

Towards integrated care: Key actions from the AIDS 2024 FGS Roundtable

Background

Female genital schistosomiasis (FGS) is a serious, but often overlooked sexual and reproductive health issue, affecting an estimated 56 million women and girls in sub-Saharan Africa. Untreated FGS can cause severe complications such as ectopic pregnancies and infertility, as well as significant mental health and social implications for those affected. Many of the women and girls at risk of FGS are also vulnerable to HIV and cervical cancer, making it crucial to address these health issues together.

Why integrate FGS with other health services?

In 2019, UNAIDS and the World Health Organization (WHO) called for the integration of FGS, HIV, and cervical cancer services to improve sexual and reproductive health outcomes for women and girls. The goal is to ensure that women and girls are able to receive services in a single location, which simultaneously addresses the different SRH risks they face in their context.

The FGS Integration Group (FIG) has been pushing for FGS integration since 2021, working with international and national partners. At a recent roundtable meeting at the AIDS 2024 conference, stakeholders from various countries – including Kenya, Madagascar, Malawi and Côte d'Ivoire – discussed their experiences, successes, and challenges in integrating FGS into HIV and sexual and reproductive health services. Together with WHO, UNAIDS, the German Government, funders and civil society organisations, they agreed on several key actions needed to improve health outcomes for women and girls.

Key recommendations for action

1. WHO should create a global strategy for integrating FGS.
2. Governments and civil society organisations should continue working on existing programmes, collecting data on FGS in collaboration with Ministries of Health. The goal is to document the burden of FGS so it can be included in national health strategies and receive funding.
3. Engage civil society, communities, and youth networks to push for the Africa CDC to take the lead on FGS strategy and policy development in the region.

Financing

1. Create advocacy momentum around FGS as an overlooked sexual and reproductive health issue affecting women and girls.
2. Make the case for FGS integration as a cost-effective and cost-beneficial strategy

3. Approach donors with requests to provide funding that spans across various interconnected health issues.

Technical

1. Develop comprehensive WHO guidelines that cover FGS, HIV, HPV, and cervical cancer, including both clinical and public health recommendations.
2. Align resources across sectors relevant to FGS, including improving health education and raising awareness from the community level upwards.
3. Advocate for international support to prioritize the integration of services for FGS, HIV, HPV, and cervical cancer.

Coordination

1. Promote the use of flexible funding mechanisms (such as the Global Fund's Resilient and Sustainable Systems for Health) that support coordinated efforts across related health issues.
2. Create tailored investment cases for different audiences, clearly showing the social, economic, and systemic benefits of investing in FGS prevention and integration.
3. Adjust communication strategies about FGS to suit different audiences, including policymakers and the general public.

Looking ahead

A key announcement made at the event by the WHO was the establishment of a new Genital Schistosomiasis Taskforce, which will address many of the policy and guideline needs identified during the event. This taskforce represents a significant step toward a more coordinated and effective response to FGS integration at the global level.

The path forward involves continued collaboration among governments, civil society, and international organisations, to ensure FGS is integrated into broader health strategies. The focus is on making FGS a priority in global health discussions, ensuring that millions of women and girls receive the integrated care they need.

Download our FGS policy brief [here](#).

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