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(Original Signature of Member)

112TH CONGRESS
1ST SESSION

H. R. _____

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

Mrs. MALONEY introduced the following bill; which was referred to the Committee on _____

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 2011”.

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 the developing world and 95 percent
4 occur in Africa and Asia.

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

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

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

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

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

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

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

24 (9) The social consequences for women living
25 with obstetric fistula include isolation, divorce or

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

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

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

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

18 (13) In 2002, the United Nations Population
19 Fund (UNFPA) and EngenderHealth embarked on
20 the first ever assessments in nine African countries
21 to determine the need for and access to services to
22 address obstetric fistula. In 2003, UNFPA and
23 partners launched a global campaign to identify and
24 address obstetric fistula in an effort to develop a
25 means to treat those women who are suffering and

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

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

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

1 in 34 sites in 11 countries and addresses prevention
2 in those sites and 25 more. The ceiling for the Fis-
3 tula Care project is \$70,000,000.

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

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

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

23 (a) **AUTHORIZATION.**—The President is authorized,
24 in accordance with this section and section 4, to provide
25 assistance, including through international organizations,

1 national governments, and international and local non-
2 governmental organizations, to—

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

5 (2) support treatment of obstetric fistula.

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

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

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

18 (3) supporting tools to enable countries to ad-
19 dress fistula, including supporting qualitative re-
20 search and data collection on the incidence and prev-
21 alence of obstetric fistula, development of sustain-
22 able financing mechanisms to encourage facility de-
23 liveries and provide fistula survivors access to free or
24 affordable treatment, training of midwives and
25 skilled birth attendants, promoting “south-to-south”

1 training, and provision of basic obstetric care at the
2 community level;

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

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

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

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

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

20 (1) promote the coordination facilitated by the
21 International Obstetric Fistula Working Group,
22 which coordinates between and among donors, multi-
23 lateral institutions, the private sector, nongovern-
24 mental and civil society organizations, and govern-

1 ments in order to support comprehensive prevention
2 and treatment of obstetric fistula; and

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

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