

SUMMARY REPORT AND RECOMMENDATIONS OF THE FIRST IN- PERSON MEETING OF THE REGIONAL EXPERT ADVISORY GROUP ON UROGENITAL SCHISTOSOMIASIS (TAG- UGS)

17-18 February, 2026



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Acronyms

AFRO – WHO Regional Office for Africa
DPC – Disease Prevention and Control
DHIS2 – District Health Information Software, version 2
DPC-NCD – Disease Prevention and Control – Noncommunicable Diseases
EOT – Elimination of Transmission
EPHP – Elimination as a Public Health Problem
ESPEN – Expanded Special Project for Elimination of Neglected Tropical Diseases
FIG – FGS Integration Group
FGS – Female Genital Schistosomiasis
GIZ – Deutsche Gesellschaft für Internationale Zusammenarbeit (German Agency for International Cooperation)
HIS – Health Information Systems
HIV – Human Immunodeficiency Virus
HMIS – Health Management Information System
HPV – Human Papillomavirus
LCG – Labour Care Guide
M&E – Monitoring and Evaluation
MDA – Mass Drug Administration
MGS – Male Genital Schistosomiasis
mhGAP – Mental Health Gap Action Programme
MMR – Maternal Mortality Ratio
MoH – Ministry of Health
NCD – Noncommunicable Diseases
NICU – Neonatal Intensive Care Unit
NTD – Neglected Tropical Disease

PAHO – Pan American Health Organization
PHC – Primary Health Care
PPH – Postpartum Haemorrhage
PSAC – Pre-School Aged Children
PZQ – Praziquantel
RPAG – Regional Programme Advisory Group
SAC – School-Aged Children
SDG – Sustainable Development Goal
SRH – Sexual and Reproductive Health
SRHR – Sexual and Reproductive Health and Rights
STH – Soil-Transmitted Helminthiasis
STI – Sexually Transmitted Infection
TAG-UGS – Technical Advisory Group on Urogenital Schistosomiasis
UHC – Universal Health Coverage
UGS – Urogenital Schistosomiasis
WASH – Water, Sanitation and Hygiene
WHO – World Health Organization
WHO HQ – World Health Organization Headquarters
WHOCC – WHO Collaborating Centre

Executive Summary

The inaugural in-person meeting of the Regional Expert Advisory Group on Urogenital Schistosomiasis (TAG-UGS) convened in Brazzaville to establish a coordinated regional response to urogenital schistosomiasis (UGS), with specific focus on female and male genital schistosomiasis (FGS/MGS). The meeting marked a strategic shift from fragmented advocacy and isolated initiatives toward a structured, systems-oriented approach aligned with WHO normative guidance and regional frameworks. The discussions highlighted the need to shift from an approach centered on mass drug administration to a more comprehensive morbidity management approach, integrated into sexual and reproductive health platforms, HIV programmes, and cervical cancer prevention.

Participants recognized UGS as a significant yet under-addressed public health issue in the African Region. Despite long-standing preventive chemotherapy for schistosomiasis, millions of women and girls continue to experience chronic genital morbidity, often misdiagnosed as

sexually transmitted infections and associated with infertility, stigma, increased HIV risk, and potential links to cervical cancer. The establishment of the TAG-UGS was positioned as a deliberate effort to overcome programme silos and provide coherent, consensus-based guidance to Member States.

Integration emerged as the central organizing principle of the meeting. Presentations from Mental Health, Cervical Cancer, and SRHR programmes demonstrated clear intersections between UGS and HIV services, cervical cancer prevention, maternal and adolescent health, mental health, and primary health care. Rather than creating new vertical programmes, participants emphasized leveraging existing service delivery platforms.

Key gaps identified included the absence of UGS indicators in routine health information systems, limited cross-programme coordination, insufficient workforce training, weak supply chain mechanisms for praziquantel at facility level, and fragmented governance structures. ESPEN presented practical instruments to support operationalization, including the FIG/ESPEN tools repository, the Landscape Analysis Tool, and the UGS hub within the ESPEN Portal.

Background

The WHO African Region carries the highest global HIV burden, with 40.8 million people living with HIV and 1.3 million new infections in 2024; women and girls accounted for 63% of new infections in sub-Saharan Africa. Cervical cancer, caused by high-risk human papillomavirus (HPV), is the leading cause of cancer death among women in the region, which includes 19 of the 20 highest-burden countries.

Within this context, urogenital schistosomiasis (UGS) remains a neglected but critical sexual and reproductive health challenge, caused by *Schistosoma haematobium* infections and to a lesser extent the zoonotic *Schistosoma mattheei* prevalent in Central and Southern Africa. Female Genital Schistosomiasis (FGS) affects an estimated 56 million women and girls, often mimics sexually transmitted infections, and is frequently misdiagnosed, leading to stigma and missed care. FGS increases susceptibility to HIV, persistent HPV infection and cervical cancer, while Male Genital Schistosomiasis (MGS) also remains under-recognized despite emerging evidence of morbidity. Urogenital schistosomiasis should therefore be recognized not only as a neglected tropical disease, but also as a significant sexual and reproductive health issue, given its links to infertility, sexually transmitted infections, HIV infection, and cervical lesions associated with human papillomavirus. Thus, addressing UGS requires

integration into HIV, cervical cancer and primary health care platforms¹²³, consistent with the WHO Neglected Tropical Diseases Road Map 2021–2030⁴.

