

113TH CONGRESS
1ST SESSION

H. R. 2888

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

JULY 31, 2013

Mrs. CAROLYN B. MALONEY of New York (for herself, Mr. CONYERS, Mr. CROWLEY, Mr. FARR, Mr. GRIJALVA, Mr. JOHNSON of Georgia, Ms. LOFGREN, Ms. MCCOLLUM, Mr. McDERMOTT, Ms. MOORE, Mr. MORAN, and Ms. SPEIER) 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 2013”.

7 **SEC. 2. FINDINGS.**

8 Congress finds the following:

1 (1) Every minute, one woman dies from preg-
2 nancy-related complications. Of these deaths, 99
3 percent occur in developing countries. Over half of
4 these deaths are in sub-Saharan Africa and one
5 third are in South Asia.

6 (2) For every woman who dies from pregnancy-
7 related complications, an estimated 20 women sur-
8 vive but experience pregnancy-related disabilities.
9 One of the most severe is obstetric fistula, which oc-
10 curs when a woman who needs trained medical as-
11 sistance for a safe delivery, usually a cesarean sec-
12 tion, cannot get it.

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

22 (4) In the majority of obstetric fistula cases,
23 the baby will be stillborn and the mother will experi-
24 ence physical pain as well as social and emotional

1 trauma from living with incontinence, as well as the
2 loss of her child.

3 (5) The physical symptoms of obstetric fistula
4 include incontinence or constant uncontrollable leak-
5 ing of urine or feces, frequent bladder infections, in-
6 fertility, and foul odor.

7 (6) Although data on obstetric fistula are
8 scarce, the World Health Organization (WHO) esti-
9 mates there are more than 2,000,000 women living
10 with fistula, and 50,000 to 100,000 new cases each
11 year.

12 (7) According to the Department of State,
13 “The combination of pregnancy at an early age,
14 chronic maternal malnutrition, and a lack of skilled
15 care at delivery can all contribute to the develop-
16 ment of obstetric fistula and permanent inconti-
17 nence.”.

18 (8) Obstetric fistula was once common through-
19 out the world, but over the last century was elimi-
20 nated in Europe, North America, and other devel-
21 oped regions through improved access to medical
22 interventions, particularly emergency obstetric care
23 for those women who need it. The first fistula hos-
24 pital in the world stood where the Waldorf-Astoria
25 Hotel is now located in New York City.

1 (9) The social consequences for women living
2 with obstetric fistula include isolation, divorce or
3 abandonment, ridicule and shame, loss of social be-
4 longing and association, illness and malnutrition,
5 risk of violence, and lack of economic opportunities.
6 Girls with obstetric fistula are also often unable to
7 continue schooling. Victims suffer psychological con-
8 sequences, such as feelings of hopelessness, self-ha-
9 tred, sadness, depression, and suicide, because of
10 stigma and lack of awareness that their condition is
11 treatable. Fistula victims need regular medical at-
12 tention and an extra supply of soap to keep clean,
13 placing a huge financial burden on already poor
14 families. They also lose property when they are di-
15 vorced or abandoned by their husbands and family.
16 Some lose jobs or are denied work, while others quit
17 their jobs out of shame, leading to deepened poverty
18 and vulnerability to repeat fistulas.

19 (10) Obstetric fistula is preventable through
20 medical interventions, such as skilled attendance, in-
21 cluding midwives, present during labor and child-
22 birth, providing access to family planning, and emer-
23 gency obstetric care for women who develop child-
24 birth complications, as well as social interventions

1 such as delaying early marriage and educating and
2 empowering young women.

3 (11) Obstetric fistula can also be surgically
4 treated. Surgery requires a specially trained surgeon
5 and support staff, and access to an operating the-
6 ater and to attentive postoperative care. When per-
7 formed by a skilled surgeon, success rates can be as
8 high as 90 percent and cost an estimated \$300.

9 (12) According to the Department of State,
10 “Because of their roles in child rearing, providing
11 and seeking care, and managing water and nutri-
12 tion, the ability of women to access health-related
13 knowledge and services is fundamental to the health
14 of their babies, older children and other family mem-
15 bers. Over the long-term, the health of women en-
16 hances their productivity and social and economic
17 participation and also acts as a positive multiplier,
18 benefitting social and economic development through
19 the health of future generations.”.

20 (13) In 2002, the United Nations Population
21 Fund (UNFPA) and EngenderHealth embarked on
22 the first ever assessments in nine African countries
23 to determine the need for and access to services to
24 address obstetric fistula. In 2003, UNFPA and
25 partners launched a global campaign to identify and

1 address obstetric fistula in an effort to develop a
2 means to treat those women who are suffering and
3 provide the necessary health services to prevent fur-
4 ther cases. The campaign is currently active in more
5 than 45 countries in Africa, Asia, and the Arab
6 states region through support for fistula surgery,
7 training of doctors and nurses, equipping hospitals,
8 and undertaking community outreach to prevent fur-
9 ther cases, and supporting provision of rehabilitative
10 care for women after treatment so they can return
11 to full and productive lives.

12 (14) The Global Campaign to End Fistula
13 works with national counterparts, including min-
14 istries of health, other pertinent ministries, United
15 Nations agencies, international and national non-
16 governmental organizations, civil society organiza-
17 tions, and fistula providers, in support of national
18 processes and fistula programmatic efforts. A key
19 focus is national fistula capacity strengthening.

20 (15) In 2004, the United States Agency for
21 International Development (USAID) provided fund-
22 ing through the ACQUIRE Project managed by
23 EngenderHealth to support services in two coun-
24 tries: Bangladesh and Uganda. In 2007, USAID
25 provided a five-year cooperative agreement to

1 EngenderHealth for the Fistula Care project.
2 USAID currently supports fistula treatment services
3 in 34 sites in 11 countries and addresses prevention
4 in those sites and 25 more. The ceiling for the Fis-
5 tula Care project is \$70,000,000.

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

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

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 and health issues that
9 lead to obstetric fistula; and

10 (2) support treatment of obstetric fistula.

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

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

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

23 (3) supporting tools to enable countries to ad-
24 dress obstetric fistula, including supporting quali-
25 tative research and data collection on the incidence
26 and prevalence of obstetric fistula, development of

1 sustainable financing mechanisms to encourage facil-
2 ity deliveries and provide fistula survivors access to
3 free or affordable treatment, training of midwives
4 and skilled birth attendants, promoting “south-to-
5 south” training, and provision of basic obstetric care
6 at the community level;

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

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

15 (6) promoting public awareness to increase un-
16 derstanding of obstetric fistula, and thereby improve
17 prevention and treatment efforts, to help reduce
18 stigma and violence against women and girls with
19 obstetric fistula.

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

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

24 (1) promote the coordination facilitated by the
25 International Obstetric Fistula Working Group,

1 which coordinates between and among donors, multi-
2 lateral institutions, the private sector, nongovern-
3 mental and civil society organizations, and govern-
4 ments in order to support comprehensive prevention
5 and treatment of obstetric fistula; and

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

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

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