030.⁷ This is likely to increase the overall numbers of fistula cases.

8. Iatrogenic fistulas caused during gynaecological procedures and caesarean deliveries are on the rise in many countries that also face the burden of obstetric

⁵ World Health Organization, "Global Health Estimates 2016: Disease burden by Cause, Age, Sex, by Country and by Region, 2000–2016" (Geneva, 2018).

⁶ Child marriage, United Nations Children's Fund global database, 2020.

⁷ See <https://www.unfpa.org/news/millions-more-cases-violence-child-marriage-female-genital-mutilation-unintended-pregnancies>.

fistula.⁸ Countries facing the double burden of these fistulas have to urgently target health-care quality, capacity-building and skills building to address this challenge. Traumatic fistula (resulting from sexual violence) is another horrific (although relatively unusual) form of fistula, often occurring in conflict settings.

9. Strengthened health systems with capacity to deliver quality care are key to preventing fistula. The three most cost-effective interventions to reduce maternal 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.

10. Most fistula cases can be treated through surgery (although some are inoperable or incurable), after 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 unacceptably high. When services are available, many women are not aware of them or cannot afford or access them because of economic, social and cultural barriers, where lack or cost of transportation is just one concrete but determining challenge (women with incurable cases of fistula face even greater barriers). Given the current rates of treatment relative to the existing backlog of cases, and the occurrence of new ones, many women and girls are deprived of their rights, suffering needlessly while awaiting treatment and care.

11. In 2019, a political declaration made by world leaders committed to achieving universal health coverage by 2030, including universal access to sexual and reproductive health services and reproductive rights, re-emphasizing the right to health for all.⁹

12. The pandemic caused by COVID-19 has disrupted health services and exacerbated gender-based, socioeconomic and intersectional inequalities. The health of women and girls, in particular those in fragile contexts, is adversely affected by the reallocation of resources and priorities.¹⁰ Essential health services including contraception and emergency obstetric care remain critical to prevent maternal mortality and fistula. Since fistula surgery is considered to be elective care and, therefore, suspended during the pandemic to protect the safety of patients, new strategies will be required in the post-COVID-19 recovery period to address the expected backlog of cases.

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

A. Major global initiatives

13. In 2019, the international community commemorated 25 years of the Programme of Action of the International Conference on Population and Development, adopted in 1994. In the Programme of Action, it is stated 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, and it calls for the elimination of all practices that discriminate against women, as well as for advancing gender equality and equity and the empowerment of

⁸ Thomas J.I.P. Raassen, Carrie J. Ngongo, Marietta M. Mahendeka, “Diagnosis and management of 365 ureteric injuries following obstetric and gynecologic surgery in resource-limited settings”, *International Urogynecology Journal*, No. 29 (September 2018).

⁹ General Assembly resolution 74/2 on the political declaration of the high-level meeting on universal health coverage, “Universal health coverage: moving together to build a healthier world”.

¹⁰ United Nations, “Policy brief: the impact of COVID-19 on women”, 9 April 2020.

women.¹¹ In a 2019 report to review and appraise the Programme of Action and its contribution to the 2030 Agenda for Sustainable Development,¹² the Secretary-General indicated there was progress in key areas, including the reduction of child and maternal mortality, increased standards of living, improved access to education and advances in gender equality and empowerment of women. However, achieving universal access to sexual and reproductive health-care, and fulfilling the reproductive rights of individuals remains unmet with millions left behind.

14. In 2019, the fifty-second session of the Commission on Population and Development adopted a declaration on the occasion of the twenty-fifth anniversary of the International Conference on Population and Development, which, inter alia, welcomed the progress made towards achieving the goals and objectives of the Programme of Action, stressed that challenges and obstacles remain in its implementation, and pledged to undertake further action to ensure its full and accelerated implementation. The General Assembly also commemorated this milestone anniversary at a high-level plenary meeting, at which Member States underscored the enduring relevance of the Programme of Action of the International Conference and its relevance for the implementation of the 2030 Agenda for Sustainable Development. Also in 2019, the Governments of Denmark and Kenya, and the United Nations Population Fund (UNFPA), in collaboration with world leaders and stakeholders, commemorated 25 years of the Programme of Action of the International Conference on Population and Development at the Nairobi Summit.

