H. R. 949

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

MARCH 8, 2011

Mrs. Maloney (for herself, Ms. Baldwin, Ms. Hirono, Ms. Moore, and Mr. Stark) 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 Representatives of the United States of America in Congress assembled,

2 SECTION 1. SHORT TITLE.

3 This Act may be cited as the “Obstetric Fistula Prevention, Treatment, Hope, and Dignity Restoration Act of 2011”.

4 SEC. 2. FINDINGS.

5 Congress finds the following:
(1) Every minute, one woman dies from pregnancy-related complications. Of these deaths, 99 percent occur in the developing world and 95 percent occur in Africa and Asia.

(2) For every woman who dies from pregnancy-related complications, an estimated 20 women survive but experience pregnancy-related disabilities. One of the most severe is obstetric fistula, which occurs when a woman who needs trained medical assistance for a safe delivery, usually a cesarean section, cannot get it.

(3) Obstetric fistula is a hole that is formed between the bladder and the vagina, or the rectum and the vagina (or both), after a woman suffers from prolonged obstructed labor. In the struggle to pass through the birth canal, the fetus puts constant pressure, sometimes for several days, on the bladder and vaginal or rectal walls, destroying the tissue that then sloughs off, resulting in the abnormal opening.

(4) In the majority of obstetric fistula cases, the baby will be stillborn and the mother will experience physical pain as well as social and emotional trauma from living with incontinence as well as the loss of her child.
(5) The physical symptoms of obstetric fistula include incontinence or constant uncontrolable leaking of urine or feces, frequent bladder infections, infertility, and foul odor.

(6) Although data on obstetric fistula are scarce, the World Health Organization (WHO) estimates there are more than 2,000,000 women living with fistula and 50,000 to 100,000 new cases each year.

(7) According to the United States State Department, “The combination of pregnancy at an early age, chronic maternal malnutrition, and a lack of skilled care at delivery can all contribute to the development of obstetric fistula and permanent incontinence.”.

(8) Obstetric fistula was once common throughout the world, but over the last century was eliminated in Europe, North America, and other developed regions through improved access to medical interventions, particularly emergency obstetric care for those women who need it. The first fistula hospital in the world stood where the Waldorf-Astoria Hotel is now located in New York City.

(9) The social consequences for women living with obstetric fistula include isolation, divorce or
abandonment, ridicule and shame, loss of social belonging and association, illness and malnutrition, risk of violence, and lack of economic opportunities. Girls with obstetric fistula are also often unable to continue schooling. Victims suffer psychological consequences such as feelings of hopelessness, self-hatred, sadness, depression, and suicide because of stigma and lack of awareness that their condition is treatable. Fistula victims need regular medical attention and an extra supply of soap to keep clean, placing a huge financial burden on already poor families. They also lose property when they are divorced or abandoned by their husbands and family. Some lose jobs or are denied work, while others quit their jobs out of shame, leading to deepened poverty and vulnerability to repeat fistulas.

(10) Obstetric fistula is preventable through medical interventions such as skilled attendance, including midwives, present during labor and childbirth, providing access to family planning, and emergency obstetric care for women who develop childbirth complications as well as social interventions such as delaying early marriage and educating and empowering young women.
(11) Obstetric fistula can also be surgically treated. Surgery requires a specially trained surgeon and support staff, and access to an operating theater and to attentive postoperative care. When performed by a skilled surgeon, success rates can be as high as 90 percent and cost an estimated $300.

(12) According to the Department of State, “Because of their roles in child rearing, providing and seeking care, and managing water and nutrition, the ability of women to access health-related knowledge and services is fundamental to the health of their babies, older children and other family members. Over the long-term, the health of women enhances their productivity and social and economic participation and also acts as a positive multiplier, benefitting social and economic development through the health of future generations.”

(13) In 2002, the United Nations Population Fund (UNFPA) and EngenderHealth embarked on the first ever assessments in nine African countries to determine the need for and access to services to address obstetric fistula. In 2003, UNFPA and partners launched a global campaign to identify and address obstetric fistula in an effort to develop a means to treat those women who are suffering and
provide the necessary health services to prevent further cases. The campaign is currently active in more than 45 countries in Africa, Asia, and the Arab states region through support for fistula surgery, training of doctors and nurses, equipping hospitals, and undertaking community outreach to prevent further cases, and supporting provision of rehabilitative care for women after treatment so they can return to full and productive lives.

