

117TH CONGRESS  
2D SESSION

# H. R. 7864

To authorize assistance to train and retain obstetrician-gynecologists and sub-specialists in urogynecology and to help improve the quality of care to meet the health care needs of women in least developed countries, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

MAY 24, 2022

Ms. DELAURO introduced the following bill; which was referred to the  
Committee on Foreign Affairs

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## A BILL

To authorize assistance to train and retain obstetrician-gynecologists and sub-specialists in urogynecology and to help improve the quality of care to meet the health care needs of women in least developed 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 “Physician Education  
5       for Fistula Treatment Act”.

6       **SEC. 2. FINDINGS.**

7       Congress finds the following:

1           (1) Obstetric fistula, an abnormal opening be-  
2           tween a woman's genital tract and her urinary tract  
3           or rectum, is a devastating childbirth injury caused  
4           by prolonged, obstructed labor in the absence of  
5           timely and quality medical care.

6           (2) Worldwide, an estimated 500,000 women  
7           and girls live with obstetric fistula with thousands  
8           more occurring annually. It occurs disproportion-  
9           ately among impoverished, vulnerable, and  
10          marginalized girls and women.

11          (3) Women who experience an obstetric fistula  
12          suffer life-shattering consequences including chronic  
13          incontinence, shame, social isolation, poverty, and  
14          physical, mental, and emotional health problems.

15          (4) Obstetric fistula is a violation of human  
16          rights and an indicator of the failure of health sys-  
17          tems to deliver universally accessible, timely, and  
18          quality health care to women and girls who need it.

19          (5) Obstetric fistula is preventable. Universal  
20          health coverage and universal access to quality care  
21          are essential in ending preventable maternal and  
22          newborn deaths and disabilities, including fistula.  
23          Skilled health personnel at birth, emergency obstet-  
24          ric and newborn care, and universal access to mod-

1       ern contraception are the most effective interven-  
2       tions to prevent maternal mortality and fistula.

3           (6) Safeguarding the rights and dignity of  
4       women and girls and addressing underlying gender  
5       and socioeconomic inequalities and discrimination  
6       which drive obstetric fistula are equally important to  
7       end the condition.

8           (7) In 2018 and 2020, the United Nations Gen-  
9       eral Assembly resolutions on fistula were adopted,  
10      calling for “Ending fistula within a decade”. This  
11      represents a turning point in the global fight to  
12      eliminate fistula, as it brings the global objective and  
13      timeline for ending fistula into alignment with  
14      achieving the Sustainable Development Goals  
15      (SDGs)/Agenda 2030. The resolutions also call for  
16      an increased focus on social determinants to tackle  
17      the root causes of fistula.

18          (8) Obstetric fistula can be surgically treated.  
19      The impact of an obstetric fistula-repair surgery is  
20      immediate and women can be reintegrated into soci-  
21      ety. There is however a high unmet need for treat-  
22      ment and social reintegration of fistula survivors.

23          (9) The Covid–19 pandemic caused overloaded  
24      health systems and reallocation of human and finan-  
25      cial resources with disruptions to services resulting

1 in an undermining of the sexual and reproductive  
2 health and rights of women and girls. In 2020, fis-  
3 tula repairs were widely halted or slowed down due  
4 to Covid–19, as they were deemed non-urgent and  
5 unsafe during the pandemic. This may result in an  
6 increased backlog of fistula cases.

7 (10) The United Nations Population Fund  
8 (UNFPA)-led global Campaign to End Fistula, is a  
9 key contributor to promoting the rights, dignity, and  
10 well-being of women and girls. The Campaign fo-  
11 cuses on prevention, treatment, social reintegration,  
12 and advocacy. Aimed at “leaving no one behind” and  
13 “reaching the furthest behind”, it contributes to  
14 achieving the SDGs and has also helped restore  
15 overall health, dignity, hope, and a sense of self-  
16 worth and agency to some of the poorest, most  
17 marginalized women and girls worldwide through its  
18 holistic, gender-sensitive, and rights-based approach  
19 to policies and programs for the elimination of ob-  
20 stetric fistula and several other maternal  
21 morbidities.