15. Global initiatives led by the United Nations Children's Fund (UNICEF), UNFPA, United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) (e.g., Global Programme to Accelerate Action to End Child Marriage; the Maternal and Newborn Health Thematic Fund; Spotlight Initiative), in partnership with the European Union and other Member States, aim to achieve gender equality, end child marriage and adolescent pregnancy and prevent maternal and newborn deaths and disabilities by addressing the underlying social determinants of fistula.¹³

16. The 2030 Agenda for Sustainable Development commits to 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 2019 progress report, the world is not on track to eliminate global poverty, the root cause of fistula, and gross inequalities persist. Although globally, adolescent fertility rates declined from 56 births per 1,000 adolescent girls in 2000 to 44 in 2018 they remained high in sub-Saharan Africa at 101 births per 1,000 adolescent girls.¹⁴ More investment is required in order to have births attended by skilled health-care personnel and maintain the current coverage of 81 per cent of births globally and 60 per cent in sub-Saharan Africa.

17. Global initiatives such as the Every Woman, Every Child Global Strategy for Women's, Children's and Adolescents' Health (2016–2030), the Maternal and Newborn Health Thematic Fund, the Partnership for Maternal, Newborn and Child Health and the Global Financing Facility are key initiatives in the fight to end fistula. The initiatives are aimed at ending preventable maternal and newborn mortality and supporting countries in implementing the Sustainable Development Goals. The initiatives place strong emphasis on country leadership and strengthening accountability, as well as on developing a sustainable evidence-informed health

¹¹ See https://www.unfpa.org/sites/default/files/pub-pdf/programme_of_action_Web%20ENGLISH.pdf.

¹² E/CN.9/2019/2.

¹³ United Nations Population Fund, Costing the three transformative results: the cost of the transformative results UNFPA is committed to achieving by 2030 (January 2020).

¹⁴ *The Sustainable Development Goals Report 2019* (United Nations publication, Sales No. E.19.I.6).

financing strategy, strengthening health systems and building strategic, multisectoral partnerships.¹⁵

18. The World Health Assembly resolution on “Strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage” calls for access to emergency and essential surgery for all, including to prevent and treat fistula. Countries including Nigeria, Pakistan, Rwanda, the United Republic of Tanzania and Zambia have integrated national surgical obstetrics and anaesthesia plans into their national health strategic plans.

19. In 2018, the General Assembly adopted resolution [73/147](#), in which it called for increased investments and accelerated action to end fistula within a decade, as part of the United Nations agenda for the advancement of women. Resolution [73/147](#) builds on previous resolutions (adopted in 2007, 2008, 2010, 2012, 2014, 2016 and 2018) 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. Fistula was first acknowledged by the General Assembly in 2007 as a major women’s health issue, with the adoption of resolution [62/138](#).

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

B. Major regional initiatives

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

22. The Campaign on Accelerated Reduction of Maternal, Newborn and Child Mortality in Africa promotes the intensified implementation of the Maputo Plan of Action for the Operationalization of the Continental Policy Framework for Sexual and Reproductive Health and Rights (2007–2010) and the Africa Health Strategy. In 2017, the African Union announced an extension of the Campaign from 2016 until 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 in their poverty reduction strategies and health plans; 35 of those countries also developed operational plans for maternal and newborn health at the district level. An evaluation of the Campaign between 2009 and 2019 revealed four strategies leading to success: (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.¹⁶

23. Recognizing the elimination of fistula as key to harnessing the demographic dividend and women’s empowerment, a strategy on Eliminating Fistula in West and Central Africa (2018–2021) was developed. New “Centres of Excellence” for training were launched in the region in order to enhance the quality of pre-service education for midwives and nurses. The West African Health Organization and UNFPA strengthened capacities of 18 countries on data for fistula. Seven countries in the

¹⁵ 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).

¹⁶ Evaluation of the Campaign on Accelerated Reduction of Maternal Mortality in Africa 2009–2019.

region – Cameroon, Chad, Ghana, Mali, the Niger, Nigeria and Senegal – integrated fistula-related data into their health management information systems.

24. Further to a call to action by UNFPA, the Economic Community of West African States (ECOWAS), the West African Health Organization, the United States Agency for International Development (USAID) and EngenderHealth, at the nineteenth Ordinary Assembly of the Health Ministers of ECOWAS in 2018, adopted a resolution on eliminating obstetric fistula in the ECOWAS region. In 2019, the First Ladies of ECOWAS, reaffirmed their commitment to ending fistula in the region by signing the Niamey Declaration of the First Ladies of ECOWAS: call to end child marriage and to promote the education and empowerment of girls.¹⁷

25. The Sahel Women’s Empowerment and Demographic Dividend Project is a joint response by the United Nations and the World Bank Group to a call made by the Presidents of the six Sahel countries: Burkina Faso, Chad, Côte d’Ivoire, Mali, Mauritania and the Niger. Since 2015, the Project has strengthened national programmes that promote fistula prevention, including those focusing on generating demand for maternal and newborn health, empowering women and girls, preventing early marriages, and increasing availability of trained health workers, including midwives. With a total investment of US\$680 million by 2020 and an expansion to two additional countries (Cameroon and Guinea), the Project will also strengthen legal frameworks that promote women’s rights to health and education.¹⁸

26. Key regional initiatives including the Agenda 2063: the Africa We Want, African Union Campaign to End Child Marriage, 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. A regional road map towards making pregnancy safer in Eastern and Southern African was developed and UNFPA and Campaign to End Fistula partners supported country initiatives to end fistula in the region.

