

115TH CONGRESS
2D SESSION

H. R. 5068

To authorize assistance to aid in the prevention and treatment of obstetric fistula in foreign countries, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 16, 2018

Mrs. CAROLYN B. MALONEY of New York introduced the following bill; which was referred to the Committee on Foreign Affairs

A BILL

To authorize assistance to aid in the prevention and treatment of obstetric fistula in foreign countries, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Obstetric Fistula Pre-
5 vention, Treatment, Hope, and Dignity Restoration Act
6 of 2018”.

7 **SEC. 2. FINDINGS.**

8 Congress finds the following:

9 (1) Every two minutes, one woman dies from
10 pregnancy-related complications. This means ap-

1 proximately 830 women die from pregnancy- or
2 childbirth-related complications around the world
3 every day. Of these deaths, 99 percent occur in de-
4 veloping countries. Over half of these deaths are in
5 sub-Saharan Africa and one-third are in South Asia.

6 (2) Obstetric fistula is one of the most severe
7 and tragic pregnancy-related injuries, which occurs
8 when a woman experiences prolonged, obstructed
9 labor in the absence of trained medical assistance,
10 which is most commonly a Caesarean section, nec-
11 essary for a safe delivery.

12 (3) Obstetric fistula is a hole that is formed be-
13 tween the bladder and the vagina, or the rectum and
14 the vagina (or both). In the struggle to pass through
15 the birth canal, the fetus puts constant pressure,
16 sometimes for several days, on the bladder and vag-
17 inal or rectal walls, destroying the tissue that then
18 dies and sloughs off, resulting in the abnormal open-
19 ing or hole.

20 (4) In approximately 90 percent of obstetric fis-
21 tula cases, the baby will be stillborn. A mother will
22 experience physical pain and multiple physical dis-
23 abilities, as well as social and emotional trauma
24 from living with incontinence and from the loss of
25 her child.

1 (5) In addition to constant uncontrollable leak-
2 ing of urine, feces, or both, the physical conse-
3 quences of obstetric fistula may include frequent
4 bladder infections, painful sores, kidney failure, in-
5 fertility, foul odor, orthopedic injury, nerve damage
6 that makes normal walking impossible and internal
7 genital scarring that destroys normal sexual func-
8 tion.

9 (6) Women and girls with obstetric fistula are
10 commonly ostracized by their families and commu-
11 nities, leading to depression, anxiety, post-traumatic
12 stress disorder, social isolation and discrimination,
13 suicidal thoughts or actions, and lack of adequate
14 economic opportunities, resulting in deepening pov-
15 erty, isolation, and vulnerability.

16 (7) Although data on obstetric fistula are
17 scarce, the World Health Organization (WHO) esti-
18 mates there are more than 2,000,000 women and
19 girls living with fistula, and 50,000 to 100,000 new
20 cases each year.

21 (8) Obstetric fistula was once common through-
22 out the world, but over the last century has been vir-
23 tually eliminated in Europe, North America, and
24 other developed regions through improved access to
25 high-quality, timely medical interventions, particu-

1 larly emergency obstetric care including Caesarean
2 section.

3 (9) Obstetric fistula is preventable through
4 timely medical interventions and providing access to
5 family planning for all women who need it. Social
6 interventions such as alleviating poverty, delaying
7 early marriage and early childbearing, educating and
8 empowering young women, remedying gender and
9 socioeconomic inequalities, and addressing malnutri-
10 tion can also help prevent this complication.

11 (10) The majority of obstetric fistula can be
12 surgically treated. When performed by a skilled,
13 competent surgeon, the procedure is relatively inex-
14 pensive with high rates of success.

15 (11) In 2003, the United Nations Population
16 Fund (UNFPA), EngenderHealth, and other part-
17 ners launched a global Campaign to End Fistula
18 (the Campaign) to identify and address obstetric fis-
19 tula in an effort to develop a means to treat and
20 support those women who are suffering and provide
21 the necessary health services to prevent further
22 cases. Operating in more than 50 countries across
23 Africa, Asia, and the Arab region, the Campaign has
24 four main goals: the prevention of fistula cases,
25 treatment of existing fistula cases, social reintegra-

1 tion and follow up for fistula survivors, and advocacy
2 for ending fistula.

3 (12) In order to meet these goals, The Cam-
4 paign supports and participates in the emerging
5 “safe surgery” community of practice that strength-
6 ens surgical ecosystems in low- and middle-income
7 countries (LMIC) towards better access to essential
8 and life-saving surgeries, which includes improved
9 training, equipment, supplies, infrastructure and
10 health worker density for timely access to Caesarean
11 section and for environments that optimize outcomes
12 of fistula surgery.

13 (13) Since 2003, UNFPA has directly sup-
14 ported more than 85,000 fistula repairs, with addi-
15 tional repairs supported by Campaign partners.

16 (14) USAID, in accordance with the United
17 States Government’s commitment to ending prevent-
18 able maternal and newborn deaths and disabilities,
19 currently supports fistula treatment services in 137
20 sites in six countries. USAID addresses prevention
21 in those sites and thirty-six more. Since 2004, more
22 than 39,000 women have received fistula repairs
23 with USAID support.

