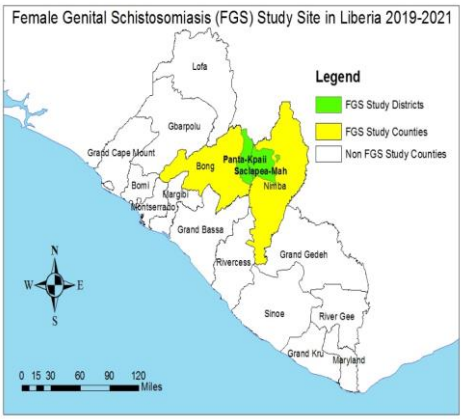
COUNTDOWN
Calling time on Neglected Tropical Diseases

Project Summary Brief:
Integrating the Detection and Management of Female Genital Schistosomiasis (FGS) into the Health System in highly endemic areas for Schistosomiasis in Bong and Nimba counties, Liberia

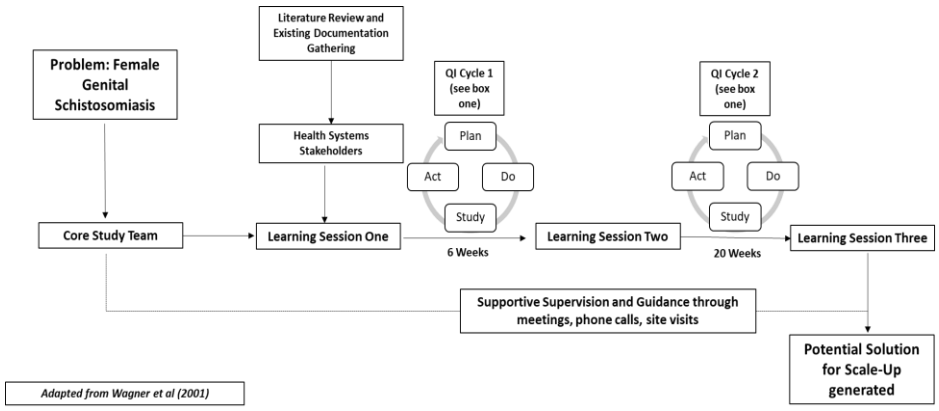
Background to the study

Female Genital Schistosomiasis (FGS) is one of most neglected gynaecological conditions that results from repeated exposure of the female genital tract to eggs of Schistosoma causing infection and inflammation. It affects approximately 56 million women globally, with highest rates in Schistosomiasis endemic areas in sub-Saharan Africa. Often misdiagnosed for sexually transmitted infections due to overlapping symptoms including vaginal itches and discharge, lower abdominal pain, pain and bleeding during and after sex, and localised vaginal lesions; FGS when left untreated, predisposes women to HIV and cancers, STIs, and fertility issues including miscarriages, subfertility and infertility; poor mental wellbeing as a result of stigma and discrimination; and loss of livelihoods and family life. The World Health organization (WHO) has recommended women and girls with urogenital symptoms and recent exposure to fresh water be considered for FGS diagnosis and treated with Praziquantel, however, this has not been taken up in Schistosomiasis endemic settings due to lack of awareness and or lack of tools and practices of procedures recommended by the WHO.



Some counties in Liberia have highest prevalence of Schistosomiasis across sub-Saharan Africa such as Bong (64.35%) and Nimba (43.37%), with Schistosomiasis endemic populations being deprived and dependent on primary healthcare services where available. Current Schistosomiasis control strategies are based on mass drug administration campaigns with focus on school-aged children. Reaching women and girls remain challenging and many remain exposed and untreated for Schistosomiasis and FGS. More so, Praziquantel is not readily available at health facilities outside campaign periods. Consultations with the national neglected tropical disease (NTD) programme in Liberia identified their will to undertake a scoping study to develop a systems approach to diagnose and treat FGS; and prioritize an integrated health systems response to capacitate their health system as opposed to focusing on disease mapping without real time and embedded responses.

Aim: To develop and test an integrated package of care for the identification and management of FGS in Bong and Nimba counties in Liberia.



Methods

This study drew on the quality improvement theory to develop and test an integrated package of care for the diagnosis and treatment of FGS, and used mixed-methods to evaluate the intervention. Participatory methods were used to co-design the package of care in collaboration with health workers and health system stakeholders across all levels of the health system, and to develop action and training plans for health workers.

Health workers and community health workers (community health volunteers and trained traditional midwives) were trained to implement the guide/algorithm at health facility and community levels, with support provided by a group of empowered health workers and stakeholders called the Quality Improvement (QI) team. Routine health system data was used to evaluate and characterize case numbers while review meetings, supervision sessions and interviews with women, health workers and health system stakeholders was used to evaluate the intervention process in real time.