27. The Asia-Pacific region continues to battle both obstetric and iatrogenic fistulas. By 2019, 12 countries in the region had developed road maps to reduce maternal mortality and morbidity, including fistula.

28. In 2019, the League of Arab States, in partnership with UNFPA developed the first-ever regional strategy for Reproductive, Maternal, Newborn, Child and Adolescent Health that provides member states with a strategic framework to inform national plans until 2030. A regional study on availability of human resources for emergency obstetric and neonatal care was conducted, analysing the impact of quality of care in reducing fistula in the region.

29. South-South cooperation is a key strategy in order to build national capacity for fistula management. Campaign to End Fistula partners, including the Comprehensive Community Based Rehabilitation in Tanzania, Evangel Fistula Center, Hamlin Fistula/Ethiopia and Pakistan National Forum on Women’s Health, have supported highly-skilled fistula surgeons from all regions of the world to provide fistula training, mentoring and treatment in the highest burden fistula countries.

C. Major national initiatives

30. Although countries are making progress in reducing maternal and newborn mortality and morbidity, the injustice of fistula persists. The global maternal mortality

¹⁷ Economic Community of West African States, “ECOWAS First Ladies affirm commitment to end child marriage and promote girl-child education in the region”, 8 July 2019.

¹⁸ World Bank, “Investing in girls and women’s empowerment in and beyond the Sahel”, 28 May 2020.

ratio decreased by 38 per cent from 2000 to 2017¹⁹ 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.

31. Government ownership and leadership are crucial to tackling the problem of fistula. Countries need to allocate a greater proportion of their national budgets to health, with additional technical and financial support provided by the international community. In 2018, the First Lady of Kenya and other stakeholders developed a strategic framework (2018–2022) to promote healthy lives and well-being of women, children and adolescents targeting fistula and maternal health. Data indicate that almost half of the 60 countries affected by fistula have national strategies for eliminating obstetric fistula,²⁰ and 12 of them, namely Cameroon, Ethiopia, Ghana, Guinea, Madagascar, Mali, Mozambique, the Niger, Nigeria, Senegal, Togo and Uganda have costed and time-bound operational plans. In addition, more than 30 countries have established national fistula task forces which serve as coordinating and monitoring mechanisms for Government and partner activities.

32. Partnerships are key to sustaining efforts to end fistula. In Nigeria, the United Nations Federal Credit Union (UNFCU) Foundation supports vulnerable women in fragile settings. In 2019, the Kaduna Fifth Chukker Polo and Country Club committed resources over 10 years to support the Kaduna State Government's efforts to end fistula. The Government of the Democratic Republic of Congo and UNFPA, in collaboration with the private sector, mobilized resources through gala events to support fistula surgery and treatment for over 2,000 women.

33. In the Latin American and Caribbean region, Haiti established an integrated response to complications during childbirth (including strengthening health professionals' capacity, training/education for prevention, diagnosis, referral and treatment of fistula); and conducting awareness campaigns, including community outreach.

34. The Government of Nepal endorsed a safe motherhood and neonatal health road map focusing on coverage and quality of safe motherhood services, including the prevention of fistula. In addition, the Nepal B.P. Koirala Institute of Health Sciences, in partnership with the International Urogynaecology Association launched a Urogynaecology Fellowship programme in 2019, which includes obstetric fistula.

35. Bangladesh has taken initiatives to scale up fistula services by developing a pocket handbook for field-level health workers to identify fistula cases in the community and refer them to facilities for diagnosis and treatment. In 2018, a telephone-based fistula tracking system to identify fistula cases was incorporated at the Institute of Epidemiology, Disease Control and Research surveillance platform of the Bangladesh Directorate General of Health Services. To facilitate timely access to maternal health services in Bangladesh, the Hope Foundation and partners, including UNFPA, provided emergency transport for pregnant Rohingya refugees from remote areas to health facilities. An estimated 2,000 women live with fistula in the Rohingya refugee community in Cox's Bazar.²¹

36. Since 2009, the Fistula Foundation has supported 31 countries to perform 39,866 fistula surgeries in Africa and the Arab States region. The Foundation's launch of a surgical network in Kenya and Zambia led to more than 3,000 women receiving

¹⁹ WHO, *Maternal Mortality: levels and trends 2000 to 2017. Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division* (Geneva, 2019).

