

staff members' right to due process".

The report also calls for the strengthening of procurement services. The value of U.N. global procurement has increased steadily, from around 400 million dollars in 1997 to over two billion dollars last year. Projected purchases for this year are estimated at over 2.5 billion dollars. Annan is seeking changes in the financial and budgetary management of the world body, including the elimination of current constraint's on the secretary-general's ability "to move funds or posts around according to need".

"The secretary-general's formal budgetary discretion has remained unchanged for more than 30 years," he says. "The ability of the secretary-general to shift money between programmes and re-allocate posts without member state approval is weaker today than before 1974, when the need for such flexibility was far less." The report is also calling for the creation of a Change Management Office "to see through the implementation of the reforms, and possibly liaise with a small group of member states on reform matters".

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with this deal, the U.S. has itself become the biggest proliferator of nuclear technology," Prof. Anuradha Chinoy, disarmament specialist at the Jawaharlal Nehru University (JNU), told IPS in an interview. "The only difference is that what the U.S. is practicing is selective proliferation."

Chinoy said the deal went against the ideal of universal disarmament and would only make aspirant countries, denied entry into the select nuclear club, even more dangerous and desperate, as could be seen from the examples of Iran, Pakistan and North Korea. Iran has already accused the U.S. and India of double standards. As its case moves towards a likely reference to the U.N. Security Council, Iran will certainly raise the 'double standards' pitch.

Worst of all, said Chinoy, the "U.S. and India are now partners in violating international law by not involving the International Atomic Energy Agency (IAEA) and the 45-country Nuclear Suppliers Group (NSG) before agreeing to transfer nuclear fuel and technology". Indian newspapers, however, have been hailing the deal as a triumph for its negotiators' skills. They succeeded in keeping the country's demonstrated capacity to make nuclear weapons away from international inspections while gaining access to advanced reactors and technology for its civilian programme.

On top of that India has all along refused to be signatory to the Nuclear Non-proliferation Treaty (NPT) on the grounds that it was discriminatory. It carried out nuclear tests in 1974, attracting international sanctions, but defiantly went on to declare itself a nuclear weapons state in 1998 through a second round of tests. Following Thursday's deal, Singh told a press conference that under the Indo-U.S. pact the NSG and the IAEA would be made to formulate India-specific safeguards. Under existing rules, by contrast, the NSG cannot supply 'dual-use' nuclear technology to India since it does not accept full-

scope IAEA safeguards on nuclear facilities.

So far, though, the agreement has received praise from IAEA director general Mohamed El Baradei, who has described it as "timely for ongoing efforts to consolidate the non-proliferation regime, combat nuclear terrorism and strengthen nuclear safety". India has been allowed to classify eight of its existing 22 reactors as military and keep them away from IAEA inspectors and also decide whether any future reactor it builds ought to be classified as civilian or military.

Most importantly, India has been able to keep its entire fast-breeder reactor programme in the military list. Fast breeders use fission caused by fast neutrons and burn highly concentrated or enriched fuel and, theoretically, they generate more fissile material than they consume. And the deal has no caps on fissile material, including weapons-grade plutonium. Even before Bush landed in India on Wednesday, Singh made pledged in parliament that the fast breeder programme, a pet project of India's secretive Department of Atomic Energy (DAE), would not be compromised in any way.

"It is possible that DAE officials want to have the option of producing nuclear fuel for weapons in these unsafeguarded reactors, said M.V. Ramana, well-known a physicist at Centre for Interdisciplinary Studies in Environment and Development, located in southern Indian city of Bangalore. Another possible reason for the fierce resistance put up by DAE, through interviews fed to the media by its chief Anil Kakodkar, is that the fast breeder sites also house facilities for the nuclear reactor that India is developing for its submarines. "Indian authorities probably don't want IAEA inspectors lurking around there," Ramana told IPS.

Shame and Pain Torment Fistula Sufferers

by Mithre J. Sandrasagra

UNITED NATIONS, Mar 4 (IPS) - Obstetric fistula is a preventable and treatable injury caused by several days of obstructed labour, without timely medical intervention. But the consequences of the pervasive disability are life shattering -- the baby usually dies, and the woman is left with chronic incontinence. According to the World Health Organisation (WHO) estimates that more than two million women are living with fistula in developing countries and an additional 50,000 to 100,000 new cases occur each year.

These WHO estimates are based on the number of women seeking treatment, and are likely to be gross underestimates. The estimates were also made in 1989. "There are no new statistics because the problem of fistula is a neglected, under-prioritised issue", Kate Ramsey, project analyst of the Reproductive Health Branch of the United Nations Population Fund

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(UNFPA), told IPS. "We suspect the number of victims is much higher", Ramsey stressed, following a panel discussion on efforts to eliminate fistula that took place here on the sidelines of the 50th Session of the Commission on the Status of Women.