Despite WHO guidelines and access to praziquantel, UGS remains underdiagnosed and underreported, with gaps in case definitions, diagnostics, reporting, integration into health information systems and health training curricular. To address these challenges, WHO-AFRO, with support from Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), established the Regional Technical Advisory Group on Urogenital Schistosomiasis (TAG-UGS), which held its first meeting on 17–18 February 2026 in Brazzaville. This report summarizes its deliberations and recommendations.

Meeting Objectives

General Objective

- To convene the first in-person meeting of the regional TAG-UGS to establish the Group’s operational framework and provide expert guidance on regional priorities for UGS coordination and integration.

Specific Objectives

- Review the status of UGS in the region, including epidemiology, data gaps, and integration challenges.
- Review the status of SRH HIV, STI and cervical cancer services programmes in the region, key challenges, and opportunities for collaboration.
- Discuss and propose harmonized regional protocols for screening, diagnosis, reporting, and monitoring of UGS.
- Identify priorities for developing regional field tools, job aids, and training manuals.

¹ Shukla JD, Kleppa E, Holmen S, Ndhlovu PD, Mtshali A, Sebitloane M, Vennervald BJ, Gundersen SG, Taylor M, Kjetland EF. The Association Between Female Genital Schistosomiasis and Other Infections of the Lower Genital Tract in Adolescent Girls and Young Women: A Cross-Sectional Study in South Africa. *J Low Genit Tract Dis.* 2023 Jul 1;27(3):291-296. doi: 10.1097/LGT.0000000000000756. PMID: 37379442; PMCID: PMC10309100.

² Kjetland EF, Leutscher PD, Ndhlovu PD. A review of female genital schistosomiasis. *Trends Parasitol.* 2012 Feb;28(2):58-65. doi: 10.1016/j.pt.2011.10.008. Epub 2012 Jan 12. PMID: 22245065.

³ WHO. *Guideline for screening and treatment of cervical pre-cancer lesions.* 2021. <https://iris.who.int/handle/10665/350652>

⁴ WHO NTD Roadmap 2021-2030 <https://www.who.int/publications/i/item/9789240010352>

- Advise on establishment of coordination mechanisms between FGS, SRHR, HIV, cervical cancer sectors

Setting the Scene

In her opening remarks delivered on behalf of the Director of Disease Prevention and Control (DPC), Dr. Elizabeth Juma, ESPEN Team Lead, welcomed members to the inaugural in-person meeting of the Regional TAG-UGS and underscored the strategic importance of establishing the Group. She emphasized that UGS, including FGS/MGS, remains one of the most persistent yet under-recognized forms of morbidity associated with *Schistosoma haematobium* infection in the African Region. Despite decades of preventive chemotherapy, millions of women and girls continue to experience chronic genital complications that are frequently misdiagnosed, stigmatized, and unrecorded, within a regional context characterized by high burdens of HIV and cervical cancer. At the same time, MGS remains poorly recognized within clinical and public health practice, despite its implications for sexual and reproductive health and potential links with infertility and transmission dynamics. She highlighted that these are intersecting epidemics and called for a shift from fragmented advocacy and isolated pilots toward a coordinated, normative, and systems-oriented response embedded within national health systems.



Dr. Juma outlined the mandate of TAG-UGS as a technical advisory body tasked with providing practical, evidence-based tools to support Member States in integrating UGS into sexual and reproductive health, HIV, cervical cancer, and primary health care platforms. She referenced key policy milestones—including the WHO Policy Brief on integration, the outcomes of the WHO Informal Consultation on Genital Schistosomiasis, and the Draft Regional Strategy (2026–2030)—as evidence of a clear transition toward coordinated regional action. She urged members to remain focused on country realities, equity, and the needs of affected communities, stressing that success would be measured by improved access to timely diagnosis, appropriate treatment, and respectful care. She reaffirmed WHO AFRO’s commitment to championing the Group’s recommendations and formally declared the meeting open on behalf of the Director.

Global Updates

Dr Amadou Garba highlighted major updates in global normative guidance on schistosomiasis, with particular emphasis on integrating genital schistosomiasis into broader health systems. A 2025 WHO consultation on genital schistosomiasis called for updated risk maps, training modules and job aids, and for integration of FGS/MGS into SRHR, HIV/STI and cervical cancer programmes, with WHO to develop normative guidance on integration pathways. Priority actions include embedding genital schistosomiasis indicators into monitoring frameworks, publishing a policy brief on integration into reproductive health and primary care services, developing syndromic management guidance, strengthening diagnostics and morbidity management, and issuing updated manuals on elimination validation and programme implementation. These developments signal a shift from infection-focused control toward comprehensive, integrated morbidity management aligned with the NTD Road Map 2021–2030.



Regional updates

The discussions underscored the importance of aligning regional initiatives with WHO global normative guidance, notably the NTD Roadmap 2021–2030, while taking into account the operational realities of endemic countries.

Mental Health–UGS Integration Linkages

The substantial psychosocial burden associated with NTDs—including stigma, discrimination and elevated risk of mental health conditions is well recognized by WHO, and evidence-based Essential Care Package to address mental health and stigma among affected populations, is available since 2023⁵ underscoring the urgency of integrating psychosocial support within UGS/FGS services (WHO, 2023).

