Integration of female genital schistosomiasis into HIV/sexual and reproductive health and rights and neglected tropical diseases programs and services: a scoping review with a systematic search

AUTHORS
F. Wong * (1), L. Umbalino-Walker (2), M. Cassolato (3), J. Jacobson (2), A. Pantelias (2)
(1) Frontline AIDS, Health & Development Consultants, Worthing, West Sussex, England, (2) Bridges to Development, Seattle, United States, (3) Frontline AIDS, Hove, United Kingdom

BACKGROUND
Schistosomiasis (bilharziasis) is an acute and chronic disease caused by parasitic worms. The urogenital form is typically the result of infection with Schistosoma haematobium which is endemic throughout sub-Saharan Africa. If left untreated, the urogenital form can lead to female genital schistosomiasis (FGS) in women and girls, frequently resulting in severe reproductive health complications and misdiagnosis(1).

FGS disproportionately affects approximately 56 million women and girls across sub-Saharan Africa living in poor, rural communities without access to clean water. FGS is associated with a threefold increased risk for HIV(1,2). Integrating FGS with HIV programmes as part of comprehensive sexual and reproductive health (SRH) services may be one of the most significant innovations for preventing HIV incidence among girls and women (1-3).

Aim
This is the first time that the existing evidence base has been interrogated about how FGS is integrated into HIV/SRHR and neglected tropical diseases (NTDs) programs and services.

METHODS

Study Design
We conducted a scoping literature review following (four) recommendations for systematic scoping reviews and the guidelines from The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) (5).

SEARCH STRATEGY AND SELECTION CRITERIA
A search was conducted of studies published until October 2021 via Scopus and ProQuest. Data extraction included studies that presented integrated interventions and described the opportunities and challenges related to FGS integration.

Analysis
Studies were summarised by conducting a descriptive numerical analysis and qualitative review. We adapted the Engels et al framework (3) for integrated implementation of FGS, HIV and HPV/cervical cancer to thematically organize the results. Studies were classified into five themes: awareness and community engagement, diagnosis, treatment, burden assessment, and economic evaluation.

RESULTS

Characteristics of the Studies
A total of 334 studies were identified, with 22 eligible for analysis. Of note, most studies were conducted in Anglophone Africa, especially South Africa and Tanzania, were observational and cross-sectional in nature, and published in journals with a NTD or infectious disease scope.

Integration
Most FGS integration activities pertained to awareness and community engagement (n=9), diagnosis (n=9) and were primarily connected to HIV/AIDS (n=8) and school-based services and programming (n=6). The studies mainly described the opportunities and challenges for integration, rather than presenting results from actual intervention integrations. This suggests that there is a need to pilot and evaluate interventions integrating FGS into SRHR services or delivery platforms.

Operational research is needed to build the evidence base for integrating FGS into HIV/SRHR and NTD programs and services to improve awareness, catalyze uptake, and better address the burden of FGS.

RECOMMENDATIONS

FGS is a human rights issue (6). In other words, to address FGS, we need to extend actions beyond health delivery.

Addressing the burden of FGS is dependent on increasing the recognition of FGS as SRHR condition and a critical roadblock to achieving gender equality (3,6). This will require funding for sustained advocacy, policy change, integrated program implementation and scale up and scientific research to fill critical knowledge gaps and tackle the challenges presented in this review (3,6-7). Although the framework from Engels et al (3) is useful to pave the way to concrete actions for FGS integration, the model is limited by its primary focus on health service delivery. We propose a revised framework to strengthen the scope of FGS integration, by moving beyond clinical provision and linking it to fully realizing women and girls’ human rights (6) (see figure 1).

Take Action
No single or straightforward action or policy intervention will ultimately work to solve the continued neglect of FGS and women’s needs. Therefore, we propose five action areas:
1. Build and strengthen the FGS evidence base
2. Increase FGS awareness amongst health providers and sexual and reproductive health stakeholders
3. Sensitize and decrease FGS-associated stigma
4. Integrate FGS into the essential package of sexual and reproductive health services
5. Engage stakeholders to collaborate, learn and take action together

CONCLUSIONS

There is an evidence gap in FGS integration into HIV/SRHR and NTD programmes. The studies mainly described the opportunities and challenges for integration rather than presenting interventions. They advocated for integration and the importance of FGS integration included increasing FGS awareness and education; effectiveness of FGS diagnostic tools; providing praziquantel to women and girls of all ages and out-of-school children to prevent and treat FGS and as a novel HIV and cervical cancer prevention tool. To ignite action on FGS research and policy, research and policy must move beyond service delivery and build a strategy for FGS grounded in the principles of human rights and gender equality.

REFERENCES

In collaboration with: