

Integration of NTDs/FGS into mainstream healthcare systems

Dr Victoria A Gamba
Dr Akinola Oluwole



Outline

- Female Genital Schistosomiasis background - Dr Victoria Gamba
- Kenya Experience of FGS Integration - Dr Victoria Gamba
- Nigeria Experience of FGS Integration - Dr Akinola Oluwole
- Comparison, Challenges, Recommendations - Dr Akinola Oluwole



Background

1

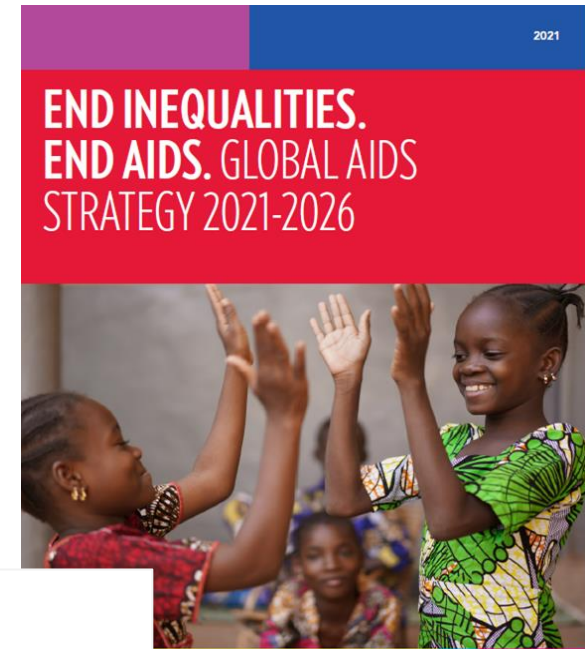
- Female Genital Schistosomiasis is a neglected gynecological condition resulting from long term infection with schistosomiasis without treatment.

2

- The main strategy used for MDA for schistosomiasis control is school based treatment targeting mainly school age children leaving out other age groups who are also at risk of schistosomiasis.

3

- Integrating NTD control into primary health care system may help ensure no one is left behind and achieve the 2030 Road Map.



UNAIDS 2019
REFERENCE

No more neglect

Female genital schistosomiasis and HIV

Integration of NTD/FGS screening into mainstream healthcare systems - A Kenyan Experience

