

south asia conference for the
prevention & treatment of obstetric fistula
9-11 december 2003 • dhaka, bangladesh



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Dr. Sayeba Akhter, Professor and the Head of Gynaecology & Obstetrics Department of the Dhaka Medical College Hospital, with two of her patients awaiting repair in the fistula ward of the hospital.

COVER:

Esmithi, 22 years old, struggled for three days at home without a doctor or midwife trying to give birth to her son. Unlike most other fistula patients, Esmithi's baby was born alive and healthy, but the strain of the labour left her leaking urine. She lived with the condition for one year before she and her husband learned that treatment was available at the Dhaka Medical Hospital in Bangladesh.

Photo by Mari Tikkanen/UNFPA

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acknowledgements

This meeting could not have been successful without the efforts of all who have worked tirelessly, to make sure that the world does not forget that women continue to suffer from fistula. One of these individuals is Dr. Nafis Sadik, whose continued support in bringing this issue onto the global health agenda has been invaluable. We would also like to thank Dr. John Kelly, Dr. Mulu Meleta and Dr. Sher Shah Syed for sharing their technical expertise both at this conference and through their continued efforts to eradicate this condition. And we were very pleased to have the participation of partners, including EngenderHealth, WHO, and individual health care professionals. Special appreciation goes to the UNFPA Bangladesh Country Office, especially Ms.Suneeta Mukherjee and Ms. Tahera Ahmed, for hosting and organizing this conference; and to the Dhaka Medical College Hospital for hosting conference participants' visit to its fistula ward. Also, we gratefully acknowledge the presentations and active participation of UNFPA staff from the Bangladesh, India, and Nepal Country Offices, the Country Support Team in Kathmandu and the Fistula Working Group at Headquarters, including representation from TSD, IERD and the Asia and Pacific Division. And finally, we would like to specially thank Souren Teghrarian and Kate Ramsey for writing this report.

foreword

I am very pleased to present the report of the first-ever conference on obstetric fistula in South Asia. This conference has sparked important dialogue and action on the issue and is an indispensable first step towards ending fistula in the region. The conference brought together more than 50 participants from around the world including Dr. Nafis Sadik, Special Ambassador for Fistula, UNFPA staff from Bangladesh, India, Nepal and New York, officials from the Bangladesh Ministry of Health and Family Welfare, representatives from WHO and EngenderHealth, fistula surgeons and other health care professionals from Bangladesh, Ethiopia and Pakistan. The UNFPA Bangladesh Country Office hosted the conference in collaboration with the Technical Support Division (TSD) and the Asia and Pacific Division (APD) of UNFPA Headquarters in New York.

This conference marks the beginning of the Campaign to End Fistula's expansion to the South Asian region. It follows a series of similar meetings in Africa, where now 18 countries have joined the campaign. The objective of the conference was to introduce UNFPA's fistula campaign in South Asia, to review current knowledge about obstetric fistula in the region and to discuss steps for moving forward with the campaign in the region. Discussions included strategies for fistula programming, as well as raising awareness among policy makers and developing resource mobilization strategies. There was a lively exchange of ideas by international and regional experts at the conference on the causes and consequences of obstetric fistula, strategies for its prevention and treatment and the integration of these interventions in on-going reproductive health programmes.

Some countries in the region have already begun taking steps to address the issue of fistula treatment. For instance, Bangladesh has recently completed a needs assessment of the situation, and with funds from the Islamic Development Bank, will establish the first National Fistula Centre in South Asia. In time, as a "centre of excellence," it will be able to provide for the training and research needs of the region in fistula treatment.

Women with fistula have long suffered in silence, hidden and neglected; yet they courageously continue to survive despite chronic health problems and ostracism from their families and communities. Through concerted actions in South Asia and around the world, we can prevent fistula, and for those now suffering, through treatment, we can restore hope and dignity to their lives.



Mari Simonen
Director
Technical Support Division
UNFPA

conference recommendations

1 Improve and expand interventions for prevention and treatment of obstetric fistula.

■ **PRIMARY PREVENTION:** Delaying age at first pregnancy was highlighted as an important strategy for the region, including three components:

- Delaying age at marriage
- Increasing access to family planning
- Education of girls

■ **SECONDARY PREVENTION:** Increasing access to a continuum of quality maternal health care services from pregnancy to delivery was urged as essential to ensuring that fistula is prevented. The following were identified as strategic intervention points:

- **Improved ANC:** Ensuring that prenatal care visits include interviews for obstetric history, screening for height/weight, and counselling for birth preparedness
- **Skilled birth attendance:** Increasing midwifery/SBA training, encouraging accurate use of the partograph, developing a protocol for management of obstructed labour, and ensuring timely referral

- **Improved access to comprehensive EmOC:** Particularly providing more in-service training for district-level doctors
- **Maternity waiting homes/transportation**
- **Treatment:** A general lack of available treatment services was acknowledged and several steps recommended for establishing quality fistula treatment care, including:
 - ◆ Identification of committed groups/individuals
 - ◆ Selection of locations for treatment services, considering accessibility (financial, geographic, cultural), type of site (freestanding/wing), centralized or decentralized
 - ◆ Provision of specialized training of personnel including physicians, nurses, ancillary medical staff, and social service personnel
 - ◆ Supportive environment for provision of services created
 - ◆ Development of a classification system and protocol for management
 - ◆ Linkages with services of excellence
 - ◆ Costing of comprehensive fistula treatment

2 Develop and disseminate messages on fistula for advocacy and awareness raising.

■ **RAISING AWARENESS:** Gaps in awareness were noted at all levels of society. Channels identified for raising awareness included media, workshops, public meetings, celebrity spokespersons, and others. The main

messages identified were simple, but vital:

- Fistula exists
- Fistula can be prevented
- Treatment for fistula is available

3 Work together to identify a regional strategy for resource mobilization.

■ **DEFINING THE STRATEGY:** In order to systematically assure resource needs for the region are met, the following steps were outlined:

- Map potential donors
- Educate and sensitise donors
- Develop a clear strategy for fistula

management to present to donors

- Create donor-targeted messages
- Coordinate fundraising within the region
- Identify 'new' sources of funds, e.g. zakat, private sector

4 Ensure integration of fistula related-activities with other programmes.

■ **ONGOING PROGRAMMES:** Understanding that obstetric fistula is a complex issue with many underlying medical and social issues, the following areas were noted for possible integration:

- Safe motherhood
- Family planning
- Adolescent sexual and reproductive health
- Gender/empowerment
- Human rights
- Medical education curricula

5 Conduct more research on obstetric fistula to ensure identified messages are

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