



Check against Delivery

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Third Committee

Introductory Statement on Report of the Secretary-General on

Supporting Efforts to End Obstetric Fistula (A/63/222)

by

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Mr. Chairman,

Thank you for giving me the opportunity to address the Third Committee on the agenda item advancement of women.

May I first congratulate you, Mr. Chairman, and other members of the Bureau, on your election.

It is my honour to present the first ever Report of the Secretary-General on “Supporting efforts to end obstetric fistula” contained in document A/63/222. This report has been prepared pursuant to General Assembly resolution (A/RES/62/138) which requested the Secretary-General to submit a report on the implementation of the resolution.

Last year the Third Committee and subsequently the General Assembly adopted a first time resolution on “Supporting efforts to end obstetric fistula” which had been co-sponsored by 138 countries. Member States recognized the importance of addressing this issue which leaves women with a devastating childbirth injury.

The victims of obstetric fistula are typically poor, illiterate women and girls living in remote areas where gender inequality is pervasive and access to health care limited. Unable to reach even the most basic of health-care facilities, they suffer prolonged and harrowing labour and, in most cases deliver stillborn babies.

Statistics show that the health-related Millennium Development Goals are relatively slow in progress, with MDG 5 achieving the least amount of progress as compared to the other goals. There is evidence that more than half a million women continue to die in the process of giving birth each year. Every minute, a woman in Africa or Asia dies giving birth. For each woman who loses her life, a family is shattered, surviving children are deprived of a mother’s care, and communities suffer.

For each woman who dies at childbirth, at least 20 more are left injured or disabled. One of the most devastating injuries of childbearing is obstetric fistula – which is a hole in the birth canal that leaves women incontinent, ashamed, alone, and often shunned by their communities. Left untreated obstetric fistula can lead to frequent infection, kidney disease and even death. Along with physical disability many women with obstetric fistula face profound social isolation. To paint a stark picture, the women leaking urine, faeces or both, are often abandoned by their husbands and families. The injury leaves women with few opportunities to earn a living and puts them into further poverty and misery.

Once common throughout the world, obstetric fistula has now been virtually eliminated in industrialized nations. Yet more than 2 million women in Africa, Asia and the Arab region are living with the condition of obstetric fistula, and some 50,000 to 100,000 new cases develop each year. Like maternal mortality, obstetric fistula is almost entirely preventable.

The continued existence of obstetric fistula reflects not only health system constraints but also the broader economic and socio-cultural context. It is a signal that health systems are failing to meet the needs of women, and is evidence of the profound social and institutional neglect of women and girls. The absence of preventive care, including emergency obstetric care violates the human rights of women and girls, especially their right to health care and in particular to reproductive health care.

As the Secretary-General's Report states, considerable progress has been achieved over the last two decades in focusing attention on maternal death and disability and more recently specifically on obstetric fistula. This has been mainly due to effective interventions, enhanced data collection and analysis, advocacy programmes and partnerships, and subsequently stronger political will and financial commitments.

Nevertheless, the challenge to end obstetric fistula requires intensified efforts at the national, regional and international levels. As the Secretary-General has recently said "Women and girls suffer persistent bias and neglect, evidenced by disturbing gender gaps in health, education, employment and empowerment". The efforts to address the health of women must go beyond strengthening health systems to achieve MDG 5 for improving maternal health. If MDG 5 is to be achieved, predictable and sustained funding is essential.

In 2003, UNFPA, the United Nations Population Fund, launched the world's first global Campaign to End Fistula. The Campaign promotes prevention, treatment and social integration, and it is producing demonstrable results. With joint action, UNFPA and its partners, governments, non-governmental organizations, the private sector and individuals can end obstetric fistula by strengthening health systems and providing essential and emergency maternal health care.

In partnership with UNICEF, WHO and the World Bank, UNFPA is working with governments to promote maternal and newborn health. The UNFPA strategy for safe motherhood emphasizes family planning services to prevent unintended pregnancies, skilled birth attendance for all women during pregnancy and delivery, and emergency obstetric care for those who develop complications. Furthermore, UNFPA supports the training of doctors, nurses, midwives and other health workers in life-saving obstetric care in dozens of countries across the globe. The Fund works with community leaders and policy makers to increase awareness and mobilize support for pregnant women.

Mr. Chairman,

The Report of the Secretary-General calls for renewed focus of this issue through specific programmes and additional resources. It calls upon the international community and all relevant stakeholders to give particular attention to maternal health and in this context the prevention and treatment of obstetric fistula. These efforts are essential to making safe and healthy childbirth a reality for all women.

I thank you.

