First "Fistula as a Catalyst" Meeting
Draft Meeting Plan and Agenda
As of June 2005

Obstetric fistula is increasingly recognised both as a significant public health issue, but also as an effective entrypoint to reproductive health, particularly maternal health, and gender equity.

Key experts, approximately half from affected countries in Africa and Asia, will meet to explore how interventions for obstetric fistula elimination can be utilized as a catalyst for preventing obstructed labour sequela and improving maternal health.

Current efforts to eliminate fistula will be discussed and reviewed in relation to successful disease eradication strategies and public health campaigns in order to identify key necessary components for strengthening these efforts. In addition, experiences of utilizing a specific condition or disease to highlight broader issues will be reviewed and related to obstructed labour/obstetric fistula and the broader issues of maternal health and gender equity.

Based on the conclusions of the meeting, participants will outline a plan for piloting and scaling-up efforts to strengthen the global initiative to eliminate fistula and reduce maternal mortality and morbidity.

Proposed venue: CDC-Atlanta

Objective:
The objective of this meeting is to identify and develop additional collaborative efforts to strengthen prevention and management of obstructed labor and resulting sequelae, including obstetric fistula, and for utilizing these as a catalyst to leverage support for reducing maternal and perinatal morbidity and mortality.

During the meeting, 20-30 international experts on safe motherhood, obstructed labor, obstetric fistula and disease eradication programs will brainstorm and explore the feasibility of initiating a program using disease eradication approaches to prevent and manage prolonged or obstructed labor and its complications in developing-country settings. Additionally, participants will highlight ways that these global fistula elimination efforts can serve as an entrypoint to strengthening broader efforts in safe motherhood. Based on the consensus, work will begin on preparation of specific proposals to begin piloting and implementing these additional efforts.

Expected outcomes:
- Consensus on the collaborative efforts necessary to strengthen prevention and management of obstructed labour and obstetric fistula
- Strategies identified for utilizing obstetric fistula to leverage support for broader issues
- Specific proposals drafted to begin piloting and implementing recommended efforts

Meeting duration: 2 + 1 day
The major decisions of the meeting will be reached by the end of Day 2. The third day will focus on developing specific proposals to implement efforts proposed during the meeting's first two days. All participants are encouraged to participate on Day 3.

Why us
CDC and HDI have experience with disease eradication methods that have been applied successfully to reduce and eradicate several infectious diseases. UNFPA has launched a global Campaign to End Fistula.

General plan for the meeting
1. Identify and discuss latest information and remaining knowledge gaps about obstructed labor and fistula, especially what is known about the incidence, prevalence, and risk factors for obstructed labor; and the range of sequela including case-fatality rates and morbidity rates, including an estimate of women giving

birth who develop either a vesico-vaginal fistula or recto-vaginal fistula, and % of women with obstructed labor who develop a fistula.

Note: Time constraints and the meeting-design allow only cursory description on the "contents" and relative advantages of specific treatments and obstetric interventions. Participating experts are assumed to understand basic obstetric principles.

2. Review the ongoing global Campaign to End Fistula, including country-level, global and regional efforts.

3. Discuss the idea of using disease eradication techniques or approaches to eliminate fistula (and thus fundamentally address obstructed labor) though these are non-eradicable conditions[1].

   The meeting will include a brief presentation on generic aspects of disease eradication efforts and why it seems feasible to consider applying these approaches to carefully selected conditions that are not biologically eradicable. Examples of and similarities in organizational methods used by successful eradication and elimination programs will be presented. These may include examples from the Onchocerciasis Control Program the Global Lymphatic Filariasis Elimination Program, but will focus on the Guinea Worm (Dracunculiasis) Eradication effort.

   The meeting will also consider conclusions of the "What Works Working Group" on successful public health campaigns as published in the report "Millions Saved" by Ruth Levine, and observations by Dr. Jeremy Shiffman et al. on the key factors that contributed to improved safe motherhood outcomes in Honduras in the 1990s.

