World Council of Churches

GENEVA FOR HUMAN RIGHTS
Global Training

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Civil society submission to the Follow up report on good practices and challenges in the application of a human rights-based approach to the elimination of preventable maternal mortality and morbidity

Submission from the Commission of the Churches on International Affairs, World Council of Churches (CCIA-WCC), and Geneva for Human Rights.

Focus on obstetric fistula

Information provided below in response to the questions posed by OHCHR comes from a visit by delegation from the World Council of Churches (WCC) and partners from Geneva for Human Rights and the Spiritan brothers to Madagascar between 31 October and 8 November 2022.

The purpose of the visit was to meet WCC member churches and learn more about the issue of obstetric fistula in Madagascar – a condition which devastates the lives of millions of women around the world – mainly in sub-Saharan Africa and south Asia.

Accordingly, the responses to the questions below relate to the issue of obstetric fistula

According to a recent WHO report 'Maternal health setbacks in many parts of the world have contributed to the worrying finding that a woman dies during pregnancy or childbirth around every two minutes".'[1] Amongst women who do not die, many have obstetric fistula.

In recent years, some efforts have been made to bring attention to this devastating condition for women and girls in poor rural communities across South Asia and sub-Saharan Africa. These efforts are necessary and laudable.

It is recognised as an entirely preventable condition by all involved in this work, and this is where the focus needs to be. Determined action needs to be taken at all levels to ensure that personnel and resources are available for prevention programmes in remote rural areas that are beyond easy reach of established medical facilities.

1. *What steps has your Government or organization taken to utilize a human rights-based approach in policies and programmes to eliminate preventable maternal mortality and morbidity? How has the technical*

[1]https://www.who.int/news/item/23-02-2023-a-woman-dies-every-two-minutes-due-to-pregnancy-or-childbirth--un-agencies

guidance assisted your Government or organization in designing, implementing, revising and/or evaluating such policies and programmes?

The Commission of the Churches on International Affairs (CCIA) of the WCC has engaged in advocacy for the prevention of obstetric fistula as a human rights concern, in partnership with Geneva for Human Rights and Our Lady of the Congregation of the Good Shepard. This advocacy is considered to be critical because of the lack of focus on the issue as a human rights concern at the international level. Several UN mechanisms have touched upon the concern in recent years, but this has been mainly in the context of fistula as a result of sexual violence, or in connection with FGM. There is almost no discussion in the UN mechanisms of the human rights impacts on the lives of many women who suffer this debilitating condition.

Several joint statements to the Human Rights Council have been made through the CCIA and partners coalition, and follow up actions were identified to include carrying out a country visit to an affected country to both learn more about the current situation, raise awareness, and determine steps to better support the work of churches around the world to help affected women and girls.

In November 2022, the Executive Committee of the WCC, issued a statement on Global Health and Wellbeing[2], which addressed obstetric fistula. They stated that "churches have a critical role to play in supporting women in their communities who are suffering in this way, in raising awareness about the concern and confronting the discrimination and stigma attached to the issue and advocating for the prevention of the condition through adequate health care, for access to repair surgery for affected women, and for all affected by this condition to be treated with dignity and respect".

Madagascar was identified as a first target country for a visit, both because it has this concern, but also because the Government has demonstrated a willingness to address the matter through the development of a National Strategic Plan for the Elimination of Obstetric Fistula to Madagascar (2014-2030).

The OHCHR Technical Guidance Human rights-based approach to reduce preventable maternal morbidity and mortality does not mention obstetric fistula at any point – another example of the very hidden and overlooked nature of this devastating condition connected to maternal health and mortality. However, the seven human rights principles fundamental for understanding maternal mortality and morbidity as a human rights issue - namely accountability, participation, transparency, empowerment, sustainability, international assistance and non-discrimination - apply fully to all measures necessary to address obstetric fistula, and guide the approaches of our organisations in their work.

2. *Has the technical guidance assisted your Government or organization in building enhanced understanding of the requirements of a human rights-based approach? If so, please expand upon the impact that such*

[2] https://www.oikoumene.org/news/world-council-of-churches-executive-committee-urges-commitment-to-global-health-promoting-churches

enhanced understanding has for the design and implementation of policies and programmes in this area.

Please see answer to question 1.

3. *What challenges does your Government or organization face in implementing a human rights-based approach in policies and programmes to eliminate preventable maternal mortality and morbidity? Please elaborate on the nature of these challenges and steps taken to address them.*

Four main churches - The Malagasy Lutheran church FLM, Fiangonan'i Jesoa Kristy eto Madagasikara FJKM (the Church of Jesus Christ in Madagascar), Eklesia Episkopaly Malagasy (The Malagasy Episcopal Church/Anglican Church, and the Roman Catholic church in Madagascar - cover almost all the country. All reported that much more outreach and support is needed at the rural level. Church partners identified several inter-connected challenges hindering work to prevent obstetric fistula. These are outlined below with respect to the situation in Madagascar, but similar challenges are faced in most other countries where obstetric fistula occurs

i) Lack of education

Access to education is a big challenge. Around 13% of children never enrol in a school, and the primary completion rate for those who enroll was only 69%. The situation in rural areas and among girls is worse. As regards quality, tests carried out over the past ten years have shown an alarming decline in reading (French and Malagasy) and mathematics scores. Teacher qualification is very low; only 18% of primary school teachers had a pedagogical diploma[3].

ii) Early marriage and sexual violence

In the middle and west region of the country and in northern areas, girls are used as tools for parents to generate income through early or forced marriage. In the south, the culture is that a man is considered rich according to the number of cattle he owns, so girls as young as aged 10 might be given to local older man – who might be in his 50s or older – in exchange for cattle for the family. Then early pregnancy starts and girls are often beaten if they try to run away. The husband might get rid of her but she cannot take her children with her.

