

# EXECUTIVE SUMMARY

## WORKSHOP ON *'Challenges for Women's Health in sub-Saharan Africa'*

21ST - 24TH JANUARY, 2020  
LAMBARÉNÉ, GABON



**Funding Partners**  
German Research Foundation  
(DFG)  
&  
German Center for Infection  
Research (DZIF)



## 1. Introduction

### I. *HelmVit consortium*

HelmVit is a research cooperation between Germany and Gabon, funded by the German Research Foundation (Deutsche Forschungsgemeinschaft, DFG) and coordinated by partners in both countries. Besides its core research focus on the effects of helminth infections during pregnancy on childhood immunity and health, it also aims to build capacity for African researchers to investigate topics of local significance and facilitate research opportunities in Africa for German and African scientists. Presently, it has evolved into a comprehensive opportunity to collaborate, raise awareness and build capacity for impactful solutions to challenges of diseases of poverty.

### II. *Workshop*

This workshop was embedded within the basic research focus of HelmVit to develop an integrated and comprehensive health care approach; taking major obstacles in achieving women's health into consideration and helping to interlink management for individual diseases.

### III. *National public health context*

The workshop objectives operated within the context of the country cooperation strategy between WHO and Gabon, 2014<sup>1</sup> from the perspective of research and capacity building and training for health care providers in an integrative way.

## 2. Key Themes

### I. *Female Genital Schistosomiasis*

It is estimated that up to 40 million women worldwide suffer from female genital schistosomiasis (FGS)<sup>2</sup>. FGS has also recently been associated with horizontal transmission of HIV, rendering it a major cofactor in the African AIDS epidemic. Persistence of Human Papilloma Virus (HPV), the causative agent for cervical cancer, has also been associated with FGS. Thus, the prioritization of FGS in health planning synergizes with existing or emerging national communicable- and non-communicable disease (NCD)<sup>3</sup> requires, as a call for action on education, teaching, diagnostics and the development of appropriate health care, strategies for the control of this neglected tropical disease (NTD).

### II. *Cervical Cancer*

Globally, more than 90% of cervical cancer-related deaths are occurring among women in low- and middle-income countries (LMICs)<sup>3</sup>. In Gabon cervical cancer ranks first in mortality for cancer in women and accounted for 18% of all new cancers diagnosed in Gabonese women in 2018.<sup>4</sup> Today, cervical cancer is mostly preventable and curable provided a comprehensive program is in place. This needs to encompass primary prevention by HPV vaccination, secondary prevention by screening and management of pre- cancer and cancer. Due to similarities in the trajectory of NTDs in LMICs, it is imperative to integrate cervical cancer and FGS screening along with sexually transmitted infections (STI) to optimise resources.

<sup>1</sup> The WHO Country Cooperation Strategy (CCS) between the WHO and the Government of Gabon: [https://apps.who.int/iris/bitstream/handle/10665/136840/ccsbrief\\_gab\\_en.pdf?sequence=1&isAllowed=y](https://apps.who.int/iris/bitstream/handle/10665/136840/ccsbrief_gab_en.pdf?sequence=1&isAllowed=y)

<sup>2</sup> Kjetland EF, Kurewa EN, Ndhiovu PD, Midzi N, Guanzura L, Mason PR, et al. (2008) Female genital schistosomiasis—a differential diagnosis to sexually transmitted disease: genital itch and vaginal discharge as indicators of genital *Schistosoma haematobium* morbidity in a cross-sectional study in endemic rural Zimbabwe. *Trop Med Int Health* 13(12): 1509–17.

<sup>3</sup> <https://www.who.int/cancer/prevention/diagnosis-screening/cervical-cancer/en/>

<sup>4</sup> <http://gco.iarc.fr/today/data/factsheets/populations/266-gabon-fact-sheets.pdf>



### III. Caesarean Section

Regrettably, 95% of all women who die during childbirth belong to LMICs, and 65% of these belong to the African region<sup>5</sup>. Suboptimal management of labour, lack of qualified personnel and poor availability of medicines resulting in inadequately performed Caesareans, post-surgical infectious complications, sequelae of anaesthesia and/or inadequate haemorrhage control are often the key risk factors. Additionally, health professionals working in LMIC need to be continuously trained to achieve better outcomes through high-quality labour management.

### IV. Women's health and life-course approach

The life-course approach recognizes that women's health is not limited to woman's reproductive health. While gaps in reproductive health can lead to chronic disease later in life,<sup>6</sup> the prioritization of health throughout the whole lifespan of women is fundamental to achieve well-being in accordance with SDG 3 and 5. Immunization and screening are classic examples of public health interventions that fit the life-course model e.g. HPV vaccination of adolescent girls prevents cervical cancer in later life.

