

117TH CONGRESS
2D SESSION

H. R. 7869

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

MAY 24, 2022

Mrs. CAROLYN B. MALONEY of New York (for herself, Mr. JOHNSON of Georgia, Ms. MOORE of Wisconsin, and Mr. GRIJALVA) 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 2022”.

7 **SEC. 2. FINDINGS.**

8 Congress finds the following:

1 (1) Every two minutes, one woman dies from
2 pregnancy-related complications. This means ap-
3 proximately 830 women die from pregnancy- or
4 childbirth-related complications around the world
5 every day. Of these deaths, 99 percent occur in de-
6 veloping countries. Over half of these deaths are in
7 sub-Saharan Africa and one-third are in South Asia.

8 (2) Obstetric fistula is one of the most severe
9 and tragic pregnancy-related injuries, which occurs
10 when a woman experiences prolonged, obstructed
11 labor in the absence of trained medical assistance,
12 which is most commonly a Caesarean section, nec-
13 essary for a safe delivery.

14 (3) Obstetric fistula is a hole that is formed be-
15 tween the bladder and the vagina, or the rectum and
16 the vagina (or both). In the struggle to pass through
17 the birth canal, the fetus puts constant pressure,
18 sometimes for several days, on the bladder and vag-
19 inal or rectal walls, destroying the tissue that then
20 dies and sloughs off, resulting in the abnormal open-
21 ing or hole.

22 (4) In approximately 90 percent of obstetric fis-
23 tula cases, the baby will be stillborn. A mother will
24 experience physical pain and multiple physical dis-
25 abilities, as well as social and emotional trauma

1 from living with incontinence and from the loss of
2 her child.

3 (5) In addition to constant uncontrollable leak-
4 ing of urine, feces, or both, the physical conse-
5 quences of obstetric fistula may include frequent
6 bladder infections, painful sores, kidney failure, in-
7 fertility, foul odor, orthopedic injury, and nerve
8 damage that makes normal walking impossible and
9 internal genital scarring that destroys normal sexual
10 function.

11 (6) Women and girls with obstetric fistula are
12 commonly ostracized by their families and commu-
13 nities, leading to depression, anxiety, post-traumatic
14 stress disorder, social isolation and discrimination,
15 suicidal thoughts or actions, and lack of adequate
16 economic opportunities, resulting in deepening pov-
17 erty, isolation, and vulnerability.

18 (7) Although data on obstetric fistula is scarce,
19 the United Nations Population Fund (UNFPA) and
20 Johns Hopkins University estimates that an esti-
21 mated 500,000 women and girls live with obstetric
22 fistula with thousands more occurring annually.

23 (8) Obstetric fistula was once common through-
24 out the world, but over the last century has been vir-
25 tually eliminated in Europe, North America, and

1 other developed regions through improved access to
2 high-quality, timely medical interventions, particu-
3 larly emergency obstetric care including Caesarean
4 sections.

5 (9) Obstetric fistula is preventable through
6 timely medical interventions and providing access to
7 family planning for all women who need it. Social
8 interventions such as alleviating poverty, delaying
9 early marriage and early childbearing, educating and
10 empowering young women, remedying gender and
11 socioeconomic inequalities, and addressing malnutri-
12 tion can also help prevent this complication.

13 (10) The majority of obstetric fistula cases can
14 be surgically treated. When performed by a skilled,
15 competent surgeon, the procedure is relatively inex-
16 pensive with high rates of success.

17 (11) In 2003, the UNFPA, EngenderHealth,
18 and other partners launched a global Campaign to
19 End Fistula (the Campaign) to identify and address
20 obstetric fistula in an effort to develop a means to
21 treat and support those women who are suffering
22 and provide the necessary health services to prevent
23 further cases. Operating in more than 55 countries
24 across Africa, Asia, and the Arab region, the Cam-
25 paign has four main goals: the prevention of fistula

1 cases, treatment of existing fistula cases, social re-
2 integration and follow up for fistula survivors, and
3 advocacy for ending fistula.

4 (12) In order to meet these goals, The Cam-
5 paign supports and participates in the emerging
6 “safe surgery” community of practice that strength-
7 ens surgical ecosystems in low- and middle-income
8 countries (LMIC) towards better access to essential
9 and life-saving surgeries, which includes improved
10 training, equipment, supplies, infrastructure and
11 health worker density for timely access to Caesarean
12 sections and for environments that optimize out-
13 comes of fistula surgery.

14 (13) Since 2003, UNFPA has directly sup-
15 ported more than 85,000 fistula repairs, with addi-
16 tional repairs supported by Campaign partners.

17 (14) The COVID–19 pandemic caused over-
18 loaded health systems and reallocation of human and
19 financial resources with disruptions to services re-
20 sulting in an undermining of the sexual and repro-
21 ductive health and rights of women and girls. Begin-
22 ning in 2020, Fistula repairs were widely halted or
23 slowed down due to COVID–19, as they were
24 deemed nonurgent and unsafe during the pandemic.

1 This may result in an increased backlog of fistula
2 cases.

3 (15) The United States Agency for Inter-
4 national Development (USAID), in accordance with
5 the United States Government’s commitment to end-
6 ing preventable maternal and newborn deaths and
7 disabilities, currently supports fistula treatment
8 services in seven countries. As part of a comprehen-
9 sive approach, USAID addresses fistula prevention
10 as well as reintegration support to women as they
11 re-enter their community and family life after sur-
12 gery. Cumulatively, USAID fistula support has
13 trained thousands of medical personnel and volun-
14 teers, including 350 fistula surgeons. Since 2004,
15 more than 56,200 women have received fistula re-
16 pairs with USAID support.