Dr. Chido Rwafa (WHO-AFRO focal point for Mental Health) highlighted significant regional burdens of nearly 150 million people⁶ living with depression, anxiety, substance use

⁵ World Health Organization. Mental health of people with neglected tropical diseases: towards a person-centred approach – Essential care package. Geneva: WHO; 2023. Available from: <https://www.who.int/publications/i/item/9789240118461>

⁶ <https://www.afro.who.int/news/mental-health-conditions-affect-150-million-africa-amid-insufficient-care-services>


disorders, and suicide accounting for more than 6% of the total DALY burden in the Region⁷. These conditions disproportionately affect women and are shaped by social determinants, stigma, and weak health system integration. Members noted clear linkages between these mental health vulnerabilities and UGS, particularly FGS, which is associated with chronic genital symptoms, infertility, stigma, marital instability, and psychological distress. The Group recognized that UGS and mental health share common system constraints, including limited financing, workforce shortages, weak data systems, and insufficient integration at primary health care level. Opportunities for integration were identified within decentralized PHC mental health programmes, task-shifting models, SRHR and cervical cancer platforms, and mental health information systems strengthening efforts. Participants agreed that embedding psychosocial screening, stigma reduction, and referral pathways within UGS services would improve patient outcomes and reinforce a gender-responsive, systems-oriented approach aligned with the Regional Mental Health Framework.

Regional Framework to Strengthen the Implementation of the Comprehensive Mental Health Action Plan 2013 to 2030 in the African Region (AFR/RC72/5 endorsed 2022)

aims to promote mental well-being, prevent mental disorders, provide care, enhance recovery, promote human rights and reduce mortality, morbidity and disability among persons with mental health, neurological and substance use disorders

Member States with support from WHO are working to:

- **strengthen effective leadership, governance and financing** for mental health conditions through **legislative and policy reform**, ensuring **dedicated budget lines** for mental health conditions)
- **increase coverage of, and access to quality mental health services**, through decentralizing and integrating mental health services through task shifting with effective mentorship, support and supervision
- **increase the mental health workforce**, with a focus on equitable geographical distribution
- **strengthen mental health information systems, surveillance and research**
- **strengthen the focus on prevention of mental health challenges** with particular attention to addressing the social determinants of mental health and to suicide prevention




World Health Organization
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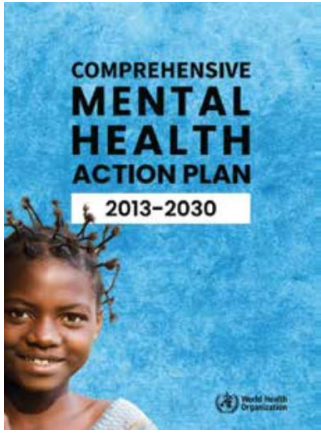
REGIONAL COMMITTEE FOR AFRICA

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Provisional agenda item 8

FRAMEWORK TO STRENGTHEN THE IMPLEMENTATION OF THE COMPREHENSIVE MENTAL HEALTH ACTION PLAN 2013–2030 IN THE WHO AFRICAN REGION



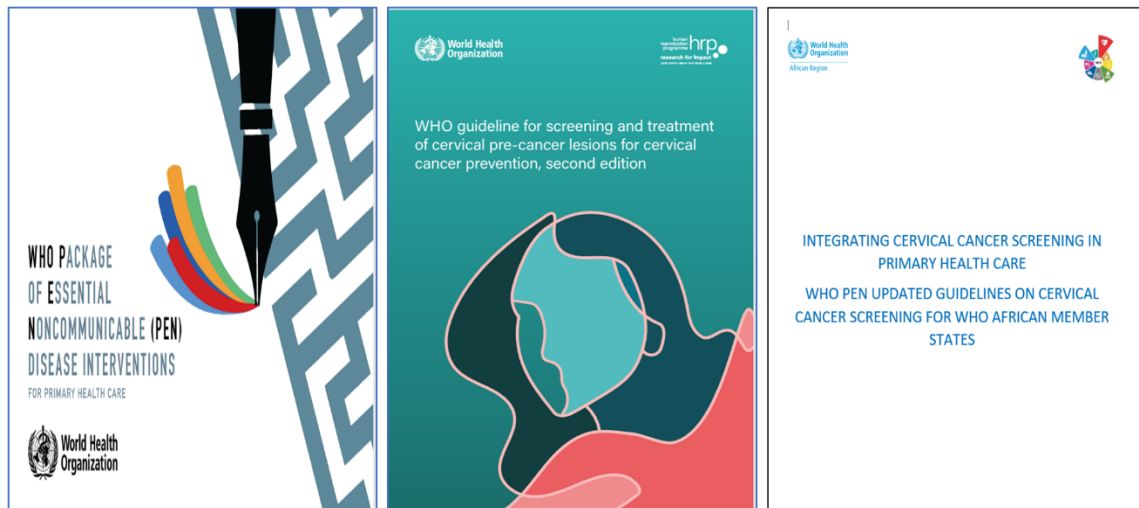


Cervical Cancer Services:

Dr. Antonio Amando (WHO. NCD) presented the WHO Regional Framework for implementing the Global Strategy to eliminate cervical cancer in the African Region, aligned with WHO screening and treatment guidelines. The strategy centers on the 90–70–90 targets: 90% HPV vaccination of girls by age 15, 70% screening of women at ages 35 and 45,

⁷ <https://www.afro.who.int/health-topics/noncommunicable-diseases>

and 90% treatment of detected precancer and cancer. Regional milestones for 2024 and 2028 set progressive coverage targets, while the framework prioritizes integration into universal health coverage, stronger monitoring systems, sustainable vaccine supply, and expanded screening and treatment to achieve elimination as a public health problem. He further helped to explore FGS integration platforms such as HPV vaccination (even though affected by vaccine hesitancy in many settings) platforms for girls.