## 4. Objectives

This workshop was designed to contribute to capacity building of local health systems, to open doors for future collaborations in research and training, and to sustainably improve the performance of the local health system. More specifically, we aimed to:

- a. Explore the level of knowledge among health care providers and assess the care systems in place for combating the local burden of NTD like FGS and NCD like cervical cancer
- b. Exchange comparative experiences and good practices for caesarean section in the sub-Saharan African (SSA) setting, with knowledge-sharing and practical teaching modules
- c. Identify opportunities for scientific and operational collaboration between Germany and Gabon to increase the knowledge base about what works to enhance health systems for women's health

## 5. Participants

The two- and half day workshop brought together 20 experts and health care providers (including midwives and nurses) from Europe (Germany, Switzerland and United Kingdom) and Africa (Gabon, Mozambique and Cameroon). Local and state representatives from Gabon also took part. Private sector was represented via Merck Global Health Institute. The participants worked together during the sessions, shared their experiences and identified gaps in research and application and how they could be filled.

## 6. Methods

- Four sessions of in-depth plenaries covered the three key themes by lectures and open dialogue among participants via round tables and panel discussions. A general 'women's health' plenary aimed to integrate the expertise across a large spectrum.

<sup>5</sup>Alkema L, Chou D, Hogan D, Zhang S, Moller AB, Gemmill A, et al. Global, regional, and national levels and trends in maternal mortality between 1990 and 2015, with scenario based projections to 2030: a systematic analysis by the UN Maternal Mortality Estimation Inter-Agency Group. *Lancet*. 2016; 387 (10017): 462-74

<sup>6</sup> Rich-Edwards J.W. Reproductive health as a sentinel of chronic disease in women. *Womens Health (Lond Engl)* 2009;5(2):101-105.



- Practical teaching modules allowed hands-on training for all participants, especially midwives and gynaecologists, and introduced innovative digital health applications for field diagnosis and awareness generation.
- A collaborative session allowed all participants to agree on a framework for South-South and North-South collaboration for scaling up health systems for women’s health in the region.

## 7. Key Outcomes

The following initial outcomes resulted from the workshop:

### I. Knowledge generation in disease management

	Schistosomiasis	Cervical Cancer	Cesarean Section
<b>Prevention, screening and early diagnosis</b>	Awareness generated on FGS signs and symptoms	Implement free HPV vaccination for all young girls in Gabon; Implement free FGS screening for all women	Processes discussed for adapting algorithms for early and timely decision-making to local contexts
<b>Treatment</b>	Knowledge about praziquantel treatment efficacy, availability and access especially during pregnancy	Information shared about <i>screen and treat</i> approaches	Task-shifting to empower midwives & nurses to identify women at-risk for CS early & empower health providers to expand service provision

### II. Skill training

	FGS/ Cervical Cancer (CC)	Cesarean Section
<b>Practical Module</b>	<ul style="list-style-type: none"> <li>– Innovations in digital health for diagnostics</li> <li>– Portable colposcope with image analysis</li> <li>– Hands-on training session with models</li> </ul>	<ul style="list-style-type: none"> <li>– Hands-on training session with delivery model e.g. management of shoulder dystocia, vaginal vacuum extraction and breech presentation delivery</li> </ul>
<b>Knowledge Sharing</b>	<ul style="list-style-type: none"> <li>– Videos: Cervical self-swabbing, challenges in the field, learnings from Zambia BILHIV</li> <li>– Introduction of integrated cervical cancer/FGS diagnostics via m-health</li> </ul>	<ul style="list-style-type: none"> <li>- Videos: Performance of ‘normal’ CS using Misgav-Ladach method and ‘difficult’ CS with reverse breech extraction</li> <li>- Video demonstration for birth manoeuvres</li> </ul>

### III. Identification of research needs and options

- Integrate midwives into research teams as field researchers
- Establish knowledge sharing platforms and comprehensive feedback loops from lowest to highest level
- Development of multiplex diagnostics to lower costs while simultaneously increasing the number of targets per test



#### IV. Identification of policy options

- How to generate awareness of FGS at state-level in Gabon
- How to implement HPV vaccination in Gabon
- How to integrate FGS screening with existing CC screening programs in Gabon ('October Rose')
- How to establish communication channels to share data between state and local level
- Commitment to enhance nurse and midwife training programs

## 8. Mid-term Outcomes

1. Presentation & Panel Discussion: The organizers were invited to present the workshop outcomes at the BMBF 'Research Networks for Health Innovation in sub-Saharan Africa' Meeting (28<sup>th</sup>-31<sup>st</sup> of Jan 2020, Kempinski Gold Coast Hotel, Accra) in Ghana. A panel discussion was also conducted with participants from the five research networks to gauge if the workshop framework could allow new synergies between HelmVit and the five BMBF research networks<sup>7</sup> activities in the area of women's health.
2. Women's Health Working Group: There was agreement that the initial framework of a 'Women's Health Working Group', centrally coordinated by HelmVit at TUM, should be expanded with participation from representatives across the five<sup>8</sup> BMBF networks.
3. White Paper: The lessons learnt of the workshop will be consolidated in a white paper including a mutually-agreed-upon framework for scaling up future activities in Gabon in particular and sub-Saharan Africa in particular.

