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Item 27 of the preliminary list\*

### 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 [77/196](#). The year 2023 marked the twentieth anniversary of the global Campaign to End Fistula and 10 years of commemorating the International Day to End Obstetric Fistula. Alarming, the reduction of global maternal mortality rates has stagnated since 2016. Every day, 800 women die from preventable causes related to pregnancy and childbirth. For every maternal death, an estimated 20 to 30 women experience acute or chronic morbidities. This includes obstetric fistula, a devastating childbirth injury that leaves women and girls incontinent, stigmatized and isolated from their families and communities. An estimated 500,000 women are currently living with obstetric fistula in over 55 countries, with thousands of new cases occurring annually. It is a development, public health and human rights issue; a stark reminder of gender and socioeconomic inequalities and the denial of human rights. It is also an indicator of poor quality of care as it signifies the failure of health systems to provide high-quality sexual, reproductive, maternal and newborn health care and services. Humanitarian crises and climate change 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 integrally linked to achieving the Sustainable Development Goals. The present report contains an outline of efforts made at the global, regional and national levels to end this inequity and recommendations to intensify those efforts, using a human rights-based approach, so as to end fistula by 2030.

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\* [A/79/50](#).



## I. Introduction

1. The present report is submitted pursuant to General Assembly resolution 77/196, in which the Assembly requested the Secretary-General to submit a report at its seventy-ninth session on the implementation of that resolution under the item entitled “Advancement of women”.

2. Most causes of maternal mortality and morbidity are preventable, yet every day 800 women die from complications related to pregnancy and childbirth. Complications from pregnancy and childbirth are the leading cause of death among girls aged 15 to 19 in low- and middle-income countries. For each death, 20 to 30 women experience acute or chronic morbidities. Poor quality of care<sup>1</sup> and a lack of access to high-quality sexual and reproductive health services are among the leading causes of morbidity and mortality for women aged 15 to 49 years, compounded by gender inequality and denial of basic human rights, including the right to the highest attainable standard of physical and mental health. Obstetric fistula is one of the most severe childbirth injuries. An estimated 500,000 women live with fistula, with thousands of new cases occurring annually (see para. 3, A/77/229) in over 55 countries in sub-Saharan Africa, Asia, the Arab States, Latin America and the Caribbean.

3. Fistula is preventable with equitable access to comprehensive, high-quality sexual and reproductive health services, including emergency obstetric care. Progress on universal access to these services however, has been slow, and services fall short of needs in many low- and middle-income countries. Stronger political will, clear strategies and domestic investments in resilient health systems are essential to bridge the gap. This is critical to achieving the Sustainable Development Goals and universal health coverage by 2030.<sup>2</sup> Additional measures to prevent fistula include delaying the age of first pregnancy, providing education, empowerment of women and girls, addressing harmful gender and social norms, engaging men and boys and empowering communities. Furthermore, timely referrals and access to caesarean section surgery is critical in cases of prolonged obstructed labour to prevent fistula. Using a human rights-based and gender-transformative approach to address obstetric fistula in a holistic manner is essential to address the underlying inequalities and discrimination that drive the condition. Merely surviving pregnancy and childbirth is an inadequate measure of successful maternal health care. Ensuring effective measures to address maternal morbidity is both a public health issue and a fundamental human rights obligation, demanding equitable access to quality maternal and newborn health services for all women.

## II. Background

4. Obstetric fistula is a result of prolonged obstructed labour, without timely access to medical intervention, specifically caesarean section surgery. This occurs when a baby’s head becomes obstructed in the mother’s pelvis, cutting off blood flow thereby resulting in dead tissue creating an abnormal opening between the vagina and the bladder and/or rectum, causing urine or faecal incontinence. Female genital fistula can also be caused by traumatic injury and sexual violence, or unintentionally by a health-care provider who lacks the necessary skills during gynaecological procedures

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<sup>1</sup> 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 (November 2018).

<sup>2</sup> T.K. Sundari Ravindran and Veloshnee Govender, “Sexual and reproductive health services in universal health coverage: a review of recent evidence from low- and middle-income countries”, *Sexual and Reproductive Health Matters*, vol. 28, No. 2 (2020).

or caesarean deliveries (iatrogenic fistula). Iatrogenic fistulas are on the rise in many countries that also face the burden of obstetric fistula.<sup>3</sup>

5. Obstetric fistula occurs disproportionately among poor, often uneducated, vulnerable girls and women, who reside in localities with inadequate numbers of well-trained and strategically located health-care providers; it is an indication of gender inequality and poverty.

6. If left untreated, obstetric fistula has severe medical, social, psychological and economic consequences. Aside from chronic incontinence, it can also cause neurological disorders, orthopaedic injury, urinary tract infections, kidney failure and infertility. The odour from constant leakage, combined with misperceptions about its cause, often results in stigma leading to social marginalization, depression and even suicide.<sup>4</sup> Impairment of sexual functions compounds the psychological effects of survivors. Women and girls living with fistula are often shunned and/or abandoned by their spouses, families and communities, and face difficulties in securing income or support, exacerbating their poverty. Fistula intersects with other forms of discrimination based on health status, disability, marital status, education and socioeconomic status, widening the inequality gap.

