



# Female Genital Schistosomiasis burden, prevention and integration with sexual and reproductive health services

Ending parasitic disease,  
**together**

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# Current context

- **Female genital schistosomiasis (FGS)** is a manifestation of chronic urogenital schistosomiasis (*Schistosoma haematobium*) infection
- **Symptoms:** unusual/bloody vaginal discharge, bleeding after intercourse, genital itching/burning, pelvic pain
- **Complications:** abortion, ectopic pregnancy, genital lesions/tumours, infertility

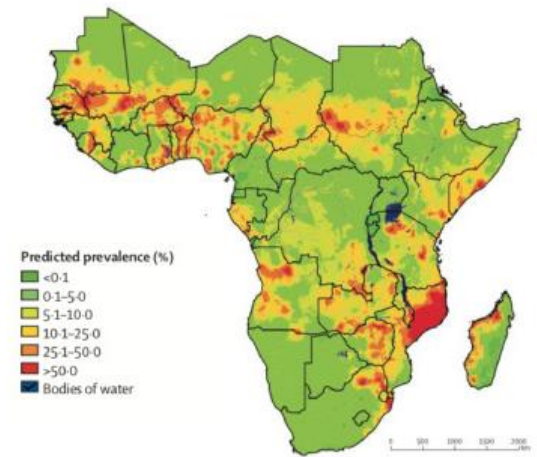
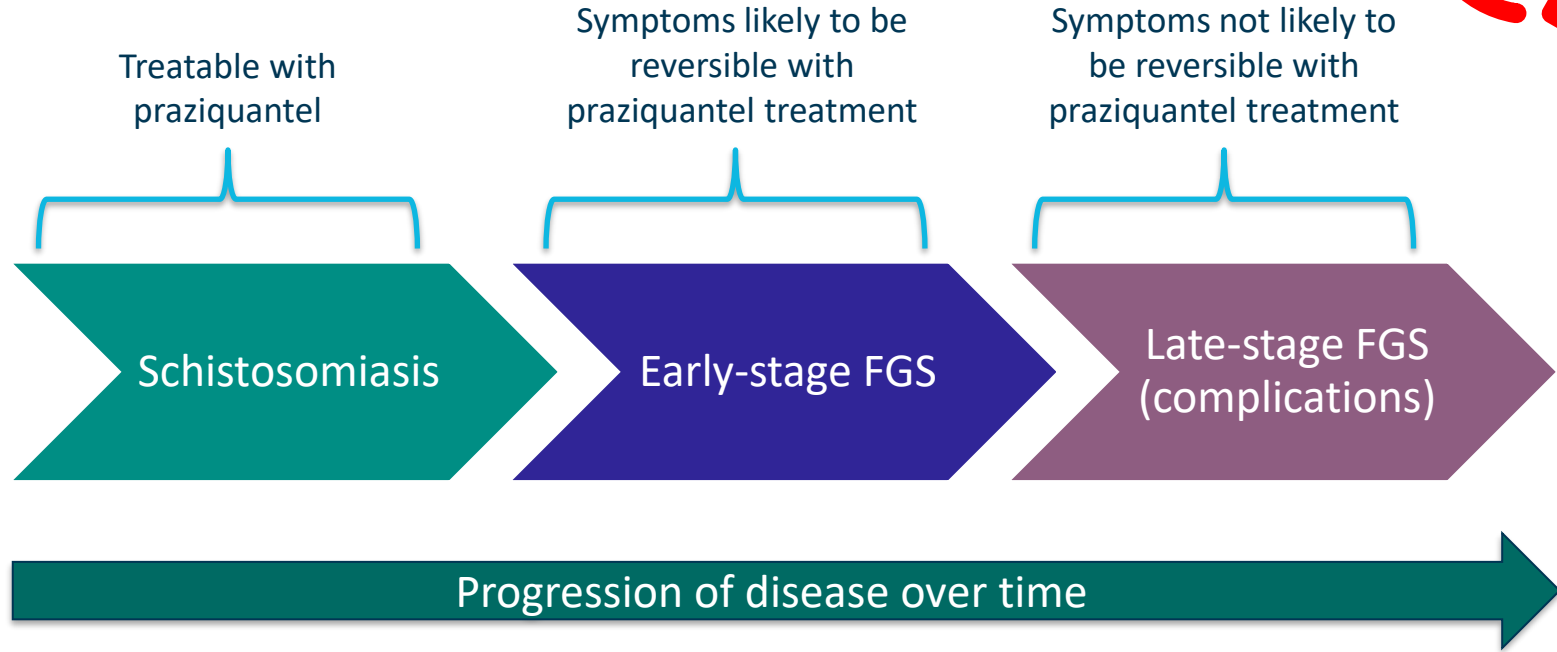
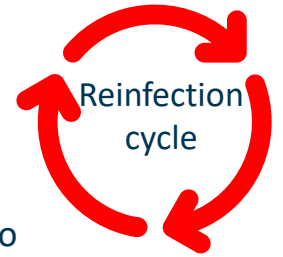


