

# Helping Women Regain Their Dignity

## Strategy to End Obstetric Fistula in West and Central Africa 2019–2030



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ICPD25

La Conférence Internationale sur  
la Population et le Développement

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# Preface

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Although significant progress has been made in maternal health worldwide to try to ensure each and every birth is safe, there are still huge disparities between continents. Africa still lags a very long way behind, particularly with regard to obstetric fistula, a childbirth injury whereby holes - fistulas - develop between the mother's vagina and her bladder or rectum. They cause a lot of pain and suffering and can also lead to social stigma. Fistulas are a horrible, and growing, problem; women and girls will continue to suffer for CENTURIES and will never fulfil their potential unless a lot more is done to help them.

Since 2003, according to results recorded by the United Nations Population Fund (UNFPA) and its partners in the global Campaign to End Fistula, around 85,000 women and girls have had reconstructive surgery. This is encouraging. However, around the world, more than 2 million other women with fistulas – over half of them in West and Central Africa – continue to be denied their dignity, with only a tiny percentage treated. Yet obstetric fistula is preventable; it can largely be avoided by delaying the age of the first pregnancy, ending harmful traditional practices, and ensuring timely access to obstetric care.

Sadly, each year there are between 50,000 and 100,000 new cases, adding to the huge number of women and girls already excluded from society. At this rate, unless a far more structured and integrated approach is implemented, most women and girls with fistulas will never regain their dignity and will never lead pain-free and normal lives. This is a tragic and unacceptable situation. In addition, the persistence of the fistula problem is undermining many countries' efforts to reap the benefits of the demographic dividend and the empowerment of women in West and Central Africa.

In line with the universal commitment to “leave no one behind”, UNFPA's West and Central Africa Regional Office has led the development of a regional strategy to end fistulas in West and Central Africa by 2030.

The logic of this regional strategy is based on the following principles: (i) avoid the fragmentation of efforts – the main reason for the limited effectiveness of previous approaches – by applying a subsidiarity principle to determine whether actions should be taken at a regional or national level; (ii) learn from experience and success and build on progress achieved; (iii) strengthen cooperation between countries (South-South cooperation), particularly across borders; and (iv) ensure an effective contribution to the UNFPA's impact on achieving the third Sustainable Development Goal (SDG 3).

Finally, it must be emphasized that interventions to physically repair fistulas are not enough: to combat the devastating effects of this disabling trauma, we must work with governments and civil society organizations, including traditional and religious leaders, to eliminate the root causes of fistulas – child marriage and adolescent pregnancy – and promote gender equality, especially the education of girls beyond secondary level.

It is only through fully empowering women and girls that West and Central African countries will be able to benefit from accelerated and inclusive economic growth, offering the prospect of a demographic dividend, and thus achieve “the Africa we want”.

**Mabingue Ngom**  
UNFPA Regional Director  
for West and Central Africa



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# Abbreviations and acronyms

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<b>WCA</b>	West and Central Africa
<b>EGDC</b>	ECOWAS Gender Development Centre
<b>ECOWAS</b>	Economic Community of West African States
<b>SDG</b>	Sustainable Development Goals
<b>WAHO</b>	West African Health Organization
<b>UNFPA</b>	United Nations Population Fund

# 1 Introduction

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Obstetric fistula is an abnormal opening between the urinary and genital, genital and digestive and/or genital, urinary and digestive tracts, resulting from prolonged labor during childbirth. It can lead to the uncontrolled loss of urine and/or faeces and other complications such as dermatitis of the vulva and thighs, urinary tract infections, sexual dysfunction and infertility.

A permanent source of discomfort and unpleasant odours, fistulas can have profound psychological and emotional consequences. These can be compounded by the stigmatization of the woman, abandonment by her husband, even rejection by the entire community, all against a background of poverty and distress. Due to these far-reaching consequences for women and society, fistulas are, in many ways, a form of gender-based violence. Women who suffer from them are often ostracized by their families and communities and lose their dignity and self-esteem, leading to depression and, sometimes, suicide. Moreover, the problem has a big impact on society as a whole as these women are unable to participate in economic activity or care for their children effectively.

However, obstetric fistula is preventable and treatable. It requires health institutions and development partners to focus their efforts on enforcing women's rights, including access to quality obstetric care and family planning services. There are two other equally crucial imperatives: (i) improving the nutrition and education of girls and women; and (ii) ending harmful traditional practices such as child marriage and female genital mutilation.

There is still not enough knowledge about the prevalence of obstetric fistula in West and Central Africa, and the situation is far from improving, despite action taken in various countries over recent decades. However, it is generally accepted that this failure to end fistula is the result of a denial of fundamental rights and reflects a violation of those rights. Women and girls still suffer with fistulas because of persistent health inequalities and constraints on the health system, as well as broader

issues such as gender inequality, socioeconomic inequalities, child marriages and early first pregnancies. These can all ruin female lives and prevent the enjoyment of human rights.

The strategy outlined in this report aims to provide guidance for the greater harmonization of interventions and strengthen action to end obstetric fistula in West and Central Africa. It is also one of the core pillars for the implementation of the UNFPA Strategic Plan 2018–2021 in the region, as its application will help to achieve the following three outcomes by 2030: (i) an end to preventable maternal deaths; (ii) an end to the unmet need for family planning; and (iii) an end to gender-based violence.



## 2 Context

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### 2.1 Global context

Every day, more than 800 women around the world die from pregnancy-related complications. However, twenty times as many women are injured or disabled as a result of these kinds of complications. Obstetric fistula is one of the most serious conditions women might face during childbirth.