7. Most women with obstetric fistula suffer a double tragedy as 90 per cent of cases result in stillbirth. Globally, 1.9 million babies are stillborn every year<sup>5</sup> with 77 per cent of cases in sub-Saharan Africa and Southern Asia.

8. Prolonged obstructed labour also causes other childbirth injuries in the mother, including pelvic organ prolapse, foot drop, ruptured uterus, and even death. Babies who survive such traumatic births are at risk of cerebral palsy, developmental delays, paralysis and neurological damage. Female genital mutilation, though not directly evidenced as linked to the incidence of fistula, can increase the risk of obstructed labour.

9. 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 and increase the risk and likelihood of an obstetric fistula: (a) delay in seeking care; (b) delay in arriving at a health-care facility; and (c) delay in receiving appropriate, high-quality care at the facility. A lack of awareness of treatments available for fistula and the high cost of care also hinders access to treatment.

10. While global coverage of assisted childbirth by skilled health personnel rose from 81 per cent to 86 per cent between 2015 and 2022, access remains limited in sub-Saharan Africa and Southern Asia, where morbidity and mortality rates are highest.<sup>6</sup> Intensifying efforts to ensure availability of skilled health-care providers to provide quality comprehensive emergency obstetric care and treat fistula cases is urgently needed, with a focus on surgical capacity for caesarean sections and fistula repairs.

<sup>3</sup> Carrie J. Ngongo and others, "Iatrogenic genito-urinary fistula following caesarean birth in nine sub-Saharan African countries: a retrospective review", *BMC Pregnancy and Childbirth*, vol. 22, No. 541 (2022).

<sup>4</sup> Ifunya Roseline Nduka and others, "The psycho-social impact of obstetric fistula and available support for women residing in Nigeria: a systematic review", *BMC Women's Health*, vol. 23, No. 87 (2023).

<sup>5</sup> United Nations Inter-Agency Group for Child Mortality Estimation, *Never forgotten: the situation of stillbirth around the globe* (New York, United Nations Children's Fund (UNICEF), 2023).

<sup>6</sup> *The Sustainable Development Goals Report 2023: Special Edition – Towards a Rescue Plan for People and Planet* (United Nations publication, 2023).

11. Adolescent pregnancy is a major risk factor for obstetric fistula primarily owing to the risk of prolonged obstructed labour resulting from not yet fully developed pelvis in adolescent girls. Child marriage increases the risk of adolescent pregnancy by limiting girls' autonomy to influence decision-making about contraceptive use and delayed childbearing. At the global level, one in every five girls is married or in union before reaching age 18, with the majority experiencing their first births before the age of 17 in 54 developing countries.<sup>7</sup> As at 2023, the estimated global number of child brides was estimated to be 640 million.<sup>8</sup> The violation of the rights of adolescent girls can only be redressed through targeted investments in empowerment, education and bodily autonomy for girls. This includes access to high-quality health information and services, comprehensive sexuality education, participation and decision-making, a supportive community and human rights-based policy and legal frameworks. Ending child marriage by 2030 is likely to reduce the overall incidence of adolescent pregnancy and fistula.

12. A growing backlash against sexual and reproductive health and rights further endangers the health and well-being of women and girls worldwide, in particular in impoverished and/or crisis-affected regions. Ensuring women and girls' autonomy over their sexual and reproductive health and access to quality services is critical for empowerment and achieving gender equality.<sup>9</sup>

13. Conflicts, climate-related hazards and public health emergencies pose a significant threat to sexual and reproductive health by exacerbating gender inequalities, increasing risks of gender-based violence and placing additional burdens on already limited health systems.

14. Sustainable solutions to improve maternal health outcomes and end obstetric fistula require well-functioning 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. Universal access to sexual and reproductive health services is critical. Health systems must meet demand for essential services, address physical and structural barriers to care and ensure an adequate transportation infrastructure. Similarly, socioeconomic inequities have to be addressed and the human rights of women and girls must be promoted and protected.

15. Prevention of fistula is critical. Strengthened, high-quality, accessible and affordable health systems are key to preventing childbirth injuries. In addition, strengthening the capacity to address prolonged obstructed labour, including implementing bladder catheterization as a primary prevention measure, will help reduce the incidence of obstetric fistula. Cost-effective interventions to reduce maternal and newborn mortality and morbidity include: (a) timely access to high-quality emergency obstetric and newborn care, including safe surgery; (b) the presence of trained health professionals with midwifery skills at childbirth; (c) quality antenatal and postnatal care; and (d) universal access to modern contraception. It is estimated that an additional \$79 billion is needed to end unmet need for family planning and preventable maternal deaths from 2022 to 2030.<sup>10</sup>

16. When fistula does occur, it is treatable. Most cases can be treated through surgery (although some are inoperable or incurable) following which survivors can

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<sup>7</sup> United Nations Population Fund (UNFPA), *Motherhood in Childhood: The Untold Story* (New York, 2022).

<sup>8</sup> UNICEF, "Is an end to child marriage within reach? Latest trends and future prospects: 2023 update", May 2023.

<sup>9</sup> United Nations Entity for Gender Equality and the Empowerment of Women, *Generation Equality Accountability Report 2023* (2023).

