



The Social, Humanitarian Cultural Affairs Committee (Third Committee)

Agenda item 28: Advancement of Women

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

**Presentation
of
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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.

Two years ago, the Third Committee, and subsequently the General Assembly adopted the resolution (A/RES/65/188) on “Supporting efforts to end obstetric fistula”. The resolution was co-sponsored by 172 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/67/258.

Mr. Chairman,

Every day almost 800 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 due to lack of timely and adequate medical care.

The Secretary-General’s Report states, as a result of prolonged, obstructed labour, 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, ostracized and alone. Many women and girls 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, thus deepening their poverty and suffering.

Obstetric fistula has been virtually eliminated in industrialized nations, but in the developing world it is estimated that 2 to 3.5 million women and girls are still living with the condition and about 50,000 to 100,000 new cases develop each year. Obstetric fistula is, however, both preventable and, in most cases, treatable.

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 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, child marriage and early child bearing impede opportunities for women and girls, 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 and newborn 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, UN-Women, 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. Another example is the joint UNFPA-International Confederation of Midwives Midwifery Programme which helps countries to strengthen their midwifery programmes and policies.

In 2003, UNFPA and partners launched the world's first global Campaign to End Fistula. The Campaign is producing measurable results because it brings together key actors in a well-coordinated partnership to support national efforts. As the Campaign approaches its tenth anniversary, however, the challenge of putting an end to obstetric fistula requires vastly intensified efforts at the national, regional and international levels. Such efforts must be part of the strengthening of health systems, gender and socio-economic equality and human rights aimed at achieving Millennium Development Goal 5.

Mr. Chairman,

The factors that lead women and girls 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, and lack of access to health services and a continuum of care throughout the life-cycle. As the Secretary-General's Report states, obstetric fistula is, like maternal deaths, almost entirely preventable when there is universal and equitable access to high quality reproductive health care, including family planning, skilled attendance at birth 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, to eliminate obstetric fistula, and guarantee universal access to reproductive health by 2015. If we make the health and rights of women and girls a priority, we can make every pregnancy and childbirth safe and eliminate obstetric fistula everywhere.

I thank you.