

114TH CONGRESS
1ST SESSION

H. R. 4148

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

DECEMBER 1, 2015

Mrs. CAROLYN B. MALONEY of New York (for herself, Mr. GRIJALVA, Mr. JOHNSON of Georgia, Ms. MOORE, and Mr. CONYERS) 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 2015”.

7 **SEC. 2. FINDINGS.**

8 Congress finds the following:

1 (1) Every two minutes, one woman dies from
2 pregnancy-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. Most of these deaths are
6 preventable, which represents both a tragedy and an
7 opportunity.

8 (2) For every woman who dies from pregnancy-
9 related complications, an estimated 20 women sur-
10 vive but experience pregnancy-related disabilities.
11 One of the most severe is obstetric fistula, which oc-
12 curs when a woman who is experiencing prolonged,
13 obstructed labor and needs trained medical assist-
14 ance for a safe delivery, usually a cesarean section,
15 cannot get it.

16 (3) Obstetric fistula is a hole that is formed be-
17 tween the bladder and the vagina, or the rectum and
18 the vagina (or both), after a woman suffers from
19 prolonged, obstructed labor without timely, adequate
20 medical intervention. In the struggle to pass through
21 the birth canal, the fetus puts constant pressure,
22 sometimes for several days, on the bladder and vag-
23 inal or rectal walls, destroying the tissue that then
24 sloughs off, resulting in the abnormal opening or
25 hole.

1 (4) In the majority of obstetric fistula cases,
2 the baby will be stillborn and the mother will experi-
3 ence physical pain and disability, as well as social
4 and emotional trauma from living with incontinence
5 and from the loss of her child.

6 (5) In addition to incontinence or constant un-
7 controllable leaking of urine, feces, or both, the
8 physical consequences of obstetric fistula may in-
9 clude frequent bladder infections, infertility, foul
10 odor, and nerve damage.

11 (6) Mental, emotional, and social side effects of
12 obstetric fistula may include depression, social isola-
13 tion and discrimination, suicidal thoughts or actions,
14 and lack of adequate economic opportunities, result-
15 ing in deepening poverty and vulnerability. Girls
16 with obstetric fistula are also often unable to con-
17 tinue schooling. Women and girls with fistula suffer
18 psychological consequences, such as feelings of hope-
19 lessness because of stigma and lack of awareness
20 that their condition is treatable. Fistula survivors
21 need regular medical attention and support, but too
22 often adequate services are unavailable or the
23 women and their families cannot afford them.
24 Women may lose property if they are divorced or
25 abandoned by their husbands and family. Some lose

1 jobs or are denied work, while others may quit their
2 jobs out of shame, leading to deepened poverty and
3 vulnerability to repeat fistulas.

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

9 (8) The primary cause of obstetric fistula is a
10 lack of timely, adequate emergency obstetric care,
11 such as a cesarean section. Poverty, malnutrition,
12 poor health services, early childbearing, and gender
13 discrimination are interlinked root causes of obstet-
14 ric fistula.

15 (9) Obstetric fistula was once common through-
16 out the world, but over the last century was elimi-
17 nated in Europe, North America, and other devel-
18 oped regions through improved access to medical
19 interventions, particularly emergency obstetric care
20 for those women who need it. The first fistula hos-
21 pital in the world stood where the Waldorf-Astoria
22 Hotel is now located in New York City. As high-
23 lighted by the United Nations Secretary General in
24 his 2015 statement on the occasion of the Inter-
25 national Day to End Obstetric Fistula (May 23rd),

1 in which he called upon world leaders to commit to
2 ending the scourge of obstetric fistula in our life-
3 time, “The fact that fistula persists primarily among
4 the poorest and most marginalized women and girls
5 in the world is an egregious outcome of social, eco-
6 nomic and gender inequalities, the denial of human
7 rights and inadequate access to quality reproductive
8 health services, including maternal and newborn
9 care.”.

10 (10) Obstetric fistula is preventable through
11 medical interventions, such as skilled attendance, in-
12 cluding midwives, present during labor and child-
13 birth, providing access to family planning, and emer-
14 gency obstetric care for women who develop child-
15 birth complications, as well as social interventions
16 such as delaying early marriage and educating and
17 empowering young women.