Image: Sturt et al. 2020

# FGS progression



# Opportunities for integration

## Community outreach and mobilisation:

- School health education
- Behaviour change - HIV, STIs, WASH
- CHW programmes
- SRH community engagement - women's groups, health clinics

## Other health services:

- Mother and child health days
- Praziquantel deworming programmes
- WASH interventions

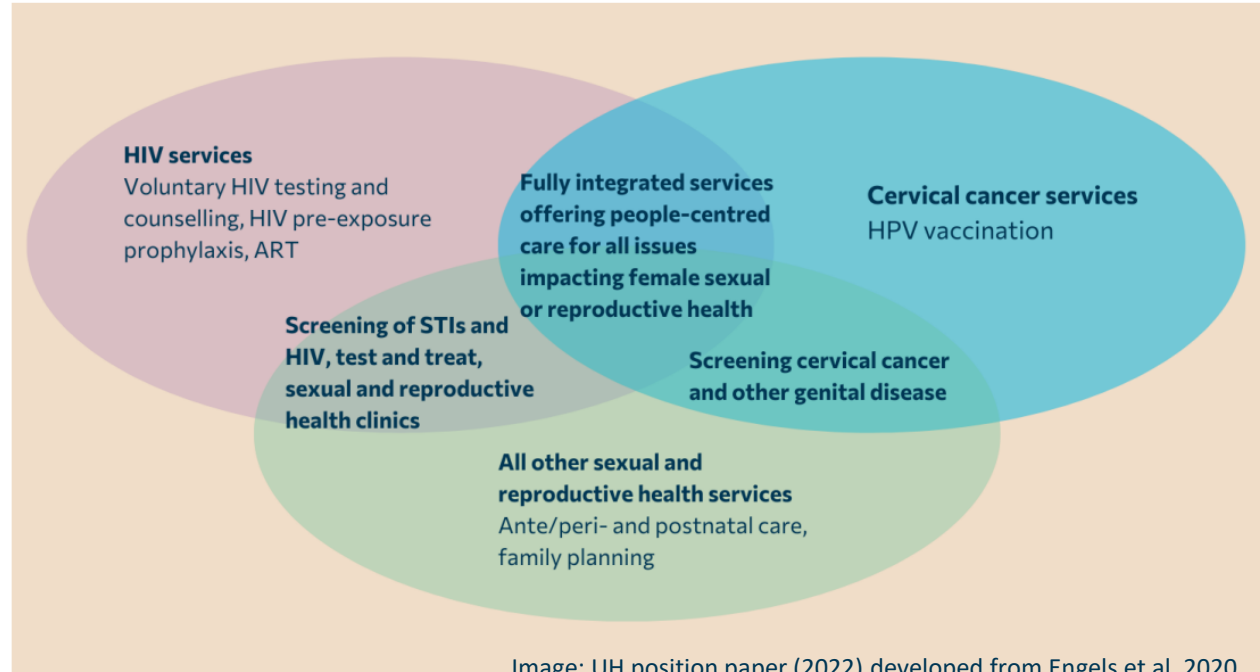


Image: UH position paper (2022) developed from Engels et al. 2020

# Progress to date

- Integration of FGS with sexual and reproductive health (SRH) as part of small-scale research projects
- Global efforts for coordination:
  - Genital Schistosomiasis Community of Practice (GS CoP)
  - FGS Integration Group (FIG)
  - WHO FGS Cross Departmental Task Team