Dr. Victoria A Gamba and Dr. Patrick Oyaro
LVCT Health



ARISE

CHILDREN'S
INVESTMENT FUND
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REPUBLIC OF KENYA

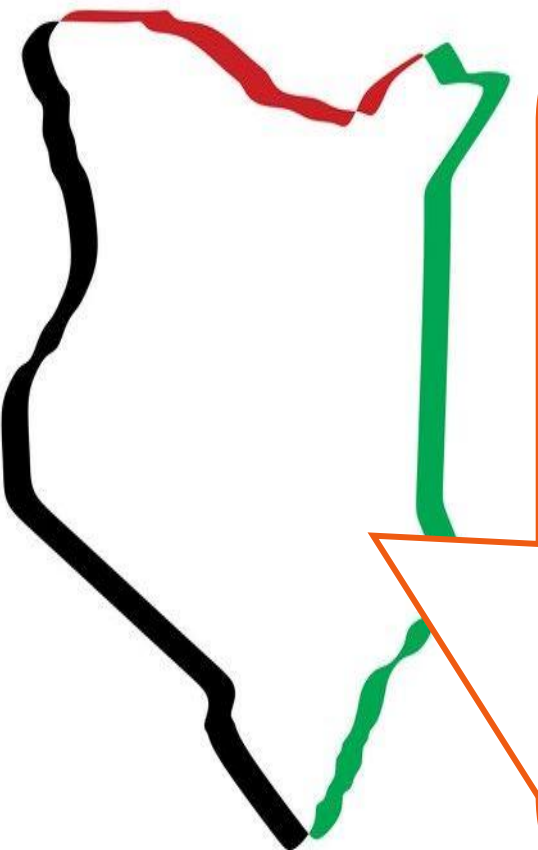


MINISTRY OF HEALTH

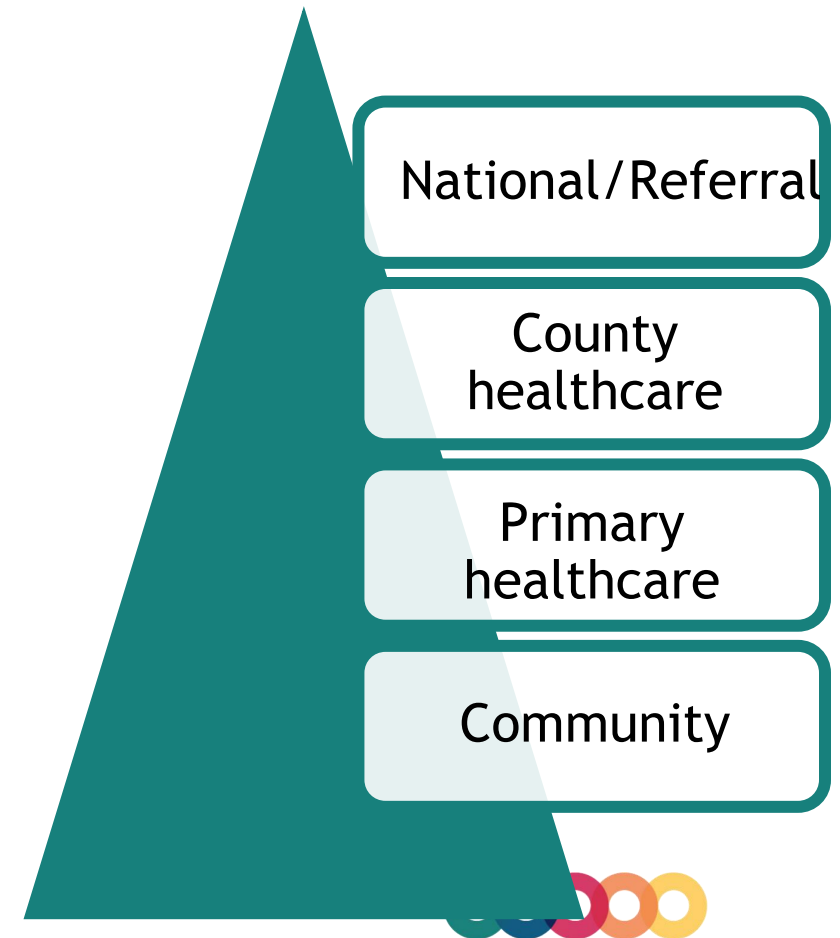


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Female genital schistosomiasis (FGS) and Cervical cancer in Kenya



- In Kwale county, prevalence of *S. haematobium* was 23% (Gitau.J.M et al 2017)
- In South Nyanza, prevalence of *S. haematobium* was 9.3% (HC Sang et al, 2014)
- **Actual prevalence of FGS remains largely unknown**
- Cervical cancer ranks 2nd after Breast cancer however it has the mortality. (Bray F et al. 2018)
- **Only, 16.4% of women in Kenya aged 30-49 years in 2015 had ever been screened for Cervical cancer** (KNBS, 2015)
- **Primary healthcare is tasked with elimination of NTDs and NCDs** (Kenya primary healthcare strategic framework 2019-2024)



FGS Integration in Homabay county

Formative Research

January-Feb 2020

- Community survey (n=379)
- 8 Focus Group Discussion
- 14 In-depth Interviews

Implementation Phase (Mar-Sept 2021)

- Community sensitization on FGS via Vernacular radio
- FGS Education in **23 Safe Spaces -1700 AGYW**
- Community Health Volunteers sensitized on FGS -**61 CHVS and DREAMS mentors**
- Integration of FGS in Cervical Cancer Screening for **HCWs**

August 2021

Conducted 29 interviews

- Health Managers
- Health Workers
- CHVs
- Program Designers

Qualitative Assessments

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Formative Research findings on FGS in Homabay county - Gembe ward

01

High levels of Stigma

02

Lack of Awareness about FGS among Health workers

03

Misdiagnosis of FGS and schistosomiasis

04

Self medication

1



'Yes, it is not something related to sex but it interferes with our females, and their private parts. Passing of bloody urine, when you don't know about it, it brings a lot of stigma..' (Community FGD)