<sup>10</sup> UNFPA, "Investing in three transformative results: realizing powerful returns", 2022.

be reintegrated into their communities with appropriate psychosocial, medical and economic support to restore their dignity and well-being. Still, the unmet need for fistula treatment remains high. Many women and girls suffer for years before receiving treatment and care. A 2024 published study by the Fistula Foundation estimates the cost of untreated fistula at \$691 million annually, in terms of lost economic productivity.<sup>11</sup> Fistula repair surgery is cost-effective, with an estimated cost of \$58 per disability-adjusted life year averted.<sup>12</sup>

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

#### A. Major global initiatives

17. The implementation of the Programme of Action of the International Conference on Population and Development (A/CONF.171/13/Rev.1, annex), adopted in 1994, contributes to the achievement of the 2030 Agenda for Sustainable Development. Thirty years later, countries continue to rely on its core aspirations, including universal access to sexual and reproductive health services, education and decent work; gender equality; the freedom to decide on the number and spacing of children; and the opportunity to live free of discrimination and violence. The 2024 report of the Secretary-General on the implementation of the Programme of Action (E/CN.9/2024/3) recommends prioritizing rights and choices, expanding universal health coverage, improving lifelong reproductive and mental health by investing in and addressing health and nutrition disparities, as well as combating harmful practices, such as child marriage, through community-level interventions, legal rights advancement, poverty eradication efforts, infrastructure and social protection reforms.

18. In 2024, at the fifty-seventh session of the Commission on Population and Development, Member States, through the Ministerial Declaration, renewed their determination to advance the full, effective and accelerated implementation of the Programme of Action, and noted their deep conviction that the full implementation of the Programme of Action and the key actions for its further implementation were crucial to fulfil the vision of the 2030 Agenda (see E/CN.9/2024/L.4).

19. At its sixty-eighth session, the Commission on the Status of Women called upon Governments to take concrete measures to ensure universal access to sexual and reproductive health-care services, including for family planning, information and education and to integrate reproductive health into national strategies and programmes, recognizing that the human rights of women include their right to have control over their bodies and decide freely on all matters related to their sexual and reproductive health, as means of addressing poverty and strengthening institutions (see E/CN.6/2024/L.3).

20. In 2021, the Generation Equality Forum launched a five-year action journey to achieve irreversible progress towards gender equality. In 2023, at the midpoint of this initiative, over 90 per cent of Action Coalition commitments were on-track.<sup>13</sup> However, despite progress, none of the indicators of Sustainable Development Goal 5 on gender equality, have been met. Fifty-four per cent of countries lack legislation on all key

<sup>11</sup> Fistula Foundation, “The economic impact of untreated obstetric fistula”, March 2024.

<sup>12</sup> Keerthana Rajagopal and others, “Measuring the cost-effectiveness of treating rectovaginal and vesicovaginal fistulas: a multi-centre global study by the Fistula Foundation”, *International Journal of Gynaecology and Obstetrics*, vol. 165, No. 2 (May 2024).

<sup>13</sup> See <https://commitments.generationequality.org/>.

aspects of gender equality.<sup>14</sup> In 2022, only 70 out of 166 countries for which data was available had laws and regulations that guarantee full and equal access to reproductive health care, information and education to women and men aged 15 years and older. Sustained investments, political commitment and collaborative efforts are essential to realize the goal of the Generation Equality Forum, and to achieve Sustainable Development Goals 3 and 5.

21. The Human Rights Council, in its resolution [54/16](#), adopted in 2023, recognized that preventable deaths and grievous injuries sustained by women and girls during pregnancy, childbirth and postnatal periods are a direct result of, inter alia, discriminatory laws and practices, harmful gender norms and practices, inadequate functioning health systems, a lack of access to health services, in particular in rural and remote areas and the poorest urban areas, and a lack of accountability. The Council called upon States to address the social determinants of health that render women and girls more vulnerable to maternal morbidity, including obstetric fistula, uterine prolapse, perinatal distress, post-partum depression and infertility.

22. 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. The report of the Secretary-General on progress towards the Goals issued in 2024 ([E/2023/64](#)), notes a retrogression in addressing poverty and closing the gap in gender inequality (root causes of fistula). Recovery from the coronavirus disease (COVID-19) pandemic is slow and uneven with multiple added geopolitical, socioeconomic and climate risks. Improvements in essential health services remain lowest in sub-Saharan Africa. Almost 95 per cent of maternal deaths occur in low- and lower-middle- income countries and the vast majority of these are preventable. In the report, the Secretary-General calls for the advancement of concrete, integrated and targeted policies and actions to eradicate poverty and reduce inequality, with a particular focus on advancing the rights of women and girls and empowering the most vulnerable.

23. Global initiatives, such as the Partnership for Maternal, Newborn and Child Health, the Maternal and Newborn Health Thematic Fund of the United Nations Population Fund (UNFPA), the Align Maternal and Newborn Health collaboration, the Global Financing Facility for Women, Children and Adolescents, and the Every Newborn Action Plan and the Ending Preventable Maternal Mortality initiative remain significant in the fight to end fistula and to reduce stillbirths. The initiatives aim to improve maternal and newborn health outcomes and support 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.

24. Additional global initiatives led by the United Nations Children's Fund (UNICEF), 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.

25. In its 2015 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 pregnant

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<sup>14</sup> United Nations Entity for Gender Equality and the Empowerment of Women and United Nations, *Progress on the Sustainable Development Goals: The Gender Snapshot 2023* (New York, 2023).

women and girls and 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 interventions. By the end of 2023, Namibia, Nigeria, Pakistan, Rwanda, the United Republic of Tanzania, Zambia and Zimbabwe, had integrated national surgical obstetrics and anaesthesia plans into their national health strategies.

