

## USAID'S FISTULA PROGRAM

### What Is Fistula?

Fistula is an abnormal opening in the birth canal resulting in uncontrollable, constant leakage of urine and/or feces. Typically, fistula is a complication of prolonged, obstructed labor, but it can also result unintentionally through a medical procedure such as cesarean section (iatrogenic fistula) or from sexual violence (traumatic fistula). Almost all fistulas can be prevented, and complete repair is possible through both surgical and non-surgical methods.

Women with fistula suffer from frequent bladder infections, skin ulcers, and foul odor. In addition, they usually experience the trauma of a stillbirth, as well as social exclusion. Many live with other complications of prolonged, obstructed labor, including inability to walk normally due to nerve damage that affects the feet and legs, infertility, severe internal scarring, and mental health conditions, all of which will last a lifetime without proper diagnosis and treatment. Estimates suggest that one to two million women are currently living with fistula, with many thousands of new cases occurring each year. The unmet need for surgical treatment of fistula is estimated to be as high as 99 percent, depending on the country, and the vast majority of women with untreated fistula live in South Asia and sub-Saharan Africa.



*Fistula clients at post-repair rehabilitation site near Kano Hospital, Nigeria*

### USAID's Response

USAID has invested more than \$100 million to support fistula patients since 2004, restoring dignity to women's lives and strengthening fistula prevention. The program makes grants to health facilities and other providers that offer dedicated fistula repair services in high-burden countries in South Asia and sub-Saharan Africa. USAID's global fistula program also builds clinical and management skills at these sites to provide high-quality care and improves individual and organizational capacity for fistula treatment and prevention, as well as reintegration of clients into their communities. Community interventions raise awareness of fistula, reduce stigma, and facilitate family and community reintegration of fistula patients. Finally, USAID strengthens fistula prevention through promoting delayed age of marriage, supporting family planning to prevent unintended pregnancies, and providing women appropriate care during pregnancy, delivery, and postpartum.

From 2004 through September 2015, USAID has supported the repair of more than 39,000 fistulas through investments to 72 fistula repair centers in 16 countries. The current program directly funds activities in 10 countries through a combination of field support and bilateral mechanisms. During Fiscal Year (FY) 2015, USAID's efforts to address fistula achieved the following results in the focus countries:

- USAID introduced catheterization for non-surgical treatment of fresh fistula in 2014, thereby increasing access to care and enabling women to avoid surgery. In FY2015, 7 percent of all fistula repairs were provided through catheterization.
- In FY2015, USAID funded upgrades to facility operating rooms and pre- and post-operative wards; provided transportation and housing fees for clients and their caregivers; and supported the training of more than 1,600 surgeons and nurses as well as comprehensive counseling and physiotherapy.

- In FY2015, USAID trained 776 community health volunteers across six countries to educate communities about fistula and promote community reintegration of fistula patients. The community health volunteers consist of cured fistula patients, community members, and local religious leaders, and reached more than 400,000 people with fistula prevention and care messages during FY2015.

Through these interventions, 4,243 women received fistula repair surgery, representing 81 percent of all women eligible to receive surgery at program intervention sites in FY2015.

#### USAID Investments in Fistula

##### Global Health:

**ACQUIRE Project (2004-2007):** USAID started funding fistula interventions in Bangladesh and Uganda.

##### **Fistula Care Project (2007-2013):**

Interventions expanded to DRC, Ethiopia, Guinea, Mali, Niger, Nigeria, Rwanda, and Sierra Leone. Support also began for services by Mercy Ships in Benin, Ghana, Liberia, and Togo.

##### **Fistula Care Plus (2013-2018):**

Activities are focused in Bangladesh, DRC, Niger, Nigeria, and Uganda, with bilateral investments in DRC, Ethiopia, Guinea, Mali, Pakistan, and Tanzania.

#### Priorities Moving Forward

***Increasing country ownership and investment:*** Through close partnerships with national governments and local health providers, USAID has increased its efforts to advocate for increased health system investments in fistula prevention and repair and to raise awareness of fistula to promote community ownership of fistula prevention and support for fistula survivors. The governments of both Uganda and Nigeria have allocated funds to address fistula.

***Improving country-level data systems:*** There is limited availability of quality statistics and data on the incidence and burden of fistula, primarily because it is a rare, stigmatized, and generally neglected condition. In addition, fistula most often occurs in rural areas with poor information systems and amongst poor and marginalized women. USAID has supported intervention countries in improving their health information systems (HIS) to better capture fistula incidence and prevalence and in developing better screening questions for health providers to improve identification of fistula cases. As of FY2015, Niger, Nigeria, Uganda, and Bangladesh have all approved fistula indicators in their national health information systems.

***Institutionalizing improved care strategies:*** Through program monitoring, evaluation, and research, the global fistula program continues to promote improvements in the clinical quality of care for affected women. More recent improvements include the following:

- **Short-term postoperative catheterization.** A USAID-funded randomized-control trial study, recently published in *The Lancet*, demonstrated a successful, shorter protocol for post-operative care after simple fistula repair -- 7-day bladder catheterization, as opposed to 14-day catheterization. The findings demonstrate the potential to dramatically reduce the burden of fistula repair surgery for women and health facilities. Based on the study, the WHO aims to issue guidance to support this protocol. USAID's program also supports national technical working groups in intervention countries to adopt the protocol into national guidelines.
- **Prevention of iatrogenic fistula.** USAID provides support for training of surgeons and nurses in improved surgical techniques and peri-operative care practices to prevent iatrogenic fistula, a type of fistula that can be caused unintentionally by a health care provider (for instance, during a cesarean section). Globally, it is estimated that approximately 10 to 15 percent of the overall fistula patient caseload is due to iatrogenic causes. This is a growing problem in countries where rates of cesarean section and gynecological surgery are increasing, but quality of care remains a concern.

- **Addressing pelvic organ prolapse (POP).** In FY2015, USAID-supported fistula treatment sites began developing a strategy to integrate care for POP, a condition that can have symptoms and quality of life impact comparable to fistula. Unmet need for fistula and POP services often co-exist in the same communities. POP treatment requires similar infrastructure as is needed for fistula treatment.
- **High-quality surgical services.** USAID supported Fistula Care *Plus* participation in the launch of the [Global Alliance for Surgical, Obstetric, Trauma, and Anaesthesia Care \(G4 Alliance\)](#) during the 2015 World Health Assembly. The G4 Alliance was formed in response to a decade of work from the World Health Organization’s Global Initiative for Essential and Emergency Surgical Care (GIEESC) and the growing recognition of the global burden of surgical disease and related costs in low- and middle-income nations. The G4 Alliance, the WHO GIEESC and the [Lancet Commission on Global Surgery](#) agendas include specific focus on access to high-quality surgical family planning services, timely cesarean delivery, prevention and treatment of genital fistula, and access to effective treatment for POP. By participating in this advocacy alliance, USAID’s Fistula Care *Plus* Project is bringing a family planning, reproductive, health, and integrated maternal morbidity treatment perspective to this integrated global surgical movement, and is supporting improved platforms of surgical capacity for the delivery of related services.