There is little data available on the epidemiology (incidence and prevalence) of obstetric fistula worldwide. However, the World Health Organization estimates that between one and two million women are living with the condition<sup>1</sup> worldwide and that there are between 50,000 and 100,000 new cases every year.<sup>2</sup> Globally, obstructed labor (also known as labor dystocia, when the presenting part of the fetus cannot progress into the birth canal, despite strong contractions) often leads to fistulas. This kind of labor occurs in about five per cent of live births and accounts for eight per cent of maternal deaths.<sup>3</sup>

While obstetric fistula has been virtually eliminated in developed countries, women and girls in developing countries still face this preventable, and in most cases surgically repairable, condition on a daily basis.<sup>4</sup>

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- <sup>1</sup> World Health Organization (2006). *Obstetric fistula: Guiding principles for clinical management and programme development*.
  - <sup>2</sup> International Federation of Gynaecology and Obstetrics and United Nations Population Fund (2002). *Second Meeting of the Working Group for the Prevention and Treatment of Obstetric Fistula*. Sponsored by Columbia University. Addis Ababa.
  - <sup>3</sup> Abou Zahr, Carla. Global burden of maternal death. *British Medical Bulletin*, vol. 67, No. 1 (December), pp. 1–11.
  - <sup>4</sup> World Health Organization (2006). *Obstetric fistula: Guiding principles for clinical management and programme development*.

## 2.2 Regional context

In Africa, the exact prevalence of obstetric fistula is unknown but we do know it's a massive problem. According to a 2015 study in 19 sub-Saharan African countries, prolonged labor, another cause of fistulas, is estimated at 6 per 100 live births.<sup>5</sup> It is estimated that in Nigeria alone, 400,000 to 800,000 women are awaiting repair surgery for fistulas and 20,000 new cases occur each year.<sup>6</sup> Given the situation there, it seems reasonable to assume that the total number of women affected by fistulas in West and Central Africa is between 600,000 and 1 million, and that there are about 30,000 new cases there per year.<sup>7</sup> However, in 2018, a mere 2,281 women received treatment in the region. If such abysmal repair rates remain unchanged, it will take centuries to end fistula in West and Central Africa. This is unacceptably slow progress, not to mention a tragedy of epic proportions.

## 2.3 Declarations, commitments and resolutions on fistula

Several declarations, commitments and resolutions have been adopted at the global, continental and regional levels to address the problem of fistulas, which prevent women and girls from fully enjoying their human rights. These include the following:

- The United Nations General Assembly resolution 62/138, of December 2007, entitled "Supporting efforts to end obstetric fistula", of which many states are co-sponsors and which made the first mention of fistulas being a major health problem for women.

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<sup>5</sup> Maheu-Guiroux, Mathieu, and others (2015). Prevalence of symptoms of fistula in 19 Sub-Saharan Africa countries: a meta-analysis of national household survey data. *The Lancet Global Health*, vol. 3, No. 5 (May), pp. 271-278.

<sup>6</sup> Federal Ministry of Health of Nigeria (2012). *National Strategic Framework for the Elimination of Obstetric Fistula in Nigeria (2011-2015)*.

<sup>7</sup> Estimates by West and Central Africa Regional Office.

- The statement made by United Nations Secretary-General Ban Ki-moon in May 2015 to mark the International Day to End Obstetric Fistula, with the theme "End Fistula, Restore Women's Dignity", in which he called on world leaders to commit themselves to ending this scourge. To achieve this, every nation affected by obstetric fistula must develop a national strategy and action plan. And, the global community has to significantly intensify support to nations with the greatest need.
- The resolution on ending fistulas made by the Assembly of Health Ministers of the Economic Community of West African States (ECOWAS) in June 2018, which calls on member states to demonstrate strong and sustained political commitment, make national investments and mobilize their resources to act together to see an end to fistulas in West Africa. It also calls on them to increase the participation of all stakeholders in maintaining and building the capacities of integrated health systems (in partnerships with academic institutions) to prevent cases, identify them when they do occur, and provide surgical and non-surgical treatment, reintegration and rehabilitation for women affected by fistulas.

**"The persistence of fistula is a result of human rights denied and a reflection of human rights abuse. It reflects chronic health inequities and health-care system constraints, as well as wider challenges, such as gender and socioeconomic inequality, child marriage and early child bearing, all of which can undermine the lives of women and girls and interfere with their enjoyment of their basic human rights. As part of the global community, we have an obligation to end this health and human rights tragedy."**

### **Dr Babatunde Osotimehin (1949-2017)**

UNFPA Executive Director 2011-2017

- United Nations General Assembly resolution 73/147 of December 2018, designed to intensify efforts to end fistulas, in response to resolutions 62/138 of December 2007, 63/158 of December 2008, 65/188 of December 2010, 67/147 of December 2012, 69/148 of December 2014 and 71/169 of December 2016, on the same subject.

All these resolutions confirm that it is essential to intensify efforts to end obstetric fistula. They aim to ensure countries guarantee the rights of women and girls, in particular their right to reproductive health.

#### 2.4 Combating fistula in West and Central Africa 2003–2017

In response to the global campaign launched in 2003, there have been several continental and regional actions to end obstetric fistula, including:

- Establishment by the UNFPA in March 2005 of a working group to develop the African regional strategy for the elimination of fistulas, reflecting the three focus areas of the global campaign: prevention, treatment and social reintegration.
- Approval in 2006 by the Executive Council of the African Union of the Continental Policy Framework for Sexual and Reproductive Health and Rights. Implemented through the Maputo Plan of Action, this framework addresses reproductive health issues affecting Africa. It includes a significant section on fistulas, calling for health-sector strengthening and increased funding.
- Implementation of the ECOWAS Gender Development Centre (EGDC) programme “Medical and Financial Support for Girls and Women with Obstetric Fistula” in 2010, in response to the debilitating social and economic effects of fistulas on girls and women in ECOWAS member states. The goal was to improve the sexual and reproductive health of girls and women with fistulas.

- Regional meeting on obstetric fistula, organized in 2013 by the UNFPA West and Central Africa Regional Office, attended by representatives from health ministries in nine countries (Benin, Burkina Faso, Cameroon, Chad, Congo, Guinea, Mauritania, Niger and Senegal), fistula treatment centres, civil society organizations and professional associations from West and Central Africa. The objective was to promote an enabling environment to eradicate fistulas in the region.

