



MINIMUM SERVICE PACKAGE FOR THE INTEGRATION OF FEMALE GENITAL SCHISTOSOMIASIS INTO SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS INTERVENTIONS

Female genital schistosomiasis (FGS) impacts an estimated fifty-six million women and girls across sub-Saharan Africa. It is a condition that results from a parasitic infection and leads to significant sexual and reproductive health (SRH) complications, including increased risks of HIV transmission and cervical cancer. Despite its widespread impact, FGS often goes unrecognised within the broader context of SRH services, due to a lack of awareness and integrated care approaches. Addressing this gap, Frontline AIDS and its partners under the FGS integration project, have developed a Minimum Service Package (MSP) aimed at providing globally applicable programmatic guidance for the integration of FGS and sexual and reproductive health and rights interventions.

Read more about the MSP on the Frontline AIDS website [here](#).

Access the full article in Frontiers [here](#).

For further information, including implementing the MSP in your own context, please contact Leora Pillay, HIV Prevention Advocacy Lead, Frontline AIDS on lpillay@frontlineaids.org

APPENDIX A: MINIMUM SERVICES PACKAGE DOCUMENT

Global Minimum Service Package for Female Genital Schistosomiasis (FGS)
The Minimum service package (MSP) has been developed as a global guidance document that can be contextualised in different countries.
The MSP is targeting: government and non-government planners and programmers providing sexual and reproductive health (SRH) services and sexual and reproductive health and rights (SRHR) programmes.
The MSP will provide information to support health planners and programmers to incorporate FGS interventions and services within standard sexual and reproductive health (SRH) services.

MSP **does not provide clinical protocols and guidelines** and will not affect existing clinical guidelines on how to screen, test, diagnose or treat FGS. The MSP will serve as programmatic guidance for the integration of FGS into sexual and reproductive health related services.

Services offered	FGS	FGS-SRHR Integration
Environment		
Health literacy	Venue: Communities through peer education, homes, group sessions	
Peer education sessions, community dialogues and information sessions, 1-2-1 support, MDA ¹ , SRH sessions, group sessions, IEC ² material, social and behaviour change communication	Health education or SBCC ³ /IEC about schistosomiasis and FGS and how to prevent it including avoidance of contact with fresh water sources in schistosomiasis-endemic areas and other risk factors	Community health care worker/volunteer/peer educator provides information about schistosomiasis and FGS during peer education, programme household visits or through community health outreach in schistosomiasis-endemic areas and surrounding communities. FGS basic information and risk factors incorporated into SRHR, HIV and cervical cancer SBCC/IEC materials.
	Health education and counselling or SBCC/IEC on symptoms of FGS and overlap with symptoms of STIs ⁽⁴⁾ and cervical cancer	Community health care worker/volunteer/peer educator provides information on the signs and symptoms of FGS such as vaginal discharge, contact bleeding, pain during sex, together with information on STIs, HIV and cervical cancer health. Acknowledges the possibility of stigma, gender-based violence and mental health related to these conditions, as well as providing information on condom use, PEP/PrEP ⁵ , risk reduction (for HIV, unsafe sex and FGS), PMTCT ⁶ , pregnancy testing, contraception and safe abortion during routine household visits (including antenatal and post-natal visits) and community outreach. Information makes it

