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BRIEF COMMUNICATION

Facility-level services for obstetric fistula repair in Africa

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Synopsis: Despite providing important information on obstetric fistula repair capabilities, data sources from Africa show that supply remains inadequate to meet demand for repair of morbidities.

Over a decade has passed since the United Nations Population Fund (UNFPA) established the Campaign to End Fistula in 2003 [1]. Obstetric fistula is a treatable childbirth injury primarily caused by prolonged obstructed labor, estimated to affect 1–3 million women worldwide [2,3]. Although the Campaign now works in 50 countries and progress has been made, significant gaps remain.

In an effort to understand supply-side progress for treatment, the Global Fistula Map (GFM) project was created in 2010 through partnership with the Campaign, UNFPA, and Direct Relief International [4]. In 2011, over 300 health facilities known to provide repair services were surveyed, which revealed that 14 571 women had received treatment across 173 facilities in 40 countries in 2010. Although these figures are promising, they are from a purposive sample, presented in isolation from country health systems. The present article compares indicators of fistula service availability from the GFM project with nationally representative service provision assessment (SPA) data from four African countries from 2007 to 2010 to understand supply-side constraints in treatment. Institutional Review approval was not required as data are deidentified and publicly available.

Table 1 compares SPA data on fistula services in Kenya, Namibia, Rwanda, and Uganda with corresponding 2010 data from the GFM project. The percentage of SPA health facilities with fistula repair services is low, ranging from 1.9% in Uganda (n=310) to 4.6% in Namibia (n=411). The total weighted number of facilities in the SPA is roughly comparable with that in the GFM project, although larger in Kenya (20 versus

14) and Rwanda (15 versus 2), and smaller in Uganda (9 versus 18). However, on average the GFM project facilities performed more repairs in the preceding year (by factors of 1:2.6 in Kenya, 1:16.1 in Rwanda, and 1:1.9 in Uganda), indicating that the GFM project captured more prominent repair facilities. The average number of health workers per facility with repair capabilities remains low in the GFM project sample, ranging from 1.29 in Kenya to 1.5 in Rwanda.

Both data sources show that fistula repair service availability remains inadequate to meet demand. Prevalence of fistula is typically thought to exceed country level maternal mortality ratios [5]; recent estimates put prevalence at 1.57 per 1000 women aged 15–49 years in Sub-Saharan Africa [3]. Including fistula service provision indicators in future SPA and updating GFM project data will help track and identify gaps in coverage essential to meet demand for women living with maternal morbidities.

Conflict of interest

The authors have no conflicts of interest to declare.

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Table 1Comparison of service provision assessment and Global Fistula Map project (Kenya, Namibia, Rwanda, and Uganda).^a

Country (year of SPA)	SPA data							Global Fistula Map project			
	2010 estimate of MMR per 100 000 live births [confidence interval]	Unweighted number of health facilities surveyed	Percentage of facilities with health workers who can repair obstetric fistula	No. of facilities with health worker who can repair obstetric fistula	No. of facilities with register for repair data	Average [min and max] number of repairs in the past year	Total number of repairs in the past year	No. of health facilities surveyed (2010)	Average number of health workers who can repair obstetric fistula (2010) ^b	Average [min and max] total number of repairs (2010)	Total number of repairs (2010)
Kenya (2010)	360 [230– 590]	678	2.9	20	5	27.6 [0–244]	138	14	1.29	72.43 [4– 200]	1014
Namibia (2009)	200 [100– 320]	411	4.6	19	8	1.3 [0–4]	10	NA	NA	NA	NA
Rwanda (2007) ^c	340 [200– 590]	530	2.8	15	10	7.3 [0–36]	73	2	1.5	117.5 [75– 160]	235
Uganda (2007)	310 [200– 500]	446	1.9	9	3	40.5 [1–325]	122	18	1.4	76.5 [9–288]	1377

Abbreviations: SPA, service provision assessment; MMR, maternal mortality ratio.

^a The MMR is drawn from the Global Health Observatory Data Repository on the Millennium Development Goals. SPA data weighted unless otherwise specified. Total number of repairs in SPA computed by multiplying percentage of facilities with health workers who can repair obstetric fistula by average repairs in the past year.

^b Data missing for 9 out of 18 facilities in Uganda.

^c The Rwanda 2007 SPA was self-weighted.