Sexual and Reproductive Health

Dr. Leopold Ouedrago (WHO-AFRO, NCD) outlined the regional normative direction for advancing Sexual and Reproductive Health and Rights (SRHR) in the WHO African Region, emphasizing alignment with global maternal and newborn targets and Sustainable Development Goals. Key targets include reducing the maternal mortality ratio to below 70 per 100,000 live births, neonatal mortality to below 12 per 1,000 live births, achieving 90% HPV vaccination and skilled birth attendance coverage, 80% postnatal care coverage, and expanded access to emergency obstetric and newborn care. He noted that normative guidance prioritizes integrated service delivery within primary health care, quality-assured commodities, strengthened health workforce capacity, improved monitoring and data systems, equity-focused approaches for adolescents and vulnerable populations, and resilience of SRHR services during humanitarian crises setting the stage for the TAG-UGS to deliberate on integration approaches.

The 9 Bundles of Sexual and Reproductive Health

The World Health Organization identifies nine interconnected service areas that form the foundation of comprehensive sexual and reproductive health programming:

Family planning and contraception

Maternal & Newborn Health

Safe Abortion and Post abortion Care

Adolescent sexual and reproductive health

Infertility Care

Prevention and management of reproductive cancers

Prevention and response to sexual and gender-based violence

Prevention and treatment of sexually transmitted infections (STIs), including HIV

Sexual health and Well-being

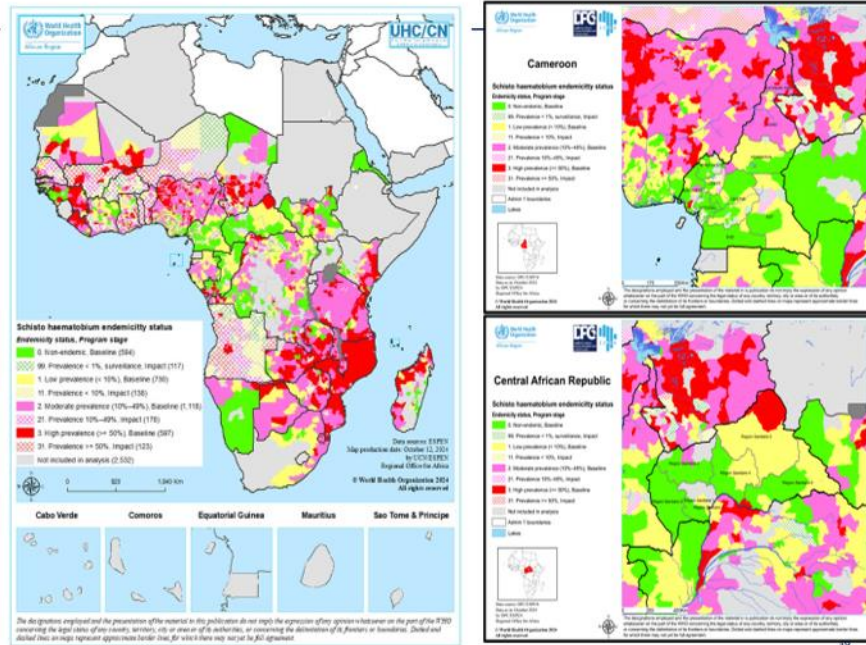
Updates from ESPEN

ESPEN (Dr. Pauline Mwinzi) provided an update on progress to strengthen the regional evidence and coordination architecture for UGS. This includes development and publication of updated UGS proxy risk maps at regional and national levels to improve visibility of populations at risk and guide targeted interventions. In parallel, a landscape analysis tool has been developed in collaboration with the FGS Integration Group (FIG) to support countries in assessing policy, programmatic and service delivery gaps related to UGS integration within health systems. These efforts are complemented by the establishment of a structured UGS tools repository (FIG/ESPEN), consolidating technical resources, guidance documents and operational tools to facilitate harmonized

implementation, promote country ownership and reduce duplication across the Region.

UGS risk maps and Resources on the ESPEN Portal

<https://espen.afro.who.int/opp-ortunities-initiatives/urogenital-female-and-male-schistosomiasis-fgs-mgs-neglected-public>



Repositioning UGS within Health Systems

A central emphasis from the members was that UGS must no longer remain confined within NTD platforms alone. While preventive chemotherapy has reduced morbidity, genital manifestations of *S. haematobium* infection continue to be under-recognized, misdiagnosed, and poorly recorded within routine health services. The way forward requires repositioning UGS within a broader national and sub-national health systems framework at the country level.