Follow-up Activities: A follow-up workshop is currently under consideration to invite key partners from Gabon to Germany to take part in capacity building modules centred around laboratory methodology, field diagnosis and digital health. These modules will be coordinated and conducted jointly by University of Tübingen and TUM while identification of participants will be by CERMEC.

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<sup>7</sup> <https://www.gesundheitsforschung-bmbf.de/en/research-networks-for-health-innovations-in-sub-saharan-africa-8690.php>

<sup>8</sup> Ibid. 7



## 4. APPENDIX 1: List of Speakers

1. Prof. Dr. Ayola Akim Adegnika, *CERMEL, GA*
2. Dr. Maxime Agnandji, *CERMEL, Gabon*
3. Dr. Jonasse Solange Antimi, *Gabonese Ministry of Health, GA*
4. Prof. Dr. Amaya Bustinduy, *London School of Hygiene and Tropical Medicine, UK*
5. Prof. Dr. Clarissa Prazeres da Costa, *Technical University of Munich, DE*
6. Dr. Meral Esen, *University Clinic Tübingen, DE*
7. Dr. Robert Eya'mane, *Libreville Institute of Cancerology, GA*
8. Dr. Eveline Foguem, *Biyem-Assi District Hospital Yaoundé, CM*
9. Ms. Marrium Habib, *Technical University of Munich, DE*
10. Dr. Josiane Honkpehedji, *CERMEL, GA*
11. Dr. Laurianne James, *Libreville Institute of Cancerology, GA*
12. Prof. Dr. Stefanie Klug, *Technical University of Munich, DE*
13. PD Dr. Silvia Lobmaier, *Klinikum Rechts-der-Isar, Technical University of Munich, DE*
14. Dr. Ulysse Minkobame, *Jeanne-Ebori Uni. Hospital Center for Mother & Child, GA*
15. Dr. Sibone Mocumbi, *Maputo Central Hospital, MZ*
16. Dr. Ghyslain Mombo-Ngoma, *CERMEL, GA*
17. Dr. Jutta Reinhard-Rupp, *Merck Global Health Institute, CH*
18. Dr. Andreas Ullrich, *Charité University Hospital Berlin, former WHO Geneva, CH*
19. Ms. Kathrin Vogg, *Technical University of Munich, DE*
20. Dr. Rella Manego Zoleko, *CERMEL, GA*

CH: Switzerland

CM: Cameroon

DE: Germany

GA: Gabon

MZ: Mozambique

UK: United Kingdom



## Appendix 2: Agenda

### Tuesday 21<sup>st</sup> January 2020

**8:30 -15:00** *Arrival and Registration of Participants*

15:00 -17:00 Opening Ceremony

Speakers : Prof. Akim Adegnika, CERMEL, Gabon  
Prof. Clarissa Prazeres da Costa, TUM, DE  
Dr. Meral Esen, UKT, DE  
Rep. Of Mayor of Lambaréné, Gabon

17:00 -19:00 Cocktail Reception

**19:00** *Retire to Hotel*

### Wednesday 22<sup>nd</sup> January 2020

**08:30 - 09:45** **Plenary 1 : Female Genital Schistosomiasis**

Chairs: Prof. Peter Kremsner, CERMEL/ UKT, DE  
Prof. Clarissa Prazeres da Costa, TUM, DE

08:30 - 09:15 Presenter: Dr. Amaya Bustinduy, LSHTM, UK

*« Female Genital Schistosomiasis, Schistosoma haematobium's neglected child »*

09:15 - 09:30 Presenters: Dr. G. Mombo-Ngoma, CERMEL, Gabon

*« Co-infection HIV and malaria during pregnancy: Interventions and Challenges »*

Presenter: Dr. R. Manego Zoleko, CERMEL, Gabon

09:30 – 09:45 *« Growth, nutritional status and mortality of cohort of children during their first year of life in rural and semi-urban areas of Gabon »*

**09:45 - 10:30** **Plenary 2 : Cervical Cancer**

Chairs: Dr. Meral Esen, UKT, DE

09:45 - 10:15 Presenter: Prof. Stefanie Klug, TUM, DE

*« Cervical Cancer and HPV in Sub Saharan Africa »*

10:15 - 10:30 Presenter: Dr. Andreas Ullrich, Charité Berlin, CH (online)