In northern parts of Madagascar, there are many marriages to foreigners. When a baby girl is born, the family celebrate because they expect her future marriage to bring them wealth. The law prevents marriage under age 18, but traditional weddings (which are not legal) take place with girls under age 18.

[3] Plan sectoriel de l'éducation 2018 - 2022. Madagascar | Documents | Partenariat mondial pour l'éducation (globalpartnership.org)

It was reported that in the last decade, sexual abuse and rape has become more common. Communities feel embarrassed to have it reported. Alcohol is also part of the problem and is connected to levels of violence and lack of education.

Any discussion of sex is taboo in Madagascar, so there is no sex education. When missionaries first came to Madagascar, they initially just said that sex is forbidden, so it was not talked about. It was reported that when issues relating to sex are talked about at church, people don't give money to the church.

iii) Access to health care

Access to health care generally is very difficult. 80% of women live in the countryside, and it can take two days to get to a health centre. It is dangerous for them to travel at night. Diseases like cancer are described to be "a death sentence".

The cost of hospital is very high and women cannot pay. Women use traditional midwives both because it is cheaper and because they are afraid of going to hospital. It is also difficult to get transportation to hospital. Many women die giving birth because of lack of funds to pay for medical care.

In this regard, an example of good practice in Madagascar is the existence of a woman's shelter in the capital, where young pregnant girls from rural areas came to the city to be near hospital facilities where they can access good obstetric care during pregnancy and childbirth. Such a practice should be replicated in cities across affected countries.

However, it is critical that all repair facilities and hospitals are of a high standard.

Pregnancy resulting from rape is a serious concern. Abortion is illegal, and if children are pregnant, the risks of obstetric fistula are particularly high.

There are no reports of FGM happening in Madagascar.

iv) Shame, fear and discrimination

It was reported that women find it hard to talk to doctors about the issue of obstetric fistula, and are fearful of hospitals. In some cases, women agree to be treated but then they change their minds due to fear about the surgery – one participant whose husband is a doctor reported that women are afraid that they will die during the operation, or that people will steal their organs.

Discrimination against women and their low social status contributes to their suffering. Church partners affirmed that gender-based violence cannot be solved by women alone, and male pastors must take a more active role.

4. *Does your Government or organization regularly collect and analyse disaggregated data and information on maternal mortalities and morbidities, including in the context of COVID-19 pandemic? Please elaborate on good practices and challenges in this regard.*

The stigma and discrimination surrounding obstetric fistula have made it a particularly difficult condition to document, and a common complaint in articles and reports about obstetric fistula is the scarcity of accurate figures to indicate the numbers of women and girls living with obstetric fistula. However, access to reliable data is critical in order to develop an informed and adequate policy and programmatic response to the concern.

Another key difficulty in collecting data is the fact that most fistula cases occur in remote areas as a result of giving birth in a rural area with the assistance only of traditional birth attendants, and far away from established and regulated health facilities. Where data does exist, this comes from reports based on hospital admissions and the number of repair operations carried out, however it is not always clear how many of these operations have been successful or how many are repeat operations.

During the visit to Madagascar, getting agreement about the number of hospitals where repair operations are carried out proved difficult, with different individuals reporting that there were 22 such hospitals and others saying there were 10. Between January and December in 2022 the Global fistula hub website[4], which provides some statistics on the topic, reduced the number of repair facilities in Madagascar from 14 to 10, indicating uncertainty in this area.

It is generally recognised that the Freedom from Fistula hospital in Toamasina[5] is the only dedicated fistula centre in the country. Some hospitals organise operations when they have a list of 50 or so patients, and on these occasions surgeons from different hospitals come to assist. It was reported that there are many other hospitals where operations are carried out when patients turn up with the condition.

5. *Please elaborate on the main causes that may have led to poor maternal health outcomes in the context of COVID-19 pandemic in your country and/or context? Please also describe the impact of the COVID-19 pandemic response on the availability and accessibility and quality sexual and reproductive health, including maternal health services for women and girls.*

   No information available, except that the number of repair surgeries were very much reduced during the months of Covid-related lock downs.

6. *Please provide information on whether there is a particular group of women in your country and/or context who have been disproportionately*

[4] https://www.globalfistulahub.org/
[55] https://www.freedomfromfistula.org/projects/madagascar

affected by the pandemic and response measures when accessing sexual and reproductive health, including maternal health services. (For instance, adolescents, women living with HIV, indigenous women, racial and ethnic minority women, women from rural areas, persons with diverse sexual orientations, gender identities etc.)

Women from rural areas are disproportionally affected, see answers to question 3

7. *What measures have your Government or organization undertaken in order to mitigate the impact of COVID-19 pandemic on maternal health? Please elaborate on any lessons learned, good practices as well as challenges faced*.

No information available