

119TH CONGRESS
2D SESSION

H. R. 9015

To authorize assistance to train and retain obstetrician-gynecologists and sub-specialists in urogynecology and to help improve the quality of care to meet the health care needs of women in least developed countries, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 22, 2026

Ms. DELAURO introduced the following bill; which was referred to the
Committee on Foreign Affairs

A BILL

To authorize assistance to train and retain obstetrician-gynecologists and sub-specialists in urogynecology and to help improve the quality of care to meet the health care needs of women in least developed countries, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Physician Education
5 for Fistula Treatment Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) Obstetric fistula, an abnormal opening be-
2 tween a woman's genital tract and her urinary tract
3 or rectum, is a devastating childbirth injury caused
4 by prolonged, obstructed labor in the absence of
5 timely and quality medical care.

6 (2) Worldwide, an estimated 500,000 women
7 and girls live with obstetric fistula with thousands
8 more occurring annually. It occurs disproportion-
9 ately among impoverished, vulnerable, and
10 marginalized girls and women.

11 (3) Women who experience an obstetric fistula
12 suffer life-shattering consequences including chronic
13 incontinence, shame, social isolation, poverty, and
14 physical, mental, and emotional health problems.

15 (4) Obstetric fistula is a violation of human
16 rights and an indicator of the failure of health sys-
17 tems to deliver universally accessible, timely, and
18 quality health care to women and girls who need it.

19 (5) Obstetric fistula is preventable. Universal
20 health coverage and universal access to quality care
21 are essential in ending preventable maternal and
22 newborn deaths and disabilities, including fistula.
23 Skilled health personnel at birth, emergency obstet-
24 ric and newborn care, and universal access to mod-

1 ern contraception are the most effective interven-
2 tions to prevent maternal mortality and fistula.

3 (6) Safeguarding the rights and dignity of
4 women and girls and addressing underlying gender
5 and socioeconomic inequalities and discrimination
6 which drive obstetric fistula are equally important to
7 end the condition.

8 (7) In 2018 and 2020, the United Nations Gen-
9 eral Assembly resolutions on fistula were adopted,
10 calling for “Ending fistula within a decade”. This
11 represents a turning point in the global fight to
12 eliminate fistula, as it brings the global objective and
13 timeline for ending fistula into alignment with
14 achieving the Sustainable Development Goals
15 (SDGs)/Agenda 2030. The resolutions also call for
16 an increased focus on social determinants to tackle
17 the root causes of fistula.

18 (8) Obstetric fistula can be surgically treated.
19 The impact of an obstetric fistula-repair surgery is
20 immediate and women can be reintegrated into soci-
21 ety. There is however a high unmet need for treat-
22 ment and social reintegration of fistula survivors.

23 (9) In 90 percent of cases where women develop
24 fistula and timely medical care is not available, a
25 stillborn baby is tragically delivered.

1 (10) The United Nations Population Fund
2 (UNFPA)-led global Campaign to End Fistula, is a
3 key contributor to promoting the rights, dignity, and
4 well-being of women and girls. The Campaign fo-
5 cuses on prevention, treatment, social reintegration,
6 and advocacy. Aimed at “leaving no one behind” and
7 “reaching the furthest behind”, it contributes to
8 achieving the SDGs and has also helped restore
9 overall health, dignity, hope, and a sense of self-
10 worth and agency to some of the poorest, most
11 marginalized women and girls worldwide through its
12 holistic, gender-sensitive, and rights-based approach
13 to policies and programs for the elimination of ob-
14 stetric fistula and several other maternal
15 morbidityes.

16 (11) UNFPA has supported over 150,000 sur-
17 gical repairs over the last two decades. The Cam-
18 paign to End Fistula and its partners have made re-
19 markable progress, but the needs remain great.

20 (12) With 4 years to reach the global goal of
21 ending fistula by 2030, significantly intensified in-
22 vestment, efforts, and partnerships at the inter-
23 national and national levels are required.

24 (13) The International Day to End Obstetric
25 Fistula which takes place on May 23, 2024, will be

1 commemorated this year with the theme: “Her
2 health, her right: Shaping a future without fistula”,
3 emphasizing that every girl and woman has the fun-
4 damental right to health, including reproductive and
5 sexual health, and that the continued existence of
6 obstetric fistula is a “clear violation” of this right.

7 **SEC. 3. INTERNATIONAL OB/GYN AND UROGYNECOLOGY**
8 **PROMOTION PROGRAM.**

9 (a) PURPOSE.—The purpose of assistance under this
10 section is to train and retain obstetrician-gynecologists
11 (OB–GYNs) and sub-specialists in urogynecology and to
12 help improve the quality of care to meet the health care
13 needs of women in least developed countries.

14 (b) AUTHORIZATION.—

15 (1) IN GENERAL.—To carry out the purpose of
16 subsection (a), the President, acting through the Di-
17 rector of the John E. Fogarty International Center
18 for Advanced Study in the Health Sciences, is au-
19 thorized to provide assistance for least developed
20 countries to support the activities described in sub-
21 section (c).

22 (2) REFERENCE.—Assistance authorized under
23 this section may be referred to as the “International
24 OB/GYN and Urogynecology Promotion Program”.