2



"Not at all (Laughs) just as I told you earlier, I don't know anything about bilharzia, what I know is just what I learnt during my medical school" (Facility based Health Worker)

3



"Treatment with antibiotics for FGS and STI, as it is similar..." IDI Health Worker

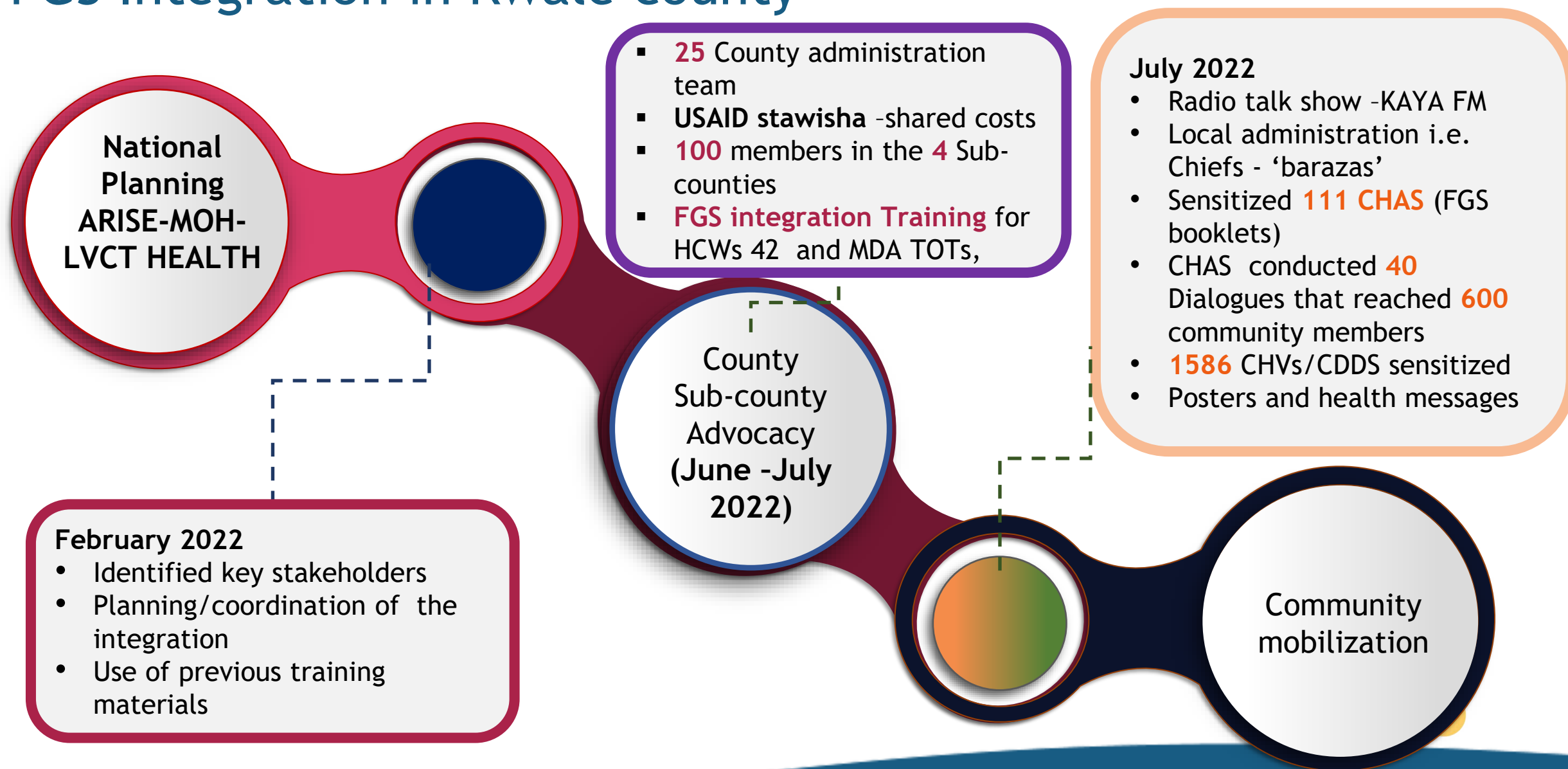
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"...most of our clients after referrals, just go back home and at times they look for traditional drugs that are provided by other people within the community" CHV FGD