²⁰ United Nations Population Fund, *The Maternal and Newborn Health Thematic Fund Report 2018* (September 2019).

²¹ Iftikher Mahmood and others, "Burden of Obstetric Fistula on the Rohingya Community in Cox's Bazar, Bangladesh", *Nepal Journal of Obstetrics and Gynaecology*, vol. 13 (November 2018).

life-changing surgery and more than 500,000 persons have been reached with information to date.²² In 2019, the Foundation supported expert workshops in Kenya and Zambia, in order to enhance the skills of fistula surgeons to treat incontinence after fistula repair.

37. Fistula Care Plus has reduced barriers to fistula screening and treatment in Nigeria and Uganda. Using community agents, primary health-care workers and an interactive, voice response, fistula-screening hotline, the screened women received transportation vouchers to go to a fistula repair facility, increasing screening and referrals and addressing barriers to treatment.²³

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

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

38. The global Campaign to End Fistula focuses on four key strategies: prevention, treatment, social reintegration and advocacy. Launched in 2003 by UNFPA and partners, the Campaign aims to eradicate fistula globally. It is active in over 55 countries and brings together nearly 100 partners. 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 directly supported over 113,000 fistula repairs, and partners such as EngenderHealth, the Fistula Foundation, the Freedom from Fistula Foundation, Direct Relief, MSF, United Nations Federal Credit Union (UNFCU), Focus Fistula, Women and Health Alliance International and the Kupona Foundation have supported thousands more. UNFPA and the Campaign to End Fistula were awarded the UNFCU Women's Empowerment Award, in appreciation for the global leadership of UNFPA and the Campaign's transformative impact on reducing inequities and its action for a new global agenda grounded in principles of rights, inclusiveness, and equality.²⁴

39. Midwives represent the key health workforce that provide the full continuum of care from pre-pregnancy through childbirth and the postnatal period. They play a vital role in promoting health, saving maternal and newborn lives and preventing morbidities like fistula. Midwives who are educated, supported and regulated to international standards can provide 87 per cent of the essential sexual, reproductive, maternal, newborn and adolescent health care needed. By 2019, more than 85 countries had aligned their midwifery curriculum with the global International Confederation of Midwives standards. Since 2008, UNFPA's Global Midwifery programme, now in 140 countries, has helped educate and train over 150,000 midwives. In over 30 priority countries, fistula prevention has been mainstreamed into the pre-service curriculum and midwives are sensitized and trained on fistula prevention and early management. Efforts are underway to ensure that overall availability of well trained and well supported midwives is increased to make their services available where they are most needed. A new midwifery global strategy for the period 2018–2030, aims to improve quality maternal and newborn care through building midwifery capacity on all system levels. In 2019, the World Health Organization (WHO) and partners developed the framework for action

²² Fistula Foundation, "2018 annual report".

²³ Vandana Tripathi, Elly Arnoff and Pooja Sripad, "Removing barriers to fistula care: applying appreciative inquiry to improve access to screening and treatment in Nigeria and Uganda", *Health Care for Women International* (July 2019).

²⁴ See www.endfistula.org.

“Strengthening quality midwifery education for Universal Health Coverage 2030”²⁵ that will further contribute to reinforce quality and build capacity across country education systems.

40. Universal, accessible, high-quality health care has helped eliminate obstetric fistula in developed countries. The initiative entitled “Every Newborn: an action plan for ending preventable deaths”, led by WHO, UNICEF and partners, calls for universal coverage of quality care with innovation, accountability and data; leadership, governance, partnerships and financing; and review of global and national goals, targets and milestones for the period 2014–2035. This initiative also helps to eliminate preventable maternal death and morbidity, including fistula. Seventy-five countries have completed the Every Newborn tracking tool, showing an overall improvement across all national milestones and demonstrating country level commitment to achieving planned milestones.

41. Ensuring that all women have access to 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 11 countries²⁶ and supported by a quality of care framework, with the aim to halve rates of maternal and newborn deaths and stillbirths in targeted health-care facilities by 2022. By 2019, 90 per cent of participating countries were implementing road maps for quality of care.

42. To better support countries to achieve the health-related Sustainable Development Goals, the “Stronger Collaboration, Better Health: Global Action Plan for Healthy Lives and Well-being for All”²⁷ was launched by 12 agencies at the United Nations General Assembly in 2019. 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; innovative programming in fragile/vulnerable settings and disease outbreak responses; research, development, innovation and access; and data and digital health). The H6 partnership is a transformative mechanism representing a new era for United Nations delivery in countries (harnessing the collective strengths of UNFPA, UNICEF, UN Women, WHO, UNAIDS, and the World Bank Group), it may play a key role in ensuring agency coordination and collaboration in country to implement the Global Action Plan, supporting country leadership and action for women’s, children’s, and adolescents’ health.

