

## **Statement on the Occasion of the International Day to End Obstetric Fistula**

**Dr. Babatunde Osotimehin, United Nations Under-Secretary General and UNFPA  
Executive Director**

**23 May 2013**

An estimated 2 to 3 million women and girls in developing countries are living with obstetric fistula, a condition that has been virtually eliminated in industrialized nations.

Obstetric fistula is preventable and in most cases treatable, and yet more than 50,000 new cases develop each year.

The victims of obstetric fistula are women and girls, usually poor, often illiterate, who have limited access to health services, including maternal and reproductive health care. In an age of rapid globalization in which mobile and e-technologies have changed the face of human communications and revolutionized the frontiers of science and medicine, it is unconscionable that the poorest, most vulnerable women and girls continue to suffer needlessly from this scourge. These vulnerable women and girls are at the heart of UNFPA's efforts to ensure that every pregnancy is wanted, every child birth is safe, and every young person's potential is fulfilled.

The persistence of fistula is a result of human rights denied and a reflection of human rights abuse. It reflects chronic health inequities and health-care system constraints, as well as wider challenges, such as gender and socio-economic inequality, child marriage and early child bearing, all of which can undermine the lives of women and girls and interfere with their enjoyment of their basic human rights.

As part of the global community, we have an obligation to end this health and human rights tragedy.

UNFPA leads and coordinates the Campaign to End Fistula, working with its partners for the past decade to make fistula as rare in developing countries as it is in the industrialized world.

Through its three key strategies of prevention, treatment and social reintegration, the collaborative efforts of the Campaign have helped women and girls around the world overcome a debilitating condition that has left—and continues to leave— significant numbers suffering in solitude and shame.

Noting considerable recent progress in reducing maternal deaths and disabilities, a 2012 report of the United Nations Secretary-General, "Supporting Efforts to End Obstetric Fistula," called for dramatically intensified political and financial mobilization to accelerate progress towards ending obstetric fistula. In a clarion call to action, the SG noted that many serious challenges remain and the world must do far more to reach the goal of "getting to zero."

Major gaps exist in access to treatment. The Global Fistula Care Map ([www.globalfistulamap.org](http://www.globalfistulamap.org)), launched in 2012 by Direct Relief International, UNFPA and the Fistula Foundation, starkly illustrates that only a fraction of fistula patients receive treatment and there is a tremendous backlog of cases, as well as a severe lack of trained, skilled expert fistula surgeons.

---

On this first-ever International Day to End Obstetric Fistula, let us redouble our efforts to put an end to this grave global injustice. By raising awareness and support, including funding, we can make this a “game-changing” year for fistula. Working together, we can end the shame, end the isolation, and end fistula.

---