18 (11) The majority of obstetric fistula can be
19 surgically treated. Surgery requires a specially
20 trained, qualified surgeon and support staff, and ac-
21 cess to an operating theater and to attentive post-
22 operative care. When performed by a skilled, com-
23 petent surgeon, success rates can be as high as 90
24 percent and cost an estimated \$400.

1 (12) According to the Department of State,
2 “Because of their roles in child rearing, providing
3 and seeking care, and managing water and nutri-
4 tion, the ability of women to access health-related
5 knowledge and services is fundamental to not only
6 their own health and well-being, but also that of
7 their babies, older children and other family mem-
8 bers. Over the long-term, the health and well-being
9 of women, in addition to being essential in its own
10 right, enhances their productivity and social and eco-
11 nomic participation and also acts as a positive multi-
12 plier, benefitting social and economic development
13 through the health of future generations.”.

14 (13) In 2002, the United Nations Population
15 Fund (UNFPA) and EngenderHealth embarked on
16 the first ever assessments in nine African countries
17 to determine the need for and access to services to
18 address obstetric fistula. In 2003, UNFPA and
19 partners launched a global campaign to identify and
20 address obstetric fistula in an effort to develop a
21 means to treat and support those women who are
22 suffering and provide the necessary health services
23 to prevent further cases. The UNFPA-led Campaign
24 to End Fistula is now present in more than 50
25 countries across Africa, Asia, and the Arab region

1 and is comprised of over 90 partners at the global
2 level and many more at the regional and national
3 levels. The Campaign has three main focuses: the
4 prevention of fistula cases, treatment of existing
5 cases of fistula, and social reintegration and follow
6 up for fistula survivors. The Campaign supports fis-
7 tula surgery, training of doctors, nurses, and other
8 health workers, community outreach to prevent fur-
9 ther cases, identification of women suffering fistula
10 who need care, and supporting provision of rehabili-
11 tative care for women after treatment in order to
12 break the cycle of poverty and marginalization that
13 rendered them vulnerable to fistula in the first place
14 and to enable them to reclaim their dignity and hope
15 and return to full and productive lives. Since 2003,
16 UNFPA has directly supported more than 57,000
17 fistula repairs, and additional repairs have been sup-
18 ported by Campaign partners.

19 (14) The Campaign to End Fistula works with
20 national counterparts, including ministries of health,
21 other pertinent ministries, United Nations agencies,
22 international and national nongovernmental organi-
23 zations, civil society organizations, academic institu-
24 tions, and health providers (and professional associa-
25 tions), in support of national processes and fistula

1 eradication efforts, including strategies to eradicate
2 end-stage prolonged or obstructed labor that causes
3 not only fistula, but a host of newborn and maternal
4 reproductive, mental, neurologic and orthopedic con-
5 ditions, that have detrimental consequences for wom-
6 en's lives. A key focus is national capacity strength-
7 ening to reach the regional backlogs of women living
8 with fistula in remote regions, suffering needlessly,
9 sometimes for decades.

10 (15) In 2004, the United States Agency for
11 International Development (USAID) provided fund-
12 ing through the ACQUIRE Project managed by
13 EngenderHealth to support services in Bangladesh
14 and Uganda. From 2007 to 2013, USAID funded
15 the Fistula Care project, and in 2013, USAID
16 awarded a new 5-year cooperative agreement to
17 EngenderHealth for the Fistula Care Plus project to
18 support national fistula programs in Africa and
19 Asia, expand access to care, assess the backlog of
20 cases, test new approaches to improve the efficiency
21 and quality of care, and improve health outcomes.
22 USAID currently supports fistula treatment services
23 in 137 sites in six countries and addresses preven-
24 tion in those sites and 36 more. The ceiling for the
25 Fistula Care Plus project is \$74,490,000. Since

1 2004, more than 39,000 women have received fistula
2 repairs with USAID support.

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

14 (17) The United States, through its commit-
15 ment to Ending Preventable Maternal and Child
16 Deaths, has set several targets that will reduce the
17 incidence of fistula, including through efforts to re-
18 duce maternal mortality to 50 maternal deaths per
19 100,000 live births by 2035, and support voluntary
20 family planning and reproductive health programs to
21 reach 120,000,000 additional women and girls with
22 family planning information, commodities and serv-
23 ices by 2020. The USAID Maternal Health Vision
24 for Action calls for an increased focus on averting
25 and addressing maternal morbidity and disability.

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 nonformal
11 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.

○