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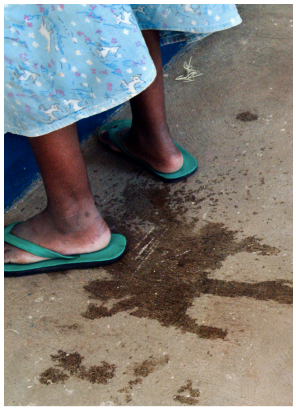
Saving Lives During Childbirth: The Time is Now

During her time as US Ambassador to Niger, Health & Development International Chair Barbro Owens-Kirkpatrick saw firsthand the physical, emotional, and social damage inflicted upon young women and girls who suffered from obstetric fistula. "Coming from the developed world, where women usually have access to emergency obstetric care, especially caesarian section, if problems develop during childbirth," Ambassador Owens-Kirkpatrick says, "I was not used to seeing what happens to women and their babies when such care is not available."

"The result is a devastating series of outcomes for a mother and her baby when labor is obstructed," Ambassador Owens-Kirkpatrick recalls. "Most of the time, the baby dies during childbirth and the mother, if she survives, is often left with a fistula, a burden she may have to carry for a lifetime."

Following her experience in Niger, Ambassador Owens-Kirkpatrick made sure that obstetric fistula became a priority for Health & Development International when she joined the board in 2003. HDI already had a long and successful history contributing importantly in the fight against Guinea worm disease, which the World Health Organization has targeted for eradication by 2009, and helping eliminate lymphatic filariasis (LF) and improve the treatment of LF patients, the world's second greatest contributor to permanent disability. But obstetric fistula poses a different challenge.

In many countries of Africa and Asia, in the poorest areas, women whose bodies have not physically matured enough for healthy birthing and who may be undernourished as well, often experience obstructed labor during childbirth.



Unless corrected by surgery, this woman can expect to leak urine for the rest of her life. HDI can help prevent this tragedy.

Long, blocked birth lasting for days usually results in a stillbirth, and for the mother, death is not uncommon. All too often, women who do survive are left with a fistula - a hole in the vaginal wall that develops after days of being squeezed between the baby's head and the pelvis. Urine and/or feces leaks through the resulting hole permanently, unless corrected by surgery.

Women left with a fistula are often turned away from their homes and husbands because of the constant smell. Even their own families may not take them back. And infection is always a threat with an open wound and the presence of leaking bodily fluids.

Following Ambassador Owens-Kirkpatrick's suggesting fistula prevention as a new program area for HDI, a meeting was planned to examine the state of fistula prevention and treatment and to talk with global experts about applying HDI's experiences in disease eradication, using a community-based approach toward making c-section more available for women in developing countries. HDI presented a conference in Atlanta in October 2005 called "Fistula as a Catalyst." Co-sponsored by the United Nations Population Fund (UNFPA) and the Centers for Disease Control and Prevention (CDC), the conference endorsed HDI's plan to use a community-based approach and make c-section more accessible through pre-natal planning and better resource allocation.

Among the countries represented at the Atlanta meeting, Niger and Nigeria were the first to act. Since early 2006, ministries of health from both countries have worked with HDI to develop plans for providing greater accessibility to emergency obstetric care, especially c-section.

HDI Executive Director Dr. Anders Seim has traveled to both Niger and Nigeria over the past year and is excited about the prospects of preventing fistula by helping to make c-section more available to women who do not have that option now. "There certainly are challenges to developing a new public health approach and making the best possible use of available resources in many African countries," Dr. Seim admits, "but these are also places where a relatively small number of dedicated, well-positioned people can make a huge difference."

"For example, Niger's president and first lady are personally committed to the fistula cause, including aggressive prevention efforts such as those proposed by HDI," Dr. Seim went on to say. "And in Nigeria, the government has already approved a plan and sent a funding proposal to major multinational and bilateral donor

agencies." In working on fistula prevention, HDI will coordinate closely with other NGOs focused on fistula repair, reintegration of fistula women into their communities, and other aspects of maternal health.

