

# dispatch

Tracking progress in the Campaign to End Fistula



**Campaign  
to End Fistula  
10th Anniversary**

**In 2013, we will mark the 10th anniversary of the Campaign to End Fistula.**

Over the last decade, many people, from experts to activists, have dedicated their lives and professional efforts to raise awareness about this devastating condition, increase access to prevention and treatment, and give women and girls suffering with fistula another chance in life.

This has been no easy task. In 2003, when UNFPA and its partners launched the Campaign, international targets to improve maternal health help set the goal of reducing the number of obstetric fistula patients in affected countries.

In the past ten years, the Campaign has drawn the attention of policymakers, health officials, communities and individuals, as well as the general public to the issue of fistula.

We have made good progress but the needs are still enormous. Ending fistula worldwide will demand enhanced political support, strengthened collaboration between governments, partners and civil society, along with intensified resources and efforts.

The Campaign, in conjunction with its partners, is now working in more than 50 countries across Africa, Asia, the Caribbean, and the Arab region.

**2003**



The second meeting of the working group for the prevention & treatment of obstetric fistula. Addis Ababa, 30 October - 1 November 2002



South Asia Conference for the prevention & treatment of obstetric fistula, 9-11 December 2003



The Campaign to End Fistula, 2005 Annual Report

Dispatch, December 2007



Natalie Imbruglia urges guests at a London fundraiser to support the Campaign to End Fistula



In each country, the Campaign focuses on:

- **Prevention**

The most effective way to prevent fistula is to increase access to quality maternal health care, including family planning, skilled birth attendance, and emergency obstetric care. Prevention also entails tackling underlying inequities to empower women and girls, enhance their life opportunities and delay marriage, as well as pregnancy, until adulthood.

- **Treatment**

While prevention is key, there is a strong commitment to providing treatment for fistula patients.

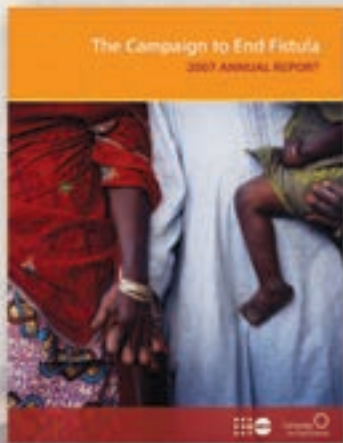
The average cost of fistula treatment—including surgery, post-operative care and rehabilitation support—is \$300. The Campaign supports all areas of treatment, from training doctors in fistula repair surgery to equipping and upgrading fistula centres, in addition to patient recovery and follow-up.

- **Rehabilitation**

Fistula treatment goes beyond repairing a woman's damaged tissues. Many patients—especially those who have lived with the condition for years—need emotional, economic and social support to fully recover from their ordeal.



The Campaign to End Fistula, 2006 Annual Report



The Campaign to End Fistula, 2007 Annual Report



Neglected No More



Living Testimony: Obstetric Fistula and Inequities in Maternal Health



Through the Campaign, women receive counseling and skills training to help them develop income-generating activities and to empower them after surgery. Working with communities is also fundamental to ensure women are accepted back into society without being stigmatized.

Since the Campaign to End Fistula was launched, at least 38 countries have completed a situation analysis on fistula prevention and treatment.

To enhance coordination of national fistula programmes and partner collaboration, increasing numbers of Minister of Health-led National Task Forces for Fistula are being successfully established

in high burden countries. This brings together stake-holders working on all aspects of fistula. Over 30 countries have integrated fistula into national reproductive health policies and plans. Many countries have shown increased national engagement on the issue—with governmental funding increasingly provided to support programmatic efforts.

The majority of Campaign countries are now in full implementation phase (along the three phased Campaign process of needs assessment, national strategy and implementation), a shift that illustrates good momentum.



Fistula survivor  
Gul Bano



The Campaign to End Fistula,  
2008 Annual Report



Dispatch, June 2008

Preventing Harm and Healing Wounds,  
Ending Obstetric Fistula, 2008



Dispatch, December 2008



Thousands of health personnel, including doctors, nurses, midwives and paramedic staff, have received training in fistula management, thereby increasing national capacity to address this largely neglected maternal health and human rights issue.

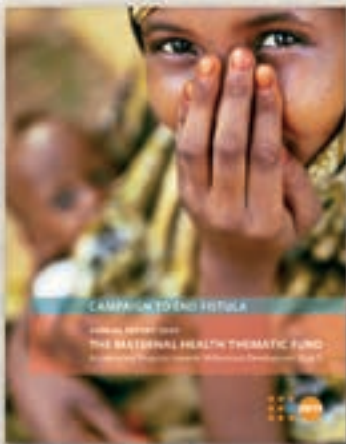
More than 27,000 women and girls have received fistula treatment and care with direct support from UNFPA, and many others have received treatment through partners such as EngenderHealth and *Médecins Sans Frontières*, as well as through trained expert fistula surgeons and teams who dedicate their lives to restoring dignity to fistula survivors around the world.

In response to an external evaluation of the Campaign in 2009-2010, UNFPA developed an Orientation Note for obstetric fistula that builds on experience and previous work to provide a vision for the future.

This includes a focus on national programming and sustainability; a gradual programmatic shift from fistula camps/campaigns to ongoing and integrated holistic fistula services in strategically selected hospitals; and initiatives to ensure the survival of mother and baby, and to prevent a new fistula from occurring in the subsequent pregnancies of women who have received fistula surgery.

