



Social, Humanitarian and Cultural Affairs Committee (Third Committee)

Agenda item 28: Advancement of Women

Report of the Secretary-General on
"Supporting efforts to end obstetric fistula"

Statement

of

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11 October 2010

New York

Mr. Chairman,

Thank you for giving me the opportunity to address the Third Committee on Agenda Item 28: Advancement of Women.

I take this opportunity to congratulate you, Mr. Chairman, and the members of the Bureau on your election and wish you a successful session. I would also like to congratulate Michelle Bachelet on her appointment as the Executive Director of UN Women and express the full support of UNFPA to advance women's empowerment, gender equality and accountability to the world's girls and women.

It is in this spirit that two years ago, the Third Committee, and subsequently the General Assembly adopted the first resolution (A/RES/63/158) on "Supporting efforts to end obstetric fistula". The resolution was co-sponsored by 138 member States and requested the Secretary-General to submit a report on its implementation. Today it is my honour to present the Report of the Secretary-General on "Supporting efforts to end obstetric fistula", contained in document A/65/268.

Mr. Chairman,

Every day more than 1000 women die from complications of pregnancy. For every woman who dies, 20 or more are injured or disabled. One of the most serious injuries of childbearing is obstetric fistula, a hole in the birth canal, caused by prolonged, obstructed labour in lack of timely and adequate medical care.

As the Secretary-General's Report states, in most cases, the baby is stillborn or dies within the first week of life, and the woman suffers a devastating injury that leaves her incontinent, ashamed and alone. Many women who suffer from fistula are excluded from daily community life and abandoned by their husbands and families, making it difficult to maintain a source of income or support.

Obstetric fistula has been virtually eliminated in industrialized nations, but in the developing world it is estimated that more than 2 million women are still living with the condition and about 50,000 to 100,000 new cases develop each year.

The victims of obstetric fistula are usually poor, illiterate women and girls with limited access to health care, including sexual and reproductive health care. The persistence of obstetric fistula reflects not only deep health inequities and health-care system constraints but also broader economic and socio-cultural challenges facing women and girls. Poverty, gender inequality, lack of schooling, and child marriage impede women's opportunities, and the absence of preventive care violates their basic human rights, including the right to health.

The Report states that, over the past two years, considerable progress has been achieved in focusing attention on maternal health and in addressing obstetric fistula. This progress is mainly due to better evidence of effective interventions, enhanced data collection and analysis, advocacy programmes, partnerships, and stronger political and financial commitments.

The power of working in partnership is demonstrated in many effective health initiatives, such as the inter-agency group H4+, consisting of UNICEF, UNFPA, UNAIDS, the World Health Organization and The World Bank. The H4+ is working with governments to promote maternal, newborn and child health, and has played an important role in supporting the Global Strategy for Women's and Children's Health.

In 2003, UNFPA and partners launched the world's first global Campaign to End fistula. The Campaign has raised awareness and is producing measurable results because it brings together key actors in a well-coordinated partnership to support national efforts. The mid-term review of the Campaign in 2009 shows that further progress to end obstetric fistula requires additional resources and intensified efforts at all levels, with more focus on prevention, increased technical assistance to countries and scaling up of treatment services.

Mr. Chairman,

The factors that lead women to develop obstetric fistula are the same that cause maternal morbidity and mortality. These factors include gender inequality, lack of protection of women's human rights, child marriage, and lack of access to health services throughout the life-cycle.

I myself remember when I first heard of fistula and did not know what it was because it remained hidden and silent. I hope the next generation will not hear of fistula not because it remains hidden, but because it no longer exists.

As the Secretary-General's Report states, obstetric fistula is, like maternal deaths, almost entirely preventable when there is universal and equitable access to quality reproductive health services, including family planning, skilled birth attendance and emergency obstetric care.

Today UNFPA joins the Secretary-General in calling on the international community and all relevant stakeholders to devote increased funding to MDG5 to improve maternal health and guarantee universal access to reproductive health by 2015. If we make women's health and rights a priority, we can make pregnancy and childbirth safe for all women and eliminate fistula everywhere. I thank you.