22 (11) UNFPA has supported over 129,000 sur-  
23 gical repairs from 2003 through 2021. The Cam-  
24 paign to End Fistula and its partners has made re-  
25 markable progress, but the needs remain great.

1           (12) With 8 years to reach the global goal of  
2           ending fistula by 2030, significantly intensified in-  
3           vestment, efforts, and partnerships at the inter-  
4           national and national levels are required.

5           (13) The International Day to End Obstetric  
6           Fistula which takes place on May 23, 2022, will be  
7           commemorated this year with the theme: “End Fis-  
8           tula Now: Invest in Quality Healthcare, Empower  
9           Communities!”, calling for investments to improve  
10          the quality of care and emphasizing the key role of  
11          communities in addressing social, cultural, political,  
12          and economic determinants that impact maternal  
13          health and sexual reproductive health, and reproduc-  
14          tive rights.

15 **SEC. 3. INTERNATIONAL OB/GYN AND UROGYNECOLOGY**  
16 **PROMOTION PROGRAM.**

17          (a) PURPOSE.—The purpose of assistance under this  
18          section is to train and retain obstetrician-gynecologists  
19          (OB–GYNs) and sub-specialists in urogynecology and to  
20          help improve the quality of care to meet the health care  
21          needs of women in least developed countries.

22          (b) AUTHORIZATION.—

23                (1) IN GENERAL.—To carry out the purpose of  
24          subsection (a), the President, acting through the Di-  
25          rector of the John E. Fogarty International Center

1 for Advanced Study in the Health Sciences, is au-  
2 thorized to provide assistance for least developed  
3 countries to support the activities described in sub-  
4 section (c).

5 (2) REFERENCE.—Assistance authorized under  
6 this section may be referred to as the “International  
7 OB/GYN and Urogynecology Promotion Program”.

8 (c) ACTIVITIES SUPPORTED.—Activities that may be  
9 supported by assistance under subsection (b) include the  
10 following:

11 (1) FELLOWSHIP AND RESIDENCY PRO-  
12 GRAMS.—Establishment of fellowship and residency  
13 programs to be carried out in coordination with in-  
14 stitutions of higher education (as such term is de-  
15 fined in section 101 of the Higher Education Act of  
16 1965 (20 U.S.C. 1001)), institutions of higher learn-  
17 ing, midwifery programs, and existing clinical cen-  
18 ters in least developed countries—

19 (A) to support existing academic curricula  
20 for education training for midwifery students;

21 (B) to develop and help sustain existing  
22 specialized curriculum training for medical stu-  
23 dents and residents to become knowledgeable  
24 and proficient in women’s health care; and

1 (C) to allow medical students, residents,  
 2 and midwifery students to practice and develop  
 3 expertise in geographical areas in which child-  
 4 birth-related injuries are most prevalent.

5 (2) TRAINING CENTERS.—Establishment of  
 6 training centers—

7 (A) to address the shortage of OB–GYNs  
 8 and sub-specialists in the urogynecology profes-  
 9 sion; and

10 (B) to carry out specialized programs that  
 11 are located at health care institutions that pro-  
 12 vide exceptionally high concentrations of exper-  
 13 tise and related resources related to these med-  
 14 ical professions and are delivered in a com-  
 15 prehensive and interdisciplinary fashion.

16 **SEC. 4. COMPREHENSIVE 10-YEAR STRATEGY TO ADDRESS**  
 17 **THE SHORTAGE OF PHYSICIANS IN LEAST DE-**  
 18 **VELOPED COUNTRIES.**

19 (a) IN GENERAL.—The President, acting through the  
 20 Director of the John E. Fogarty International Center for  
 21 Advanced Study in the Health Sciences, shall establish a  
 22 comprehensive, integrated, 10-year strategy to address the  
 23 shortage of physicians in least developed countries.

24 (b) ELEMENTS.—Such strategy shall maintain suffi-  
 25 cient flexibility and remain responsive to the needs of

1 women afflicted with childbirth-related injuries and shall  
2 include the following:

3 (1) A plan for implementation and coordination  
4 of programs and activities under this Act, including  
5 grants and contracts for prevention, treatment, and  
6 monitoring of childbirth-related injuries.