FGS Integration in Kwale county





Way forward

Goals

- Increased uptake and of preventive NTD AND NCD services among women.
- Reduced morbidity and mortality from NTDs and NCDs among women.
- Provide appropriate treatment at first point of contact at the PHC level by having *a one stop shop and effective referral*

How will WE get there?

- Build a team with common interests.
- Apply the RE-AIM framework
- Leverage on existing technologies to disseminate information.

Integrating FGS case management into Primary Health Care system in Ogun State, Nigeria

Dr Akinola Oluwole

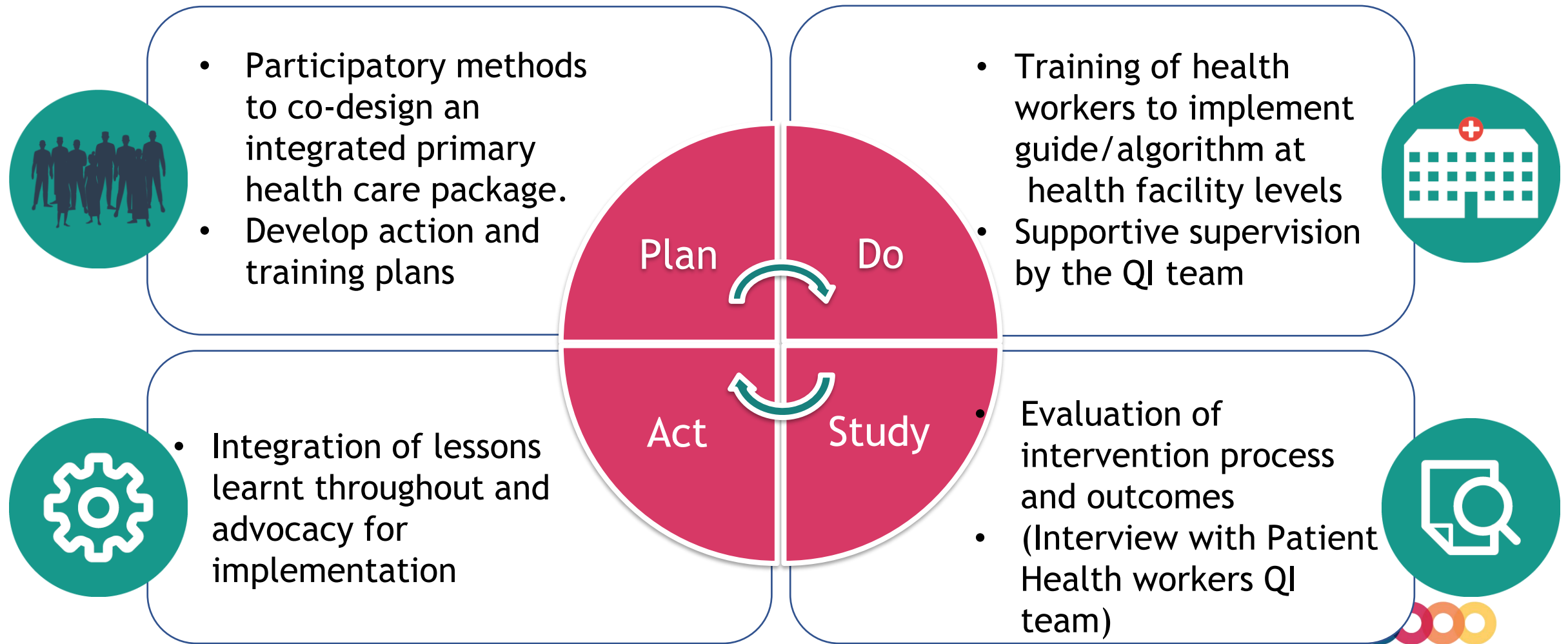