Every day in Burkina Faso, approximately 236 severe obstetric complications occur, stressed Chantal Compaore, First Lady of Burkina Faso, during the panel. "Most people still don't know what fistula is even though it affects so many", a Kenyan diplomat told IPS. During prolonged labour, soft tissues of the pelvis are compressed between the descending baby's head and the mother's pelvic bone, explained Sayeba Akhter, head of the Obstetrics and Gynecology Department of the Dhaka Medical College Hospital in Bangladesh.

The lack of blood flow causes tissue to die, creating a hole between the mother's vagina and bladder, or between the vagina and rectum or both. The result is a leaking of urine or feces or both. Affected women are often abandoned or neglected by their husbands and family and ostracised by their communities. Without treatment, their prospects for work and family life are greatly diminished, and they are often left to rely on charity.

Compaore recounted to the panel the words of a 40-year-old woman from her country: "When I could no longer stay dry and control my feces, my husband told me that he would not take me anywhere. My husband does not give me food. Since this illness, he has not come near me. If my three daughters were boys, if they had the means, they would have taken me to Ouagadougou so that I can be treated".

Poverty, malnutrition, poor health services, early marriage and gender discrimination are interlinked root causes of obstetric fistula, according to UNFPA. Poverty is the main social risk factor because it is associated with early marriage and malnutrition and because poverty reduces a woman's chances of getting timely obstetric care.

Because of their low status in many communities, women often lack the power to choose when to start bearing children or where to give birth. Childbearing before the pelvis is fully developed, as well as malnutrition, small stature and general poor health, are contributing physiological factors to obstructed labour.

In 2003, UNFPA launched the first-ever global Campaign to End Fistula. Its overall goal is to make the condition as rare in the developing South as it is in the industrialised North. Fistula is a relatively hidden problem because it affects the most marginalised members of society -- young, poor, illiterate women in remote areas, said Akhter, who has been treating fistula for more than 20 years.

In Bangladesh, some 71,000 women are living with fistula. Before the UNFPA programme, there was no organised fistula treatment in the country and very few doctors were interested in treating the illness because the procedure was difficult and it was not lucrative. Today, a Fistula Repair Centre at the Dhaka Medical College has been established and 45 doctors

and 30 nurses have been trained to treat the disability.

In Niger, 140 fistula repairs were performed in 2004, 600 community health workers received special training on fistula and a concert was organised to raise funds for the construction of a fistula centre in Tahoua. A national campaign was launched in Sudan under the slogan We MUST Care. UNFPA has purchased medical equipment and supplies for the Fistula Centre in Khartoum. Eight volunteer doctors manage the centre, which relies on one operating room and faces a chronic shortage of medical equipment.

The existence of fistula is the barometre of maternal health in the country. If year by year fistula decreases, we know that maternal health is improving, according to Kalilou Ouattara, a fistula surgeon in Mali. Prevention, rather than treatment, is the key to ending fistula, according to Ouattara. Making family planning available to all who want to use it would reduce maternal disability and death by at least 20 percent.

Complementing that with skilled attendance at all births and emergency obstetric care for those women who develop complications during delivery would make fistula as rare in the developing world as it is in the developed world, according to UNFPA. Ninety percent of women in Bangladesh deliver at home, Akhter said. The average cost of fistula treatment -- including surgery, post-operative care and rehabilitation support -- is 300 dollars, well beyond the reach of most women with the condition. Many women cannot even afford to travel to where they can get treatment, Akhter stressed.

The success rate of fistula repair for experienced surgeons can be as high as 90 percent. After successful treatment, most women can resume full lives. Left untreated, fistula can lead to frequent ulcerations and infections, kidney disease and even death. Some women drink as little as possible to avoid leakage and become dehydrated. Damage to the nerves in the legs leaves some women with fistula unable to walk, and after treatment they may need extensive physical rehabilitation.

These medical consequences, coupled with social and economic problems, often contribute to a general decline in health and well being that results in early death. Some victims commit suicide, according to UNFPA. All the world's governments committed at the 2000 Millennium Summit to achieving the Millennium Development Goal (MDG) of a 75 percent reduction in maternal mortality and universal access to reproductive health by 2015. Those commitments were reaffirmed at the 2005 World Summit.

"To ensure these targets are met we need to scale up programmatic and financial support, said Arletty Pinel", chief of UNFPA's Reproductive Health Branch. UNFPA is requesting 78 million dollars for the next five-year period of its campaign. Seventy-eight million cannot end fistula, but it will mobilise a response on the national level to combat the problem, Pinel said.

+CAMPAIGN TO END FISTULA (<http://www.endfistula.org/>)