

## **Assessing the costs to public referral hospitals for providing post-abortion care in Burkina Faso**

ILBOUDO Patrick G. Christian

PhD student, University of Oslo

Agence de Formation, de Recherche et d'Expertise en Santé pour l'Afrique, AFRICSanté

Correspondence to: ipatrickgc@yahoo.fr

**INTRODUCTION:** Little is however known on the cost and cost drivers to public referral hospitals in Burkina Faso for providing post-abortion care.

**OBJECTIVE:** To assess the cost and cost drivers to public referral hospitals for providing qualified post-abortion care in Ouagadougou, Burkina Faso

**METHODS:** We followed the perspective of the facility for collecting costs information and for conducting interviews with hospital key staffs. Semi-structured questionnaire was used to collect drugs, supplies and unit costs used for treating each case of abortion complication. We allocated overheads costs to each case of abortion treated using an allocation model. We compared average treatment cost to hospital to the predefined US\$ 40 for MVA which was used to set reimbursement rate for partial exemption policy in Burkina Faso following two assumptions; a) only a basic medical kit is used, b) complementary drugs and supplies are used in addition to the basic medical kit.

**RESULTS:** Preliminary results show that costs to hospital ranged from US\$ 23.19 for treating a complication from haemorrhage to US\$ 68.41 for treating a uterus laceration/perforation following an illegal abortion under assumption a). Under assumption b), we found that average cost to health facility of treating abortion complications ranged from US\$ 25.13 for an incomplete abortion to US\$ 78.21 for a uterus laceration/perforation. Average costs of treating any type of abortion complications of US\$ 38 under the assumption a) were found to be less than the predefined US\$40 for MVA. However, this cost of US\$46 was much higher than the predefined MVA cost of US\$6 under the assumption b).

**CONCLUSION:** Post-abortion cares are costly services to hospital budget which are already limited in developing countries such as Burkina Faso. It is essential to have a clear calibration of costs for the functioning of the health facilities and for the provision of qualified post-abortion care.