7 (2) Specific objectives, multi-sector approaches,  
8 and specific strategies to treat women who suffer  
9 from childbirth-related injuries and to prevent fur-  
10 ther occurrences of childbirth-related injuries.

11 (3) Assignment of priorities for relevant execu-  
12 tive branch agencies.

13 (4) Public health and health care delivery sys-  
14 tem research on the prevention, repair, and rehabili-  
15 tation of childbirth-related injuries.

16 (5) Social science research in fields such as an-  
17 thropology, sociology, and related fields to monitor  
18 and evaluate the underlying social and economic fac-  
19 tors that contribute to childbirth-related injuries.

20 (6) Development, implementation, and evalua-  
21 tion of evidence-based systems of care connecting  
22 maternity care facilities with local care delivery and  
23 community education programs. Such systems of  
24 care should promote rapid and long-term prevention  
25 of childbirth-related injuries, including—



1 (A) culturally appropriate childbirth edu-  
2 cation, preparation, and planning; and

3 (B) access to obstetrician-gynecologists  
4 (OB–GYNs), urogynecology care, or midwifery  
5 care.

6 (7) Expansion of training centers and partner-  
7 ships with institutions of higher learning for medical  
8 students and residents.

9 (8) Priorities for the distribution of resources  
10 based on factors such as the size and demographics  
11 of the population suffering from childbirth-related  
12 injuries, the needs of that population, and the exist-  
13 ing infrastructure or funding levels that may exist to  
14 treat and prevent childbirth-related injuries, includ-  
15 ing obstetric fistula.

16 (9) A plan for institutional capacity-building of  
17 partnerships to strengthen universities, research cen-  
18 ters, health-profession training programs, and gov-  
19 ernment institutes to build the in-country capacity  
20 needed to eradicate childbirth-related injuries in  
21 least developed countries.

22 (c) REPORT.—Not later than 2 years after the date  
23 of the enactment of this Act, the President shall submit  
24 to Congress a report that contains the strategy required  
25 under this section.

1 **SEC. 5. REPORT.**

2 (a) IN GENERAL.—The President, acting through the  
3 Director of the John E. Fogarty International Center for  
4 Advanced Study in the Health Sciences, shall submit to  
5 Congress, on an annual basis, a report on the implementa-  
6 tion of this Act for the preceding year.

7 (b) MATTERS TO BE INCLUDED.—The report re-  
8 quired under subsection (a) shall include an evaluation of  
9 the effectiveness and performance of the International  
10 OB/GYN and Urogynecology Promotion Program estab-  
11 lished under section 3 and all related community outreach  
12 and medical programs.

13 **SEC. 6. DEFINITIONS.**

14 In this Act:

15 (1) CHILDBIRTH-RELATED INJURIES.—The  
16 term “childbirth-related injuries” means injuries as-  
17 sociated with obstructed labor, including—

18 (A) pelvic organ prolapse;

19 (B) a displacement of pelvic organs such  
20 as the uterus, bladder, or bowel; and

21 (C) obstetric fistula.

22 (2) LOW-INCOME COUNTRY.—The term “low-in-  
23 come country” means a country with a per capita  
24 gross national income of \$1,035 or less.

25 (3) LEAST DEVELOPED COUNTRY.—The term  
26 “least developed country” means a country that—

1 (A) is a low-income country; and

2 (B) according to the United Nations Eco-  
3 nomic Analysis and Policy Division, is con-  
4 fronting severe structural impediments to sus-  
5 tainable development.

6 (4) RELEVANT EXECUTIVE BRANCH AGEN-  
7 CIES.—The term “relevant executive branch agen-  
8 cies” means the Department of State, the United  
9 States Agency for International Development, and  
10 any other department or agency of the United States  
11 that participates in international health and humani-  
12 tarian activities pursuant to the authorities of such  
13 department or agency or the Foreign Assistance Act  
14 of 1961.

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