26. 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 2022, the Assembly adopted resolution [77/196](#) 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. General Assembly resolution [77/196](#) 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.

27. 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.

## **B. Major regional initiatives**

28. 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.

29. The reinvigorated Campaign on Accelerated Reduction of Maternal, Newborn and Child Mortality in Africa Plus (2021–2030) promotes the implementation of the Maputo Plan of Action 2016–2030, the Africa Health Strategy 2016–2030, and Agenda 2063: The Africa We Want.<sup>15</sup> Ninety-three per cent of African Union Member States are implementing the Campaign within their poverty reduction strategies, and health plans and national road maps to accelerate the reduction in maternal mortality. Other key regional initiatives that address the underlying determinants of fistula include the African Union Campaign to End Child Marriage, the African Charter on Human and People's Rights, including its Protocol on the Rights of Women in Africa (the Maputo Protocol) and the African Charter on the Rights and Welfare of the Child.

30. In September 2022, a regional conference organized by the Government of Côte d'Ivoire, the Korea International Cooperation Agency and UNFPA facilitated intercountry knowledge-sharing on evidence-based strategies and research, and enhanced capacity for complex fistula repair for 16 participating countries in West and Central Africa. A donor coalition was established at the event to facilitate resource mobilization. In November 2022, the First Lady of the Gambia, in collaboration with First Lady of Côte d'Ivoire, and the Governments of Burkina Faso and Togo, led a call to action to end fistula in the region.

31. In 2023, the Economic Community of West African States (ECOWAS) allocated \$1.96 million to eight Member States<sup>16</sup> to support efforts to address obstetric fistula. This follows the 2018 resolution adopted by ECOWAS aimed at eliminating obstetric fistula from the region.

32. The Sahel Women's Empowerment and Demographic Dividend Project, active in 13 West African countries, is a joint response by the United Nations and the World

<sup>15</sup> See African Union, "AU recommit to redouble efforts to improve reproductive, maternal, newborn, child and adolescent health (RMNCAH)", 29 November 2022.

<sup>16</sup> Benin, Côte d'Ivoire, Gambia, Ghana, Guinea-Bissau, Liberia, Nigeria and Togo.

Bank Group. Since 2015, the project has strengthened national programmes that promote fistula prevention by tackling the root causes of risk factors, such as early marriage, gender disparities in education, low female participation in the labour market, and low utilization of maternal and newborn health services. Now in its third phase, the project has received a total investment of \$680 million by the World Bank and 10 million Euros from Agence française de développement.<sup>17</sup>

33. In Eastern and Southern Africa, a scoping review by UNFPA and partners in 2023 reasserted the link between obstetric fistula and disability, highlighting the significant negative impact on the quality of life among fistula survivors.

34. In the Asia-Pacific region, 12 countries have developed road maps to reduce maternal mortality and morbidity. In 2023, UNFPA, in collaboration with the Burnet Institute, developed a training programme that equipped 200 midwives in Afghanistan, Bangladesh and Pakistan with skills to improve adolescent care during pregnancy and childbirth, reducing risks for maternal mortality and childbirth injuries, including obstetric fistula.

35. The Latin America and the Caribbean region has seen no decline in maternal deaths between 2000 and 2020. An inter-agency group for the reduction of maternal mortality, co-chaired by UNFPA, has launched the “Zero maternal deaths: prevent the preventable” campaign to accelerate reduction of maternal mortality in the region, focusing on countries with high maternal mortality ratios.

36. The League of Arab States 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.

37. South-South and triangular 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 the Campaign to End Fistula partners, including the International Federation of Gynaecology and Obstetrics, International Medical Rescue, and the Comprehensive Community-based Rehabilitation in the United Republic of Tanzania, have supported highly skilled fistula surgeons from all regions of the world to provide fistula training, mentoring and treatment in high-burdened fistula countries, such as Pakistan, Kenya and Cote d’Ivoire.

### C. Major national initiatives

38. Between 2016 and 2020, global progress to reduce maternal mortality stagnated, with gross disparities remaining between and within countries owing to existing inequalities. The maternal mortality ratio is highest in sub-Saharan Africa, estimated at 545 maternal deaths per 100,000 live births, constituting 70 per cent of global maternal deaths.<sup>18</sup>

39. Government ownership and leadership coupled with adequate health budgets, as well as technical and financial support from the international community, are crucial for ending fistula. Data indicate that 23 countries with a high prevalence of fistula have developed national strategies for eliminating obstetric fistula. Twenty-one countries (Benin, Burkina Faso, Chad, Congo, Côte d’Ivoire, Democratic Republic of

<sup>17</sup> UNFPA and others, “Sahel Women’s Empowerment and Demographic Dividend: progress highlights”, August 2023.

<sup>18</sup> World Health Organization (WHO) and others, *Trends in Maternal Mortality 2000 to 2020: Estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division* (Geneva, WHO, 2023).



the Congo, Ethiopia, Ghana, Kenya, Liberia, Madagascar, Malawi, Mauritania, Mozambique, Nigeria, Senegal, Sierra Leone, Somalia, Sudan, Uganda and Zambia) have costed and time-bound operational plans to end fistula. Most of the strategies are, however, not fully funded. Twenty countries have established national fistula task forces, which serve as coordinating and monitoring mechanisms for government and partner activities.<sup>19</sup> In Senegal, a national budget line has been established to cover the surgical treatment of fistula.