43. Universal access to family planning contributes to saving women’s lives and improving their health by preventing unintended pregnancies and reducing deaths and disability related to complications of pregnancy and childbirth, including fistula. Access to voluntary family planning information, quality counselling and a range of contraceptive methods, is critical for delaying early childbearing. Yet, there are over 230 million women and adolescent girls whose family planning and contraceptive needs are unmet.²⁸ Family Planning 2020, a global partnership initiative focused in 69 countries, supports empowerment of women and girls and promotes their rights to access safe and voluntary family planning. For example, in 2019 UNFPA, through its

²⁵ WHO, Framework for action: strengthening quality midwifery education for universal health coverage 2030, 2019.

²⁶ Bangladesh, Côte d’Ivoire, Ethiopia, Ghana, India, Kenya, Malawi, Nigeria, Sierra Leone, the United Republic of Tanzania and Uganda.

²⁷ <https://www.who.int/initiatives/sdg3-global-action-plan>.

²⁸ United Nations Population Division, Estimates and projections of family planning indicators 2020. Available at: https://www.un.org/en/development/desa/population/theme/family-planning/cp_model.asp.

programmes, contributed to preventing 8 million unintended pregnancies, 24,000 maternal deaths and 2.3 million unsafe abortions.²⁹

44. Women and girls living with or recovering from fistula are often “invisible”, neglected and stigmatized. Fistula may also recur in women whose fistula has been surgically treated, but who receive little or no medical follow-up and then become pregnant again. In its resolution 73/147, the General Assembly calls for Governments of countries affected by fistula to designate 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 rights-based approach, at the community, facility and national levels is crucial to help prevent recurrence of fistula; and to ensure that the survival and well-being of women and their newborns in subsequent pregnancies; support those with inoperable or incurable fistula and ensure that data-driven fistula programming is well-integrated into maternal health systems.

45. Raising awareness and sensitizing and mobilizing communities are vital strategies for the prevention of fistula. Fistula survivors are key advocates and champions in this effort. Many organizations train former fistula patients as safe motherhood ambassadors who educate women, families 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.

46. Women-centred care that is based on their needs should be the basis of improving the quality of care women receive. In 2018, a campaign by the White Ribbon Alliance “What Women Want” identified respectful and dignified care, water, sanitation and hygiene, medicines and supplies, increased, competent and better supported midwives and doctors, and fully functional and closer health-care facilities as high priorities for women. These were realized through interviews with 1.2 million women and girls from 114 countries.³⁰ In 2019, the Women Deliver Conference in Vancouver, brought together policy makers, women’s advocates and activists to inspire investments in gender equality, essential also for eliminating fistula.

B. Treatment strategies and interventions

47. While striving towards the goal of the Secretary-General of eradicating fistula by 2030, there is still much work to be done in the area of treatment. Globally, significant progress has been made, as evidenced by the significantly decreased prevalence of fistula. Through the effort of the United Nations and a large cadre of partners (e.g., EngenderHealth, the International Federation of Gynaecology and Obstetrics, Freedom From Fistula, the Fistula Foundation, the Hamlin Hospital, Mercy Ships, Médecins sans frontières), many surgeons have been trained and fistula repairs are being provided across a broad swath of the developing world. Yet formidable challenges remain: sensible and strategic decisions are required to balance and provide simultaneous funding for both the identification and mobilization of women with fistula to access quality care, and the ongoing provision of resources for complex reconstructive surgery, even for women living in the most remote and poverty-stricken circumstances.

48. New guiding principles for clinical management and programme development for obstetric fistula and other female genital fistula have been developed by UNFPA

²⁹ United Nations Population Fund, UNFPA Supplies Annual Report 2019. <https://www.unfpa.org/publication/unfpa-supplies-annual-report-2019>.

³⁰ White Ribbon Alliance, What Women Want: global findings, 2019.

and the Campaign to End Fistula and partners (e.g., Direct Relief, the Fistula Foundation, the International Society of Obstetric Fistula Surgeons). The manual builds on the 2006 WHO and United Nations guidance on obstetric fistula³¹ and provides a broad perspective to tackle fistula. The guidelines reflect progress made in obstetric fistula prevention, repair and rehabilitation, and a new strategy going forward, including reiterating quality of care as a significant factor to improve maternal health outcomes.

49. The Fistula Care Plus project, led by EngenderHealth, and funded by USAID, expands access to fistula services and builds an evidence base for ending fistula. The project built a global database to monitor and manage programmatic fistula data using the district health management information system as a platform. Between 2013–2018, the project supported over 13,000 repairs, trained 76 fistula surgeons and over 5,600 health workers to build sustainable fistula repair capacity. IntraHealth, supported by USAID, worked with local partners (2009–2019) in Mali, investing in health-care workers and skills-building for women’s health, which strengthened the health-care system.