This repositioning includes:

- Embedding FGS and MGS within **SRH services, HIV, STI, cervical cancer, maternal health, and primary health care (PHC) services**. Members emphasized that primary health care should serve as the main entry point for integrating UGS services, given its central role in delivering SRH services and facilitating community access to care.
- Ensuring alignment with regional and global frameworks such as the Maputo Plan of Action, cervical cancer elimination strategies, and mental health integration policies.
- Clarifying that TAG-UGS provides strategic guidance, while operationalization remains country-led under WHO coordination.

The shift is not toward creating new vertical programmes, but toward leveraging existing service delivery platforms and reducing missed opportunities for diagnosis and care. This approach also supports progress toward Universal Health Coverage (UHC) by ensuring that individuals affected by UGS are identified and managed within routine health services.

Regional Coordination and Integration of Urogenital Schistosomiasis

The TAG-UGS noted that bringing together all the aligned technical units at WHO-AFRO, and appointing a TAG with representation all relevant technical domains, would mark a clear strategic transition: from fragmented advocacy and pilot initiatives toward a coordinated, systems-oriented regional approach embedded within broader health system strengthening. Across discussions from the regional presentations provided, a strong consensus emerged that integration is both feasible and necessary. Participants also emphasized that integrating UGS into health systems must go beyond conceptual commitment and be translated into concrete operational actions, including the adaptation of clinical protocols, strengthening the capacity of health personnel, and integrating specific indicators into health information systems. The proposed way forward builds on this consensus and outlines the structural, operational, and strategic priorities required to advance UGS as a coordinated regional health priority, including strengthening cross-programme collaboration and leveraging existing health system platforms..

Defining a Minimum Integration Package

The TAG-UGS agreed that integration must move beyond conceptual endorsement toward defining a **minimum integration package** that countries can realistically implement. This package should be:

- Operationally feasible,
- Adaptable to country contexts, and
- Measurable through clearly defined indicators.

A comprehensive service delivery package for UGS should begin with **clinical integration**. This includes incorporating FGS into sexually transmitted infection syndromic management algorithms, embedding it within cervical cancer screening protocols, providing structured follow-up guidance after praziquantel treatment, and establishing clear case definitions with standardized lesion recognition guidance. Entry points for MGS could include STI services, urology pathways, or male SRH services.

Workforce capacity building is essential to ensure effective implementation. FGS content should be embedded within pre-service curricula for medical, nursing and midwifery training, complemented by structured in-service training across cadres at all service delivery

levels. Practical job aids and simplified clinical tools are needed to support frontline providers.

Strengthening medicines and supply chain systems is equally critical. This includes improved planning, forecasting, quantification, and procurement of praziquantel needs beyond mass drug administration, integration into national essential medicines lists, ensuring facility-level availability for case management, and reinforcing reporting and reverse logistics mechanisms. Further, the approach should involve working with the national planning, forecasting, quantification, and procurement entity, where the consolidated amount of praziquantel needed (the national gap) is estimated. Any praziquantel data-specific requirements can then be considered from the central consolidated pool.

Robust community engagement strategies should address stigma through targeted messaging and involve community health workers, religious leaders and traditional healers. Integration of awareness and effective referral pathways (tracked for completion) within mass drug administration and outreach campaigns will enhance early detection and care-seeking.

Finally, the members discussed that **effective monitoring and reporting mechanisms** must be established. This entails incorporating FGS and MGS indicators into national health management information systems such as District Health Information Software, version 2 (DHIS2), aligning reporting with the WHO monitoring and evaluation framework, and adopting measurable outcome indicators that extend beyond parasitological metrics to capture morbidity and service integration outcomes.

The minimum integration package should serve as a roadmap for gradual scale-up rather than a comprehensive overhaul of health systems.



Strengthening Governance and Coordination Architecture

Fragmented governance structures were identified as a persistent barrier. The proposed way forward emphasizes:

- Establishing or strengthening national coordination mechanisms for UGS within existing NTD, SRHR, HIV, or NCD technical working groups, or align or piggyback on existing well-functioning TWGs in these sectors, and ensure UGS integration and visibility during the engagements.
- Conducting structured stakeholder mapping at country level, building on existing stakeholders' information at both national and sub-national levels.
- Defining roles and responsibilities across ministries and sectors.
- Strengthening cross-cluster collaboration within WHO at regional and country levels.

The Landscape Analysis Tool presented during Day 1 provides a structured framework for assessing governance readiness, stakeholder mapping, policy alignment, and integration opportunities. Its refinement, contextualization, and translation (including French and Portuguese versions) are priority next steps.

Addressing Clinical and Research Gaps

Day 1 discussions highlighted important clinical uncertainties requiring structured guidance and further research.

Priority areas include:

- Standardized follow-up intervals after treatment.
- Clear guidance on re-dosing protocols.
- Management of scarring and advanced genital lesions.
- Clarification of fertility outcomes and lesion reversibility.
- Development of severity grading systems.
- Exploration of combination treatment strategies.

Ongoing research initiatives, including studies evaluating anti-inflammatory combinations, should be closely monitored and translated into practical clinical guidance and standardized diagnostic protocols for UGS, once more evidence is available.

At the same time, operational guidance must not be delayed pending research outcomes. Interim consensus-based guidance is required to support country implementation.

Ensuring Sustainable Access to Praziquantel

Limited access to praziquantel (PZQ) for adults and adolescents remains a structural constraint, particularly for clinical case management outside school-based MDA programmes. The integration of UGS case management services will remain limited as long as PZQ is not systematically available in health facilities for the clinical management of adolescents and adults, who are generally not covered by mass drug administration campaigns.

