



## “Every challenge is here”: fistula in Ethiopia

Ethiopia was making good progress to eliminate obstetric fistula, until the war came.

Sophie Cousins reports.

In 1958, obstetrician and gynaecologist Catherine Hamlin and her husband—also a doctor—answered an advertisement in *The Lancet* to set up a midwifery school in Addis Ababa, Ethiopia. Within days of arriving, the Australian couple saw obstetric fistula cases for the first time. Obstetric fistula is a hole between the vagina and rectum or bladder that is caused by prolonged obstructed labour that leaves a woman incontinent of urine or faeces. It can be prevented with access to timely and skilled maternal and newborn care. The condition was overwhelmingly common in Ethiopia because of a lack of access to health facilities and skilled health professionals, particularly in rural and remote areas.

Hamlin and her husband did not plan to make obstetric fistula their mission, but the extent of the problem prompted them to set up the country's first hospital dedicated to treating the condition in 1974. Today, Hamlin Fistula Ethiopia has six regional hospitals across the country, which have transformed the treatment of obstetric fistula across the country.

At the Hamlin Fistula hospital in Addis Ababa, the capital, women who have had recently had surgery walk slowly around the sprawling grounds, getting some exercise if possible. Some women lie in their beds while others sit in the courtyard laughing or talking on their mobile phones. The women are brought here from rural areas usually after having had obstructed labour for 3–5 days. In most cases, their babies are stillborn. The patients stay an average of 3 weeks, during which the three pillars of care are implemented: treatment, rehabilitation and reintegration, and prevention. Following surgery, women are supported with physiotherapy, nutrition, psychosocial support, and

business training to set them up for returning home and earning an income. Psychosocial support is crucial because women and girls often face mental health problems, social isolation and rejection, and deepening poverty as a result.

“These women have no one to support them. Their husbands frequently divorce them. There's so much stigma and shame around fistula and men just aren't aware”, said Mihiretu Miressa, Head of the Office of the CEO at Hamlin Fistula Ethiopia. “We have to show compassion.”

In 2003, the UN Population Fund and other organisations launched a global campaign to End Fistula that was echoed by the UN General Assembly in 2018, which adopted a resolution to end the condition by 2030. In 2020, a UN Secretary-General report called on the General Assembly to intensify efforts to end obstetric fistula within a decade, describing the condition as “a violation of human rights and a reminder of gross inequities...Though much progress has been made to address fistula, interventions have often failed to reach those most in need. The provision of care is either not available or uneven, and the rights and dignity of those who seek it are often not respected.”

Left untreated, obstetric fistula can not only cause chronic incontinence, but also lead to frequent infections, kidney disease, painful sores, and infertility. Although reliable statistics are hard to come by, estimates suggest that up to 100 000 women develop obstetric fistula every year in low-income countries. More than 2 million women live with untreated obstetric fistula across Asia and sub-Saharan Africa. Ethiopia is aiming to eliminate obstetric fistula by 2025, 5 years ahead of the global goal.

Since Hamlin Fistula Ethiopia began its work, more than 60 000 women with obstetric fistula have been treated in the country. Fekade Ayenachew, former Medical Director of Hamlin Fistula Ethiopia, said that Ethiopia had made significant progress towards eliminating obstetric fistula in recent years. Ayenachew said that cases had reduced from about 25 000 cases every year in the early 2000s to around 7000 every year. Some research suggests there are now about 3000 cases every year.

Critical to the decrease has been investment in maternal and child health, improved maternal care, and increased availability and accessibility of emergency obstetric care. “Things have changed significantly from 20 years ago. We're talking about thousands of health centres across the country, hospitals are much better equipped—they have health professionals and at least one or two ambulances, and road access is much better”, Ayenachew said. “I've seen an overall improvement of the health system and a significant reduction in maternal mortality and morbidity and because of that, obstetric fistula has reduced significantly. By the time I became head of the Hamlin Fistula, some centres had very few patients. But that doesn't mean the issue has been addressed completely... for a huge country like Ethiopia it doesn't mean there are very few cases. There are still gaps.”