50. The International Society of Obstetric Fistula Surgeons and UNFPA developed fistula repair kits with supplies necessary to perform fistula repair surgery, thereby promoting access to quality fistula care. In 2018 and 2019, UNFPA procured 1,245 kits for use at facilities in 25 countries.

C. Reintegration strategies and interventions

51. A holistic approach that addresses the psychosocial and socioeconomic needs of fistula survivors is required to ensure full recovery and healing. The follow-up of fistula patients is a major gap in the continuum of care. At least 27 countries have mechanisms to follow up with survivors after treatment. Intensive social reintegration of women and girls deemed to be inoperable or incurable remains a major gap, as these women endure significant social challenges. An individualized approach to their needs is required. Psychological support is necessary for all fistula patients, especially if they are not fully healed.³² Providing social, educational and economic opportunities is key to helping them to rebuild their lives and livelihoods, and reclaim their dignity and agency. Increased financing for holistic fistula care is critical for ensuring positive outcomes.

D. Research, data collection and analysis

52. A human rights-based approach helps uncover underlying inequalities and discrimination that drive obstetric fistula, through multiple intersecting factors. Fistula primarily affects poor rural women in remote areas where health services are scarce. These intersecting barriers to life-saving obstetric care, including to prevent 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 by 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

³¹ WHO, *Obstetric fistula: guiding principles for clinical management and programme development* (Geneva, 2006).

³² Mary Stokes and others, “Persistent depression after obstetric fistula repair”, *International Journal of Gynecology and Obstetrics*, vol. 147, issue 2 (November 2019).

programmes, services and budgets related to maternal health and fistula care are being implemented.

53. In 2020, the *International Journal of Gynecology and Obstetrics* published a special supplement on “Obstetric fistula: where we currently stand”, which presents innovations in quality of care and social reintegration and underscores the need to accelerate progress to end fistula by 2030.

54. Progress has been made in improving the availability of fistula data, including integration of fistula data into health management information systems and a standardized fistula module included in demographic and health surveys in an increasing number of countries. The Global Fistula Map³³ continues to be enhanced and expanded, aiming to provide a snapshot of the landscape of fistula treatment capacity worldwide. However, robust data and research on fistula remains a challenge. Recommendations have been made to integrate routine surveillance and monitoring of fistula into national health systems. In Ethiopia, a strategy to include the surveillance of fistula in public health emergency management has been developed to enhance identification of fistula cases for timely provision of care. The Global Obstetric Fistula Automated Registry, by Operation Fistula aims to enhance monitoring and evaluation capacity in patient treatment and follow up.

55. New estimates of the global burden of fistula have been developed based on a model developed by Johns Hopkins Bloomberg School of Public Health in collaboration with UNFPA and WHO. The estimates, modelled with data from 55 countries and supported by the Campaign to End Fistula, constitute a major step forward in understanding the burden of fistula. These data will be vital to advance the planning, implementation and monitoring of efforts toward ending fistula.

56. Data-driven and evidence-driven health workforce planning is vital to ending fistula and a cost-effective contribution to improving sexual/reproductive, maternal, neonatal and adolescent health-care outcomes. The WHO Global Strategy on Human Resources for Health: Workforce 2030, aims to optimize the performance, quality and impact of the health workforce through evidence-informed policies on human resources for health, contributing to healthy lives and well-being, effective universal health coverage, resilience and strengthened health systems at all levels.

57. To prevent the occurrence of obstetric fistula, timely access to quality health care, including emergency obstetric and newborn care, is crucial. Ten countries³⁴ have successfully completed a geographic analysis to manage their national emergency obstetric and newborn care facility network and estimate their population coverage. In 7 out of 10 countries, the population coverage remains low, as a result of poor road conditions, lack of staff and financial barriers to referrals. UNFPA, WHO and UNICEF will continue to develop the emergency obstetric and newborn care facility network at national scale and extend this programme to other countries.

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 programs; with 13 countries implementing the programme in all districts; 29 countries have generated a maternal death notification rate as well as a maternal death review rate to monitor the implementation of their national programs. Ten countries produce annual reports to track their implementation.

³³ See www.globalfistulamap.org/.

³⁴ Benin, Burundi, Chad, Congo, Côte d’Ivoire, Guinea, Madagascar, Senegal, the Sudan and Togo.