4. Strategies or programs worth pursuing will be considered, also as concerns research, to deal resolutely with obstructed labor and obstetric fistula. One will decide which if any of these to pursue and prioritize.

5. Funding streams that may be available and a Plan of Action, or at least next steps, will be elaborated.

Suggested Partners for Future Activities

In addition to CDC, HDI and UNFPA, potential future partners include but are not limited to national governments, IMMPACT at Aberdeen, AMDD at Columbia, JHPIEGO at Johns Hopkins, UNICEF, WHO, CIDA, DFID, NORAD, USAID, and other interested development assistance agencies, FIGO, ICM, EngenderHealth, Women's Dignity Project, Carter Center, and AMREF

Abbreviations

AMDD	Averting Maternal Death and Disability, a program at Columbia University, USA
AMREF	African Medical Research Foundation
CDC	US Centers for Disease Control and Prevention
CIDA	Canadian International Development Agency
DFID	UK Department for International Development
FIGO	International Federation of Gynecology and Obstetrics
HDI	Health & Development International
ICM	International Confederation of Midwives
IMMPACT	Initiative for Maternal Mortality Programme Assessment, University of Aberdeen, UK
JHPIEGO	a not-for-profit international public health organization affiliated with Johns Hopkins University, USA
NORAD	Norwegian Agency for Development Cooperation, under Norway's Ministry of Foreign Affairs
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	US Agency for International Development
WHO	World Health Organization

[1] A disease (as yet always an infectious disease) is by definition eradicated only when the disease no longer exists in any human population, and no further intervention is needed in order to prevent it ever re-emerging by natural means. Saying that a disease has been "eliminated" can 1) mean that conditions for claiming eradication have been achieved, but only in a geographically defined portion of the world (usually a specified country or a continent, "eliminated from….) or 2) be used as shorthand for "eliminated as a public health problem", an often vaguely defined concept that entails reducing the occurrence or the burden of a disease or condition to very low levels, though the disease has not been eradicated (and in some cases may not be biologically eradicable). Obstetric fistula is not biologically eradicable because recurrence is possible even where fistula has been eliminated, if caesarean section etc were no longer available.

Proposed Agenda

Day 1 – Morning
Obstructed labor and obstetric fistula

8:30 - 9:00 Welcome, introductory remarks, and introduction of participants to each other (30 min)

9:00 – 9:20 Very brief updates on obstructed labor and obstetric fistula, and clarifying questions Summary, current knowledge and remaining knowledge-gaps that are not country-specific, especially pertaining to: (e.g. _____, FIGO); 15 min + 5 min Qs)

- prevalence of obstructed labor
- risk factors for obstructed labor
- range of sequela
- % of women who experience obstructed labor who then suffer a fistula
- % of women who have obstructed labor who then die
- risk factors for death

9:20 – 9:40 One presenter briefly summarizes existing programs for prevention and treatment of fistula, programs for: (e.g. Dr. France Donnay, UNFPA); 15 min + 5 min. Qs)

- treating obstructed labor
- preventing high risk pregnancies (too young)
- diagnosing obstructed labor in a timely fashion
- assisted delivery for those with obstructed labor (vacuum, forceps, C/S, symphysiotomy)
- repair of obstetric fistulas
- reintegration of treated fistula patients/prevention of recurrence

9:40 – 10:00 Policy issues from one donor's perspective (e.g. Dr. Mogedal, NORAD; 10 min + 5 min. Qs)

10:00 – 10:30 Coffee / tea

10:30 – 12:00 Country-data concerning obstructed labor and fistula and existing programmes (3 20-min. presentations + 15 min discussion on each group of countries), total 1hr 45 min)

- One presenter from each geographic group of attending countries (South Asia (Afghanistan, Bangladesh,or Pakistan), Western Africa (Benin, Niger, or Nigeria) and Eastern Africa (e.g. if possible, Dr. Songane, Mozambique) will be responsible for gathering and summarizing data about the situation and current programmes in each of the represented endemic countries in advance, and presenting a summary.

