Strategic Roundtable on Uterine Health in Nigeria

Abuja – Nigeria, July 31st, 2025

Report

youterus

THE WHITE RIBBON ALLIANCE NIGERIA

HEALTHY WOMEN. HEALTHY WORLD.

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This work is made possible through catalytic support from the New Venture Fund, whose investment enables us to pioneer solutions that expand access to uterine health and reshape systems of care.

Group photograph of the event participants

"Today is not only a roundtable, it is a statement! A statement that we will no longer leave millions of women behind in silence and pain. The health of Nigerian women is a national imperative; investing in their wellness is not just a matter of social justice, it is a smart economic choice for greater productivity and nation building!"

Dr. Binyerem Ukaire,
Director, Department of Family Health,
Federal Ministry of Health and Social Welfare, Nigeria.

July 31, 2025

A cross-section of the participants after the panel session

"Too many women have learned to live in pain, to organize their lives around bleeding, to carry silence as if it were part of care, normal, expected, unspoken. But we know that systems can no longer afford that silence."

Dr. Fatou Wurie,
Chief Executive Officer,
Youterus.

July 31, 2025

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ABBREVIATIONS

ALGON	Association of Local Governments of Nigeria
AUB	Abnormal Uterine Bleeding
BHCPF	Basic Health Care Provision Fund
CBHMIS	Community-Based Health Management Information System
CEO	Chief Executive Officer
CSO	Civil Society Organization
FMOH&SW	Federal Ministry of Health & Social Welfare
FOMWAN	Federation of Muslim Women's Associations in Nigeria
FP	Family Planning
GLOBOCAN	Global Cancer Observatory (International Agency for Research on Cancer)
HIFU	High-Intensity Focused Ultrasound
HIV	Human Immunodeficiency Virus
HMB	Heavy Menstrual Bleeding
HPV	Human Papillomavirus
HSRC	Health Sector Reform Coalition
IVF	In-Vitro Fertilization
LGA	Local Government Area
MAH	Maternal Health Unit
MWAN	Medical Women Association of Nigeria
NCD	Non-Communicable Disease
NDHS	National Demographic and Health Survey
NGF	Nigeria Governors' Forum
NGO	Non-Governmental Organization

NHIA	National Health Insurance Authority
NHMIS	National Health Management Information System
NPHCDA	National Primary Health Care Development Agency
PCOS	Polycystic ovary syndrome
PID	Pelvic Inflammatory Diseases
PHC	Primary Health Care
PMNCH	Partnership for Maternal, Newborn & Child Health
RHTWG	Reproductive Health Technical Working Group
RMNCAEH+N	Reproductive, Maternal, Newborn, Child, Adolescent, Elderly Health + Nutrition
SDG	Sustainable Development Goal
SRHR	Sexual and Reproductive Health and Rights
SOGON	Society of Gynecology and Obstetrics of Nigeria
SWAp	Sector-Wide Approach
TOR	Terms of Reference
TWG	Technical Working Group
UHC	Universal Health Coverage
UHF	Uterine Health Fund
UNFPA	United Nations Population Fund
WHO	World Health Organization
WRA	White Ribbon Alliance

ACKNOWLEDGEMENTS

The Strategic Roundtable on Uterine Health in Nigeria, held on 31 July 2025, was made possible through the collaboration, commitment, and support of multiple partners and stakeholders.

We extend our deep appreciation to the Federal Ministry of Health and Social Welfare (FMOH&SW) for its leadership in convening this dialogue and for championing the integration of uterine health into Nigeria's broader health policy agenda. We also recognize the White Ribbon Alliance Nigeria (WRA) for its steadfast advocacy, and Youterus Health—Africa's first dedicated uterine health platform—for co-hosting this roundtable and for its pioneering commitment to reimagining women's health financing, data, and care pathways across the continent.

Special recognition is given to the 62 participants, representing federal and state government agencies, professional associations, academia, civil society organizations, donor and development partners, faith leaders, women's groups, youth, people with disabilities, and the media—whose active engagement enriched the discussions and shaped the recommendations captured in this report.

We especially acknowledge the women who shared their lived experiences of uterine health conditions. Their testimonies brought the issues into sharp focus and grounded the technical discussions in real-life realities.