40. Partnerships with both public and private sectors are key to sustaining efforts to end fistula. The United Nations Federal Credit Union Foundation supported empowerment and social reintegration of fistula survivors in Nigeria. The Governments of Rwanda and Uganda have, together with partners, initiated the development of an emergency obstetric newborn care facility network to strengthen quality and timely access to obstetric care. In 2023, the Islamic Development Bank approved a \$900,000 project to strengthen the prevention and treatment of obstetric fistula in Afghanistan.

41. The Government of Haiti, in collaboration with UNFPA, has established a national fistula treatment centre and a database to track fistula repairs. However, in 2023, few fistula repair surgeries were undertaken at the centre owing to limited access caused by insecurity in the country.

42. In 2023, the Hamlin Fistula Foundation successfully piloted “Project zero”, a community-based initiative for a fistula-free Ethiopia using a door-to-door systematic approach to identify and refer fistula survivors for treatment. In the pilot district, the project, which also focuses on community awareness, health-care provider education, and establishing midwifery clinics, has educated 14,664 households, and identified and referred seven women with decades-long fistula injuries and 56 women with advanced stage pelvic organ prolapse for treatment.

43. The Government of Bangladesh has employed a fistula elimination approach in three divisions and declared eight sub-districts fistula-free at the end of 2023. The Government of Nepal has developed its first national strategy to end obstetric fistula by 2030 and initiated a midwifery strengthening road map to enhance quality maternal health care.

44. In 2022, the International Federation of Gynaecology and Obstetrics published a new fistula surgery training manual. Its surgical training programme has built the capacity of 90 fellows from 27 countries with specialized skills for quality fistula repair. By March 2024, 20,000 fistula repairs had been performed by fellows. The organization, in collaboration with TERREWODE, the Association for the Rehabilitation and Re-Orientation of Women for Development, has established another fistula training centre in Soroti, Uganda.

45. In 2022, the Fistula Foundation supported 10,702 fistula repairs in 33 countries in Africa and in the Arab States region. The Foundation has established three innovative fistula treatment networks in the Democratic Republic of the Congo, Kenya and Zambia and which integrates community outreach, training, treatment and social reintegration services.<sup>20</sup> The Freedom from Fistula Foundation supported 700 fistula repairs and reached over 4,000 women with family planning services in Madagascar, Malawi and Sierra Leone. Healing Hands of Joy has trained more than 2,661 fistula survivors in Ethiopia as safe motherhood ambassadors, reaching over 1.4 million community members with information on fistula prevention and

<sup>19</sup> UNFPA, *Catalyzing Action Amidst Global Challenges: The Maternal and Newborn Health Thematic Fund – Annual Report 2023* (New York, 2024).

<sup>20</sup> Fistula Foundation, “2022 annual report”, 2022.

treatment.<sup>21</sup> Operation Fistula is finalizing a quality-of-life tool to measure the quality of life of fistula patients throughout the care process.

## **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**

46. The UNFPA-led global Campaign to End Fistula<sup>22</sup> 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 coordinates the International Obstetric Fistula Working Group, the decision-making body of the Campaign. Since 2003, UNFPA has supported nearly 140,000 fistula repairs, and Campaign partners, such as the International Federation of Gynecology and Obstetrics, EngenderHealth, the Fistula Foundation, the Freedom from Fistula Foundation, Direct Relief, Focus Fistula and the African Medical and Research Foundation, have supported thousands more. In its strategic plan for 2022–2025, UNFPA reaffirmed its commitment to lead the Campaign to End Fistula and to ensure the availability of resources for fistula prevention, treatment, social reintegration and advocacy programmes.

47. Midwives play a critical role in fistula prevention through timely identification, referrals and early management. 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. UNFPA leads a global midwifery programme in over 125 countries to strengthen competency-based education and quality service delivery by midwives in communities, primary health-care facilities and in hospitals. The programme has trained over 550,000 midwives globally, including in-service training of 5,500 midwives on prolonged and obstructed labour in 2023 alone, which directly builds capacity of midwives in preventing fistula.

48. Universal health coverage, as well as quality and accessible essential health services, is key to prevent and manage complications during pregnancy, childbirth and postnatally. In 2021, the World Health Organization (WHO), UNFPA, UNICEF and partners launched global targets as part of the initiative on Ending Preventable Maternal Mortality and the Every Newborn Action Plan. Using those targets, 16 countries<sup>23</sup> have established emergency obstetric and newborn care facility networks, ensuring access to high-quality interventions for obstetric and neonatal care and access to emergency care within two hours of travel time, and the provision of around-the-clock quality care. In Senegal, an estimated 88 per cent of the population can now access health facilities within two hours of travel time.<sup>24</sup>

49. To better support countries in achieving the health-related Sustainable Development Goals, the Global Action Plan for Healthy Lives and Well-Being for All was launched at the seventy-fourth session of the General Assembly in 2019 and is

<sup>21</sup> See [www.healinghandsofjoy.org](http://www.healinghandsofjoy.org).

<sup>22</sup> See [www.endfistula.org](http://www.endfistula.org).