¹ MDA: Mass Drug Administration

² IEC: Information, education, and communication

³ SBCC: Social and behaviour change communication

⁴ STI: Sexually Transmitted Disease

⁵ PEP: Post-exposure prophylaxis / PreP: Pre-exposure prophylaxis

⁶ PMTCT: Prevention of Mother to Child Transmission

		<p>clear that FGS is not a sexually transmitted infection (STI) although it presents similarly.</p> <p>FGS incorporated into IEC/SBCC materials on SRHR, HIV and cervical cancer.</p>
	Health education or SBCC/IEC about the increased risk of HIV and cervical cancer acquisition if exposed to schistosomiasis	<p>Community health care worker/volunteer/peer educator provides information about schistosomiasis and FGS and the increased risk of HIV transmission and cervical cancer during demand creation. Acknowledges the possibility of stigma, gender-based violence and mental health related to FGS, HIV and cervical cancer. As part of this, also provide information on safer sex, PEP/PrEP, risk reduction and PMTCT, pregnancy testing, contraception and safe abortion during peer education/routine household visits and community outreach.</p> <p>FGS incorporated into SBCC/IEC materials on SRHR and HIV and cervical cancer.</p>
	Health education or SBCC/IEC about the increased risk of chronic SRH complications of FGS	<p>Community health care worker/volunteer/peer educator provides information about schistosomiasis and FGS and the increased risk of SRH complications due to untreated FGS including ectopic pregnancy, infertility and sub-fertility during peer education/routine household visits and community outreach. Acknowledges the possibility of stigma, gender-based violence and mental health related to SRH complications and FGS.</p> <p>FGS incorporated into IEC/SBCC materials on SRHR, HIV and cervical cancer.</p>
	Health education or SBCC/IEC about praziquantel as treatment and prevention of FGS	<p>Community health care worker/volunteer/peer educator provides information on the prevention and treatment of FGS using praziquantel as part of peer education, health information/demand creation for contraception, HIV testing and counselling, pregnancy testing or during household visits and community MDA.</p>

		FGS incorporated into IEC/SBCC on SRHR, HIV and cervical cancer.
	Health education on the FGS screening process	Community health care worker/volunteer/peer educator provides information on the procedures to screen and diagnose FGS such as the procedures involving a speculum and colposcope.
Screening and diagnosis	Venue: Primary health care facilities, community-based services & tertiary hospitals where indicated	
Health literacy about FGS	Health literacy about and risk assessment for Schistosomiasis and FGS	<p>FGS to be integrated into SRH discussion and service provision. Health care worker to ensure that the client understands schistosomiasis and FGS prior to offering FGS clinical services. This includes information schistosomiasis and FGS; the signs and symptoms of FGS; risk of HIV and cervical cancer transmission due to schistosomiasis/FGS; SRH complications due to untreated FGS as well as prevention and treatment with Praziquantel.</p> <p>Health care worker assesses risk for schistosomiasis infection including questions about routine activities that lead to fresh-water contact in schistosomiasis-endemic areas and other risk behaviours. Health care worker asks for consent to do a verbal screening for FGS.</p> <p>Before screening, the health care worker explains how screening and diagnosis works for FGS, including explaining the procedure with a speculum/colposcope.</p>
Risk assessment and screening for Schistosomiasis and FGS	Verbal screening for schistosomiasis and FGS	<p>During routine SRH screenings, the health care worker incorporates FGS with a verbal screening which includes questions around SRHR, information about the risk of HIV, HPV and cervical cancer at the clinical facilities.</p> <p>A diagnosis of FGS should be considered in women and girls with contact with fresh water bodies in schistosomiasis endemic countries any time in their lifetime <u>and</u> any symptoms of FGS (including abnormal</p>

		<p>vaginal discharge, bloody discharge, bleeding after intercourse or spotting, genital itching or burning sensation, pelvic pain or pain during or after intercourse), or complications of FGS (including primary or secondary infertility; genital ulcers, tumours or swelling etc.) as per WHO⁷ Pocket Atlas pp 3-4 (https://www.who.int/publications/i/item/9789241509299 accessed 10.08.2023).</p> <p>Questions are asked in a gender and culturally sensitive manner and verbal screening is done with counselling and referral if required. Acknowledges the possibility of stigma, gender-based violence and mental health related to SRH complications and FGS.</p>
Diagnosis	Primary health care settings/community-based service provision: pelvic examination	<p>As part of SRH service provision, FGS is incorporated into pelvic examinations for cervical cancer or other conditions. Health care worker performs a pelvic exam with a colposcope or speculum to inspect the vagina and cervix to identify any sandy patches, abnormal blood vessels, rubbery papules and lesions and to assess the colour, size, and shape and manages or refers for treatment complications of FGS as per the WHO FGS Pocket Atlas. Identifies the presence of discharge/ history of discharge – smell and colour – and treatment for STI's according to local algorithms / management. This would be alongside cervical cancer screenings that would take place during HIV testing and counselling.</p> <p>The health care worker would do this sensitivity and be aware of any mental health concerns for the client due to an FGS diagnosis also acknowledging the possibility of stigma and gender-based violence.</p> <p>Referrals for support to be completed if and when needed.</p>