24 (15) The United States has committed to join-
25 ing multilateral efforts involving the United Nations

1 and others to make progress toward achieving the
2 Sustainable Development Goals (SDGs), including
3 through the Global Strategy for Women’s, Children’s
4 and Adolescents’ Health (2016–2030). Eliminating
5 obstetric fistula is key to achieving the SDGs’ vision
6 of “leaving no one behind.”.

7 (16) In his 2016 statement on the International
8 Day to End Obstetric Fistula, United Nations Sec-
9 retary General Ban Ki-Moon boldly laid forth a new
10 global vision and goal of ending obstetric fistula
11 within a generation, saying that, “The persistence of
12 fistula in some countries and regions is an indicator
13 of very poor access to quality maternal health serv-
14 ices. To end it, we must strengthen health systems
15 and address broader development and human rights
16 issues affecting women and girls: poverty, gender in-
17 equality, early marriage, early childbearing, and lack
18 of education. Let us use the momentum of the Sus-
19 tainable Development Goals together with strong po-
20 litical leadership, accelerated investment and action,
21 and passionate and committed champions, to achieve
22 this historic and transformative goal.”.

1 **SEC. 3. PREVENTION AND TREATMENT OF OBSTETRIC FIS-**
2 **TULA.**

3 (a) **AUTHORIZATION.**—The President is authorized,
4 in accordance with this section and section 4, to provide
5 assistance, including through international organizations,
6 national governments, and international and local non-
7 governmental organizations, to—

8 (1) address the social, structural, health, and
9 human rights issues that lead to obstetric fistula;

10 (2) support treatment of obstetric fistula that
11 includes strengthening the safe surgery and safe an-
12 esthesia environment in every country where fistula
13 persists and where obstetric services do not meet an
14 acceptable standard of care; and

15 (3) address and acknowledge the urgency of en-
16 suring that all women who need a Caesarean section
17 are able to have access to such life-saving surgery in
18 a timely, safe, and high-quality care environment,
19 and address the growing threat of iatrogenic fistula
20 that most often results from Caesarean delivery done
21 poorly and under conditions with inadequate staff,
22 supplies, or equipment.

23 (b) **ACTIVITIES.**—Assistance provided pursuant to
24 this section and section 4 shall focus on the following:

25 (1) Increasing prevention of obstetric fistula
26 through access to sexual and reproductive health

1 services, including skilled attendance at birth, com-
2 prehensive emergency obstetric and newborn care,
3 timely, safe, high-quality Caesarean section when
4 necessary, prenatal and antenatal care, contracep-
5 tion and family planning, and comprehensive repro-
6 ductive health education.

7 (2) Building local capacity and improving na-
8 tional health systems to ensure that all women in
9 need have access to safe surgery, including timely,
10 and high-quality life-saving obstetric and newborn
11 care services to prevent and treat obstetric fistula.

12 (3) Supporting tools to enable countries to ad-
13 dress obstetric fistula, including the following:

14 (A) Supporting research to better identify
15 the key factors causing persistence of obstetric
16 fistula in certain regions.

17 (B) Quantitative data collection on the in-
18 cidence and prevalence of obstetric fistula, and
19 development of sustainable universal health care
20 financing mechanisms to enable all women to
21 have access to skilled and life-saving health care
22 during pregnancy, delivery, and the postpartum
23 period.

24 (C) Providing fistula survivors access to
25 free or affordable treatment.

1 (D) Training of midwives and skilled birth
2 attendants.

3 (E) Provision of basic obstetric care at the
4 community level.

5 (4) Ensuring that countries address surgery,
6 anesthesia, and obstetrics ecosystem deficits in stan-
7 dardized healthcare worker education, credentialing,
8 and retention, WASH and power in facilities, equip-
9 ment and materials, transport, and healthcare fi-
10 nancing.

11 (5) Addressing social and economic inequities
12 that are correlated with higher incidence of obstetric
13 fistula by empowering women and girls, alleviating
14 poverty, reducing incidence of child marriage, pro-
15 moting delay and spacing of childbirth, and increas-
16 ing access to formal and nonformal education.

17 (6) Supporting reintegration and education to
18 help women who have undergone treatment or are
19 awaiting treatment to obtain medical and mental
20 health services, legal counseling, basic education,
21 and income generating skills as needed, to return to
22 full and productive lives.

23 (7) Promoting public awareness in communities
24 to increase understanding of obstetric fistula, and
25 thereby improve prevention and treatment efforts,

1 and to help reduce stigma, exclusion, and violence
2 against women and girls with obstetric fistula.

3 **SEC. 4. COORDINATION, REPORTING, RESEARCH, MONI-**
4 **TORING, AND EVALUATION.**

5 Assistance authorized under this Act shall—

6 (1) promote the UNFPA-led global Campaign
7 to End Fistula and the International Obstetric Fis-
8 tula Working Group; and

9 (2) be used for the development and implemen-
10 tation of evidence-based programs, including moni-
11 toring, evaluation, and research to measure the ef-
12 fectiveness and efficiency of such programs through-
13 out their planning and implementation phases.

14 **SEC. 5. REPORTING.**

15 Not later than one year after the date of the enact-
16 ment of this Act and annually thereafter, the President
17 shall transmit to Congress a report on activities under-
18 taken pursuant to this Act during the preceding fiscal year
19 to reduce the incidence of and increase treatment for ob-
20 stetric fistula, and how such activities fit into existing na-
21 tional action plans to prevent and treat obstetric fistula.

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