We gratefully acknowledge catalytic funding from the New Venture Fund. Their support has been instrumental in laying the foundation for a new model of financing and care for women's uterine health across Africa.

EXECUTIVE SUMMARY

Uterine and related gynecological health remain profoundly neglected in global health, despite their far-reaching implications for women's rights, equity, and economic development. Globally, fibroids affect an estimated 226 million women, while endometriosis, though not limited to the uterus, impacts around 190 million. Alongside adenomyosis, abnormal uterine bleeding, and uterine cancers, these conditions cause debilitating pain, infertility, and diminished quality of life, while also driving financial strain and lost productivity. Yet they remain largely absent from national health policies, data systems, and financing frameworks, particularly in low- and middle-income countries where access to care is already constrained.

In Nigeria, uterine health conditions account for a significant share of gynecological consultations. They are a leading cause of surgical interventions, with fibroids alone responsible for nearly 30% of hospital-based cases. This silent burden demands a coordinated response across policy, financing, and service delivery.

Against this backdrop, the Strategic Roundtable on Uterine Health convened sixty stakeholders on 31 July 2025 in Abuja. Participants included representatives from government, civil society, academia, donor agencies, professional associations, religious groups, youth, people with disabilities, and the media. Hosted by the Federal Ministry of Health and Social Welfare in partnership with White Ribbon Alliance Nigeria and Youterus Health, the roundtable marked a historic first: a national dialogue to position uterine health as a public health priority.

The roundtable aimed to establish the national case for uterine health as a neglected yet urgent concern, expanding its framing beyond reproductive years to encompass life-course conditions, and introducing the Uterine Health Fund (UHF) as a catalytic financing and care model for Nigeria and Africa.

The launch of the Uterine Health Fund has been seeded through catalytic funding from the New Venture Fund. This early investment creates the conditions for scale, sparking a shift toward equity, access, and dignity in uterine health.

Deliberations during the roundtable drew on expert presentations, panel discussions, breakout sessions, and testimonies from women living with uterine conditions. Participants highlighted systemic gaps, including weak two-way referral systems, limited-service provision at the primary care level, inadequate training of health workers, and the absence of robust epidemiological and cost-of-illness data. Financial barriers, stigma, and social silence further prevent women from accessing timely and dignified care.

Despite these challenges, the roundtable identified actionable opportunities. Stakeholders called for the integration of uterine health into national frameworks, such as Reproductive, Maternal, Newborn, Child, Adolescent, Elderly Health + Nutrition (RMNCAEH+N), the Primary Health

Care revitalization agenda, and the benefit package of the National Health Insurance Authority (NHIA). Recommendations included generating robust national data, integrating uterine health indicators into NHMIS and CBHMIS, scaling awareness campaigns, strengthening workforce capacity, and investing in technology-enabled solutions to improve access in underserved areas.

Financing emerged as a central priority. The Uterine Health Fund was proposed as a complementary mechanism to existing platforms such as the Basic Health Care Provision Fund. By directly supporting screening, diagnostics, and treatment, the Fund aims to reduce financial barriers while fostering accountability through a registry-linked model. Government leaders, civil society, academia, and development partners expressed strong support for piloting and scaling this innovation within Nigeria's health system.

The recommendations provided during this roundtable led to the development of a roadmap for Nigeria and a model for global application, ensuring that uterine health is no longer left in silence but recognized as integral to achieving Universal Health Coverage, gender equality, and sustainable development.

BACKGROUND

1.1. Uterine Health Context

Uterine health represents a critical dimension of women's overall well-being, extending beyond its direct reproductive functions to encompass broader physiological, social, and psychological aspects. It refers to a woman's comprehensive experience related to the uterus, encompassing its structural integrity and diverse functions throughout her lifespan.[1] A range of disruptive symptoms such as irregular periods, excessive bleeding, chronic pelvic and lower back pain, difficulties with urination, and challenges with pregnancy, characterize many conditions affecting uterine health.[2] The presence of such chronic symptoms has a direct impact on a woman's daily functioning, productivity, and emotional state. This demonstrates that uterine health is intrinsically linked to broader physical, mental, and social well-being, making it a holistic health concern rather than solely a reproductive one.[3]

The unique structure and dynamic physiological roles of the uterus render it susceptible to a wide array of specific diseases and disorders that can profoundly impact fertility, menstruation, and overall health.[4] These conditions often manifest with overlapping symptoms, posing a significant diagnostic challenge for healthcare providers. Many common uterine conditions present similar symptoms, such as abnormal bleeding, pelvic pain, and fertility issues. This overlap means that a patient presenting with these symptoms requires thorough investigation to differentiate between conditions, often leading to delays in appropriate treatment.