- Final declaration of the ECOWAS First Ladies’ Forum, held in Niamey, Niger, in October 2017. It recommends countries and their partners actively combat the practices of female genital mutilation and child marriage; increase national resources for the prevention, surgical treatment and reintegration of women with fistulas; allocate three per cent of their national budgets to child protection, fighting female genital mutilation and fistulas; and introduce and/or strengthen national programmes to combat fistulas.

In addition, the countries concerned have developed national projects and programmes to combat fistulas, systematically incorporating the three areas of intervention: prevention, surgical treatment and socioeconomic reintegration.

Overall, significant efforts have been made to end obstetric fistula in the region over the past 15 years, thanks to the commitment of various states and the support of technical and financial partners and civil society organizations. Analysis of the implementation reports for these projects and programmes demonstrates the overall outcomes achieved between 2003 and 2015, which are presented in the tables below.





## Area of intervention

## Outcomes

### Advocacy and communication

The objective was to put fistula eradication on the agenda of decision makers (political and administrative authorities, religious and traditional leaders).

To this end, 21 national strategies, six programmes and two projects to end fistulas were developed and implemented in 13 countries.

In addition, government commitment has resulted in strong political decisions to improve access to maternal and child health services. Nine countries introduced free deliveries, caesarean sections and treatment for fistulas.

Mass communication activities increased awareness of obstetric fistula and enabled it to be recognized as a serious and preventable condition associated with early marriage.

Ten countries established a working group and an inter-ministerial platform (Ministry of Health and Ministry of Family) to address fistulas. These systems are operational in six of the countries.

### Prevention

The objectives are, on the one hand, to raise awareness of the importance of all deliveries in a health centre assisted by attendants in order to prevent fistulas, and on the other hand, to promote family planning and prevention of early marriage and pregnancy, which also contribute to combating fistulas.

The main advances in this field in the region over the past 15 years are:

- Communities have been sensitized to contributing factors for fistulas and to harmful traditional practices (there are targeted preventions for adolescent girls as part of combating child marriage and early pregnancy).
- Health providers have increased their capacity to reduce complications related to childbirth promote family planning and sexual and reproductive health for adolescents and young people.  
The health reporting and evacuation system has also been improved.
- Emergency obstetric and neonatal care has been strengthened.

As a result of all these actions, decision makers, health workers and communities are more aware of fistulas, the consequences and treatment options.

Area of intervention	Outcomes
<b>Detection of fistula</b>	There are non-governmental organizations and associations working to identify fistula cases in the community.
<b>Medical and surgical treatment</b>	<p>The main achievements in this area during the period are as follows:</p> <ul style="list-style-type: none"> <li>→ Technical capacity-building for surgical teams operating on fistulas. A total of 203 surgeons (gynaecologists, urologists and general surgeons) have been trained to treat simple and complex cases of fistula. However, only 50 per cent of them are active in the field.</li> <li>→ Training of paramedical staff (surgical assistants, anaesthetists, resuscitators, midwives, nurses) in pre-, peri- and post-operative monitoring and family planning, to ensure effective management of fistula cases at health facilities.</li> <li>→ Technical capacity-building for over 89 national centres, both public and private (including faith-based facilities), for the surgical treatment of fistulas. However, only 15 of these centres (17 per cent) are located in rural areas.</li> </ul> <p>There have been publicity campaigns to highlight the problem of fistulas since 2003. Since 2010, it has been included in routine care in all countries in the region with the exception of Togo, which still runs campaigns.</p> <p>Overall, just 17,676 women with obstetric fistula have received surgical treatment in the region in the past five years, representing an average of 3,535 cases operated on annually, with an average cure rate of around 80 per cent.</p>

Area of intervention	Outcomes
<b>Socioeconomic reintegration</b>	<p>Reintegration enables women affected by fistulas to regain their social standing in the community, including from an economic perspective. Most of them live in extremely vulnerable situations, both socially and economically.</p> <p>Socioeconomic reintegration activities include a number of training modules designed to build the capacity, skills and empowerment of these women. These can be divided into the following categories: (i) literacy; (ii) development of life skills and financial capacity; (iii) training in income-generating activities; (iv) distribution of income-generating start-up kits.</p> <p>According to data from countries in the region, 4,718 women with fistulas received socioeconomic reintegration support during the reporting period, through the work of more than a dozen non-governmental organizations.</p>
<b>Other priorities</b>	<p>Beyond the four strategic priorities, some countries have implemented other significant measures to address fistulas, such as:</p> <ul style="list-style-type: none"> <li>→ Integrated management of fistula interventions to reflect the multisectoral nature of treatment (Cameroon)</li> <li>→ Identification of cases at the community level</li> <li>→ Introduction of psychosocial support (Chad)</li> <li>→ Strengthening of coordination, partnerships, monitoring and evaluation (Guinea-Bissau, Niger and Nigeria)</li> <li>→ Increased research efforts and improved governance (Nigeria)</li> </ul>

The table below summarizes the results of a strengths, weaknesses, opportunities and threats analysis for ending fistulas in the region:

Strengths	Weaknesses	Opportunities	Threats
<ul style="list-style-type: none"> <li>→ Legal and legislative frameworks relevant to combating fistulas: family codes, prevention of gender-based violence and female genital mutilation, etc.</li> <li>→ Adoption of laws on reproductive health.</li> <li>→ Development and implementation of strategies to improve access to, and the availability of, care, as well as scaling-up strategies for essential, basic and comprehensive obstetric care.</li> <li>→ Development of community-based initiatives to promote reproductive health: ‘husband’ schools and a reproductive health initiative for adolescents and young people.</li> <li>→ Adoption of action plans to strengthen family planning.</li> <li>→ Enhanced advocacy for reproductive health and fistula eradication, through the support of national campaigns to eradicate female genital mutilation, the First Ladies’ recognition of national and international days to end obstetric fistula, and the Campaign on Accelerated Reduction of Maternal Mortality in Africa.</li> <li>→ Policy measures to waive the costs of surgical treatment for fistulas (meaning free treatment).</li> <li>→ Introduction of systems to monitor and prevent maternal mortality.</li> </ul>	<ul style="list-style-type: none"> <li>→ Poor health coverage.</li> <li>→ Low prevalence of contraception, which increases the risk of early and numerous pregnancies and their associated complications.</li> <li>→ Lack of skilled assistance during childbirth, including effective supervision and management of complications.</li> <li>→ Low coverage of prenatal and postnatal care.</li> <li>→ Lack of access to major obstetric interventions for maternal health (caesarean sections).</li> <li>→ Very limited number of health facilities offering surgical treatment for fistulas.</li> <li>→ Insufficient human resources, in terms of both quality and quantity, particularly for treatment of fistulas.</li> <li>→ Lack of equipment at health facilities.</li> <li>→ Inadequate patient reporting and referral systems.</li> <li>→ Shortages of drugs, reagents and other necessary supplies.</li> <li>→ Insufficient integration of health services.</li> <li>→ Limited mobilization of financial resources, particularly national resources, to combat fistulas.</li> <li>→ Lack of coordination of interventions to treat fistulas.</li> </ul>	<ul style="list-style-type: none"> <li>→ Renewed interest and commitment from the international, national and regional communities in reproductive health, family planning and elimination of fistulas.</li> <li>→ Continued support from technical and financial partners for addressing fistulas.</li> <li>→ Global, regional and local advocacy and funding initiatives for reproductive health and family planning programmes, particularly those focused on fistulas: UNFPA Supplies, Maternal Health Thematic Fund, Family Planning 2020, Muskoka Initiative, Ouagadoudou Partnership, regional Women’s Empowerment and Demographic Dividend project, strategic plan for contraceptive security in Francophone Africa, bilateral funding, private sector initiatives, etc.</li> <li>→ Good prospects for economic growth and expected impact in lowering women’s fertility.</li> <li>→ African Union Roadmap on Harnessing the Demographic Dividend.</li> </ul>	<ul style="list-style-type: none"> <li>→ <b>Persistent harmful sociocultural practices (early marriage and motherhood, female genital mutilation).</b></li> <li>→ <b>Low levels of education in countries in the region.</b></li> <li>→ <b>Worsening social inequalities in health, to the disadvantage of women.</b></li> <li>→ <b>Increasing insecurity and humanitarian emergencies.</b></li> <li>→ <b>Poverty in the region mainly affecting women, especially in rural areas.</b></li> </ul>

### 3 Rationale for the regional strategy

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Obstetric fistula mainly affects the poorest and most vulnerable girls and women in society, who live in remote areas and have poor access to quality health services. These are generally young women who are not in school and live mainly in rural areas. The disabling condition of fistulas not only entails medical problems but is also a social tragedy for many survivors, who are often ostracized and stigmatized by their families and communities.

Like maternal mortality, fistulas are preventable in almost all cases. The persistence of fistulas is a sign that health systems are failing to meet the needs of women.<sup>8</sup> Their prevalence is closely linked to the lack of access to essential obstetric care and quality emergency care.

Moreover, the problem of obstetric fistula should not only be addressed in terms of its magnitude, i.e. the number of women affected. It should also, and above all, be seen as a violation of human dignity.

The international mission to eradicate the fistula problem combines prevention of new cases, effective surgical treatment for existing cases and the socioeconomic reintegration of survivors. Throughout 15 years of action, some progress has been made in these three areas and in the coordination of interventions, thanks to the commitment of various countries and the support of technical and financial partners and civil society organizations.

Throughout 15 years of action, progress has been made in prevention, surgical treatment, socioeconomic reintegration of survivors and coordination of fistula interventions, thanks to the commitment of States and the support of technical and financial partners and civil society organizations.

However, despite improvements in promoting maternal health, there are

an estimated 30,000 new fistula cases each year across West and Central Africa, out of 50,000 new cases per year worldwide. All countries in the region still face numerous challenges in combating the problem, as shown in the table below. In response, new approaches are needed to restructure actions taken to solve the problem to make them more effective, efficient and sustainable.

**The goal of this strategy is to end obstetric fistula in the region by 2030. It falls within the framework of the Sustainable Development Goals (SDGs 1, 3, 5, 10 and 17), the UNFPA Strategic Plan 2018–2021 (one of its three goals is to end gender-based violence, including fistulas, by the end of 2030), and the implementation of the Regional Interventions Action Plan 2018–2021.**

The strategy is also an advocacy tool for mobilizing resources to address the problem of fistulas in the region. It has a vision and guidelines for a consolidated and integrated approach to increase the impact of actions taken so the proportion of cases treated increases from 10 per cent to 80 per cent.

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<sup>8</sup> Ending obstetric fistula in Togo

## 4 Description of the regional strategy

Strategic areas	Challenges
<b>Politics</b>	Absence or non-enforcement of laws on reproductive health, gender equality and gender-based violence.
<b>Prevention</b>	<ul style="list-style-type: none"> <li>→ Poor quality of reproductive health services.</li> <li>→ Poor access to quality reproductive health services.</li> <li>→ Persistence of harmful traditional practices.</li> <li>→ Late arrival at health centres during childbirth.</li> </ul>
<b>Detection of fistulas</b>	<ul style="list-style-type: none"> <li>→ Lack of effective mechanisms for early detection of fistula.</li> <li>→ Lack of actors involved in detecting fistulas at the community level and referring patients for treatment.</li> </ul>
<b>Surgical treatment</b>	<ul style="list-style-type: none"> <li>→ Lack of qualified staff engaged in surgical repair of fistulas (only 3,400 cases treated annually in the region, out of 30,000 new cases each year).</li> <li>→ Poor distribution of surgical treatment centres.</li> <li>→ Insufficient technical resources (equipment).</li> </ul>
<b>Socioeconomic reintegration</b>	<ul style="list-style-type: none"> <li>→ Limited inclusion of the socioeconomic reintegration of women with fistulas into national mechanisms for women's empowerment.</li> <li>→ Lack of management of socioeconomic reintegration strategies (poor diversity of strategies).</li> </ul>
<b>Monitoring and evaluation</b>	<ul style="list-style-type: none"> <li>→ Lack of standardized data-collection tools.</li> <li>→ Lack of a clearly defined results framework to measure country performance in combating fistulas.</li> </ul>
<b>Coordination</b>	<ul style="list-style-type: none"> <li>→ Absence or lack of functionality of coordinating bodies.</li> <li>→ Lack of communication about fistulas.</li> </ul>
<b>Funding to combat fistulas</b>	→ Insufficient funding.