E. Advocacy and awareness-raising

59. Powerful stories in the media showing the human face of fistula; influential champions and fistula advocates speaking out; and enhanced collaboration and coordination with partners, have all helped to ensure that fistula is not forgotten. Concerted efforts were made to shine a light on fistula, including through UNFPA and the Campaign to End Fistula and partners, ensuring strong messaging and significant communications activities on fistula, and raising awareness and support in high-burden fistula countries and around the world. Two fistula survivors turned advocates, Kevin Nalubwama from Uganda and Razia Shamshad from Pakistan, participated in the 2019 Nairobi Summit, sharing their experiences and contributing to discussions on quality and equitable health services.

60. In a Commentary³⁵ in the *Lancet Global Health* commemorating the 2019 International Day to End Obstetric Fistula, leaders in the field of maternal health/fistula and safe surgery underscored the critical role of universal access to skilled care at birth – including emergency obstetric, neonatal and newborn care and safe surgery – for ending preventable maternal and newborn mortality and morbidity including obstetric fistula and stillbirths. Drawing upon recommendations from the Lancet Global Health Commission on High Quality Health Systems in the Sustainable Development Goals Era and the Lancet Commission on Global Surgery, the authors emphasized ensuring all women and girls in need receive timely, high quality, life-saving obstetric surgery as a fundamental human rights issue and as a key strategy for achieving the Sustainable Development Goals.

61. To accelerate global commitment and action toward ending fistula, Member States issued a call to action to develop a global road map to end fistula within a decade, as stated in General Assembly resolution [73/147](#). In November 2018, two biennial meetings to advance the Campaign to End Fistula were organized in Kathmandu:

(a) The 2018 International Obstetric Fistula working group meeting, organized by UNFPA and the Campaign to End Fistula, featured a collaborative consultation with Campaign partners, gathering input for a global road map to end fistula;

(b) The seventh Conference of the International Society of Obstetric Fistula Surgeons (2018) brought together fistula surgeons, fistula survivors, midwives, public health and development partners to review progress, research and updates on fistula prevention, treatment and reintegration. The Conference highlighted quality of care, rising incidence of iatrogenic fistula and the importance of safe surgical practices. The resulting Kathmandu Declaration called for global, regional and national level strategies and action plans with milestones, monitoring and evaluation.

F. Global need to strengthen financial support

62. Insufficient financial resources for maternal health including obstetric fistula is a challenge to ending the condition.³⁶ Contributions to the Campaign to End Fistula remain vastly insufficient to meet the current need. Increased investments and intensified resource mobilization (including domestic resources) are required in countries to support improved maternal and newborn health and fistula elimination.

³⁵ Lauri Romanzi and others, “Meeting the SDG challenge to end fistula & preventable childbirth-related morbidity & mortality”, *Lancet: Global Health* 2019, vol. 7, No. 7 (May 2019).

³⁶ See <https://www.who.int/pmnch/media/news/2019/funding-sexual-reproductive-health-and-rights/en/>.

63. Efforts to end fistula are integrated into and supported by broader maternal and newborn health initiatives, including the Every Woman, Every Child 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 Maternal and Newborn Health Thematic Fund of UNFPA,³⁷ the Quality of Care Network, and the Global Financing Facility.

64. In 2018–2019, contributions to the Campaign to End Fistula at global and national levels, included financial commitments from the governments of Belgium, Canada, France, Germany, Luxembourg, Poland, Republic of Korea and Sweden, and the Spotlight Initiative. Additional funds were donated by philanthropic foundations including Friends of UNFPA (a non-profit organization), UNFCU Foundation and Zonta International.

V. Conclusions and recommendations

65. 2020 marks a 10-year countdown to the goal of ending obstetric fistula by 2030. In order to reach that goal, intensified efforts, resources and partnerships are necessary to prioritize and scale up programmes to improve women's reproductive health, including prevention and treatment of obstetric fistula. National strategies need to be aligned to reflect the new timeline to end fistula by 2030. This is especially pertinent as the COVID-19 pandemic threatens to erode gains made in reproductive and maternal health.

66. Strengthening health systems to improve quality is needed to reduce maternal mortality and morbidities such as obstetric and iatrogenic fistula. Whereas surgery is a primary way to prevent obstetric fistula when labour is obstructed, the increasing incidence of iatrogenic fistulas threatens the progress made in improving access to surgery and utilization of such services. With increased safety measures and surgical training, both types of fistulas can be eliminated.

67. Advances in disease surveillance and technology should be harnessed to monitor progress on eliminating fistula. Data are needed to track new cases, on the status of existing and repaired cases, and on surgical and social outcomes in order to reach the goal of ending fistula by 2030.

68. Increased political commitment, national leadership and ownership and greater financial mobilization are urgently needed to accelerate progress towards the elimination of fistula, including by implementing strategies to prevent new cases and treating all existing cases. There is an urgent and ongoing 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 to countries with the highest maternal mortality and morbidity levels and ensuring free access to fistula treatment services.