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Results and Findings

Quantitative findings:

Two hundred and sixty-four (264) women and girls were screened and diagnosed for FGS in both Bong and Nimba counties. Of these, 247 were treated and 17 were excluded from treatment because of being pregnant (Table 1). Pregnant women were followed-up to be treated after delivery.

County	Name of Health Facility	Number of Cases diagnosed and Treated	Number of pregnant women diagnosed and not treated	Total per health facility	Total per county
Bong	Palala Clinic	51	0	51	**158**
	Zowienta Clinic	50	0	50	
	Jorwah	53	4	57	
Nimba	Saclepea CHC	26	7	33	**106**
	Kpein	29	4	33	
	Duo	38	2	40	
Total		**247**	**17**	**264**	**264**

Qualitative findings:

Illness experience of women and girls

Both midwives and TTMs described cases of sub- or infertility experienced by women with symptoms of FGS. This was identified, in addition to urogenital symptoms, as a key presenting complaint and a key source of stigma as a consequence of underlying beliefs around childlessness and miscarriages. For example, one health worker described a women experiencing enacted stigma being referred to as 'a witch who sold her stomach to the dark world'

Knowledge and skills gained

Health workers are able to diagnose FGS and communicate with women and girls experiencing symptoms (see table above). Health workers reported a marked difference on how women are managed at health facilities, for example, a significant attitudinal change towards women who were repeated visitors to health facilities; whereas previously, they were assumed to be nonadherent to treatment already provided for STIs and UTIs or to have multiple sexual partners.

> *"I was sitting down in the training my mind was reflecting on patients that I have been screening because when I screen patients they will explain everything sometime no luck [knowledge]. So sometime we will just put them on treatment we do know that can treat sexual problem. Sometime we will tell them [patients] say when they say they don't [are not] improving we will say maybe you didn't take all the medicines and sometime we will start thinking…that one I can't tell them [patients] in fact I will think that either is,… they may take the medicine but the both of them [sexual partners] may have other partners out [of the treatment]. That's why the condition is not improving for."*
>
> (CHSS, Nimba, male)

Clinical diagnosis and communication tools

The symptom checklist and process surrounding speculum examination was described as the most useful tools in supporting clinical diagnosis. Pictorial guides surrounding FGS were described as particularly useful to health workers in supporting to communicate diagnosis to women.

Inclusion of trained traditional midwives in project intervention

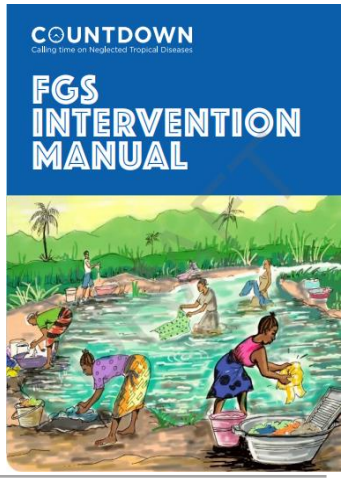
The role of trained traditional midwives in identifying and referring women was described as central to success of intervention. Consequently, health workers felt it was their role to motivate TTMS and encourage them to frequent facilities.

Sustainability and enabling factors

- Collaborative intervention design with primary healthcare workers, gynaecology consultants, and programme implementers and decision makers across health services
- Locally driven (district level) intervention rollout and regular support of health workers by supervision structures embedded within routine services
- Establishing routine supply of Praziquantel is likely a key challenge to programme sustainability.

Impacts

- ✓ **Available evidence for policy on the management of cases of FGS among women and girls**
- ✓ **Increased knowledge and capacity of health workers to manage cases of FGS at primary healthcare level**
- ✓ **Reduced inequality in access to healthcare and treatment for women and girls affected by FGS**
- ✓ **Reduced stigmatization of women and young girls affected by FGS**
- ✓ **Referral systems in place for FGS at all levels of the health system**
- ✓ **Improved collaboration, health system strengthening, and integration of FGS with other healthcare programmes for women and girls**
- ✓ **FGS integrated into the Health Management and Information System (HMIS) in Liberia**



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COU**NTD**OWN (grant ID PO 6407) is a multi-disciplinary research consortium dedicated to investigating cost-effective, scaled-up and sustainable solutions, necessary to control and eliminate the seven most common NTDs by 2020. COU**NTD**OWN was formed in 2014 and is funded by UKAID part of the Department for International Development (DFID).