

# Breaking the Cycle: Addressing the Burden of Obstetric Fistula in Pakistan

May 2024

## Pakistan: Key Data

154	Maternal Mortality Ratio (per 100,000 live births) – Source: WHO, 2023
N/A	Health facilities carrying functional basic emergency obstetric and newborn care (%) – Source: N/A
38.3	Multi Poverty Index (MPI) multidimensionally poor (% of population)– Source: MPI, 2021
66	Deliveries conducted in a health facility (%) – Source: PDHS, 2017-18
69	Deliveries conducted by skilled health providers (%) – Source: PDHS, 2017-18
17	Unmet need for family planning among married women (%) – Source: PDHS, 2017-18

## Country Context

The world's sixth most populous country, Pakistan contends with the risk of natural disasters, a large and growing youth bulge, and entrenched poverty and inequality, all of which pose significant challenges in the delivery of reproductive health services. The country's maternal mortality ratio, adolescent birth rate and unmet need for contraception remain high, and the country has the third highest burden of maternal, foetal and child mortality globally<sup>1</sup>.

According to the Pakistan Demographic Health Survey (PDHS) 2017-2018, mothers living in rural areas, on average, bear one more child than mothers in urban areas (3.9 versus 2.9 births per woman). The modern contraceptive prevalence rate has stagnated and remains low at 25% (a 1% reduction since 2012-13). This means that the majority of people are not

<sup>1</sup> Bhutta, Prof Zulfiqar A. et al, *Reproductive, maternal, newborn, and child health in Pakistan: challenges and opportunities*, The Lancet, Volume 381, Issue 9884, P2207-2218, June 22, 2013

using birth control methods, despite the fact that knowledge of family planning methods is almost universal in Pakistan.

The country has seen significant improvement in the percentage of deliveries occurring in health facilities. Institutional deliveries increased from 13% to 66% between 1990-91 and 2017-18. But with a third of births still taking place outside of a health facility, many women, especially in rural areas, risk serious injury if obstructed labour or other complications arise.

In 2010, the health services were administratively devolved and each of the four provinces established its own department of health to deliver health strategies to meet the needs of the population. Each of the provinces has set a goal to improve maternal and child health<sup>2</sup>. However, major gaps remain at both service-delivery and policy level, preventing adequate access to basic health care for many women and young people in Pakistan. Recently conducted Emergency Obstetric and Newborn care (EmONC) Health Facility assessment of 358 HF in 22 UHC districts indicated that 9% of the facilities are fully functional for the EmONC services.

Recently conducted EmONC Health Facility assessment of 358 HF in 22 UHC districts indicated that 9% of the facilities are fully functional for the EmONC services. The EmONC needs assessments highlight/identify capacity needs in the health system for staff skills, health facility, services management, and supervision systems. Lack of skilled providers at health facilities leads to poor quality of care, leading to low rates of service utilisation.

## 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.

The country has greatly improved its provision of OF treatment over the last 15 years. Historically, there were nine operational OF treatment centres. Most of these are no longer functioning but many of the trained staff are still in position and OF care has resumed on a smaller scale. The Government of Pakistan leads the coordination of national OF efforts. There is an established Centre of Excellence (private facility) and there are efforts to establish another (public facility) in the main federal city. The Government hospital provides significant fistula repair surgeries, post-surgery follow-up care. Centre of excellence in private facility also provide reintegration support, but other OF sites do not offer this. The Government hospital surgical success rate is good, even for complicated cases.

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<sup>2</sup> Islamic Development Bank Coalition to Stop Obstetric Fistula, Obstetric Fistula Situational Analysis: Short Report on Pakistan, 2020

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Four-week competency-based trainings (not part of standard curricula) for midwives in normal delivery, identification of complications, and referral, as part of the RH Morbidities and Mortalities training. Training of the Ob/Gyn surgeons on safe pelvis surgeries including C-section and Hysterectomy. To develop OF treatment competency, senior surgeons' mentor and train their juniors on-the-job, while for the advanced training surgeons were brought to centre of excellence (Kohi Goth Hospital). Gynaecologists and urologists provide OF surgery as standard, while for other surgeons the provision of OF treatment is optional. Two of the biggest hurdles in the country are the inadequate quality of services provided by skilled birth attendants and the low levels of facility-based delivery. Also of concern is the increasing number of cases of IF. An estimated 60% of all obstetric and uro-gynaecological fistula are iatrogenic<sup>3</sup>. Renewed efforts are required to improve the quality of C-section and hysterectomy surgery in both the public and private health sectors. The Fistula Foundation notes that identifying OF patients has been difficult because most women with fistula live in abject poverty, in isolated areas where there is little understanding of fistula and its causes<sup>4</sup>.

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This brief was prepared by UNFPA Asia-Pacific Regional Office, in collaboration with UNFPA Pakistan Country Office, in May 2024. UNFPA APRO would like to thank Anna Wight for her support in preparing the original country profile. For more information on Obstetric Fistula, please visit:

<https://asiapacific.unfpa.org/en/end-fistula-apro>

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<sup>3</sup> Islamic Development Bank Coalition to Stop Obstetric Fistula, *Obstetric Fistula Situational Analysis: Short Report on Pakistan, 2020*

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

- ✓ Create an enabling environment for effective OF prevention and treatment programmes:
  - Develop a national strategy to address OF;
  - Establish robust data collection systems and monitoring mechanisms to track OF prevalence, assess the impact of interventions, and identify areas for improvement for decision-making & programming;
  - Build partnerships, collaboration, and coordination; promote exchange learnings through South-South and Triangular Cooperation, particularly at the Centre of Excellence of Kohi Goth Hospital, a globally recognized institution in the campaign to eradicate obstetric fistula and provide comprehensive set of OF interventions;
- ✓ Strengthen the implementation of comprehensive maternal healthcare services and integrate fistula treatment services:
  - Support the establishment of the public sector Centre of Excellence with particular focus on training on and monitoring of C-section and hysterectomy;
  - Support strategies to improve EmONC & increase contraceptive prevalence (services and supplies);
  - Support strategies to strengthen referrals & increase the number of institutional deliveries;
- ✓ Support a holistic care model that includes psychosocial counselling, rehabilitation, vocational training, social reintegration support;
- ✓ Capacity Building for Healthcare Providers, including task-shifting and sharing strategies:
  - Support the pre & in-service training for midwives/skilled birth attendants to improve the quality of maternal & EmONC services.
  - Training of Ob/Gyn surgeons on safe pelvic surgeries
- ✓ Engage communities through awareness-raising campaigns & outreach programs, to help dispel myths and misconceptions about OF, promote the importance of maternal healthcare, and encourage timely access to healthcare.

<sup>4</sup> Fistula Foundation, Pakistan, <https://fistulafoundation.org/country/pakistan/#:-:text=Most%20wo men%20with%20fistula%20live,from%20a%20treatable%20medical%20condition>