Introduction: The 62nd Commission on the Status of Women, held in New York from 12 to 23 March 2018, aims to highlight the ‘Challenges and opportunities in achieving gender equality and empowerment of rural women and girls’. The Commission is the principal policy-making body dedicated exclusively to gender equality and the advancement of women worldwide.

On 13th March 2018, from 8:15 to 9:30 a.m. in Conference Room A in the UN Headquarters in New York, a panel will discuss ways to improve rural women’s access to maternal health services to protect them from being susceptible to preventable maternal morbidities, focusing on approaches being used through obstetric fistula initiatives to reach rural women and girls.

Background: Complications related to pregnancy and childbirth are among the leading causes of death and disability for women in many parts of the developing world, especially in rural areas. Every two minutes a woman dies from complications during pregnancy or childbirth. For every woman that dies, 20-30 will suffer from a disability, one of the worst of which is Obstetric Fistula.

Obstetric fistula (OF) is a devastating childbirth injury, which results in physical disability, social isolation, and economic hardships. Preventable and treatable, the continued existence of the condition is an indication of persistent socio-economic gender-based inequities and disparities that hinder women from having access to maternal health care services.

It is estimated that more than 2 million women are suffering from untreated OF. This figure is augmented by the 50,000 to 100,000 new cases projected to develop annually. OF is a childbirth injury that almost exclusively affects poor women in sub-Saharan African and South Asian countries, with high maternal mortality rates, in rural areas where access to emergency care can be days away; or where transportation and access to services for women is constrained by poverty and social norms. Based on data available it is estimated that for every woman that obtains treatment, at least 50 go without. While these figures are staggering, since OF affects parts of the body not easily spoken about, stigma surrounds the condition resulting in discrimination and marginalization, obscuring the true extent of the problem.

OF is a public health and human rights condition, closely tied to social and economic factors in both its causes and consequences. The condition can be prevented by ensuring that all women
have access to timely, quality maternal/newborn health care (including midwifery or skilled attendance at birth and emergency obstetric & newborn care) as well as delaying early marriage and early pregnancy. OF is treatable through surgery and physiotherapy. Psychosocial counseling and life skills training are essential components to treat OF in a comprehensive manner and to make a transformative impact to improve the lives of women afflicted by the condition.

Greater attention is needed to ensure maternal health-care services, particularly emergency obstetric and newborn care, and OF treatment is geographically and financially accessible especially for those in need in rural areas. This calls for greater investments in strengthening health systems and ensuring adequate trained and skilled human resources are available and deployed in health facilities in rural areas. Equally important is making sure health facilities are operational by supporting infrastructure development, maintenance, as well as equipment and supply chains. Despite numerous efforts data on OF continues to be insufficient. The availability and accessibility of relevant data is essential in generating greater support and action to address OF and more attention should be given to collecting data to advance OF eradication efforts.

Recognizing the demand for OF services in relation to the resources available and the multi-dimensional approach needed to address the social and economic issues which perpetuate the condition, fostering partnerships to leverage knowledge, experiences, best practices as well as technical and financial resources is crucial to meet the global commitment to ‘End Fistula within a Generation.’

This side event will provide a platform for donors, financiers, NGO’s, public institutions and other key stakeholders (e.g., policymakers; program managers; practitioners; academia) to discuss and explore evidence, experience and opportunities to address OF through various dimensions and entry points.

Objectives:

1. Raise awareness on high potential OF eradication efforts,
2. Explore evidence, experience, opportunities and challenges for scaling up OF efforts,
3. Explore experiences in getting OF related prevention and comprehensive treatment services to rural women, and
4. Highlight the power of partnerships and coordination in improving the effectiveness in advancing OF eradication efforts.
Organizer/Sponsor:  
Islamic Development Bank

A South-South multilateral development finance institution, focused on fostering socio-economic development in its 57 member countries located across Africa, Asia, Europe, and South America. Realizing the scale of obstetric fistula within its member countries the IsDB, through its poverty alleviation fund, the Islamic Solidarity Fund for Development (ISFD), supported standalone operations in 13 countries to provide surgical repair treatment to 1,500 women with OF, train 500 health care workers on proper labor and clinical management of OF and helped to restore the lives of 400 fistula survivors by providing them with social and economic support. The Bank has also supported the establishment of the National Fistula Repair Center Fistula Ward in the Dhaka Medical College Hospital in Bangladesh, integrated fistula treatment services within the establishment of the Specialized Maternal and Neonatal Healthcare Unit in the Mulago National Referral Hospital in Uganda and within the National Maternal, Newborn and Child Health Project in Cameroon.