A critical observation from medical practice is that women often normalize abnormal bleeding or pelvic pain, delaying seeking medical attention, which can lead to more advanced disease states.[5]

1.2. Global and African Burden of Uterine Health Conditions: Statistics and Impact

Uterine health conditions impose a substantial global burden, affecting millions of women and girls worldwide and contributing significantly to morbidity, disability, and, in some cases, mortality. The precise global prevalence and burden of several uterine conditions, such as fibroids, adenomyosis, and uterine prolapse, as well as related gynecological conditions like endometriosis, are likely underestimated due to diagnostic challenges, under-reporting, and fragmented data collection, particularly in low- and middle-income countries.

In Africa, the true burden is underreported due to weak diagnostic systems, limited population-based studies, and stigma-related underreporting. Where data exist, facility-level studies across Nigeria, Ghana, Kenya, and South Africa consistently show that fibroids are the leading cause of gynecological consultations and surgeries. This persistent evidence gap reflects a systemic issue

[1] https://swhr.org/resources/womens-health-disparities-uterine-health/
[2] https://ezra.com/blog/uterine-health-conditions-to-watch-for
[3] https://swhr.org/resources/womens-health-disparities-uterine-health/
[4] https://oasisindia.in/blog/role-of-the-uterus-in-female-reproductive-health/
[5] https://ezra.com/blog/uterine-health-conditions-to-watch-for

in health surveillance and resource allocation, resulting in an incomplete understanding of uterine health and its burden.

1. Fibroids: Globally, uterine fibroids accounted for an estimated 9.64 million new cases in 2019, with a total of 226 million prevalent cases worldwide (Stewart et al., 2017; WHO, 2022). While African American data show higher prevalence, African facility-based studies confirm that uterine fibroids remain the leading cause of gynecological consultations and surgeries across Nigeria, Ghana, Kenya, and South Africa. In Nigeria, fibroids account for up to 30% of gynecological admissions (Ezeama et al., 2012).

2. Other Uterine Conditions: Adenomyosis, uterine prolapse, and uterine cancers also contribute significantly to the health burden but remain especially under-reported in African contexts. GLOBOCAN 2022 highlights the disproportionate impact of cervical cancer in sub-Saharan Africa, accounting for 94% of global cervical cancer deaths. Endometrial cancer is increasingly observed in urban African populations, reflecting demographic and lifestyle shifts.

3. Endometriosis affects approximately 10% (around 190 million) of women and girls of reproductive age globally. Unlike uterine-specific conditions, endometriosis occurs when tissue similar to the lining of the uterus grows outside the uterus—on the ovaries, fallopian tubes, bowel, bladder, and other organs. In 2021, the global burden of endometriosis remained substantial, with 22.28 million women living with the condition and 3.45 million new cases that year, most frequently among women aged 20–29. Endometriosis significantly decreases quality of life through severe pain, fatigue, depression, anxiety, and infertility. The economic toll is considerable, with health costs and productivity losses rising in proportion to pain severity. Long diagnostic delays—often 7–10 years from symptom onset to confirmed diagnosis—compound this burden and leave millions of women without adequate care.

To illustrate the disparities more clearly, Table 1 includes a dedicated column for Africa. Where reliable data are unavailable, this is explicitly noted.

BMJ O[6]pen (2025). Systematic review of global gynecological disease burden.