The proposed way forward includes:

- Strengthening national forecasting systems by participating in the national planning, forecasting, quantification, and procurement process to ensure PZQ is prioritized during the national discussions.
- Clarifying reporting requirements for facility-level use of donated drugs and reviewing regulatory and programmatic policies governing facility-level use of donated PZQ for clinical case management.
- Supporting domestic resource mobilization and integration of PZQ into essential medicine procurement channels.

- Engaging Ministries of Finance through evidence on long-term cost-effectiveness arguments and broader health system benefits, using outcome-focused indicators (beyond disease epidemiology) for advocacy.

The TAG-UGS emphasized that demand generation without ensuring drug availability would undermine integration efforts. Access, training, and forecasting must progress in parallel.

Expanding Monitoring Beyond Coverage Indicators

Traditional NTD indicators focus heavily on MDA coverage and infection prevalence. However, policymakers and financing bodies require outcome-oriented indicators. The low visibility of genital schistosomiasis within health information systems constitutes a major barrier to its political and programmatic prioritization. Integrating relevant indicators into national monitoring systems will improve data availability and support evidence-based decision-making.

The way forward calls for:

- Defining core FGS/MGS indicators suitable for routine health information systems.
- Including morbidity and quality-of-life measures, where feasible.
- Tracking reductions in inappropriate STI treatment.
- Integrating mental health considerations.
- Aligning reporting with existing WHO M&E frameworks.

Digitalization of health information systems provides a timely opportunity to expand indicator sets and harmonize reporting across sectors.

Integrating Mental Health and Psychosocial Support

Mental health integration was identified as both necessary and recommended. Members also noted that expanded monitoring frameworks should capture broader health and social outcomes of UGS, including psychosocial impacts. Chronic genital morbidity, infertility, and stigma significantly affect psychological well-being.

The proposed way forward includes:

- Incorporating psychosocial screening and support elements into service packages.
- Leveraging mhGAP and task-sharing models for integration at PHC level.
- Including mental health indicators within monitoring frameworks.
- Addressing stigma explicitly in community engagement strategies.

UGS integration should reflect a holistic, patient-centered approach rather than a narrow biomedical focus.

Leveraging Digital Platforms and Regional Tools

The newly established UGS hub within the ESPEN NTD Portal offers an important opportunity for centralized knowledge sharing

Priority actions include:

- Harmonizing and curating tools within the FIG/ESPEN repository before formal dissemination.
- Publishing endorsed guidance documents and TAG outputs.
- Ensuring country usability and avoiding duplication.
- Using risk maps to support advocacy and prioritization.

The repository should evolve into a curated, standardized resource rather than a compilation of unaligned tools.

Developing an Investment Case for UGS

The TAG-UGS stressed that integration will require sustainable financing and domestic resource mobilization.

The way forward includes:

- Demonstrating cost-effectiveness of genital schistosomiasis integration
- Integrating of UGS investment case in primary health care and essential medicines lists for sustainability.
- Framing UGS in terms the economic benefits of addressing the condition, including prevention of infertility, reductions in HIV vulnerability, and avoidance of advanced disease management costs.
- Engaging Ministries of Finance using outcome-focused indicators rather than treatment coverage metrics alone.
- Integrating FGS within broader UHC and health insurance discussions.
- Exploring partnerships with private sector and civil society actors to support advocacy and resource mobilization.

Evidence-based advocacy will be critical to secure sustained political commitment.

Clarifying the End State and Measuring Progress

Repeatedly, the TAG-UGS emphasized the importance of defining the desired end state of integration.

Integration must be incremental, realistic, and measurable.

Key markers of success include:

- Urogenital schistosomiasis (FGS/MGS) managed within SRHR, HIV, and cervical cancer platforms—and not solely in NTD programmes.
- Inclusion of UGS objectives within annual deliverables of multiple health programmes.
- Routine reporting of FGS/MGS indicators in national HMIS.
- Joint ownership across clusters at regional and country levels.
- Measurable improvement in morbidity reduction and access to appropriate services.

Key Recommendations and Next Steps

1. Development of a Regional Gaps and Landscape Analysis Tool Linked to the FIG/ESPEN Tools Repository.

The TAG-UGS proposed and drafted the outline of a regional gaps and landscape analysis tool for UGS, designed to serve as a regional strategic planning instrument. The tool will enable ESPEN to conduct evidence-based gap analyses, prioritize country support, and define measurable outcomes for UGS integration and morbidity management.

This tool should:

- Systematically assess policy, programming, clinical, surveillance, and integration gaps across endemic countries;
- Align with and be directly linked to the existing FIG/ESPEN tools repository, ensuring coherence, accessibility, and avoidance of duplication;
- Generate standardized outcome indicators and outputs to inform prioritization of countries for technical support;
- Guide targeted regional and country support strategies, including integration pathways within SRHR, HIV, and cervical cancer programmes.

2. Revision and Adaptation of the Landscape Analysis Tool for National-Level Application

The TAG-UGS further recommended that the Secretariat revise and adapt the landscape analysis tool to ensure usability at national level. The updated tool should:

- Be simplified and operational, allowing Ministries of Health to conduct structured self-assessments;

- Include clearly defined domains, indicators, and scoring criteria;
- Support identification of integration entry points within existing national programmes;
- Facilitate monitoring of progress over time;
- Be accompanied by practical guidance and implementation instructions.