69. Accelerated efforts to improve the social determinants that affect health, safety and well-being of women are important and include the provision of universal education for women and girls; promotion and protection of their human rights; economic empowerment (e.g., access to microcredit, savings and micro-financing), legal and social reforms and protections (e.g., legal literacy) to protect women and girls from violence and discrimination, child marriage and early pregnancy.

³⁷ UNFPA, The Maternal and Newborn Health Thematic Fund: Business Plan Phase III (2018–2022).

70. It is essential that universal health coverage as called for in the Sustainable Development Goals is integrated into planning and operational processes at the national, regional, and international levels in order to end obstetric fistula. There is a global consensus on the key interventions necessary to reduce maternal deaths and disabilities and an urgent need to scale up the three well-known, cost-effective interventions of skilled birth attendants, emergency obstetric and newborn care and family planning services.

71. Member States and the international community need to urgently undertake the following critical actions, with a human rights-based approach, to accelerate progress to end obstetric fistula within a decade and achieve the Sustainable Development Goals:

Prevention and treatment strategies and interventions

(a) Ensure investment and planning to preserve and/or re-establish and enhance fundamental obstetric services; strengthen reproductive and maternal and newborn health-care systems (including quality ante-natal, intrapartum and postnatal care) with adequate well-trained, skilled medical personnel (i.e., midwives, doctors, surgeons, nurses, anaesthetists), infrastructure and supplies, even during pandemics and emergencies. In addition, it is important to ensure quality assurance and monitoring mechanisms during public health emergencies; and implement strategies to ensure timely access to safe and quality surgical repair;

(b) Develop, implement and monitor comprehensive, rights-based, gender sensitive and multisectoral national strategies, policies, action plans and budgets to eliminate obstetric fistula by 2030. Plans and budgets must incorporate prevention, treatment, socioeconomic reintegration and follow-up of fistula into programming and budgeting 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 fistula, to enhance national coordination and improve partner collaboration, including partnering with in-country efforts to increase surgical capacity and promote universal access to essential and life-saving surgery and with key ministries (gender, social protection, finance, education, etc.);

(d) Ensure equitable access and coverage, by means of national plans, policies and programmes, to make quality maternal and newborn health services, in particular emergency obstetric and newborn care, skilled birth attendance, fistula treatment and family planning services financially and culturally accessible, including in the most remote areas;

(e) Improve 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 for all who need them, 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, and increase the availability of competent fistula surgeons accompanied by quality assurance mechanisms to address the significant backlog of women and girls awaiting care;

(g) Focus on universal health coverage to ensure universal access to the full continuum of care, particularly in rural and remote areas, through 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.

Financial support for universal access to fistula prevention and care

(h) Increase national budgets for health care, ensuring that adequate funds are allocated to universal access to health care, including re-establishing/strengthening essential maternal health services (quality antenatal, intrapartum and postnatal care) and fistula care (post-COVID-19);

(i) Ensure that national policies and programmes address inequities and reach poor and vulnerable women and girls, including the provision of free or adequately subsidized maternal and newborn health-care and fistula treatment to all those in need and ensure opportunities for their active participation and engagement in monitoring policy implementation and service delivery.

(j) Enhance international cooperation, including intensified technical and financial support, especially to high-burden countries, to end fistula within a decade and to prevent fistula, especially in fragile contexts;

(k) Mobilize public and private sectors, to ensure that needed funding is increased, predictable, sustained and adequate – including for the global road map – to end fistula within a decade.

Reintegration strategies and interventions

(l) Ensure that all fistula survivors, including those deemed incurable or inoperable, have access to social reintegration services, including health care, counselling, education, skills development, income-generating activities, and family and community support;

(m) 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;

(n) Develop strategies to assist women in preventing another fistula after successful repair, including education, family planning and caesarean delivery planning.

Advocacy and awareness-raising

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

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

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

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

(s) Strengthen and expand interventions to ensure universal access to education, especially post-primary and higher education, end violence against women

and girls and protect and promote their human rights and adopt and enforce laws prohibiting child marriage, and support them with innovative incentives for families to keep girls in school, including in rural and remote communities;

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

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

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

(w) 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;

(x) Expand the scope of maternal death surveillance and response mechanisms to also review and address systemic failures in relation to maternal morbidities, including obstetric fistula;

(y) 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.

72. The challenge of ending obstetric fistula requires vastly intensified efforts, including substantially increased funding for interventions at the subnational, national, regional and international levels. In the context of infectious disease pandemics, these efforts have to be strengthened in order to prevent an upsurge in new cases of fistula. Significant 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.

73. Ending fistula is key to achieving the Sustainable Development Goals. To meet the global targets of the 2030 Agenda and end this violation of 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 within a decade.