

Breaking the Cycle: Addressing the Burden of Obstetric Fistula in Afghanistan

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Afghanistan: Key Data

620	Maternal Mortality Ratio (per 100,000 live births) – Source: WHO, 2023
55	Health facilities carrying functional basic emergency obstetric and newborn care (%) – Source: Afghanistan National MNH Quality of Care Assessment, 2016
55.9	Multi Poverty Index (MPI) multidimensionally poor (% of population) – Source: MPI, 2021
66.3	Deliveries conducted in a health facility (%) – Source: MICS, 2023
67.5	Skilled health attendance at birth (%) – Source: MICS, 2023
24.5	Unmet need for family planning among married women (%) – Source: AfdHS, 2015
25.7	Stillbirth rate (per 1000) – Source: UN-IGEM, 2023
5.4	Total Fertility Rate – Source: MICS, 2023
16.3	Childbearing before 18 (%) – Source: MICS, 2023
36.3	Postnatal Care within 2 days (%) – Source: MICS, 2023

Country Context

Afghanistan is facing an ongoing humanitarian crisis, with political instability, rapid economic decline and three years of consecutive drought driving food insecurity and unprecedented levels of hunger. A staggering 28.3 million people – two thirds of the population – need urgent humanitarian assistance in order to survive. The crisis is also reversing gains that have been made over the last 20 years, including around the rights of women and girls.

Millions of people in Afghanistan have little or no access to health care, and the country remains one of the most dangerous places in the world to give birth. One woman dies every two hours during pregnancy or childbirth from causes that would largely be preventable with access to skilled care. The estimated 20,000 women who give birth each month in hard-to-reach areas of the country face particular challenges reaching hospitals or health facilities.

Before the crisis, Afghanistan had made significant progress in improving life expectancy and reducing mortality since 2000. Life expectancy increased from 45 years in 2000 to 61 years in 2012¹. These improvements were largely achieved through implementing a Basic Package of Health Services (BPHS) and an Essential Package of Hospital Services (EPHS). By 2017, all secondary and tertiary health facilities had midwives; 90% of primary facilities had midwives; 66% of the population lived within one hour's travelling time to a health facility; 88% of the population lived within two hours' travelling time; and health posts with male and female community health workers had been established in more than 15,000 communities.²

Efforts to address Obstetric Fistula (OF)

Obstetric fistula (OF) is a traumatic childbirth injury that develops between the birth canal and a woman's internal organs, as a result of prolonged, obstructed labour without access to timely and skilled medical care. It nearly always results in a stillborn baby, and if left untreated can lead to chronic medical problems and significantly impact physical, mental, social, and economic well-being.

UNFPA Afghanistan conducted a survey in 2010³ in 6 provinces of Afghanistan, interviewing 3040 ever-married women of reproductive age. The prevalence of OF was found to be 4 cases per 1000 (0.4%). The study also found that 67% of the women reported they were 16-20 years old when they married; 17% of women with OF reported that they

were less than 16 years old when they had their first delivery, while 25% of women with fistula said they developed the OF after their first delivery, and 64% reported prolonged labour immediately prior to developing the fistula.

Despite its devastating impact on the lives of women, OF was largely neglected in Afghanistan until UNFPA opened up an OF treatment and repair centre in Malalai Maternity Hospital in 2007 and started training Afghan surgeons, nurses, midwives, and anaesthetists in Afghanistan and abroad to provide professional OF care. Malalai Maternity Hospital (MMH) is the main public health facility that provides treatment for OF cases, through the technical and financial assistance of UNFPA. In 2018, UNFPA, in collaboration with the MMH trained the surgical team from Herat Regional Hospital and Nangarhar Regional Hospital on fistula repair and post-operative care. Subsequently, UNFPA equipped the mentioned hospital with the necessary equipment to enable the team to provide OF treatment and care services.

Despite the ongoing crisis, the country has continued with efforts to prevent and treat fistula, albeit on a small scale. It is estimated that approximately 150 OF surgeries are being provided each year across the sites. While a total of 16 obstetricians/gynaecologists have been trained to provide OF surgery (14 by UNFPA), just six remain in the country, four of them at the public hospital. There are a further six surgeons from three provinces currently being trained at Malalai public hospital.

¹ UNFPA; Country Programme Action Plan 2015-2019 Between the Government of the Islamic Republic of Afghanistan and the United Nations Population Fund; 2015.

² Afghanistan Ministry of Public Health; National Reproductive, Maternal, Newborn, Child and Adolescent Health Strategy 2017-2021; 2017.

³ Social and Health Development Program (SHDP) for UNFPA Afghanistan, *Survey Report: Prevalence of Obstetric Fistula among Women of Reproductive Age in Six provinces of Afghanistan, 2011*

Community engagement is taking place through health care providers that are implementing the BPHS/EPHS at provincial level. The health workers usually refer suspected OF cases to the OF centre at Malalai Maternity Hospital. There is a need to strengthen screening in the community to increase case identification and subsequent treatment.

Afghanistan has a decentralised health system. Responsibility for health, including OF, sits with the provincial health authorities. The country does not currently allocate budget specifically to address OF nor has an OF strategy, but OF is part of the Reproductive Morbidities section in the National Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Strategy. OF has also recently been added to the obstetrician/gynaecologist specialisation curricula.

While conditions for women have improved in recent years, there remains an acute need to build the healthcare capacity for fistula treatment and increase the proportion of institutional deliveries and deliveries with skilled birth attendance. Practices such as early marriage and a lack of female education further undermine women's ability to access health care.

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For more information on Obstetric Fistula, please visit: <https://asiapacific.unfpa.org/en/end-fistula-apro>

Proposed Top Priorities for Implementing an Obstetric Fistula Prevention and Treatment Programme

- ✓ Implement prevention initiatives and improve referral linkages between health posts and secondary and tertiary health facilities with Emergency Obstetric and Newborn Care (EmONC) services;
- ✓ Bolster current implementation efforts of the BPHS through training in OF screening to increase case identification;
- ✓ Support pre-service training of midwives with a particular focus on identification and management of prolonged labour;
- ✓ Support the training of female surgeons and other female medical support staff;
- ✓ Take part in regional exchanges with surgeons from other countries to strengthen the quality of care provided in Afghanistan's OF treatment centres, including recruiting international surgeons to provide on the job training to OF centres teams and operate on complex cases;
- ✓ Continue to support the Malalai Maternity Hospital to be a center of excellence at the national level;
- ✓ Revive the 2 existing OF centres, which were supported by UNFPA before 2021, and establish 2 new OF centres (in Balkh and Khost regional hospitals);
- ✓ Strengthen reintegration and rehabilitation services for OF survivors and referral pathway for OF patients.