This national-level adaptation is expected to support country ownership, strengthen planning processes, and ensure harmonized application of UGS integration guidance across endemic settings.

3. The Reviewed, Harmonized and Finalized Tools should be presented at the next virtual meeting of the TAG-UGS for further review and validation.

4. The Next In-Person TAG-UGS Meeting

This will be held in June or July, with the exact date to be confirmed by the Secretariat following feasibility assessment; in the interim, two to three virtual meetings will be convened between April-June for the secretariat to present consolidated and refined tools in preparation for the second in-person meeting.

Closing Session

The closing session of the inaugural TAG-UGS meeting provided an opportunity for members to reflect on their motivations for joining the Group and to articulate their expectations for its work.

Members' reflections

Members' reflections revealed strong alignment around equity, integration, and health systems strengthening in addressing urogenital schistosomiasis. Motivations were grounded in personal clinical experience, research engagement, programmatic leadership, and advocacy for vulnerable populations.

Key thematic drivers that emerged included:

Equity and Social Justice

Several members emphasized that their engagement is motivated by a commitment to health equity and the belief that preventable morbidity should not persist among marginalized populations. Particular concern was expressed for:

- Women and girls affected by infertility, stigma, and social exclusion linked to FGS;
- Men affected by genital schistosomiasis who may be constrained by gender norms from seeking care;

- Adolescents and children in remote endemic communities;
- Refugees, displaced populations, and other vulnerable groups.

Members highlighted that UGS disproportionately affects underserved populations and requires deliberate action to address inequities in access to diagnosis, treatment, and follow-up care.

Clinical and Programmatic Experience with UGS

Many members cited direct clinical and operational experience as a primary motivation for joining the TAG. These experiences included:

- Misdiagnosis of FGS as cervical cancer or sexually transmitted infections;
- Observations of infertility and marital disruption attributable to genital schistosomiasis;
- Successful treatment outcomes leading to restored reproductive health;
- Field encounters demonstrating normalization of haematuria and other symptoms within endemic communities.

These experiences underscored the need for improved clinical recognition, standardized tools, and strengthened training for frontline health workers.

Integration within Health Systems

Integration emerged as a central priority across contributions. Members emphasized the importance of:

- Embedding UGS within HIV, cervical cancer, HPV, STI and broader sexual and reproductive health (SRH) platforms;
- Aligning UGS programming with school health, tuberculosis, and other existing services;
- Avoiding vertical approaches that risk fragmentation and limited sustainability.

Participants stressed that elimination efforts must be accompanied by strengthened health systems capable of preventing resurgence through surveillance, morbidity management, and routine service integration.

Addressing Comorbidities and Syndemics

Members highlighted the interrelationship between UGS and other public health priorities, particularly:

- HIV acquisition risk;

- HPV, cervical dysplasia and cancer;
- Other sexually transmitted infections;
- Mental health consequences associated with stigma and infertility.

Laboratory and research experts underscored the need for improved diagnostic tools and further investigation into biological and epidemiological linkages, while programmatic experts emphasized integrated service delivery models.

Capacity Building and Standardization

A recurrent theme was the urgent need to address knowledge gaps across all levels of the health system, including clinicians and nurses, midwives and SRH providers, laboratory personnel, community health workers, and staff in peripheral health facilities. Member States should strengthen the capacity of frontline health-care providers—including midwives, nurses, and clinicians—to improve the early detection and management of genital schistosomiasis within sexual and reproductive health services, as well as across all first-contact service platforms.

- Members expressed strong commitment to contributing to the development of standardized regional tools and guidance, harmonized training materials,

TAG-UGS Member quotes

“No child should grow up believing blood in their urine is normal — we must make the abnormal unacceptable.”

“When a woman once silenced by infertility returns with a healthy baby, that is why this work matters.”

“Elimination is not enough — we must leave behind health systems strong enough to prevent resurgence.”

“FGS is not just a health condition; it is a story of stigma, broken relationships, and silent suffering that we can change.”

“Integration is not an option — it is the only way UGS will truly reach the women and men who need care.”

“We cannot treat HIV, cervical cancer, and FGS in isolation — they coexist in the same body and the same community.”

“Standardized tools will empower countries to act with confidence rather than uncertainty.”

“The end user — the woman in the rural clinic, the adolescent girl, the displaced mother — must remain at the centre of every decision.”

“If we can reduce stigma and restore dignity, we have done more than treat a disease — we have restored hope.”

“We must move UGS from being invisible within NTDs to visible within health systems.”

“When knowledge gaps close among clinicians, unnecessary procedures and missed diagnoses will close as well.”

“Health equity means ensuring that those in the most remote communities receive the same quality of care as anyone else.”

“The power of this group lies not only in our expertise, but in our shared compassion.”

“Integration done well for UGS can become a model for tackling other intersecting diseases.”

“We are driven not only by science, but by love for the people who deserve better.”

clear operational definitions and indicators, and strengthened country capacity for implementation.

There was broad consensus that countries should not operate with divergent approaches to UGS diagnosis and management.



Shared Vision and Expected Outcomes

Members articulated a shared vision of:

- Progressive elimination of genital schistosomiasis in endemic African countries;
- Full integration of UGS within SRH and HIV services;
- Standardized tools and guidance endorsed at regional level;
- Sustainable surveillance and morbidity management systems;
- Measurable progress through clear monitoring indicators.