<sup>23</sup> Benin, Burkina Faso, Burundi, Chad, Côte d'Ivoire, Congo, Democratic Republic of the Congo, Guinea, Indonesia, Madagascar, Mali, Mozambique, Senegal, Sudan, Togo, and Rwanda.

<sup>24</sup> WHO, *Improving Maternal and Newborn Health and Survival and Reducing Stillbirth: Progress Report 2023* (Geneva, 2023).

being implemented by 67 countries.<sup>25</sup> The plan includes four main commitments: engage, accelerate, align and account, along with seven accelerator themes, covering areas including primary health care, sustainable financing, community engagement, health determinants, innovative programming, research and development, and data and digital health. The H6 partnership, a transformative mechanism which is integrated into the plan, 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. It supports country leadership and implementation of Sustainable Development Goals acceleration plans for the health of women, children and adolescents, including improving the coverage and quality of antenatal, intrapartum and postpartum care thereby reducing the risks to develop fistulas.

50. Access to voluntary family planning information, high-quality counselling, and a range of contraceptive methods is critical for delaying early childbearing, spacing pregnancy and limiting pregnancies as desired. Reducing the number of pregnancies and births that occur “too early, too frequently, and/or too late” reduces the risk of obstetric fistula, including by delaying pregnancy following a traumatic delivery or fistula repair, giving women time to heal between births. Though we are making progress in meeting family planning needs at a global level, more than 257 million women and girls who want to avoid pregnancy are still not using modern methods of contraception. In 2023, UNFPA and its partners made significant strides in domestic financing of contraceptives as 44 low- and middle-income country Governments pledged to spend over \$26 million through compact agreements of the UNFPA Supplies partnership.

51. Women who become pregnant following fistula surgery may experience repeat fistula if adequate medical follow-up is not available. In its resolution 77/196, the General Assembly called upon States to acknowledge obstetric fistula as a nationally notifiable condition, triggering immediate reporting, tracking and follow-up. Strengthening systematic registration and tracking mechanisms for fistula at the community, facility and national levels are crucial to help 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.

52. Community engagement and raising awareness, including the active involvement of men and boys, are essential to addressing the determinants of maternal mortality and morbidity. Fistula survivors play a pivotal role as advocates in this effort. Many organizations empower 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.

53. Faith-based organizations are also key partners in the provision and utilization of sexual and reproductive health services. In 2023, the World Council of Churches developed a guide to encourage and facilitate engagement of churches in combating obstetric fistula, with a focus on raising awareness and prevention.<sup>26</sup>

<sup>25</sup> WHO, *What Worked? What Didn't? What's Next? 2023 Progress Report on the Global Action Plan for Healthy Lives and Well-Being for All* (Geneva, 2023).

<sup>26</sup> World Council of Churches, *A Guide for Churches on the Prevention of Obstetric Fistula* (Geneva, 2023).

## B. Treatment strategies and interventions

54. While progress has been made towards decreasing the prevalence of fistula, considerable challenges remain. Through the efforts 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 undertaken globally. Routine fistula treatment has been integrated into health care in many countries, however treatment camps are still conducted owing to treatment capacity gaps, including unavailability of fistula surgeons. Afghanistan, Ethiopia and Haiti experienced significant disruptions in fistula care owing to political changes. Training programmes have continued to focus on increasing and sustaining local surgical capacity while ensuring the quality of surgery.

55. The UNFPA and the Campaign to End Fistula guidance on clinical management and programme development for obstetric fistula and other female genital fistula<sup>27</sup> provides direction regarding holistic, comprehensive and strategic aspects of the response for eliminating obstetric fistula by 2030, with evidence-based approaches. The guidance underscores the significance of quality care and the consolidation of resources as key factors in improving maternal health outcomes.

56. The integration of mental health care in fistula treatment is imperative to ensure full recovery and well-being of survivors given the substantial prevalence of depression as evidenced by research. As noted above, fistula may also affect the sexual functions of survivors, which deepens the psychological consequences of the condition.

57. 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 2022 and 2023, UNFPA procured 701 fistula repair kits for use in Afghanistan, Angola, Chad, Côte d'Ivoire, Ethiopia, Gambia, Guinea, Madagascar, the Niger, Pakistan and Togo.

## C. Reintegration strategies and interventions for holistic fistula care

58. Increased financing and collaborative partnerships for fistula care are imperative. To fully heal, fistula survivors require a holistic approach that addresses their medical, psychosocial and socioeconomic needs. Providing psychological support, as well as tailored social and economic opportunities is key to helping survivors rebuild their lives and reclaim their dignity and agency. Despite overwhelming needs, only a fraction of fistula survivors (including those deemed to be incurable) are offered reintegration services in most settings. There is also a major gap in the continuum of care in the follow-up of fistula patients after surgery. All countries affected by fistula should track this indicator to ensure access to evidence-based reintegration services.

59. The Government of Nigeria has developed national protocols for rehabilitation and social reintegration of fistula survivors. In 2023 the Ministry of Health of Uganda, in collaboration with partners, revised and trained 100 health-care workers on a minimum package for rehabilitation and social reintegration. In 2022, EngenderHealth, with support from the United States Agency for International Development and in collaboration with UNFPA, launched a rehabilitation and social

<sup>27</sup> UNFPA, *Obstetric Fistula and Other Forms of Female Genital Fistula: Guiding Principles for Clinical Management and Programme Development* (New York, 2021).

reintegration community of practice, providing a space to exchange knowledge and promote the standardization of the practice.