COUNTDOWN project funded by FCDO, UK

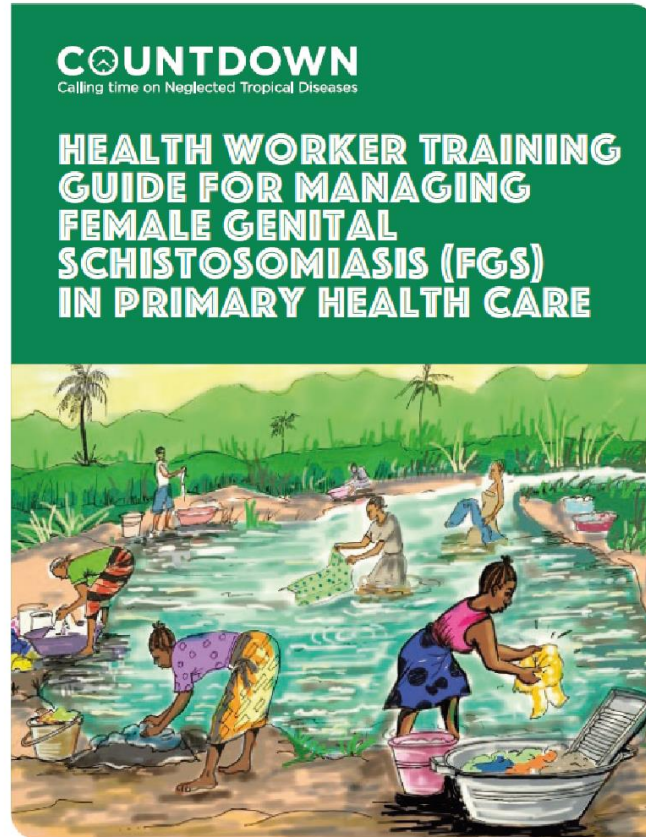
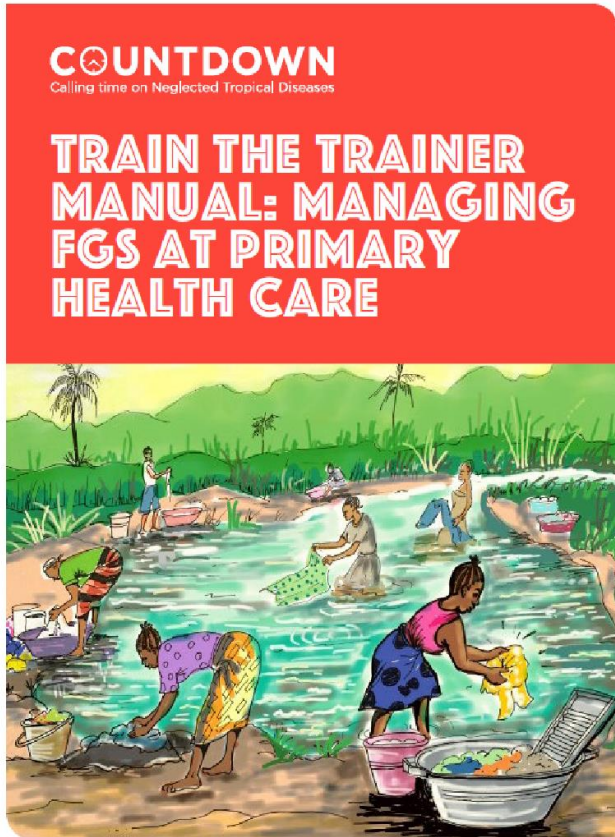


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Quality Improvement implementation framework



The training guide and manual



Basic
component

Introduction to
Schistosomiasis and FGS

Diagnosis using symptoms
checklist and environmental
risk assessment

Severity symptoms check
and referral

Education and counselling to
reduce stigma

Praziquantel treatment and
FGS management



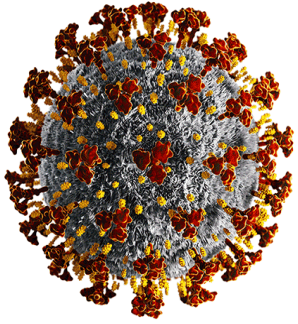
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Key achievements