As shown in the diagram below, the regional response to fistulas is based on clear principles and strategic pillars. When implemented in synergy, these will lead to strategic outcomes and tangible impacts. In turn, this combination of impacts will contribute to the goal of ending fistulas in West and Central Africa.

### 4.1 Regional vision for combating fistulas

Restore the dignity of all women in the region who have fistulas **“hope, healing and dignity for all”**.

### 4.2 Overall regional goal for combating fistulas

End obstetric fistula in West and Central Africa by 2030.

### 4.3 Specific regional goals for combating fistulas

<b>Specific goal 1</b>	→	Reduce the number of untreated new fistula cases to zero by 2030.
<b>Specific goal 2</b>	→	Provide surgical treatment for 80 per cent of existing cases of fistula by 2030.
<b>Specific goal 3</b>	→	Provide socioeconomic reintegration for all women with incurable fistulas.

## Theory of change for regional action on fistula

**Restore the dignity of all women in the region with fistula**

### Objective

**End fistula in West and Central Africa by 2030**

### Impacts

- **No untreated cases of fistula by 2030.**
- **Surgical treatment of 80 percent of existing cases of fistula by 2030.**
- **Socioeconomic reintegration for all women with incurable fistula.**

### Outcomes

Improved political, sociocultural and legal environment to reduce fistula.

Strengthened national capacity for prevention and treatment of fistula.

Strengthened platform for coordination and resource mobilization.

Increased community involvement in detection and prevention of fistula.

Quality rehabilitation and social reintegration.

Improved capacity to monitor data and document learning and process.

### Pillars

Protection of the rights of women and girls and prevention of gender inequalities and harmful practices, including gender-based violence, female genital rehabilitation and social reintegration.

Enhanced access for women to quality integrated reproductive health services, including emergency obstetric fistula; and tailored rehabilitation and social reintegration.

Establishment of a platform for partnership and coordination, bringing governments, academics, civil society, the private sector and donors together to support the regional strategy.

Strengthening of the health information system to better reflect the prevalence of fistula in the region and to facilitate decision-making.

### Principles

**National framework, Involvement of multiple sectors, Community participation, Respect for human rights, Quality of services**

#### 4.4 Principles for regional action on fistulas

To ensure that it is effective, action to end fistulas is based on a number of fundamental principles, reflecting the disabling, stigmatizing and marginalizing nature of the condition. These principles are as follows:

##### **National framework**

Implementation of the strategy will be country-led. Countries will take the necessary steps to create a suitable framework to enable better collaboration with ministries and all other stakeholders, thus developing the synergy necessary to provide integrated care for women and end the scourge of fistulas.

##### **Involvement of multiple sectors**

All interventions will be delivered using synergy between different sectors, to ensure fully accountable participation by all stakeholders: government bodies, international institutions, non-governmental and civil society organizations, public, private and faith-based health institutions, military health services, the media and communities.

##### **Community participation**

The active participation of local communities in the prevention, detection and reporting of fistula cases, as well as in supporting treatment and social reintegration, is essential if steady progress is to be made.

##### **Respect for human rights**

As human rights are an essential component of action on fistulas, strategies can only be effective if they recognize and actively promote human rights, addressing not only the physical and mental abuse of women with fistulas, but also discrimination on other grounds.

##### **Quality of services**

Emphasis will be placed on an integrated approach to providing quality reproductive health care at all levels of the health pyramid. This will ensure local provision of high-quality treatment, creating a continuum of care.



#### 4.5 Strategic priorities, strategic outcomes and key interventions for regional action on fistulas

This regional strategy, based on lessons learned through action to end fistulas in the region over the past 15 years, is structured around the following six strategic priorities.

##### → Strategic Priority 1 Protection of the rights of women and girls and prevention of gender inequalities and harmful practices, including gender-based violence, female genital mutilation and child marriage

The first strategic priority focuses on the importance of advocacy and policy dialogue with decision makers and religious and traditional leaders to ensure they adopt appropriate policies and participate in interventions to change society, with a view to ending fistulas in West and Central Africa.

It also focuses on raising awareness and mobilizing communities against harmful practices such as gender-based violence, child marriage and female genital mutilation.

It includes an emphasis on establishing a community-based approach to identifying fistula cases and referring women to appropriate health facilities.



Strategic Outcome 1 → Improved political, sociocultural and legal environment to reduce fistulas.

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##### Key interventions

- High-level regional meeting on the main underlying causes of fistulas (child marriage, teenage pregnancy).
- Support for countries in the region, with a view to developing legal and programmatic frameworks to end gender-based violence, female genital mutilation and child marriage.
- Establishment of a network of 'fistula champions' in the region and support for its implementation.
- Appropriate advocacy and political dialogue with decision makers and traditional and religious leaders to end harmful traditional practices in all countries in the region.
- Annual celebration of the International Day to End Obstetric Fistula on 23 May, in all countries in the region.
- Development, adoption and implementation of legal and programmatic frameworks to end gender-based violence, female genital mutilation and child marriage, in every country in the region.



## Strategic Outcome 2



Increased community involvement in detection and prevention of fistulas.

- Treatment of fistulas. The preferred option under this strategy is routine treatment, to improve effectiveness, efficiency and sustainability. The programme will support skill-building activities for surgical teams, provide “fistula kits”, document good practice and share experience at the national and regional levels.

### Key interventions

- Support for the design and implementation of integrated, community-based approaches to reproductive health, including the identification and prevention of fistulas, throughout the region.
- Multimedia awareness campaigns in every country in the region.