#### **D. Research, data collection and analysis**

60. The lack of robust data and research on maternal morbidities, including fistula, remains a challenge. Advancements made in improving the availability of data on fistula include the integration of such data into health information systems. In Ethiopia, obstetric fistula surveillance is integrated into the national public health emergency management system as an active reportable disease, strengthening identification and reporting of cases. In addition, the Global Fistula Hub<sup>28</sup> captures locations and capacity for fistula treatment worldwide with data visualizations. However, up-to-date surgical data are lacking. The integration of routine surveillance and monitoring of fistula into national health information systems is vital to address the data gap.

61. Regular monitoring of global and country fistula prevalence and incidence estimates is crucial to track progress on fistula prevention and response. The availability of estimates of the global burden of fistula based on a model developed by the Johns Hopkins Bloomberg School of Public Health is a welcome endeavour to inform fistula programmes. However, the collection of accurate data on fistula incidence and successful fistula repairs to assess prevalence and treatment quality at the country level is severely lacking. Further research is needed to evaluate the macroeconomic impact of obstetric fistula and other maternal morbidities on economies and the well-being of women to inform investments.

62. Data-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 an estimated need for 900,000 additional midwives globally (500,000 in Africa alone).<sup>29</sup> 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.

63. Maternal and perinatal death surveillance and response systems are being increasingly promoted and institutionalized in several countries, with support from UNFPA and WHO. By the end of 2023, 83 countries had national policies, guidelines or laws to ensure notification of every maternal and perinatal death within 24 hours.

64. A human rights-based approach helps to uncover the underlying inequalities and discrimination that contribute 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. cases of obstetric violence, fistula and childbirth injuries 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.

<sup>28</sup> See [www.globalfistulahub.org/](http://www.globalfistulahub.org/).

<sup>29</sup> *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).

## **E. Advocacy and awareness-raising**

65. The year 2023 marked the twentieth anniversary of the Global Campaign to End Fistula and 10 years of the annual commemoration of the International Day to End Obstetric Fistula. The day was commemorated globally on 23 May, under the theme “20 years on — progress but not enough! Act Now to End Fistula by 2030”. High-level events highlighted the urgent need for accountability on commitments to end fistula, with influential champion engagements, including First Ladies, powerful survivor testimonies, media outreach, community engagements and social media campaigns. In Ghana, the First Lady and UNFPA launched the Partnership to End Obstetric Fistula, uniting stakeholders to support efforts to end fistula in the country. The global Campaign to End Fistula continues to amplify its message to prevent childbirth injuries and undertakes significant communication activities, raising awareness and offering support in high-burden fistula countries and around the world.

66. To accelerate global commitment and action towards ending fistula, Member States issued a call to action for the UNFPA-led Campaign to develop a global road map to end fistula within a decade, as requested by the General Assembly in its resolution [77/196](#). In December 2022, two biennial meetings to advance the Campaign to End Fistula were held in Mozambique:

(a) The International Obstetric Fistula Working Group meeting, organized by UNFPA and the Campaign to End Fistula, featured a collaborative consultation with Campaign partners to define the global road map to end fistula and was followed by wider stakeholder consultations in 2023. The road map is expected to be finalized in 2024;

(b) The eighth conference of the International Society of Obstetric Fistula Surgeons, which brought together fistula surgeons, fistula survivors, midwives, social workers, public health and development partners to review progress, research and updates on fistula prevention and responses. The Conference highlighted the need to strengthen the quality of care, including safe surgery and underscored a focus on the quality of life of fistula survivors and rising incidence of iatrogenic fistula.

## **F. Global need to strengthen financial support**

67. A major challenge faced by many countries is the insufficient level of financial resources for promoting maternal health and addressing childbirth injuries, such as obstetric fistula. Increased investments and intensified domestic resource mobilization are required to support prevention and response and accelerate improvements in maternal and newborn health.

68. Efforts to end fistula are integrated into and supported by broader maternal and newborn health initiatives, including the Muskoka Initiative on Maternal, Newborn and Child Health and the UNFPA Maternal and Newborn Health Thematic Fund, as well as financing institutions, such as the Global Financing Facility for Women, Children and Adolescents and the World Bank, and global foundations like the Bill and Melinda Gates Foundation and bilateral partners.

69. In 2022 and 2023, contributions to the Campaign to End Fistula at the global and national levels included financial commitments from the Governments of Canada, Germany, Iceland, Luxembourg, Sweden (including through the UNFPA Maternal and Newborn Health Thematic Fund), Poland and the Republic of Korea, and from the Spotlight Initiative. Additional funds were donated by private sector partners and philanthropic foundations, including USA for UNFPA and the United Nations Federal Credit Union Foundation.

70. Financial contributions and strategic activities for the prevention and treatment of fistula have thus far yielded positive results, however predictable and adequate financing are significantly needed to address health system and societal gaps which put women and girls at risk of fistula.

## V. Recommendations

71. Despite positive developments in the past two years, serious challenges still hinder efforts to end obstetric fistula by 2030. Intensified efforts and resources are necessary to sustain and scale up programmes to improve women's reproductive health and well-being, including through the prevention and treatment of obstetric fistula.

