



FACT SHEET

OBSTETRIC FISTULA

Obstetric fistula (fistula) is a critical reproductive health and human rights issue that affects an estimated 2 million women worldwide. Fistula is a preventable and treatable injury typically caused by obstructed or prolonged labor and lack of timely medical intervention. As a result, a woman with the condition is unable to control the constant flow of urine and/or feces that leak from an abnormal tear in the birth canal.

PSYCHOSOCIAL EFFECTS

The implications of this preventable condition are compounded when psychosocial factors are taken into consideration. If the conditions that led to the fistula also resulted in the death of a newborn, a woman must deal with emotional as well as physical trauma.

Incontinence typically results in unpleasant odors and social stigma, both of which may isolate a woman from her family and community. Many women affected by fistula will have this treatable condition for the remainder of their lives because they are not aware that there is a cure or simply because they do not have access to appropriate medical services or the financial means to seek care. Fistula is a tragic and telling consequence of inequitable access to maternal health care around the world.

CHALLENGES

- The broader crisis in human resources for health in the developing world is compounded by shortages of critical staff needed to provide comprehensive fistula services.
- Repairing fistula requires highly specialized skill sets and training. There is a dearth of surgeons willing to be trained in such repair because the pay is low, the jobs are few, and the success rates vary.
- Due to the lack of national providers, there is often a reliance on external training and repair teams.
- The lack of proper equipment in most health facilities in the developing world is a fundamental barrier to providing fistula repair.
- Even when repair services are available, community awareness of their existence is often low, which results in low numbers of women treated.
- Once a woman has had her fistula repaired, it is often difficult to follow up with her in the community and ensure that she returns to a facility for her next delivery, which can result in fistula reoccurrence.

USAID RESPONSE

- USAID currently supports 30 fistula repair sites in 11 countries in addition to 48 supported sites that provide prevention services.
- To date, USAID has supported more than 20,000 fistula repair surgeries.
- To be more effective in our efforts to prevent and treat fistula, USAID has supported fistula research:
 - Qualitative review of select fistula practices (completed)
 - Comparative analysis of the Demographic Health Survey proxy measurement of vaginal fistula in six countries (completed)
 - Determinants of outcomes in fistula repair surgery (ongoing)
 - Cost analysis of fistula services (ongoing)

- Retrospective review of data collection procedures and indications for cesarean deliveries (ongoing)
 - Randomized controlled clinical trials on catheterization in treatment of fistula (planned)
- USAID's strategic approach to prevention and treatment of fistula is directly in line with the U.S. Government's Global Health Initiative principles. Our efforts will ensure that programs are efficient and produce satisfactory outcomes by instituting a women and girl centered approach; improving strategic coordination of partners and integration of key services; capitalizing on global partnerships; working towards country ownership; strengthening health systems for sustainability; monitoring; and investing in research.

Countries with USAID Fistula Programs