(14) The global Campaign to End Fistula works with national counterparts, including ministries of health, other pertinent ministries, United Nations agencies, international and national non-governmental organizations, civil society organizations, and fistula providers, in support of national processes and fistula programmatic efforts. A key focus is national fistula capacity strengthening.

(15) In 2004, the United States Agency for International Development (USAID) provided funding through the ACQUIRE Project managed by EngenderHealth to support services in two countries: Bangladesh and Uganda. In 2007, USAID provided a five-year cooperative agreement to EngenderHealth for the Fistula Care project. USAID currently supports fistula treatment services
in 34 sites in 11 countries and addresses prevention
in those sites and 25 more. The ceiling for the Fis-
tula Care project is $70,000,000.

(16) One of the key global health principles of
the United States Global Health Initiative is to
strengthen and leverage key multilateral organiza-
tions, global health partnerships, and private sector
engagement. The United States has committed to
join multilateral efforts involving the United Nations
and others to make progress toward achieving Mil-
leum Development Goals 4, 5, and 6.

(17) By 2014, the United States through its
Global Health Initiative has committed to several
targets that will reduce the incidence of fistula, in-
cluding through efforts to reduce maternal mortality
by 30 percent; prevent 54,000,000 unintended preg-
nancies by reaching a modern contraceptive preva-
ience rate of 35 percent; and reducing to 20 percent
the number of first births by women under 18 across
assisted countries.

SEC. 3. PREVENTION AND TREATMENT OF OBSTETRIC FIS-
tula.

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

(1) address the social and health issues that
lead to obstetric fistula; and

(2) support treatment of obstetric fistula.

(b) ACTIVITIES.—Assistance provided pursuant to
subsection (a) shall focus on—

(1) increasing prevention through access to sex-
ual and reproductive health services, including
skilled attendance at birth, comprehensive emer-
gency obstetric care, prenatal and antenatal care,
contraception (family planning), and supporting
comprehensive sexuality education;

(2) building local capacity and improving na-
tional health systems to prevent and treat obstetric
fistula within the context of navigating pregnancy in
good health overall;

(3) supporting tools to enable countries to ad-
dress fistula, including supporting qualitative re-
search and data collection on the incidence and prev-
alence of obstetric fistula, development of sustain-
able financing mechanisms to encourage facility de-
deliveries and provide fistula survivors access to free or
affordable treatment, training of midwives and
skilled birth attendants, promoting “south-to-south”
training, and provision of basic obstetric care at the
community level;

(4) addressing underlying social and economic
inequities, including empowering women and girls,
reducing incidence of child marriage, delaying child-
birth, and increasing access to formal and non-for-
mal education;

(5) supporting reintegration and training pro-
grams to help women who have undergone treatment
return to full and productive lives; and

(6) promoting public awareness to increase un-
derstanding of fistula, and thereby improve preven-
tion and treatment efforts, to help reduce stigma
and violence against women and girls with obstetric
fistula.

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

(a) IN GENERAL.—Assistance authorized under this
Act shall—

(1) promote the coordination facilitated by the
International Obstetric Fistula Working Group,
which coordinates between and among donors, multi-
lateral institutions, the private sector, nongovern-
mental and civil society organizations, and govern-
ments in order to support comprehensive prevention
and treatment of obstetric fistula; and

(2) be used for the development and implement-
tion of evidence-based programs, including moni-
toring, evaluation, and research to measure the ef-
fectiveness and efficiency of such programs through-
out their planning and implementation phases.

(b) REPORTING.—Not later than one year after the
date of the enactment of this Act and annually thereafter,
the President shall transmit to Congress a report on ac-
tivities undertaken pursuant to this Act during the pre-
ceding fiscal year to reduce the incidence of and increase
treatment for obstetric fistula, and how such activities fit
into existing national action plans to prevent and treat ob-
stetric fistula.