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Gender Equity in Health: Female genital schistosomiasis – a major challenge for Women's Health in Sub-Saharan Africa

Huge gender inequality in health affects more than 230 million girls and women in Sub-Saharan Africa (SSA). While both men and women in SSA are impacted by many diseases, biological and socio-cultural biases mean that girls and women are disproportionately affected by communicable (neglected tropical diseases - NTDs) and non-communicable diseases.

Referring to NTDs, attention is drawn to a severe consequence of schistosomiasis, called female genital schistosomiasis (FGS). Indeed, urogenital schistosomiasis is a manifestation mainly of Schistosoma haematobium infection. Globally, 93% of urogenital schistosomiasis prevalence is concentrated in SSA with up to 40 million women suffering from FGS, mainly on the African continent. Persistence of Human Papilloma Virus (HPV), the causative agent for cervical cancer, has also been associated with FGS; likewise, with horizontal transmission of HIV, rendering FGS a major cofactor in the AIDS epidemic. The effect of the disease on fertility and pregnancy have also been reported to cause marginalization, stigma, isolation and the threat of gender-based violence (GBV) for women.

Nevertheless, FGS can be considered as a disease of neglect. The disease has low awareness, poor and cumbersome diagnosis and most often, lesions remain unrecognized or misdiagnosed. Treatments options are very limited.

Merck collaborates with international and local partners to improve awareness and training of health workers through the FAST (FGS Accelerated Scale Together) program in Ghana and Madagascar; to set-up integrated mobile health units in Cameroon; to test a new 'standard of care' dose regimen in women suffering from FGS through a Proof-of-Concept trial in Madagascar.

Chair: Jutta Reinhard-Rupp, Head of the Global Health Institute, Merck, Switzerland

Speakers:

Jutta Reinhard-Rupp, Merck, Switzerland

Opening remark: The Power of Partnership to address health challenges and inequality

Julie Jacobsen, Bridges to Development, US

FGS Accelerated Scale-up Together (FAST): The FAST Program in Ghana and Madagascar

Sandrine Nyotue, CIRES, Cameroon

Concerted action on FGS in Cameroon: Integrating precision mapping of urogenital schistosomiasis with rapid assessment of FGS for better community management of gynecological diseases

Bodo Sahondra Randrianasolo, Association K'OLO VANONA, Madagascar New dosage of praziquantel to treat FGS: first results from the PoC/Phase II clinical trial in Madagascar