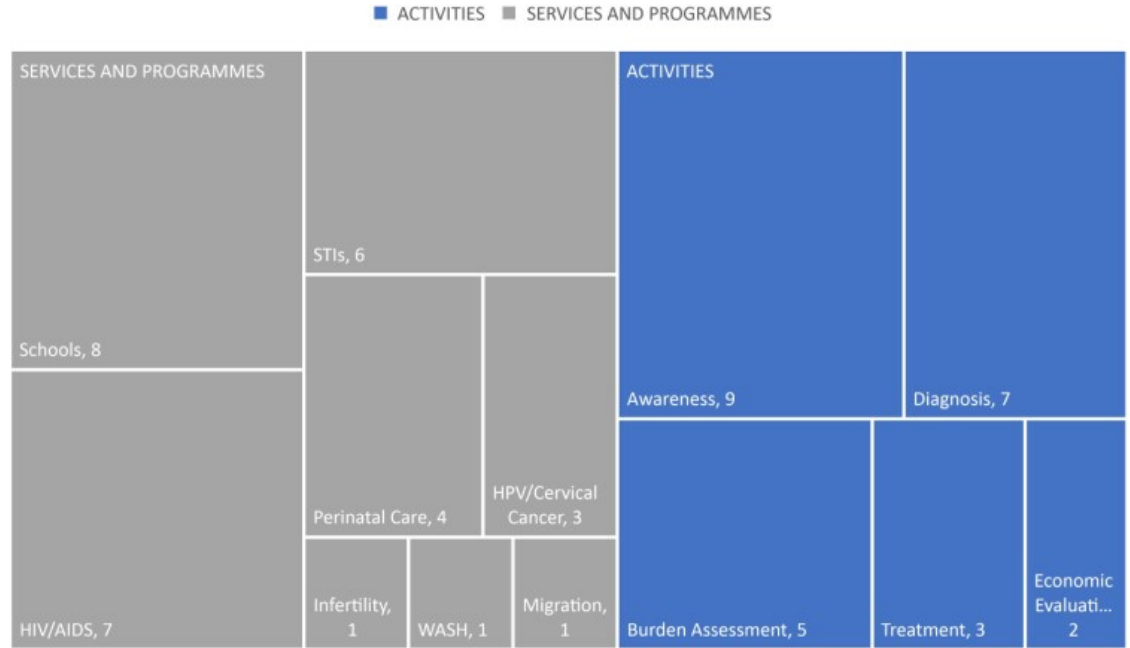


Image: Umbelino-Walker et al. 2023

# CASE STUDY: FGS integration in Côte d'Ivoire

- Integration of FGS prevention services into routine HIV/AIDS and SRH services was piloted (November 2020 to April 2021)
- 7 health centres in Soubré district
- **Focus on prevention:** services included preventive chemotherapy (praziquantel) and FGS health education

## Results:

- Reached >8500 women at-risk
- Access and awareness was improved from baseline
- Training and learning resources validated
- Challenges: workload and integration with health information system



Photo credits: SCI Foundation / Aka Aboubakhr  
Thierry Kouamé

# Challenges to scaling up integrated prevention services

- Prevention or treatment:
  - At the point where women can be diagnosed with colposcopy, they are in the chronic stages of the condition
  - Treatment solutions for chronic stages are not effective
  - Targeting women earlier will help improve treatment outcomes and prevent morbidity
  - Need to balance access, coverage and integration with existing SRH services
- The availability of praziquantel to treat all adults is limited so targeting to those most in need is essential
- Integrated health services must consider the capacity and workload of the health workers

# Research gaps

## Data

- Need data on burden of FGS (hampering intervention and advocacy efforts)
- Need data to be collected in health information management systems

## Diagnosis/effective targeting

- Colposcopy is expensive, resource intensive to analyse and may miss early stages or symptoms not in lower genital tract
- What are practical solutions for identifying women at-risk or at early stages of FGS?

## Treatment Solutions

- What are the treatment solutions for women with chronic (late-stage) FGS?





# Recommendations

Côte d'Ivoire Ministry of Health FGS Strategy:

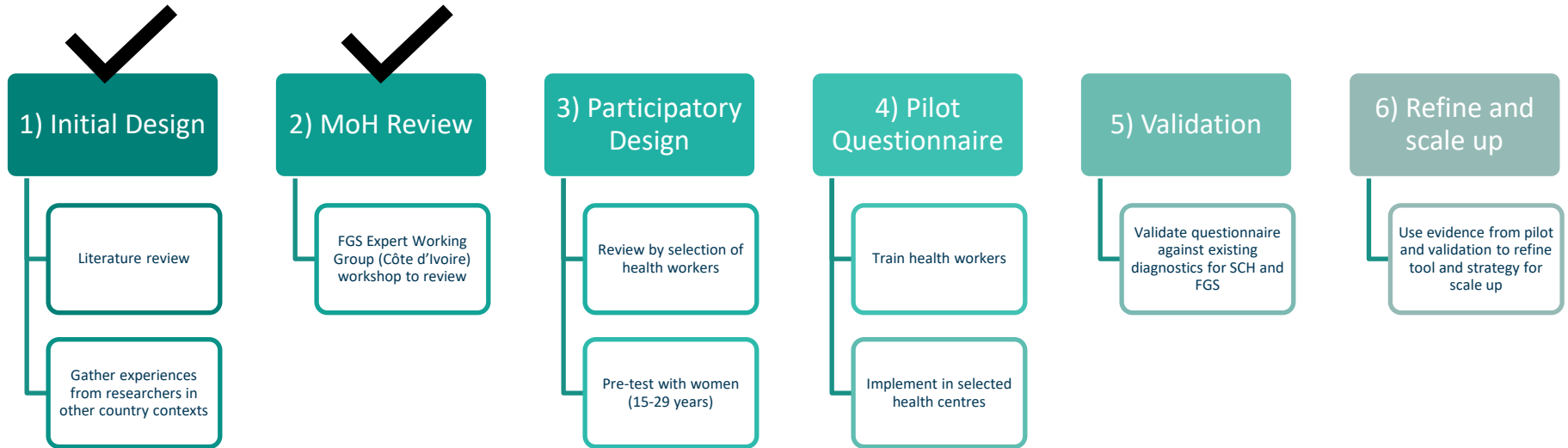
1. Health centre approach:
  - ❖ Improve targeting of services through use of an FGS risk-assessment questionnaire
  - ❖ Implement surveillance system
2. Community outreach approach:
  - ❖ Targeted FGS prevention services for women in communities identified as at-risk

# Principals of FGS risk-assessment questionnaire

The questionnaire should be:

- Designed to be used in primary healthcare settings (where colposcopy is not feasible)
- Quick and easy to use by all cadres of health workers
- Integrated with existing diagnostic algorithms in SRH
- Focus on prevention → identifying women/adolescents/girls as early as possible

# Development of FGS risk-assessment questionnaire



# FGS risk-assessment questionnaire

## Themes in questionnaire:

1. Environmental risk – proximity of water sources, use of water sources, family/household members presenting with schistosomiasis.
2. Presentation of schistosomiasis symptoms – self-reported
3. Presentation of FGS symptoms\* – self-reported
4. Praziquantel treatment – timing and since last water contact

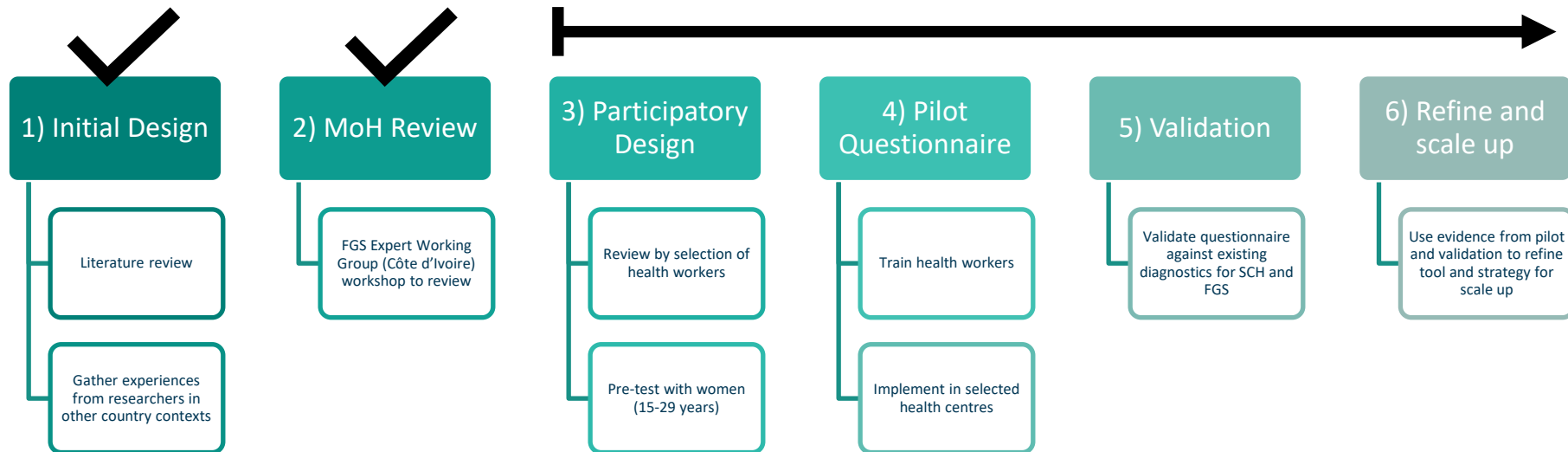
## Key elements discussed:

- Importance of different activities of water contact, frequency and recency
- Recall bias
- Consideration of presentation of symptoms without environmental risk
- Requirements for sensitivity and specificity
- Tool layout – score/threshold or decision tree
- Integration with existing processes

*\*FGS complications only included for referral but not part of questionnaire.*



## Next steps



# Takeaways

- Currently there are no routine FGS prevention and healthcare services in endemic countries, so there is still need to continue gathering evidence and scaling up integrated interventions
- Integration of FGS services with SRH is feasible and beneficial, but requires more support
- Key challenges remain with lack of data and inappropriate diagnosis and treatment options
- FGS risk-assessment questionnaire could be a solution for non-invasive diagnosis in primary healthcare low-resource settings – better than the status quo and aligned to symptom-based diagnosis for STIs
- Strategies should combine health facility and community outreach approaches to improve access and coverage of FGS prevention services to all at-risk age-groups

Thank you!



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Health.**

ENDING PARASITIC DISEASE