- Each country will respond to questions pertaining to their country, though the summary data were presented by only one person from that sub-region as a time-saving arrangement.

12:00 – 1:00 Lunch

Day 1 – Afternoon
What works as seen through other eyes

1:00 – 1:35 Conclusions of the What Works Working Group (20 min. + 15 min discussion for clarifications)

1:35 – 2:10 The emergence of political priority for safe motherhood in Honduras; implications for safe motherhood policy and planning generally (20 min. + 15 min discussion for clarifications)

How disease eradication programs do it (2hrs 35 min. leaves some room for spill-over from morning session, or preferably more discussion of topics novel to most participants)

2:15 – 2:30 General remarks about tools that successful disease eradication programs have in common (Anders Seim, HDI; 10 min. + 5 min discussion for clarifications)

2:30 – 2:50 Tea / Coffee

2:50 – 3:05 General remarks about selection criteria for diseases where disease eradication tools may be considered (Anders S.; 10 min + 5 min discussion for clarifications)

3:05 – 3:55 Guinea worm (dracunculiasis) as a successful example of disease eradication using tools from "the Community-Based Catalyst Approach to public health" (Dr. Ernesto Ruiz or Dr. Donald R. Hopkins – 45 min. + 10 min discussion for clarifications)

4:00 – 4:50 Description of the Oncho Control Program (OCP) and the Global LF Elimination Program from an organizational perspective, as examples of the programs using "catalyst approaches to public health" (Dr. Yankum Dadzie, former head of OCP and currently Chairman of the Global Alliance for LF Elimination - 45 min + 10 min discussion for clarifications)

4:50 – 5:15 Brief intro. to Day 2 plan of work, followed by self-selecting sign-up for working groups

Day 2 – Morning
Group Discussions
Is an additional paradigm useful for obstructed labor and obstetric fistula?

8:30 – 8:45 Brief introduction to the day's plan of work (Linda Bartlett, CDC; 5 min + 5-10 min for clarifying Qs)

8:45 – 12:00 Group Discussions all morning, addressing the question as concerns:

- Eastern Africa
- Western Africa
- Central Asia
- Catalyst approach methodologies and research questions

Day 2 – Afternoon
Is an additional paradigm useful for obstructed labor and obstetric fistula?

1:00 – 2:00 Presentation of Group Discussion Conclusions by each group (15 min. x 4 = 1 hr)

2:00 – 2:30 Coffee / Tea

2:30 – 3:45 General discussion and debate in plenary (1 hr 15 min)

3:45 – 4:20 Next Steps and initial allocation of follow-up responsibilities, depending on conclusions reached (5 min. summary by_____ , followed by 30 min plenary discussion)

Note: We anticipate that some participants from academic institutions, foundations, other supporting agencies, etc will be unable to attend Day 3. Therefore, the third day will focus on developing specific proposals to pilot the recommended efforts proposed during the meeting's first two days All participants are invited to participate on Day 3.

Day 3 - Morning
Next Steps continued

8:30 – 9:00 General discussion and debate continued, e.g. with more country-focus (30 min)

9:00 – 12:00 Participants self-select to geographic groups for developing next-step plans of action and any proposals for implementation and to address research issues (in groups which may have different participants than the groups on Day 2)

Begin developing any plans of action and funding proposals for each group of countries present.

12:00 – 1:00 Lunch

Day 3 – Afternoon
Next Steps (continued)

1:00 – 3:00 Continue developing any plans and proposals for each group of countries and for research issues. Coffee break as it fits with the progress of each group's work

3:00 – 3:45 Plenary discussion about the results of Group Discussions on next steps

3:45 – 4:30 Allocate responsibilities for sub-regional groups, country-specific, and research-specific follow-up (in plenary)

4:30 Closing