More than 18 Campaign countries are working with fistula survivors to sensitize communities, to identify

The Maternal Health Thematic Fund, 2009 Annual Report



The Campaign to End Fistula, 2010 Annual Report



Neglected No More, 2010



Dispatch, May 2010



and help other women with fistula and to advocate for improved maternal health at both the community and national levels. There is no more powerful vehicle to deliver these important messages than a fistula survivor who, having suffered this life-shattering condition herself, uses the experience to work as a fistula advocate or safe motherhood ambassador.

Together with Campaign partners Direct Relief International and the Fistula Foundation, UNFPA helped create the largest and most comprehensive map of available fistula treatment services worldwide.

The Global Fistula Care Map, launched in early 2012, highlights over 150 health facilities providing fistula

repair surgeries in 40 countries, spanning Sub-Saharan Africa, Asia and the Arab States.

The map is a major step forward to enhance understanding of overall fistula treatment capacity. While some progress has been made, the map clearly shows enormous treatment gaps in certain countries and globally, with only 14,000 (of the estimated 2 million cases) receiving treatment in 2010.

The map is an evolving collaborative initiative and will be expanded and continuously updated by experts and practitioners from around the globe in the future.

In collaboration with key partners, the Campaign to End Fistula has developed vital tools and guidance



Dispatch, May 2011



Dispatch, November 2011



Fistula survivor Sarah Omega



Dispatch, November 2010



The Maternal Health Thematic Fund, 2010 Annual Report



to support countries in their work to address fistula. Such tools include the FIGO-led competency-based training manual for fistula surgeons, a costing tool to assess costs of pre, post and operative care, as well as innovative fistula repair kits, supplying crucial specialized instruments and materials for fistula surgery and care.

Advocacy and awareness raising efforts have been targeted at a variety of audiences in both developed and developing countries, including policy makers, health professionals, media, and the public in general, also contributing to resource mobilization for fistula programmes, within and outside of UNFPA.

The U.N. Secretary-General reports on obstetric fistula have noted encouraging progress in addressing the condition in recent years. Despite these developments, the 2012 report emphasizes that, in the 21st century, it is a grave injustice that fistula continues to affect the poorest, most vulnerable women and girls, and that vastly intensified resources are urgently required, including for the Campaign to End Fistula, to fight fistula and to help improve maternal health globally.

We know that much more needs to be done, however, through the power of partnerships and the on-going collaborative efforts of the Campaign, we are confident that we are paving the way forward. Together, we can end fistula.

2013

Dispatch, Spring 2012



Dr. Lauri Romanzi, a New York-based fistula surgeon

# The New York Times



## Nightmare for African Women: Birthing Injury and Little Help

By [Author Name]

For many women in sub-Saharan Africa, the pain of childbirth is a nightmare that can last for years. In some cases, the injury is permanent, and the women are left with a chronic condition known as obstetric fistula. This condition is a grave injustice that affects the poorest, most vulnerable women and girls in the world. It is a condition that is preventable and treatable, but it remains a major public health problem in many developing countries.



The Maternal Health Thematic Fund, 2011 Annual Report



## International Day to End Fistula

The UN recently designated 23 May as the International Day to End Obstetric Fistula, to be observed for the first time in 2013, during the 10th anniversary of the Campaign to End Fistula.

This follows the General Assembly's Social, Humanitarian and Cultural Committee's adoption of a new resolution on "Supporting Efforts to End Obstetric Fistula," presented by the African Union (AU) and adopted in 2012 with the support of 168 co-sponsors from all regions.

The Resolution calls for further support in countries with high maternal mortality rates, to accelerate progress towards the achievement of MDG5, to reduce maternal deaths, and to eliminate obstetric fistula. It also highlights the urgent need to address child marriage, to help raise awareness and intensify actions towards ending obstetric fistula.

The Resolution reaffirms the ICPD Programme of Action and the Beijing Declaration and Platform for Action. Moreover, the document notes that a human rights based approach to eliminating obstetric fistula should be underpinned by the principles of accountability, participation, transparency, empowerment, sustainability, non-discrimination and international cooperation.

The fourth UN resolution to address the theme in all history, "Supporting Efforts to End Obstetric Fistula" calls upon Member States to firmly support the activities carried out by UNFPA and partners in the global Campaign to End Fistula.

### Why the Campaign?

- ➔ Every year, 7 to 10 million women suffer severe or long-lasting illnesses or disabilities caused by complications during pregnancy or childbirth, including obstetric fistula.
- ➔ Obstetric fistula is a preventable and, in most cases, treatable childbirth injury that leaves women incontinent, ashamed and often isolated from their communities.
- ➔ At least 2 million women live with obstetric fistula in the developing world, and up to 100,000 new cases occur each year.
- ➔ In 2003, UNFPA and partners launched the Campaign to End Fistula. The Campaign is now present in more than 50 countries, with more than 80 international agencies involved and many hundreds more working on the ground in fistula affected countries.
- ➔ Since 2009, UNFPA's contribution to the Campaign has been programmatically integrated into the Maternal Health Thematic Fund, launched in early 2008 by UNFPA to support priority countries in their efforts to improve maternal and newborn health.
- ➔ With the Midwifery Programme, this integrated approach is contributing to further strengthen efforts to prevent obstetric fistula through improved access to quality maternal health services.
- ➔ The Campaign, with its many partners around the world, focuses on three key areas: preventing fistula, treating affected women and supporting women as they recover from surgery and rebuild their lives.

Campaign  
to End Fistula



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♻️ Printed on recycled paper.

For more information, please visit: [endfistula.org](http://endfistula.org)