- A total of 79 girls/women with gynaecological issues were screened for FGS (66 cases of FGS).
- Increased health seeking behaviour of girls and women with gynaecological issues without fear of being stigmatized.
- The Quality Improvement approach facilitated cross learning among frontline health workers and health professionals leading to the development of a context specific, sustainable intervention for persons affected by FGS.
- Advocacy for availability of praziquantel at the health facility level.
- Health workers have been educated on how to respectfully and sensitively identify and act on stigma related to FGS through training on effective counselling and education of patients.
- FGS awareness across the health system has been raised leading to increased advocacy to include FGS within existing medical training.



Challenges to FGS integration



COVID-19 out break
delayed implementation



Sensitization in endemic community
Supervision to health facility

Distance/cost of
transportation
to /from
health facility

Overlapping health interventions

Health facility staff strength
(there is overload of work)



Communication barrier

Comparison approaches

Kenya

- **Piggy-backed on cervical screening training of healthcare workers to include FGS.**
- **Identifying key stakeholders and leadership for integration.**
- Assessed perceptions and knowledge of health workers before training.
- Evaluated training by looking at changes in perception & knowledge.
- Importance of health structure and key actors.

Nigeria

- **Used Quality Improvement Implementation framework to co-design FGS training manual with healthcare workers.**
- **Identifying key stakeholders and leadership for integration.**
- Assessed perceptions and knowledge of health workers before training.
- Evaluated training by looking at changes in perception & knowledge.
- Importance of health structure and key actors.

Comparison recommendations

Kenya

- Cryotherapy/ LEEP and colposcopy for Cervical cancer.
- Need for the national MOH to advocate for addition of FGS related information in the cancer screening and treatment register.
- Create a reporting and feedback system for positive case identification to collect this data monthly by the Focal NTD coordinator at Kwale county and then relayed to the Ministry of Health Department of Vector borne and Neglected tropical diseases at the National level.
- Advocate for availability of praziquantel at the health facility level.

Nigeria

- Understand what are the cadre of health workers available at the primary health care level and what is their skill/what capacity building is needed.
- There is need to understand the resources and facilities available at each of the health facilities where the intervention can be implemented.
- Train on stigma awareness and reduction for staff.
- Advocate for availability of praziquantel at the health facility level.

Combined key learnings and recommendations

- Understanding the health structure and identify the health system actors/stakeholders to be engaged.
- There is need to understand/evaluate the health system actor's knowledge of NTD/FGS.
- Continuous training of healthcare workers on the integrated care.
- Patient follow- up for negative and positive cases.
- Awareness/sensitization strategies. Community awareness through key persons and healthcare workers.
- Use and update schistosomiasis endemicity maps, link with NTD databases and health information systems and offer Mass drug administration of Praziquantel and health information to prevent re-infection.
- Integration and Sustainability indicators: Periodic monitoring and evaluation to enhance continuity and sustainability of the project.



FGS integration initiatives

- In Kenya MoH and LVCT Health applying the RE-AIM framework
- Launch of the FGS Society of Nigeria www.fgssofnigeria.com.ng
- The FAST package www.fastpackage.org
- Bilharzia and HIV, and the Schista! project in Zambia
- Malawi, Tanzania and Zambia - community-based teaching platform
- Cameroon mapping FGS with gynaecological disease



www.bit.ly/FIG-schisto

CHALLENGE

Female Genital Schistosomiasis (FGS) affects the health and wellbeing of an estimated

56 MILLION WOMEN AND GIRLS in Africa; it is a co-factor in HIV infection and complicates the diagnosis and treatment of sexually transmitted infections and cervical cancer.



Women and girls with FGS are
3X MORE LIKELY
to get HIV and two times more likely to
get human papilloma virus (HPV), a cause
of cervical cancer, than other women.

COALITION

FRONTLINE AIDS

Bridges to Development

SCI Foundation
IMPROVING HEALTH
UNLOCKING POTENTIAL

Sightsavers

Avert HIV
Empowering people
through knowledge

lvct health

GSA
GLOBAL SCHISTOSOMIASIS ALLIANCE



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