[6] Morhason-Bello IO, et al. (2022). Epidemiology of uterine fibroids in Sub-Saharan Africa: a systematic review. BMJ Open, 12(9): e067320
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1.3 Global and African Burden of Key Uterine Conditions

Table 1

Condition	*Global Prevalence (Estimate)*	*Global Incidence (Estimate)*	*Global Mortality (Estimate)*	*Africa*	*Key Disparities/Trends*
Uterine Fibroids	226 million prevalent cases (2019); 70-80% by age 50	9.64 million new cases (2019)	Not specified as a primary cause of mortality. (GLOBOCAN 2022)	Nigeria: ~30% of gynecological admissions (NDHS 2018); high prevalence in Ghana, Kenya, South Africa While African American data indicate higher prevalence, African hospital studies consistently show fibroids as the leading cause of gynecological consultations and surgeries	High prevalence among Black women. Burden is highest in the 40-54 age group. Facility-based data from West Africa consistently show fibroids as the leading gynecological reason for consultation or surgery. [7]
Endometriosis (related gynecological condition)	~10% (190 million) reproductive-age women; 22.28 million cases (2021)	3.45 million incident cases (2021)	Not specified as a primary cause of mortality. (GLOBOCAN 2022)	Limited data: hospital-based studies in Nigeria, Kenya, and Ethiopia suggest underdiagnosis.	Significant diagnostic delays (6.7-11.6 years). Substantial economic burden due to pain and productivity loss.

[7] Nigeria Demographic and Health Survey 2018; local tertiary hospital reports).

Uterine Prolapse	~2.9% symptomatic; common >50 years	Data largely unknown/underestimated	Not specified as a primary cause of mortality. (GLOBOCAN 2022)	Ethiopia: Systematic review estimates 23.5% prevalence; linked to high parity, rural residence, and obstetric trauma.[8]	Under-documented in Africa. Demand for treatment projected to increase with aging populations.
Endometrial Cancer	See GLOBOCAN 2022	420,368 new cases (2022)	97,723 deaths (2022)	Data-limited; rising incidence in urban African populations;	15th most common cancer in women globally, 6th overall. Higher risk with older age (median 62). Rising with obesity and ageing, though underreported due to weak pathological capacity.[9]
Cervical Cancer[10]	See GLOBOCAN 2022	660,000 new cases (2022)	350,000 deaths (2022)	Sub-Saharan Africa (SSA) bears the highest burden with Nigeria amongst top contributors; 94% of deaths in LMICs (GLOBOCAN 2022)	4th most common cancer in women globally. Higher risk for women with HIV. SSA bears the highest burden due to low HPV vaccine and screening coverage.

PubMed 40540534 (2021 global endometriosis burden study)

Gedefaw G, Demis A. (2020). Burden of pelvic organ prolapse in Ethiopia: a systematic review and meta-analysis. BMC Women's Health, 20:166.

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1.4 The World Health Organization's Framework for Reproductive and Women's Health

The World Health Organization's (WHO) framework for reproductive and women's health adopts a comprehensive, rights-based approach, recognizing that sexual and reproductive health is integral to overall well-being and human rights, extending beyond the mere absence of disease.

While WHO does not always explicitly name "uterine health" as a distinct focus area, its core strategies for maternal health, family planning, and combating gynecological morbidities inherently address and impact uterine well-being.[11] For example, the Maternal Health Unit (MAH) at the WHO provides leadership for improving maternal and perinatal health and well-being, aiming to end preventable maternal mortality. Many causes of maternal mortality, such as postpartum hemorrhage and obstructed labor, directly involve uterine health. Similarly, efforts to combat reproductive tract infections and gynecological morbidities, including cervical cancer and uterine prolapse, directly contribute to better uterine health outcomes. This pattern reveals that uterine health is a cross-cutting theme integrated into multiple broader WHO programs, even if not explicitly labeled as a standalone unit. WHO's emphasis on strengthening health systems, improving information, mobilizing political will, and creating supportive legislative frameworks further supports comprehensive uterine health care.