⁷ WHO: World Health Organisation

	Hospital or Primary Health care level: VIA ⁸ /VILI ⁹ procedure or pap smears	<p>Incorporating FGS into SRH services will include the health care worker performing the VIA/VILI procedure and reporting the local changes of appearance of the lesions. Lesions that are not shiny white (presentation of cervical cancer) and outside of the transformation zone increase suspicion of FGS. Routine care and diagnosis of FGS should NOT be based on biopsy due to the increased risk of biopsy with a population with a high HIV prevalence. Clinical appearance is sufficient. Biopsy should only be performed to rule out cervical cancer.</p> <p>The health care worker should be aware of any mental health concerns for the client due to an FGS diagnosis, also acknowledging the possibility of stigma and gender-based violence.</p>
Treatment and Care	Venue: All health care settings - primary health care facilities, community-based services, tertiary health care facilities and schools	
Treatment and care services	Administration of praziquantel for prevention/treatment	<p>Health care worker provides treatment (praziquantel) or refers the client on where to access praziquantel outside of MDA. Medical practitioner prescribes (and presumptively prescribes) or administers 40mg/kg of praziquantel as a single dose based on height or weight dosing according to local guidelines identified as at risk through screening or diagnosed with FGS at the same time as providing treatment and care, for instance provision or referral for anti-retroviral treatment (ART) or cervical cancer treatment. Praziquantel also provided as prevention/treatment during HPV vaccination drives in schools and other settings.</p> <p>Repeats treatment if risk factors persist and refers for other SRH complications related to FGS diagnosis, e.g., high-risk pregnancy.</p>

⁸ VIA: Visual Inspection with Acetic Acid

⁹ VILI: Visual Inspection with Lugol's Iodine

		<p>Administration of prevention/treatment provided to clients in conjunction with counselling, increased risks of HIV and cervical cancer during SRH services.</p> <p>The health care worker would also be sensitive to mental health concerns due to a positive FGS diagnosis, whilst also acknowledging the possibility of stigma and gender-based violence.</p>
	Syndromic management of FGS	<p>There are no official syndromic treatment guidelines for FGS. The WHO FGS Pocket Atlas allows for the syndromic management of FGS alongside the syndromic management of SRHR needs, such as STIs, HIV, or cervical cancer.</p> <p>Syndromic management of FGS done in conjunction with counselling about FGS diagnosis, treatment, increased risks of HIV and cervical cancer during SRH services. Referrals for support to be completed when and if needed as well as being sensitive to mental health concerns, stigma and gender-based violence.</p>
	Post treatment and follow up	<p>If FGS positive, health care worker to provide clients with a date to return to the clinic for a post-treatment follow up to check infection status, symptoms and praziquantel.</p> <p>The health care worker should also be aware of any mental health concerns for the client due to the FGS diagnosis, gender-based violence and stigma. Referrals for support to be completed if and when needed.</p>
Social Inclusion and Equity	Venue: Community, health facilities, groups	
Addressing barriers to FGS services	Addressing barriers to access in FGS services	Integrating advocacy for reducing the barriers to FGS services into SRH interventions is an integral activity to reducing the burden of FGS amongst women and girls.

		<p>Programmatic staff such as community health care workers/peer educators and clinicians identify communities who do not have access to and do not benefit from mass drug administration (MDA) - such as school-age children who are not in school, adults at risk (specifically women and adolescent girls that come into contact with infected water), and marginalized individuals (e.g. people living with disabilities, sex workers, refugees, migrants, indigenous groups, etc.).</p> <p>Identify at risk populations for services and provide health education. Partnering with SRHR and HIV programmes is integral for reaching these marginalized and key population groups.</p>
Gender-based violence	Identifying risk of gender based violence	During FGS, HIV and SRH service provision, all cadres of staff identify risk of gender-based violence or mental health concerns and refer for counselling/legal support where this is available. This is also a consideration for all women identifying or presenting with STI symptoms.
Advocacy for access to praziquantel and budget/training/resources for FGS screening, diagnosis and treatment	Advocacy for access to FGS screening, diagnosis, prevention and treatment commodities, medication, equipment, training and budget	Advocacy for access to FGS services is integral to reducing the burden of FGS. Advocacy for FGS to be integrated into ongoing advocacy for SRH, cervical cancer and HIV services, budget, medication, training and resources. As FGS is a risk factor for HIV, SRH complications and cervical cancer, it must be integrated into that advocacy.
Reducing risk to contaminated water	Risk reduction counselling for exposure to contaminated water	In schistosomiasis-endemic areas, as part of SRH services, integrate risk reduction counselling to decrease exposure to contaminated water sources. As the risk of FGS is largely due to gendered home roles, this counselling can include discussions about the division of labour, accessing different water sources, making water safer for use, referrals for gender-based violence.