*« WHO's Global Policies against Cervical Cancer and National Implementation »*

10:30 - 10:45 Presenter: Dr. L. James, Institute of Cancerology, Gabon

*« Prognostic Factors for Cancer at the Institute of Cancerology in Gabon »*

**10:45 -11 :00** *Coffee Break*



11:00 - 12 :00	<i>Workshop 1: Female Genital Schistosomiasis (Group 1)</i>	<i>Workshop 2: Cervical Cancer (Group 2)</i>
	Moderator: Dr. Jutta Reinhard-Rupp, Merck KGaA , CH	Moderator: Dr. Eveline Foguem, Biyem-Assi District Hospital, Cameroon
12:00 -13:00	<i>Workshop 1: Female Genital Schistosomiasis (Group 2)</i>	<i>Workshop 2: Cervical Cancer (Group 1)</i>
	Moderator: Dr. Jutta Reinhard-Rupp, Merck KGaA, CH	Moderator: Dr. Eveline Foguem, Biyem-Assi District Hospital, Cameroon

**13:00 - 14:30 Lunch**

**14:30 - 16:30 Round table on FGS and Cervical Cancer**

Chair: Dr. Sibone Mocumbi, Hôpital Central de Maputo, Mozambique

Experts: Dr. L. James, Institute of Cancerology, Gabon

Dr. Amaya Bustinduy, LSHTM, UK

Prof. Stefanie Klug, Technical University of Munich, DE

Dr. Jutta Reinhard-Rupp, Merck KGaA, CH

**16:30 - 17:30 Coffee Break & Networking**

16:30 – 17:30 Summary and Presentation of Workshop Outcomes

Presenters: Dr. Eveline Foguem, Biyem-Assi District Hospital, Cameroon

Dr. Jutta Reinhard-Rupp, Merck KGaA, CH

**19:00 - 21:00 Dinner**

**Thursday 23<sup>rd</sup> January 2020**

**08:30 - 09:35 Plenary 3 : Cesarean Section**

Chairs: Dr. Sibone Mocumbi, Hôpital Central de Maputo, Mozambique

08:30 - 09:15 Presenters: Dr. Silvia Lobmaier, Klinikum Rechts-der-Isar Munich, TUM, DE

« *Problems of Cesarean section in low-income countries* »

09:15 - 09:30 Dr. Robert Eya'mane, Libreville Institute of Cancerology, Gabon

« *SCREENING OF CERVICAL CANCER IN GABON BY VISUAL INSPECTION AFTER APPLICATION OF ACETIC ACID AND LUGOL* »

**09:30 – 10:15 Plenary 4 : Women's Health in Gabon**

Chairs: Prof. Ayôla Akim Adegnika, CERMEL, Gabon

Dr. Eveline Foguem, Biyem-Assi District Hospital, Cameroon

09:30 - 09:45 Presenters: Dr. Josiane Honkpehedji, CERMEL, Gabon

« *Maternal Polyparasitism is Associated with Low Birth Weight in Gabon* »





09:45 - 10:00 Presenter: Dr. Ulysse Minkobame, Jeanne-Ebory Uni. Hospital Center MCH, Gabon  
« *The benefit of Robson's classification in the practice of cesarean section in 2018 in Libreville* »

**10:00 – 10:15** Presenter : Dr. Jonasse Solange Antimi, Gabonese Ministry of Health, GA  
« *Maternal and Child Health in Gabon* »

**10:15 – 10:30** *Coffee Break*

**10:30 – 12:30** **Round Table on Cesarean Section**

Chair: Dr. Maxime Agnandji, CERMEL, Gabon

Participants: Dr. Silvia Lobmaier, Klinikum Rechts-der-Isar Munich, TUM, DE

Dr. Ulysse Minkobame, Jeanne-Ebory Uni. Hospital Center MCH, Gabon

Dr. Eveline Foguem, Biyem-Assi District Hospital, Cameroon

**12:00 - 13:30** *Lunch*

13:30 -15:30 Hands-On Teaching Modules

« *Management of problems during and after birth* »

« *Low-cost cervical inspection for diagnosis of FGS/CC* »

Instructors: Dr. Silvia Lobmaier, Klinikum Rechts-der-Isar Munich, TUM, DE

Ms. Kathrin Vogg, Klinikum Rechts-der-Isar Munich, TUM, DE

Dr. Amaya Bustinduy, LSHTM, UK

15:45 - 16:45 Summary and Presentation on Outcomes of the Round Table and the Teaching Modules  
Panel Discussion

16:45 - 17:45 « *Framework of future activities based on the messages to be retained from the workshops* »

**17:45 - 18:00** *Coffee Break*

18:00 – 18:30 Presentation of Concept and Main Messages of Workshop White Paper

Speaker: Marrium Habib, TUM, DE

18:30 – 19:00 Closing Ceremony

Speakers: HelmVit & CERMEL teams

**19:00 - 21:00** *Farewell Dinner*