1.5. WHO's Strategic Pillars and Relation to Uterine Health

Table 2:

Strategic Pillar/Unit	Core Focus/Mandate	Implicit/Explicit Relation to Uterine Health
Maternal Health Unit (MAH)	Leadership for improving maternal and perinatal health, ending preventable maternal mortality, developing guidelines, and supporting implementation of quality maternal care.	**Implicit:** Addresses conditions like postpartum hemorrhage, obstructed labor, and maternal morbidity, all directly involving uterine function and health. Quality midwifery care and postnatal care are essential for monitoring uterine involution and complications.
Sexual and Reproductive Health and Rights (SRHR)	Comprehensive services including contraception, fertility/infertility care, maternal/perinatal health, STI prevention/treatment, protection from sexual violence, and sexual health education.	**Implicit/Explicit:** Directly addresses uterine health through family planning (preventing unintended pregnancies that can impact uterine health), infertility services (often related to uterine factors), elimination of unsafe abortion (a major cause of uterine infection/morbidity), and combating RTIs

[11] https://www.who.int/news-room/fact-sheets/detail/endometriosis

		and gynecological morbidities (including cervical cancer).
Women's Health Programs	Addresses health disparities in women and girls due to biological and sociocultural factors (discrimination, unequal power, poverty, violence).	**Implicit:** By addressing systemic barriers and promoting gender equality, these programs indirectly improve access to and quality of uterine health services, as uterine conditions are a significant component of women's overall health burden.
Gender, Equity, and Human Rights	Promotes gender equality and human rights in health, recognizing that discrimination affects access to health services.	**Implicit:** Upholding human rights and promoting gender equity ensures women's autonomy over their reproductive health, including access to information and services for uterine conditions, and challenges social norms that normalize symptoms or limit care-seeking.

1.6. Nigeria Uterine Health Burden

Uterine and gynecological conditions like fibroids, abnormal uterine bleeding, adenomyosis, chronic pelvic pain, endometriosis, and menopause impact millions of Nigerian women but are often excluded from national health policies and services. These chronic conditions affect women's physical, mental, and economic well-being and are frequently underdiagnosed or ignored. Fibroids alone account for nearly 30% of gynecological consultations at Nigerian tertiary hospitals, highlighting the urgent need for action. With Uterine health missing from the key national frameworks, this roundtable seeks to break the silence, mobilize political will, and catalyze solutions that position uterine health as a public health priority in Nigeria.[12]

1.7.Roundtable participants

The dialogue was attended by 62 participants from ministries, departments, and agencies of the Federal Government of Nigeria, the Rivers State honourable Commissioner for Health, Kaduna State Ministry of Health, Niger State NPHCDA, Donors and Partners, Academia, Civil Society Organizations, Medical Professional Representatives, Religious Groups, Women Groups, Community Representatives, People with Disability Groups, Youth Representatives and Media Representatives.[13]

[12] The Round-table agenda can be found in annex 1
[13] Participants list can be found in annex 2

1.8. Roundtable Strategic Objectives

1. **Make the National Case:** Position uterine health, including related gynecological conditions; fibroids, abnormal uterine bleeding (AUB), adenomyosis, chronic pelvic pain, endometriosis, and menopause—as a neglected public health priority. Emphasize its widespread impact on women across the life course, and the urgent need for policy and financing integration within Nigeria's national health strategies.

2. **Unpack the Scope of Uterine Health:** Expand the understanding of uterine health beyond reproductive years to encompass hormonal, inflammatory, pain-related, and life-course conditions. Emphasize how these conditions intersect with gender equity, economic productivity, and health systems performance—and must be integrated into Nigeria's PHC, NCD, and RMNCAEH+N frameworks.

3. **Introduce the Uterine Health Fund (UHF) by Youterus:** Present the UHF as a catalytic, continental-wide financing and care model designed to improve access to diagnosis, treatment (including surgery), and research. Emphasize its alignment with national priorities, potential for scalability, and relevance to strengthening primary and community-based care for women.

2. OPENING REMARKS

2.5.Opening Remarks by Dr. Binyerem Ukaire, Director, Department of Family Health, FMOH&SW

In her warm welcome, the Director commended Youterus and the White Ribbon Alliance on convening this high-level meeting to discuss approaches to amplifying women's reproductive health in Nigeria, emphasizing the importance of good uterine health in achieving a healthy reproductive health status.

Figure 1: Dr. Binyerem Ukaire, Director Department of Family Health, FMOH&SW

The Director acknowledges advancing women's health as a foundation to achieving Universal Health Coverage, health system resilience, economic productivity, and gender equality.

The Government has made some giant strides to develop policies that aim to improve primary health care services to Nigerian women towards advancing good uterine health.