As in its Guinea worm and LF programs, HDI's role in improving access to c-section and reducing maternal mortality and obstetric fistula, is that of catalyst and stimulator. HDI brings together diverse groups in Niger and Nigeria as stakeholders in their country's plans.

A key element of HDI's community-based approach is for village volunteers to plan and get prior approval from a pregnant woman's family, for emergency evacuation to get these women to the nearest medical facility where c-section can be safely performed if labor goes past 24 hours. Helping to plan this training and providing other technical assistance will be major components of HDI's contribution to the success of these programs in Niger, Nigeria, and, later, elsewhere in the developing world.

Can this really work? Yes it can. In fact, countries expect at least a 75% reduction in obstructed labor deaths in the first two years of a project. And new cases of fistula will be reduced by over 50% during that time.

So, now what? During his visits to Nigeria and Niger, Dr. Seim has already provided technical assistance to government officials and others on developing their plans for presentation to the international donor community.

But there is more to be done. HDI is ready to move forward to help save the lives of women and children and prevent obstetric fistula.

HDI-supported countries reduced Guinea worm by up to 97% in 2006

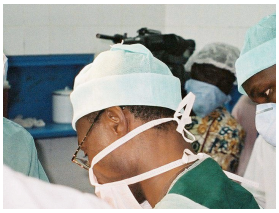
Average reductions in Guinea worm cases of 74% (range 44% - 97%) were achieved by low-endemic countries receiving HDI support thanks to Fondation Pro Victimis in Geneva. Mali and Niger saw a 48% reduction (51% and 38% respectively) from 2005 to 2006, supported by the Conrad N. Hilton Foundation.

Individual water pipe filters provided by HDI have helped stop the spread of Guinea worm disease.

Five HDI-supported countries reported 25 or fewer cases in 2006. And 481 cases of Guinea worm were reported outside of Ghana and Sudan, which remain the two major problem areas for Guinea worm eradication, compared with the 3.5 million estimated to exist worldwide in the 1980s. HDI made important contributions to strong progress in the parts of Sudan that were accessible to the program in 2001-2005, though it is not currently active in either Ghana or Sudan where other partners are focusing. HDI continues to concentrate on countries with the fewest cases remaining.

Togo Stops LF! A First in Africa

Recent testing shows that Togo has probably stopped transmission of lymphatic fialriasis (LF), making it the first African country to reach this major milestone. HDI has supported LF elimination in Togo since 1997 and helped them become the first to teach physicians in all parts of the country how to treat LF-lymphoedema patients. HDI also assisted Togo to become the first Francophone country to start Mass Drug Administration (MDA) aimed at interrupting transmission and the first to provide MDA to its entire at-risk population. HDI continues to be the recipient for Togo of donated Mectizan (from Merck & Co. Inc.) to help stop LF transmission.



In the fall of 2006, HDI received funding from the Ernest A. Bates Foundation to allow curative surgery for men in remote areas of Togo. These operations are performed by surgeons trained under HDI's West African LF Morbidity Project.

You'll find more information about HDI (Health & Development International) at www.hdi.no. Or contact:

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Benefits of HDI's work reach millions in Africa and elsewhere, though its annual budget is less than $500,000.

Please support HDI through online donation, by check or bank transfer. Your contribution is especially needed to help save women's lives, and tax deductible to the extent of the law in the US and Norway. Help stop the indignities and poverty that obstetric fistula guarantees. Obstetric fistula and deaths of women in childbirth can be prevented, even in remote parts of developing countries. It can be done, and it's time to stop these tragedies now!

Fistula Photo: Shaleece Haas; Obstetric Fistula in Ilorin, Nigeria Browning A *PLoS Medicine* Vol. 1, No. 1, e2doi:10.1371/journal.pmed.0010002