The collective sentiment reflected strong technical commitment, multidisciplinary collaboration, and a shared objective of improving the lives of affected populations.

Conclusion

The closing session confirmed that the TAG-UGS brings together diverse expertise spanning clinical medicine, laboratory sciences, HIV and SRH programming, health systems strengthening, humanitarian health, and public health research. Despite varied professional backgrounds, members demonstrated strong convergence around equity, integration, and country empowerment.

The reflections provided a values-based foundation for the Group’s work and reinforced the importance of developing practical, context-appropriate, and system-oriented guidance to support endemic countries.

The Regional Office committed to consolidating the recommendations emerging from the meeting and to presenting updated tools and next steps during forthcoming virtual sessions.

In her closing remarks, Dr Juma expressed appreciation for the breadth and depth of expertise represented within the TAG-UGS, noting that the multidisciplinary composition of the Group reflects the necessity of addressing UGS beyond a narrow NTD lens. She reaffirmed the Regional Office’s commitment to consolidating the recommendations generated during the meeting, refining the proposed tools—particularly the landscape analysis framework—and circulating updated versions for members’ review ahead of subsequent virtual sessions. Dr Juma emphasized that the ultimate focus of the Group’s work must remain the end user: women, men, adolescents, and communities affected by UGS. She underscored the importance of translating technical deliberations into practical, country-oriented guidance that can be integrated within health systems and policies. Acknowledging minor logistical challenges, she thanked members, online participants, and interpreters for their professionalism and engagement, and encouraged continued collaboration as the TAG advances toward delivering normative recommendations that will strengthen morbidity management and integration efforts across the Region.

Annex I: List of Participants

	Name	Title	Email
In-Person Participation			
1	Mr. Andrew Kyambadde	TAG-UGS Member	apkyambadde@gmail.com

2	Dr Anthony Kerkula Bettee	TAG-UGS Member	abettee@gmail.com; tbettee@gmail.com
3	Dr Alexandre Mema Mulota	TAG-UGS Member	legrandmema@gmail.com
4	Dr Amina Jumanne Yussuph	TAG-UGS Member	aminayussuph@gmail.com
5	Dr Faly Hariniaina Randrianasolo	TAG-UGS Member	falyhary@yahoo.fr
6	Dr Kobenan Kouman Arnold Kouame	TAG-UGS Member	kouamekobenanarnold@gmail.com
7	Dr Ogechukwu Benedicta Aribodor	TAG-UGS Member	og.aribodor@unizik.edu.ng
8	Dr Ousmane Thiam	TAG-UGS Member	Ousmane.thiam@ugb.edu.sn
9	Dr Paul Emerson	TAG-UGS Member	pemerson005@yahoo.com
10	Dr Robinson Karuga	TAG-UGS	robinson.karuga@lvcthealth.org
11	Dr Rose Yanogo Tiendrebeogo	TAG-UGS Member	yanogorose@yahoo.com
12	DrTaurai Ndemere	TAG-UGS Member	pillayp@dut.ac.za
13	Dr Elizabeth Juma	ESPEN	Jumae@who.int
14	Dr Amadou Garba	WHO-HQ	garbadjirmaya@who.int
15	Dr. Ismail Ali Oumalkhair	DPC	oumalkhairi@who.int;
16	Dr Pauline Mwinzi	ESPEN	mwinzip@who.int
17	Ms Flora Lekhanya Mohatla	ESPEN	lekhanyaf@who.int
18	Dr Jorge Cano	ESPEN	canoj@who.int
19	Ms Namuchile Kaonga	ESPEN	kaongan@who.int
20	Mr Dyesse Yumba	ESPEN	yumbad@who.int

21	Ms Dyuti Sen	ESPEN	send@who.int
22	Ms Miere Sarah	ESPEN	mieres@who.int
23	Mr Antonio Armando	NCD	armandoa@who.int
24	Mr Junholv Obo	ESPEN	junholv.obo@who.int
Virtual participation			
23	Prof Pavitra Pillay	TAG-UGS Member	pillayp@dut.ac.za
24	Dr Leora Nicole Pillay	TAG-UGS Member	leora.casey@gmail.com
25	Dr. Leopold Ouedraogo	DPC, MCH	ouedraogol@who.int;
26	Dr. Chido Rwafa Madzvamutse	DPC, Mental Health	crwafa@who.int;
27	Dr. Akudo Ezinne Ikpeazu	DPC, HIV	ikpeazua@who.int;
28	Dr. Moussa Sounkalo Sanfo	ESPEN	sanfomo@who.int
29	Dr. Mamadou SERME	ESPEN	sermemamadou@gmail.com
30	Dr. Ako Aime Gilles Adjami	ESPEN	adjamia@who.int
Absent with Apologies			
31	Prof John Russell Stothard	TAG-UGS Member	russell.stothard@lstmed.ac.uk
32	Dr. Issimouha Dille Mahamadou	NCD	dillei@who.int;
33	Dr. Benson Droti	HIS	drotib@who.int;
34	Dr. Hillary Kipchumba Kipruto	HIS	kiprutohi@who.int;
35	Dr. Hyppolite Kalambay Ntembwa	HSS	kalambayntembwah@who.int