

111<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. R. 5441

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

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## IN THE HOUSE OF REPRESENTATIVES

MAY 27, 2010

Mrs. MALONEY (for herself, Mr. CASTLE, and Mrs. CAPPS) introduced the following bill; which was referred to the Committee on Foreign Affairs

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## 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 2010”.

7 **SEC. 2. FINDINGS.**

8 Congress finds the following:

9 (1) Every minute, one woman dies from preg-  
10 nancy-related complications. Of these deaths, 99

1 percent occur in the developing world and 95 percent  
2 occur in Africa and Asia.

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

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

19 (4) In the majority of obstetric fistula cases,  
20 the baby will be stillborn and the mother will experi-  
21 ence physical pain as well as social and emotional  
22 trauma from living with incontinence as well as the  
23 loss of her child.

24 (5) The physical symptoms of obstetric fistula  
25 include incontinence or constant uncontrollable leak-

1       ing of urine or feces, frequent bladder infections, in-  
2       fertility, and foul odor.

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

8           (7) According to the United States State De-  
9       partment, “The combination of pregnancy at an  
10      early age, chronic maternal malnutrition, and a lack  
11      of skilled care at delivery can all contribute to the  
12      development of obstetric fistula and permanent in-  
13      continence.”.

14          (8) Obstetric fistula was once common through-  
15      out the world, but over the last century was elimi-  
16      nated in Europe, North America, and other devel-  
17      oped regions through improved access to medical  
18      interventions, particularly emergency obstetric care  
19      for those women who need it.

20          (9) The social consequences for women living  
21      with obstetric fistula include isolation, divorce or  
22      abandonment, ridicule and shame, inability to start  
23      a family, illness, risk of violence, and lack of oppor-  
24      tunity.

1           (10) Obstetric fistula is preventable through  
2           medical interventions such as skilled attendance  
3           present during labor and childbirth, providing access  
4           to family planning, and emergency obstetric care for  
5           women who develop childbirth complications as well  
6           as social interventions such as delaying early mar-  
7           riage and educating and empowering young women.

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

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

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

18           (14) The global Campaign to End Fistula  
19 works with national counterparts, including min-  
20 istries of health, other pertinent ministries, United  
21 Nations agencies, international and national non-  
22 governmental organizations, civil society organiza-  
23 tions, and fistula providers, in support of national  
24 processes and fistula programmatic efforts. A key  
25 focus is national fistula capacity strengthening.

1           (15) In 2004, USAID provided funding through  
2           the ACQUIRE Project managed by EngenderHealth  
3           to support services in two countries, Bangladesh and  
4           Uganda. In 2007, USAID provided a five-year coop-  
5           erative agreement to EngenderHealth for the Fistula  
6           Care project. USAID currently supports fistula  
7           treatment services in 34 sites in 11 countries and  
8           addresses prevention in those sites and 25 more.  
9           The ceiling for the Fistula Care project is  
10          \$70,000,000.

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

19          (17) By 2014, the United States through its  
20          Global Health Initiative has committed to several  
21          targets that will reduce the incidence of fistula, in-  
22          cluding through efforts to reduce maternal mortality  
23          by 30 percent; prevent 54,000,000 unintended preg-  
24          nancies by reaching a modern contraceptive preva-  
25          lence rate of 35 percent; and reducing to 20 percent

1 the number of first births by women under 18 across  
2 assisted countries.

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

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

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

12 (2) support treatment of obstetric fistula.

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

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

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

24 (3) supporting tools to enable countries to ad-  
25 dress fistula, including supporting qualitative re-

1 search, development of sustainable financing mecha-  
2 nisms, training of skilled birth attendants, pro-  
3 moting “south-to-south” training, and provision of  
4 basic obstetric care at the community level;

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

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

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

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

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

24 (2) be used for the development and implemen-  
25 tation of evidence-based programs, including moni-



1 toring, evaluation, and research to measure the ef-  
2 fectiveness and efficiency of such programs through-  
3 out their planning and implementation phases.

4 (b) REPORTING.—Not later than December 31, 2011,  
5 and annually thereafter, the President shall transmit to  
6 Congress a report on activities undertaken pursuant to  
7 this Act during the preceding fiscal year to reduce the inci-  
8 dence of and increase treatment for obstetric fistula, and  
9 how such activities fit into existing national action plans  
10 to prevent and treat obstetric fistula.

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