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Obstetric fistula management in Burkina Faso from 2010 to 2018: an example of a Franco-Burkinabé partnership

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Obstetric fistulas (OF) are endemic in low-income countries (<1035 dollars/pers/year) despite their recognition by the WHO (End Fistula Campaign). They reflect the shortcomings of mother and child health policies. A French surgical NGO (EFE-BF, now renamed MMS-France) has worked for 8 years with Burkinabé health workers in the province of Bâlets (Boromo district) to treat patients with FM. We present the results obtained and retrace the stages (successes and failures) of this process.
Methods: We analysed the database supplied by each of the missions organised over the period in terms of patient socio-demographics, type of fistula, aetiology, proposed surgical techniques and results. We also traced the financing methods used, the non-surgical aids implemented and listed the unsuccessful projects.
Results: In 8 years, we estimate that we operated on 241 patients, most of whom were farmers or housewives who spoke little or no French (the official language) and who had not attended school beyond primary school. These were exclusively FO after AVB or complex caesarean section according to WHO in more than 2/3 of the cases. More than 65% of the repairs were lower tract. The overall fistula closure rate was 69% (89% of simple 56% of complex). However, the follow-up of results was complex with a high rate of loss of sight after catheter removal (uncertainty about late results). Funding was mainly through donations and charity events (concerts, auctions). A grant from a North American foundation was obtained. Three (3) nurses were financed for additional training, one of which was directly related to the management of VVF. We have accompanied and supported a young academic surgeon who has become a Professor of Urology in Ouagadougou and continues to perform VVF surgery. This surgeon is now part of our group of expert surgeons and travels to other sites (Rwanda for example). We have not succeeded in setting up a permanent fistula treatment centre with a reintegration centre as we had planned. We have not succeeded in establishing a lasting and promising link with the Burkinabe health authorities. Our action has been suspended since the political and security instability that has occurred since the fall of President Campaoré and the first attacks in Ouagadougou that our teams had to face.
Conclusion: Solidarity and collaborative medical and surgical action can help to improve the care of TF in a low-income country. Institutional blockages are frequent, and the local-regional issues surrounding TF can make a partnership based exclusively on surgical care inoperative or even counter-productive.