72. Strengthening health systems to improve access to quality care, especially in rural areas, is needed to reduce maternal mortality and morbidities. Advances in disease surveillance and technology should 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.

73. Increased political will, national leadership, committed multi-year national, regional and international cooperation and partnerships, both public and private, are critical to provide the resources needed to reach all women and girls at risk of and suffering from fistula. 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.

74. Accelerating efforts to address social determinants, norms and climate impact through a human rights and gender-transformative lens is crucial for improving women's health, safety and well-being. This includes ensuring universal access to education for women and girls, promoting and protecting human rights, especially sexual and reproductive rights, and facilitating economic empowerment (e.g. access to microcredit). In addition, gender-responsive legal and social reforms and protections (e.g. legal literacy) are necessary to protect women and girls from violence and discrimination, child marriage and early pregnancy.

75. In order to meet Sustainable Development Goals 3 and 5 and to end obstetric fistula, it is essential that universal health coverage be integrated into planning and operational processes at the national, regional and international levels. There is global consensus on the solutions to reduce maternal and newborn deaths and disabilities, and an urgent need to scale up and monitor the cost-effective interventions of skilled birth attendance, emergency obstetric and newborn care and family planning services.

76. To end obstetric fistula by 2030 and achieve the Sustainable Development Goals, Member States and the international community must implement the following critical actions urgently:

### **Prevention and treatment strategies and interventions**

(a) Ensure investments to strengthen governance structures at all levels of the health system and 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, improved pathways for referrals for pregnancy and childbirth care and holistic fistula treatment; ensure functioning accountability, quality assurance and monitoring mechanisms; and implement strategies to ensure timely access to safe and high-quality surgical repair;

(b) Implement and monitor human rights-based, gender-transformative 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 for achieving the Sustainable Development Goals (including preventing child marriage and adolescent pregnancy, ending gender-based violence and gender inequality);

(c) Strengthen national fistula task force coordination and monitoring and improve partner collaboration, to scale up in-country efforts with the involvement of key ministries (e.g. for health, social protection, gender, and finance);

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

(e) Focus on universal access to the full continuum of care, including mental healthcare, 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;

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

#### **Financial support for universal access to fistula prevention and care**

(g) Ensure that national policies and programmes address inequities and reach poor and vulnerable women and girls who are at increased risk through allocation of adequate funds 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; and ensure the provision of targeted financial relief, adequately subsidized maternal and newborn health care and fistula treatment under a framework of universal health coverage;

(h) Enhance international cooperation, including intensified technical and financial support, especially to high-burden countries, to enhance quality care to prevent and respond to childbirth injuries, such as fistula, especially in fragile contexts; mobilize public and private sectors to ensure increased, predictable, sustained and adequate funding to prevent childbirth injuries and end fistula by 2030;

#### **Reintegration strategies and interventions**

(i) Develop national protocols to standardize social reintegration services for fistula survivors, including those deemed incurable, including counselling, psychosocial support, education, socioeconomic empowerment and family and community engagement;

(j) Strengthen coordination between service providers and follow-up of fistula survivors to ensure that all fistula survivors receive the full continuum of care, harnessing digital technologies and community-based approaches; develop strategies to engage effectively communities to assist women in preventing another fistula after successful repair, including through education, family planning and caesarean delivery planning;



### **Research, data collection and analysis**

(k) Strengthen research, data collection, and monitoring and evaluation of maternal and newborn health outcomes and service delivery to guide comprehensive policies, planning, implementation and accountability, and to track incidence and prevalence of fistula; expand the scope and strengthen integration within national health information systems routine reviews of maternal and perinatal deaths and near-miss cases, including obstetric fistula and incorporate response mechanisms to review and address systemic failures in relation to maternal morbidities;

(l) Establish a global inter-agency technical working group to provide updated estimates of fistula prevalence and make recommendations to countries to strengthen regular monitoring of fistula;

(m) Develop community-based and facility-based mechanisms for the systematic notification of obstetric fistula cases to ministries of health to facilitate tracking and follow-up, including indicators to track well-being and access to reintegration services for all fistula survivors;

(n) 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 and communities to monitor their implementation and advocate for policy change;

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

### **Advocacy and awareness-raising**

(p) 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;

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

(r) Ensure gender equality and the empowerment of women and girls, including through holistic sexual and reproductive health and rights programming, comprehensive sexuality education, universal access to education, especially post-primary and higher education, enforce laws prohibiting child marriage and violence against women and girls, recognizing that the well-being of women and girls has a significant positive effect on the survival and health of children, families and societies.

## **VI. Conclusion**

77. While ending fistula is within reach, setbacks in securing sexual reproductive health and rights and the stagnation of progress in reducing maternal mortality, significantly threatens the pace for achieving that goal. Urgent intensified efforts, including substantially increased funding and financing 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 needing treatment are required. Significant support has to be provided to countries, United Nations organizations, the Campaign to End Fistula, the implementation of the upcoming global road map to end fistula and other global initiatives dedicated to improving maternal and newborn health.

78. The 2030 Agenda and its Sustainable Development Goals cannot be realized without ending fistula. To ensure human dignity and rights, UNFPA and the Campaign to End Fistula will, in collaboration with Member States and partners, continue to lead and redouble efforts to accelerate actions to end fistula by 2030.

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