



# Socio-economic impact for the health system of female genital mutilation in Burkina Faso

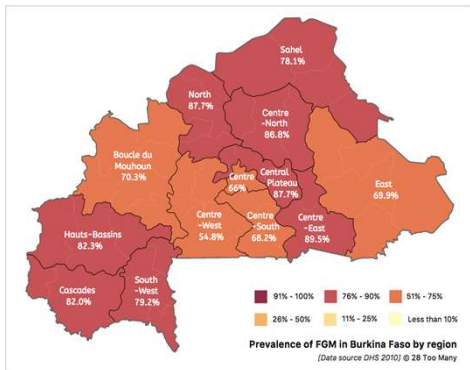
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## Objectif

Economic burden of FGM related complications for the health system in a high prevalence country (Burkina Faso)

## Methodology

- Data collection at Ministry of Health & at CNLPE
- Estimation of impact by measurement of (population) attributable risk
- Estimation of the excess cost for the health care system attributable to FGM



Burkina Faso 2017 (Source Ministère Santé)	Quantité (nombre)	Cout total (F. CFA)	Cout moyen* en F.CFA/prestation
Accouchement par voie basse (compliqué et non compliqué)	715.664	3.889.088.376 (5.930.274,70 €)	<b>5.434,24 (8,29 €)</b>
Accouchement par césarienne	21.520	1.838.453.789 (2.803.365,45 €)	<b>85.430,00 (130,27 €)</b>
Différence « césarienne-acc. voie basse » *			<b>+ 79.995,76 CFA (121,98 €)</b>

Complications	RR (IC 95%)	FER*	FERpop*
Césarienne			
- MGF type 1	1,03 (0,88-1,21)	(2,9%)	(0,7%)
- MGF type 2	1,29 (1,09-1,52)	22,5%	7,3%
- MGF type 3	1,31 (1,01-1,70)	23,7%	6,7%
- MGF global*	/	/	<b>14%</b>

Source: Female genital mutilation and obstetric outcome: WHO collaborative prospective study in six African countries. \* = indicateur calculé

## Results

- Financial barrier in access to care for vulvar reconstruction** as, when executed in a public centre, the total cost of intervention is 18500 CFA (11000 CFA or 16,79 € is paid by government and 7500 CFA or 11,4 € paid by patient). Cost for patient is still **± 2% du GDP/capita** and **± ¼ of monthly income/capita**. Some private clinics have an agreement with UNFPA and patient doesn't pay anything, though barrier to access (geographical access & lack of information).
- Excess cost of C-section attributable to FGM** in Burkina Faso in 2017 was 367408,28 € or **1/30 000 of GDP**
- Underreporting** of complications & even vulvar reconstructions. For example: in 2017 the official census of Ministry of Health reported only 1 complication out of 10 000 women who underwent FGM, this is a big discrepancy in the literature.

## CONCLUSION

- FGM induces non neglectable costs for patients, health care system and the community.
- Estimations of economic impact are difficult to realise in the local health care system, we notice an underrated burden. Optimizing mechanisms of care, better encoding, systematic and standardized data collection for each patient taken care for complications of FGM, is necessary to improve the quality the research and quality of care.
- There is little research on the socioeconomic burden of FGM though it is crucial to strengthen advocacy and to enhance prevention and management of care.

	Nombre suppl = FERpop*N césariennes	Différence de prix moyen unitaire En F.CFA	Cout total induit par la MGF en F.CFA
Comparaison « césarienne vs accouchement par voie basse »	3012 = (21 520 * 14%)	79.995,76 (121,98 €)	240.947.229,1 (367.408,28 €)

→ ± 1/30000 of GDP