17 (16) The United States has committed to join-
18 ing multilateral efforts involving the United Nations
19 and others to make progress toward achieving the
20 Sustainable Development Goals (SDGs), including
21 through the Global Strategy for Women’s, Children’s
22 and Adolescents’ Health (2016–2030). Eliminating
23 obstetric fistula is key to achieving the SDGs’ vision
24 of “leaving no one behind.”.

1 (17) In his July 2020 report prepared for the
2 General Assembly called Intensifying efforts to end
3 obstetric fistula within a decade, United Nations
4 Secretary General Antonio Guterres underscored the
5 urgency around action to end fistula in the wake of
6 the COVID–19 pandemic, noting that “the pan-
7 demic caused by COVID–19 has disrupted health
8 services and exacerbated gender-based, socio-
9 economic and intersectional inequalities. The health
10 of women and girls, in particular those in fragile
11 contexts, is adversely affected by the reallocation of
12 resources and priorities. Essential health services in-
13 cluding contraception and emergency obstetric care
14 remain critical to prevent maternal mortality and
15 fistula. Since fistula surgery is considered to be elec-
16 tive care and, therefore, suspended during the pan-
17 demic to protect the safety of patients, new strate-
18 gies will be required in the post-COVID–19 recovery
19 period to address the expected backlog of cases.”.

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

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

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

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

5 (2) support treatment of obstetric fistula that
6 includes strengthening the safe surgery and safe an-
7 esthesia environment in every country where fistula
8 persists and where obstetric services do not meet an
9 acceptable standard of care; and

10 (3) address and acknowledge the urgency of en-
11 suring that all women who need a Caesarean section
12 are able to have access to such life-saving surgery in
13 a timely, safe, and high-quality care environment,
14 and address the growing threat of iatrogenic fistula
15 that most often results from Caesarean delivery done
16 poorly and under conditions with inadequate staff,
17 supplies, or equipment.

18 (b) ACTIVITIES.—Assistance provided pursuant to
19 this section and section 4 shall focus on the following:

20 (1) Increasing prevention of obstetric fistula
21 through access to sexual and reproductive health
22 services, including skilled attendance at birth, com-
23 prehensive emergency obstetric and newborn care,
24 timely, safe, high-quality Caesarean sections when
25 necessary, prenatal and antenatal care, contracep-

1 tion and family planning, and comprehensive repro-
2 ductive health education.

3 (2) Building local capacity and improving na-
4 tional health systems to ensure that all women in
5 need have access to safe surgery, including timely,
6 and high-quality life-saving obstetric and newborn
7 care services to prevent and treat obstetric fistula.

8 (3) Supporting tools to enable countries to ad-
9 dress obstetric fistula, including the following:

10 (A) Supporting research to better identify
11 the key factors causing persistence of obstetric
12 fistula in certain regions.

13 (B) Quantitative data collection on the in-
14 cidence and prevalence of obstetric fistula, and
15 development of sustainable universal health care
16 financing mechanisms to enable all women to
17 have access to skilled and life-saving health care
18 during pregnancy, delivery, and the postpartum
19 period.

20 (C) Providing fistula survivors access to
21 free or affordable treatment.

22 (D) Training of midwives and skilled birth
23 attendants.

24 (E) Provision of basic obstetric care at the
25 community level.

1 (4) Ensuring that countries address surgery,
2 anesthesia, and obstetrics ecosystem deficits in
3 standardized healthcare worker education,
4 credentialing, and retention, WASH and power in
5 facilities, equipment and materials, transport, and
6 healthcare financing.

7 (5) Addressing social and economic inequities
8 that are correlated with higher incidence of obstetric
9 fistula by empowering women and girls, alleviating
10 poverty, reducing incidence of child marriage, pro-
11 moting delay and spacing of childbirth, and increas-
12 ing access to formal and nonformal education.

13 (6) Supporting reintegration and education to
14 help women who have undergone treatment or are
15 awaiting treatment to obtain medical and mental
16 health services, legal counseling, basic education,
17 and income generating skills as needed, to return to
18 full and productive lives.

19 (7) Promoting public awareness in communities
20 to increase understanding of obstetric fistula, and
21 thereby improve prevention and treatment efforts,
22 and to help reduce stigma, exclusion, and violence
23 against women and girls with obstetric fistula.

1 **SEC. 4. COORDINATION, REPORTING, RESEARCH, MONI-**
2 **TORING, AND EVALUATION.**

3 Assistance authorized under this Act shall—

4 (1) promote the UNFPA-led global Campaign
5 to End Fistula and the International Obstetric Fis-
6 tula Working Group; and

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

12 **SEC. 5. REPORTING.**

13 Not later than one year after the date of the enact-
14 ment of this Act and annually thereafter, the President
15 shall transmit to Congress a report on activities under-
16 taken pursuant to this Act during the preceding fiscal year
17 to reduce the incidence of and increase treatment for ob-
18 stetric fistula, and how such activities fit into existing na-
19 tional action plans to prevent and treat obstetric fistula.

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