## Strategic Priority 2

Enhanced access for women to quality integrated reproductive health services, including emergency obstetric care; prevention, treatment and post-operative care for obstetric fistula; and tailored rehabilitation and social reintegration

The second strategic priority is structured around four main areas of intervention to improve women’s access to quality maternal and reproductive health services:

- Prevention of fistulas. Under this objective, there will be an emphasis on strengthening essential and emergency obstetric care, through improving provider skills, technical capacity and provision of maternal health products.

- Post-operative care. This involves improving post-operative follow-ups, to ensure the healing of fistulas through abstinence from sexual intercourse, to prevent, through the use of contraception, another pregnancy happening too soon, and to provide close monitoring during subsequent pregnancies.
- Socioeconomic reintegration of women with fistulas. In this context, although the vast majority of women with fistulas need support for social and economic reintegration because of their high vulnerability, the emphasis will be on those with incurable fistulas.

**Strategic Outcome 3** → Strengthened national capacity for prevention and treatment of fistulas.

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**Key interventions**

- Support for the West African College of Surgeons, the African Society of Gynaecologists and Obstetricians, the International Society of Obstetric Fistula Surgeons and regional health-worker training institutions to build the capacity of health workers in prevention, treatment and post-operative care of fistulas.
- Development and implementation of a regional e-learning platform to complement training in treatment and post-operative care of fistulas.
- Support for development of networks of UN agencies throughout the region.
- Support for promotion of family planning and for improvements to availability, accessibility and uptake of quality integrated family planning services in the region.
- Inclusion of the prevention, treatment and management of obstetric fistula in the training curriculum for doctors, nurses and midwives in every country in the region.
- Provision of equipment needed for repair and post-operative care of fistulas to health facilities and practitioners in every country in the region.
- Improved provision of medical equipment and tools to prevent fistulas to health facilities in every country in the region.
- Interventions to repair fistulas and provide post-operative care in every country in the region.

**Strategic Outcome 4** → Quality rehabilitation and social reintegration.

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**Key interventions**

- Contribution towards establishing facilities for the rehabilitation and social reintegration of existing fistula sufferers throughout the region, with a particular focus on innovative approaches.

→ **Strategic Priority 3**  
Establishment of a platform for partnership and coordination, bringing governments, academics, civil society, the private sector and donors together to support the regional strategy

The combined efforts of governments, development partners, the private sector and community-based and civil society organizations are needed if actions on fistulas are to be truly effective and sustainable. As part of this strategy, actors will be mobilized in line with the following intervention areas:

- Establishment of functional national bodies to coordinate and steer action on fistulas.
- Strengthening of regional and national fistula partnerships between regional and international institutions, bilateral cooperation institutions, local and international non-governmental organizations, academics, the private sector and local associations.

- Development of policies to encourage the participation of civil society, the private sector and communities in the provision of fistula services as part of national programmes, as well as the strengthening of South-South and North-South cooperation, triangular partnerships and cooperation with diaspora towards achieving the Sustainable Development Goals.
- Strengthening of advocacy to mobilize the resources needed to implement the strategy. There will be a particular focus on implementing the recommendation by the ECOWAS First Ladies' Forum – to allocate three per cent of the national budget to child protection and combating female genital mutilation and obstetric fistula.

**Strategic Outcome 5**

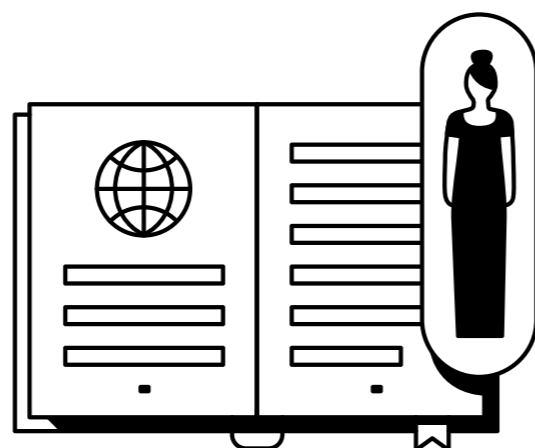


A strengthened platform for coordination and resource mobilization.



**Key interventions**

- High-level actions for advocacy and resource mobilization.
- Regional support for the establishment of national working groups on fistulas.
- Regular monitoring of efforts to mobilize resources for fistula eradication throughout the region.



**Strategic Priority 4**

**Strengthening of the health information system to better reflect the prevalence of fistulas in the region and to facilitate decision-making**

One of the weaknesses in efforts to combat the fistula problem in recent years was the lack of reliable and up-to-date data on which to base decision-making. An effective mechanism has been introduced to monitor progress made at regional and national levels. Monitoring and evaluation efforts under the regional strategy will therefore focus on the interventions listed below.

For monitoring, the focus will be on:

- Support for the development of data-collection tools at national and regional levels.
- Strengthening of national health information systems, through integration of data on fistulas, better provision of materials for data collection, processing, analysis and dissemination, and improved staff capacity for systematic data collection.
- Support for executive and operational research initiatives on topics relevant to the eradication of fistulas.

For evaluation, the focus will be on:

- Development and implementation of a monitoring and evaluation plan for the strategy.
- Development of a baseline database for monitoring progress in the implementation of the strategy.
- Midterm review of the strategy.
- Final evaluation of the strategy.

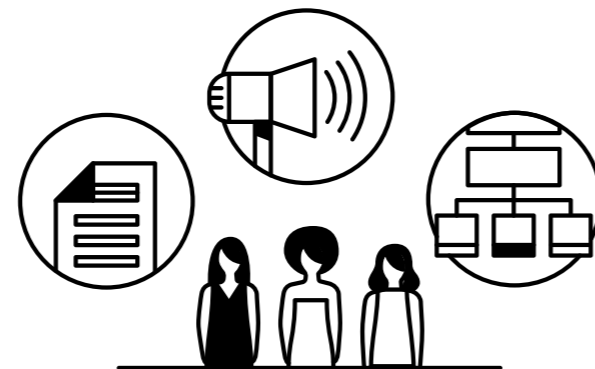
**Strategic Outcome 6**



Improved capacity to monitor data and to document learning and progress.

