

## BMJ GLOBAL HEALTH

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### Healthcare costs of FGM set to almost double to annual \$US 2.1 billion by 2047

*Those affected will likely exceed 205 million/year across 27 countries where practice is common*

The healthcare costs of female genital mutilation, or FGM for short, are set to almost double to an annual \$US 2.1 billion by 2047, unless the practice is abandoned completely, reveals a World Health Organization modelling study, based on 27 countries and published in the open access journal **BMJ Global Health**.

Without sustained intervention, the numbers of women and girls affected will follow population growth trends, rising to an estimated 205.8 million a year by then in these countries—up from 119.4 million in 2018—suggest the projections.

The findings come ahead of [International Day of Zero Tolerance for Female Genital Mutilation](#) on February 6, an annual day designated by the UN General Assembly in 2012 to hasten the end of this practice.

Globally, 200 million women and girls alive today are estimated to have been affected by FGM, which is recognised as a clear violation of human rights and an extreme form of gender discrimination.

The immediate health risks include heavy bleeding, shock, extreme pain, genital swelling, infections, urinary complications and poor wound healing. Longer term consequences can include reproductive system complications, sexual dysfunction, and psychological harms.

Abandonment of the practice by 2030 is included in target 5.3 of the Sustainable Development Goals, agreed by the UN General Assembly in 2015. But progress against this target is variable, and few studies have looked at the financial toll FGM takes, while those that have, have focused on the associated obstetric costs.

The researchers therefore wanted to estimate the economic toll of FGM in 27 countries where the practice is common to include a broader range of health issues over the lifespan, with the aim of bolstering initiatives to eliminate the practice.

Benin; Burkina Faso; Central African Republic; Côte d'Ivoire; Cameroon; Chad; Djibouti; Egypt; Eritrea; Ethiopia; Ghana; Guinea; Gambia; Guinea-Bissau; Iraq; Kenya; Mali; Mauritania; Niger; Nigeria; Sudan; Senegal; Sierra Leone; Somalia; Togo; United

Republic of Tanzania; and Yemen were included in the analysis; three others were excluded because the data required weren't available.

The researchers estimated the annual risk of FGM from data recorded in the Demographic and Health Survey (DHS) or Multiple Indicator Cluster Survey (MICS) for each country.

And they drew on fertility rates and population data to work out the age structures over a period of 30 years from 2018, so that they could project the risks of health complications from childhood through to later life.

They then estimated the costs of caring for, and treating these, complications, plus the savings to be made were FGM to be fully or partially eliminated in each of the 27 countries.

Their analyses indicated that if current trends continue, the prevalence of FGM would follow projected population growth, rising substantially from 119.4 million cases in 2018 to 205.8 million cases by 2047 in these countries.

Halving the number of new childhood cases of FGM wouldn't reduce the total number of prevalent cases over time. These would still be expected to number 154.5 million by 2047 across the 27 countries; but abandoning the practice completely would reduce the number to 80 million.

Each prevalent case is associated with increased healthcare use. And based on current trends, annual healthcare costs are projected to increase steadily, rising from around US\$1.4 billion in 2018 to over US\$2.1 billion in 2047, estimate the researchers.

Halving the number of new cases would slow the rise in healthcare costs to US\$1.7 billion a year by 2047. But stopping FGM altogether would gradually reduce these costs to US\$0.8 billion by 2047, they estimate.

The researchers acknowledge some limitations to their study: detailed figures on actual healthcare costs attributable to FGM weren't available for each country; many women and girls who have been subjected to FGM won't seek medical treatment; and not all of the included countries will routinely diagnose or provide care for the health issues associated with the practice.

Nor is the picture uniform across the 27 nations: FGM prevalence is declining in some, while in others it is stable, and in yet others, it is increasing.

But the researchers point out that their study focused on healthcare costs, so their projections are unlikely to represent the full scale of the economic, societal, and personal impact of FGM.

“As such, this work presents a highly conservative estimate of the total burden of FGM on individuals and society,” they write.

“The practice violates human rights, causes significant suffering and negative impacts on women’s health in the short and long term, and should be abandoned for these reasons alone,” they insist.

“Demonstrating that it also increases economic costs to society and women and that these costs will increase over time is yet another reason to accelerate efforts to abandon this harmful practice,” they add, concluding: “The findings of this study warrant increased political commitment and investment in the abandonment of FGM.”