In 2017 the IsDB approved the Coalition to Stop Obstetric Fistula Program (2018-2022). This is a 5 year US$ 40 million initiative to support OF eradication efforts in Afghanistan, Pakistan, Sierra Leone, Somalia and The Gambia by providing comprehensive treatment and support through provision of prevention, treatment, rehabilitation and reintegration services. Recognizing the demand for OF services in relation to the resources available the Program adopts a “coalition” approach to synergize, leverage and complement existing efforts and services as well as financial and technical resources of various partners working to address OF.

Co-Organizer:  
United Nations Population Fund – Campaign to End Obstetric Fistula

To address the health and human rights tragedy of obstetric fistula, in 2003, UNFPA and its partners launched a global Campaign to End Fistula in line with international targets to improve maternal/newborn health and with the goal of reducing the number of obstetric fistula patients. Since the launch of the Campaign, UNFPA has supported over 85,000 fistula repair surgeries, to help enable women and girls to reclaim their hope and dignity and rebuild their lives.

In recent years, the Campaign has drawn the attention of policymakers, health officials, affected communities and individuals, as well as the general public to the issue of fistula. The Campaign has made remarkable progress but the needs are great. Ending fistula worldwide will demand strong global, regional and national leadership and political interventions, additional resources (financial, human, and technical), health systems strengthening, and strengthened collaboration between governments, partners and the civil society. The Campaign, in conjunction with its 90+ global partners, is now working in more than 50 countries across Africa, Asia and the Arab region. In each country, it focuses on three key areas: Prevention, Treatment and Social Reintegration/Rehabilitation.
PANEL DISCUSSION

Moderator:

Erin Ananstasi, Coordinator for the Campaign to End Fistula & Technical Specialist/Obstetric Fistula – UNFPA is a recognized maternal/newborn health specialist with extensive experience in Africa, Asia, Europe, and the USA. She holds a Doctor of Public Health (DrPH) degree from the London School of Hygiene & Tropical Medicine and a Master of Health Sciences degree from Johns Hopkins University. She is a recipient of the UNFCU Foundation 2017 Women’s Empowerment Award for her instrumental role in launching the United Nations goal to end fistula within a generation.

Panelists:

Dr. Zelaikha Anwari, Reproductive, Maternal, Newborn, Child and Adolescent Health Director - Ministry of Public Health of Afghanistan is a trained physician leading and managing the Reproductive Maternal and Neonatal Health programs and projects for Afghanistan at national and subnational levels in close coordination and cooperation with International Development Partners, national and international NGOs and communities.

Kristonia Lockhart, Lead Gender Specialist - Islamic Development Bank is responsible for providing technical support and guidance in mainstreaming women’s empowerment within the institution. She is managing the Bank’s initiatives to address Obstetric Fistula and leading the implementation of the IsDB-IsFD Coalition to Stop Obstetric Fistula Program.

Bethany Cole, Global Projects Manager- EngenderHealth-Fistula Care Plus Project is a 20 year veteran in international health with expertise in sexual and reproductive health managing the EngenderHealth-led Fistula Care Plus project to build provider and facility capacity in reproductive health services for the prevention, care, and treatment of genital and obstetric fistula.

Dr. Iftikher Mahmood, President - HOPE Foundation for Women and Children of Bangladesh is a pediatrician with a full time practice in Miami and the founder of the NGO ‘HOPE Foundation for Women & Children of Bangladesh in Cox’s Bazar where he is currently building first stand alone 75 bed fistula and maternity center in the country, also building a 40 bed field hospital to serve Rohingya women.