**Key interventions**

- Revision of estimates on the number of women with fistulas in West and Central Africa.
- Contribution to national capacity building in needs assessment for fistulas throughout the region.
- Annual reports on fistulas in West and Central Africa.
- Support for conducting national needs assessments throughout the region, through the development of assessment guides and tools.
- Assistance with including fistulas within integrated reproductive health services data in the national health information systems of West and Central African countries.
- Documentation and communication of regional best practices for fistulas.



## 5 Intervention logic

The strategy covers all 23 countries in the region, with enhanced interventions in 17 countries that have:

- high prevalence of fistulas
- national programme on fistulas
- functional framework to coordinate action on fistulas
- functional UN agencies



The aim is to encourage all countries to make more structured and strategic investments to end the fistula problem by 2030, and also provide extra support to countries with a strong potential to reduce the regional burden of fistulas.

The proposed intervention logic is based on the following principles:

- Avoid fragmentation of efforts – the main reason for the limited effectiveness of previous approaches – by applying a subsidiarity principle to determine whether actions should be taken at the regional or national level, to ensure the vertical coherence of the programme.
- Learn from experience and success and build on progress achieved in various countries over the past three years, to ensure the horizontal coherence of the programme.
- Strengthen cooperation between countries (South-South cooperation), particularly across borders, to ensure no woman is left behind, especially in the most landlocked areas and places with the lowest provision of reproductive, maternal, infant, child and adolescent health services, and to ensure actions effectively contribute towards achievement of SDG 3 (“ensure healthy lives and promote well-being for all, at all ages”).

The UNFPA West and Central Africa Regional Office will provide support to countries in the region in stages, as resources are mobilized:

- During the **first phase (2018–2021)**, efforts will be focused on six countries: three with a high prevalence of fistulas (Niger, Nigeria and Senegal) and three with moderate prevalence (Benin, Gambia and Togo).
- At the end of the first phase, there will be an evaluation, the results of which will inform implementation of the **second phase (2022–2025)**, involving six additional countries: Burkina Faso, Ghana, Guinea, Liberia, Mali and Sierra Leone.

- Lastly, there will be a new evaluation at the end of the second phase, with a view to launching the **third phase (2026–2030)**, which will see the addition of five further countries: Cameroon, Chad, Côte d’Ivoire, the Democratic Republic of the Congo and Guinea-Bissau.

- No untreated new cases of fistulas by 2030.
- Surgical Treatment of 80 per cent of existing cases of fistulas by 2030.
- Socioeconomic reintegration for all women with incurable fistulas by 2030.



# 6 Results framework

## Objective

End fistulas in West and Central Africa by 2030.

## Impacts

- No untreated new fistula cases by 2030.
- Surgical treatment of 80 per cent of existing cases by 2030.
- Socioeconomic reintegration for all women with incurable fistulas.

### Strategic priorities

#### Strategic Priority 1

Protection of the rights of women and girls and prevention of gender inequalities and harmful practices, including gender-based violence, female genital mutilation and child marriage.

### Strategic outcomes

#### Strategic Outcome 1

Improved political, sociocultural and legal environment to reduce fistula.

#### Strategic Outcome 2

Increased community involvement in detection and prevention of fistulas.

### Intervention strategies

→ Advocacy and political dialogue with decision makers and religious and traditional leaders.

→ Awareness-raising and community mobilization against harmful practices such as gender-based violence, child marriage and female genital mutilation.

→ Strengthening and structuring of a community-based approach to identifying and reporting fistula cases.

### Indicators

→ Number of countries that have integrated action on fistulas into other programmes.  
Target (2030): 17

→ Number of countries where religious and traditional leaders are raising awareness of fistulas.  
Target (2030): 17

→ Number of countries where the media are actively involved in combating fistulas.  
Target (2030): 17

→ Number of countries effectively implementing a strategy to identify obstetric fistula cases.  
Target (2030): 17

### Partners

Governments  
Technical and financial partners  
EGDC/ECOWAS

Governments  
Civil society organizations  
EGDC/ECOWAS  
UNFPA country offices

## Objective

End fistulas in West and Central Africa by 2030.

## Impacts

→ No untreated new fistula cases by 2030.

→ Surgical treatment of 80 per cent of existing cases by 2030.

→ Socioeconomic reintegration for all women with incurable fistulas.

### Strategic priorities

#### Strategic Priority 2

Enhanced access for women to quality integrated reproductive health services, including emergency obstetric care; prevention, treatment and post-operative care for obstetric fistula; and tailored rehabilitation and social reintegration.

### Strategic outcomes

#### Strategic Outcome 3

Strengthened national capacity for prevention and treatment of fistulas.

### Intervention strategies

→ Capacity building for health workers.

→ Development of effective, high-quality, accessible and affordable prevention and treatment services.

### Indicators

→ Effective integration of fistula prevention into the West African Health Organization (WAHO) harmonized curriculum  
Target (2030): Yes

→ Number of countries that have integrated treatment of fistulas into initial training for health workers.  
Target (2030): 17

→ Number of countries where 90 per cent of facilities for surgical treatment of fistulas have adequate technical resources to repair them.  
Target (2030): 17

→ Number of fistula cases treated.  
Target (2030): 325,000

### Partners

WAHO  
African Society of Gynaecologists and Obstetricians  
International Confederation of Midwives  
Fédération des Associations des Sages-Femmes de l'Afrique Francophone (Federation of Midwifery Associations of Francophone Africa)  
Jhpiego  
Governments  
UNFPA country offices

## Objective

End fistulas in West and Central Africa by 2030.

## Impacts

- No untreated new fistula cases by 2030.
- Surgical treatment of 80 per cent of existing cases by 2030.
- Socioeconomic reintegration for all women with incurable fistulas.