1 (c) ACTIVITIES SUPPORTED.—Activities that may be
2 supported by assistance under subsection (b) include the
3 following:

4 (1) FELLOWSHIP AND RESIDENCY PRO-
5 GRAMS.—Establishment of fellowship and residency
6 programs to be carried out in coordination with in-
7 stitutions of higher education (as such term is de-
8 fined in section 101 of the Higher Education Act of
9 1965 (20 U.S.C. 1001)), institutions of higher learn-
10 ing, midwifery programs, and existing clinical cen-
11 ters in least developed countries—

12 (A) to support existing academic curricula
13 for education training for midwifery students;

14 (B) to develop and help sustain existing
15 specialized curriculum training for medical stu-
16 dents and residents to become knowledgeable
17 and proficient in women’s health care; and

18 (C) to allow medical students, residents,
19 and midwifery students to practice and develop
20 expertise in geographical areas in which child-
21 birth-related injuries are most prevalent.

22 (2) TRAINING CENTERS.—Establishment of
23 training centers—

1 (A) to address the shortage of OB–GYNs
2 and sub-specialists in the urogynecology profes-
3 sion; and

4 (B) to carry out specialized programs that
5 are located at health care institutions that pro-
6 vide exceptionally high concentrations of exper-
7 tise and related resources related to these med-
8 ical professions and are delivered in a com-
9 prehensive and interdisciplinary fashion.

10 **SEC. 4. COMPREHENSIVE 10-YEAR STRATEGY TO ADDRESS**
11 **THE SHORTAGE OF PHYSICIANS IN LEAST DE-**
12 **VELOPED COUNTRIES.**

13 (a) IN GENERAL.—The President, acting through the
14 Director of the John E. Fogarty International Center for
15 Advanced Study in the Health Sciences, shall establish a
16 comprehensive, integrated, 10-year strategy to address the
17 shortage of physicians in least developed countries.

18 (b) ELEMENTS.—Such strategy shall maintain suffi-
19 cient flexibility and remain responsive to the needs of
20 women afflicted with childbirth-related injuries and shall
21 include the following:

22 (1) A plan for implementation and coordination
23 of programs and activities under this Act, including
24 grants and contracts for prevention, treatment, and
25 monitoring of childbirth-related injuries.

1 (2) Specific objectives, multi-sector approaches,
2 and specific strategies to treat women who suffer
3 from childbirth-related injuries and to prevent fur-
4 ther occurrences of childbirth-related injuries.

5 (3) Assignment of priorities for relevant execu-
6 tive branch agencies.

7 (4) Public health and health care delivery sys-
8 tem research on the prevention, repair, and rehabili-
9 tation of childbirth-related injuries.

10 (5) Social science research in fields such as an-
11 thropology, sociology, and related fields to monitor
12 and evaluate the underlying social and economic fac-
13 tors that contribute to childbirth-related injuries.

14 (6) Development, implementation, and evalua-
15 tion of evidence-based systems of care connecting
16 maternity care facilities with local care delivery and
17 community education programs. Such systems of
18 care should promote rapid and long-term prevention
19 of childbirth-related injuries, including—

20 (A) culturally appropriate childbirth edu-
21 cation, preparation, and planning; and

22 (B) access to obstetrician-gynecologists
23 (OB–GYNs), urogynecology care, or midwifery
24 care.

1 (7) Expansion of training centers and partner-
2 ships with institutions of higher learning for medical
3 students and residents.

4 (8) Priorities for the distribution of resources
5 based on factors such as the size and demographics
6 of the population suffering from childbirth-related
7 injuries, the needs of that population, and the exist-
8 ing infrastructure or funding levels that may exist to
9 treat and prevent childbirth-related injuries, includ-
10 ing obstetric fistula.

11 (9) A plan for institutional capacity-building of
12 partnerships to strengthen universities, research cen-
13 ters, health-profession training programs, and gov-
14 ernment institutes to build the in-country capacity
15 needed to eradicate childbirth-related injuries in
16 least developed countries.

17 (c) REPORT.—Not later than 2 years after the date
18 of the enactment of this Act, the President shall submit
19 to Congress a report that contains the strategy required
20 under this section.

21 **SEC. 5. REPORT.**

22 (a) IN GENERAL.—The President, acting through the
23 Director of the John E. Fogarty International Center for
24 Advanced Study in the Health Sciences, shall submit to

1 Congress, on an annual basis, a report on the implementa-
 2 tion of this Act for the preceding year.

3 (b) MATTERS TO BE INCLUDED.—The report re-
 4 quired under subsection (a) shall include an evaluation of
 5 the effectiveness and performance of the International
 6 OB/GYN and Urogynecology Promotion Program estab-
 7 lished under section 3 and all related community outreach
 8 and medical programs.

9 **SEC. 6. DEFINITIONS.**

10 In this Act:

11 (1) CHILDBIRTH-RELATED INJURIES.—The
 12 term “childbirth-related injuries” means injuries as-
 13 sociated with obstructed labor, including—

14 (A) pelvic organ prolapse;

15 (B) a displacement of pelvic organs such
 16 as the uterus, bladder, or bowel; and

17 (C) obstetric fistula.

18 (2) LOW-INCOME COUNTRY.—The term “low-in-
 19 come country” means a country with a per capita
 20 gross national income of \$1,035 or less.

21 (3) LEAST DEVELOPED COUNTRY.—The term
 22 “least developed country” means a country that—

23 (A) is a low-income country; and

24 (B) according to the United Nations Eco-
 25 nomic Analysis and Policy Division, is con-

1 fronting severe structural impediments to sus-
2 tainable development.

3 (4) RELEVANT EXECUTIVE BRANCH AGEN-
4 CIES.—The term “relevant executive branch agen-
5 cies” means the Department of State, the United
6 States Agency for International Development, and
7 any other department or agency of the United States
8 that participates in international health and humani-
9 tarian activities pursuant to the authorities of such
10 department or agency or the Foreign Assistance Act
11 of 1961.

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