In 2007, Hamlin Fistula Ethiopia began its 4-year midwifery training course, in which rural women from around the country are trained before returning in their region of origin for at least 4 years. “We realised that midwives could manage deliveries”, Miressa said, asking: “Why can't they perform caesarean sections too without having to refer women?” In

For the **UN Secretary General's report on fistula** see <https://www.unfpa.org/sites/default/files/resource-pdf/Intensifying%20efforts%20to%20end%20obstetric%20fistula%20within%20a%20decade.pdf>



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January 2022, the organisation began an additional 2-5 year training course in clinical midwifery at the Hamlin College of Midwifery in Addis Ababa. “With this training [midwives] can manage caesarean sections and this is how we’re trying to prevent fistula in Ethiopia and reach the [elimination] goal”, Miressa said. “Our midwives are the best in the country”, he added.

However, new challenges have emerged in the country. One of those challenges is the increase in fistula following caesarean sections. “Ethiopia used to have few cases of caesarean sections but now we’re talking about hundreds of thousands happening every year”, Ayenachew said. “Now the main issue is that women are coming to a facility to deliver but they need to come on time and facilities need to have the right mix of professionals to provide quality care. We have ill-equipped surgeons and mothers coming with difficult cases. It’s a bad combination and the rate of injuries is much higher. We have caesarean sections done by junior doctors with basic equipment.”

Ayenachew partly attributes the drastic increase in caesarean sections to the push to achieve the Millennium Development Goals (MDGs). “The difference is in the west, the rate of injury is very low and surgeons are trained better. They know that if there’s a problem, they can call someone to help them. But in countries like Ethiopia,

you have injuries caused by doctors. My observation is that’s related to the push by the UN Population Fund and the UN in general to obtain the MDGs. Many countries embarked on extensive training of mid-level health workers to taking the role of physicians who do surgery”, he said. He stressed that Ethiopia was now focused on improving quality of care, including equipment and the mix of health professionals available in health facilities. The UN Population Fund did not respond to requests for comment.

Before the war, the northernmost region of Ethiopia, Tigray, prided itself on having one of the country’s best functioning health systems. Almost all women had access to antenatal care, while 73% of women benefited from skilled delivery, compared with national average of 48%. The region was also on the verge of eliminating obstetric fistula, said Lewis Wall, Emeritus Professor of Obstetrics and Gynaecology at Washington University (St Louis, MO, USA), who previously worked on obstetric fistula in Tigray. He said that the Hamlin Fistula Centre in Mekelle, the region’s capital, had expanded to also treat related pelvic problems such as uterine prolapse and other forms of urinary incontinence to ensure the centre’s future.

But 21 months on from the outbreak of the war between the Tigray People’s Liberation Front and the federal

Government, more than 80% of health facilities have been destroyed. The conflict has killed tens of thousands of people and displaced millions, while countless women have suffered rape and sexual assault. Although a humanitarian truce was declared in March 2022 that allowed much-needed aid in, the situation remains complex and challenging.

Speaking during a rare moment of internet connectivity, one gynaecologist at the Hamlin Fistula Centre in Mekelle, the region’s capital, said that there had been a drastic increase in the number of obstetric fistula cases. “It’s really difficult to know the number of fistula cases now but what we do know is that there has been an overwhelming increase”, the doctor said. Another doctor, from the Regional Health Bureau in Mekelle, said that not only have fistula cases increased “but the complexity of fistula has also increased”.

Mulugeta Gebregziabher, a public health researcher and Professor of Biostatistics at the Medical University of South Carolina (Charleston, SC, USA), said that, in addition to the destruction of health-care facilities, lack of medicines, and the collapse of transport, a major contributor to the increase was widespread rape. “Some of these cases are the direct result of mutilating sexual assault by soldiers”, he said. “Such barbaric assaults were not problems during peacetime. Women with these preventable and treatable conditions require sophisticated counselling and specialised surgical care units to avoid a life of social rejection and isolation. None of these services exist at this point so it’s going to continue to be a huge concern.” The gynaecologist said that the centre was struggling to treat women with obstetric fistula because of the large amount of resources required. “Every challenge is here. We don’t have medical supplies. It’s difficult to feed women with fistula...We’re witnessing fistula cases which are difficult to express in words”, he said.

*Sophie Cousins*