Strategic priorities	Strategic outcomes	Intervention strategies	Indicators	Partners
<b>Strategic Priority 2</b> Enhanced access for women to quality integrated reproductive health services, including emergency obstetric care; prevention, treatment and post-operative care for obstetric fistula; and tailored rehabilitation and social reintegration.	<b>Strategic Outcome 4</b> Quality rehabilitation and social reintegration.	→ Rehabilitation and social reintegration of existing fistula survivors.	→ Number of countries with a programme for rehabilitation and social reintegration of fistula survivors. Target (2030): 17  → Proportion of women with fistulas who have received support for their socioeconomic reintegration, including incurable cases. Target (2030): 20 per cent	Civil society organizations UNFPA country offices.
<b>Strategic Priority 3</b> Establishment of a platform for partnership and coordination, bringing governments, academics, civil society, the private sector and donors together to support the regional strategy.	<b>Strategic Outcome 5</b> A strengthened platform for coordination and resource mobilization.	→ Sustainable mobilization of political will, technical expertise and funding.	→ Number of countries with a functional national body to coordinate action on fistulas. Target (2030): 17  → Number of countries that have mobilized their own resources to finance action on fistulas. Target (2030): 17	Technical and financial partners Governments Academics UNFPA country offices



## Objective

End fistulas in West and Central Africa by 2030.

## Impacts

- No untreated new fistula cases by 2030.
- Surgical treatment of 80 per cent of existing cases of fistula by 2030.
- Socioeconomic reintegration for all women with incurable fistulas.

### Strategic priorities

#### Strategic Priority 4

Strengthening of health information systems to better reflect prevalence of fistulas in the region and to facilitate decision-making.

### Strategic outcomes

#### Strategic Outcome 6

Improved capacity to monitor data and to document learning and progress.

### Intervention strategies

→ Development and implementation of a reliable monitoring and reporting system for action on fistulas in West and Central Africa.

### Indicators

→ Number of countries with harmonized standards and protocols for treating fistulas.

Target (2030): 17

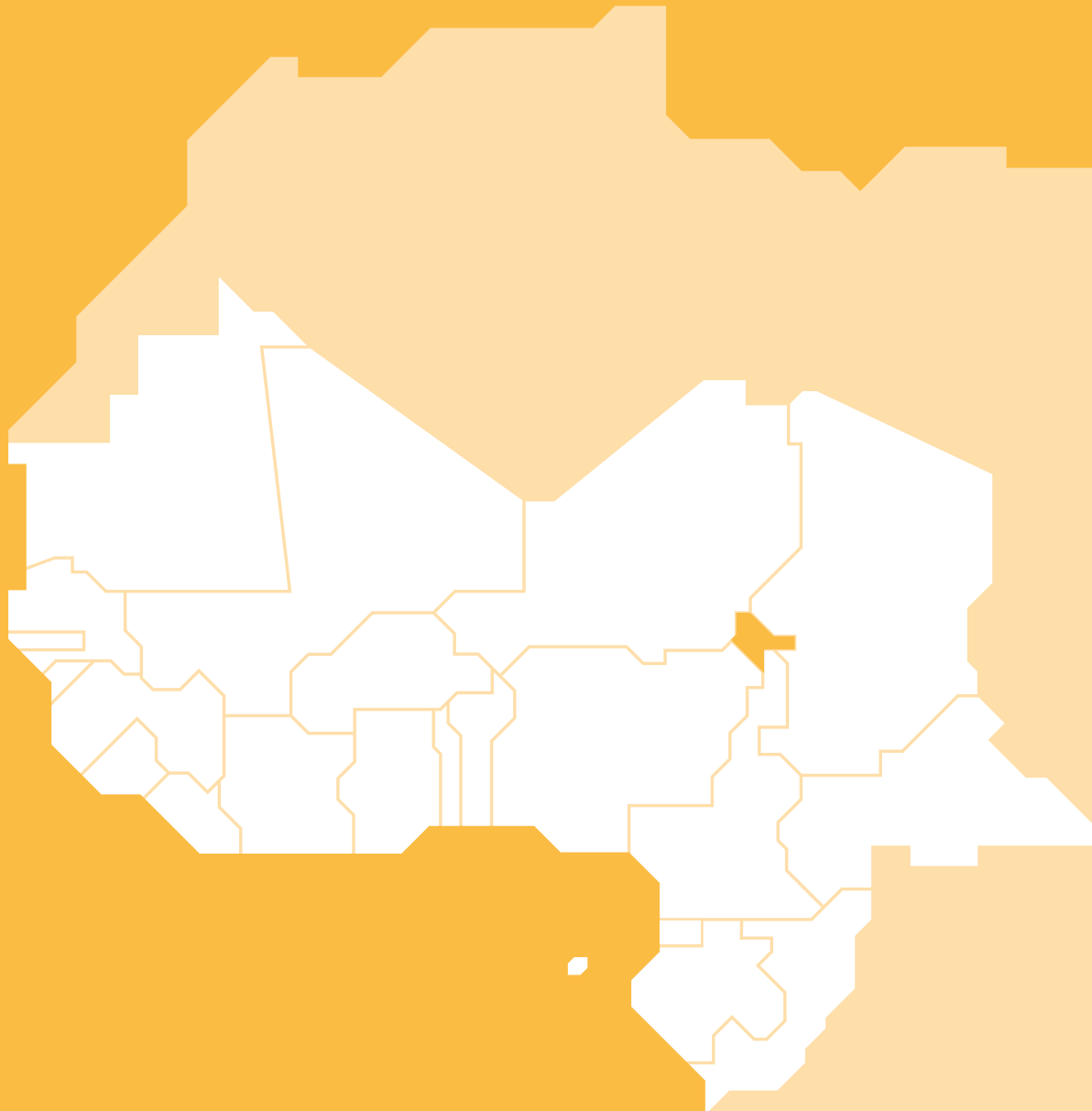
→ Number of countries whose national health information systems integrate data on fistulas.

Target (2030): 17

### Partners

Governments  
UNFPA country offices





**United Nations Population Fund  
West and Central Africa Regional Office**

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