Her speech further highlighted the importance of the meeting, which is expected to catalyze national response by contextualizing uterine health as a significant public health concern. The roundtable deliberations are expected to foster preventive approaches to uterine health, contributing towards improving the well-being and quality of life for women, and approaches towards reducing the cost burden of uterine health conditions.

In conclusion, Dr. Binyerem Ukaire reinforced the importance of the Uterine Health Fund (UHF) model by Youterus and called on stakeholders to explore its value addition to Nigerian women living with chronic uterine conditions and highlight to the government recommendations on effective mechanisms to advance uterine health in Nigeria.

2.6. Welcome Address by Dr. Nanna Chidi-Emmanuel, Chair, Board of Trustees, WRA Nigeria

Figure 2: Dr. Nana Chidi-Emmanuel, Chair, Board of Trustees, White Ribbon Alliance Nigeria

On behalf of the White Ribbon Alliance Nigeria (WRA), the Chairperson of the WRA Nigeria Board of Trustees welcomed guests to the strategic roundtable on uterine health, emphasizing its importance as a critical yet often overlooked aspect of women's well-being. She highlighted that chronic uterine conditions like fibroids and adenomyosis affect millions of Nigerian women, causing immense suffering and economic hardship.

She noted that women facing these conditions often encounter stigma, silence, and systemic neglect, with their pain being dismissed and access to care being difficult. In partnership with Youterus Health, the WRA aims to ensure uterine health is placed at the center of Nigeria's national policy, financing, and service delivery.

Dr. Nanna Chidi-Emmanuel called for bold, inclusive, and intentional discussions that will drive policy and advocacy reforms towards a future where no woman's well-being is compromised by a lack of care.

2.7.Welcome Address by Fatou Wurie, Chief Executive Officer of Youterus Health

In her welcome address, the Chief Executive Officer of Youterus Health, Ms. Fatou Wurie, expressed gratitude to FMOH&SW, WRA, and stakeholders present. She emphasized the silent pain women experience due to uterine health conditions that are not often spoken about, from abnormal uterine bleeding to related gynecological conditions such as endometriosis to pelvic pain and menopause. With limited access to consistent uterine health coverage data, access to care becomes challenging as a lack of data creates a knowledge gap for both patients and providers, contributing to patient distress, misdiagnosis, and delays in seeking necessary treatment, particularly due to factors like financial barriers, lack of insurance, and poor information about available services.

Figure 3: Fatou Wurie,
Chief Executive Officer of Youterus Health

She applauded Nigeria's commitment to strengthening primary health care, confronting non-communicable diseases, and building a gender-responsive health system that considers the whole life course of women and girls.

She re-emphasized the importance of the roundtable convening in shaping uterine health as a priority within the broader reproductive health policy space and the integration of Youterus Uterine Health Fund strategic framework in supporting the advancement of uterine health in Nigeria.

3. GOODWILL MESSAGES

Figure 4: *Dr. Sampson Ezekeanyi, Head SRH&R Unit, UNFPA Nigeria*

Dr. Sampson Ezikeanyi, UNFPA representative, in his goodwill message, appreciated the FMOH&SW for its leadership in advancing uterine health in Nigeria. He expressed gratitude to WRA Nigeria and Youterus for convening the roundtable discussion and collaborating with the government to highlight uterine health in Nigeria's broader health sector.

He affirmed UNFPA's continued commitment to providing comprehensive guidance on women's health, which encompasses sexual and reproductive health,

maternal health, and general well-being, with a strong emphasis on human rights, gender equality, and empowering women to participate actively in their own decision-making regarding their care.

He further emphasized the importance of equity and the need to address the disparities based on sex, social factors, and other forms of discrimination that hinder women who need access to these health services.

Figure 5: *Dr. Adaeze Oreh, Honourable Commissioner for Health, Rivers State*

The Honourable Commissioner for Health - Rivers State, Dr. Adaeze Chidinma Oreh, in her goodwill message, stressed the importance of the roundtable convening in shaping discussions about women's health beyond the maternal capacity of child delivery.

She charged stakeholders to transform their minds and change how women's reproductive health is being approached, understanding the continuum of the reproductive system after a woman's childbearing years.

She congratulated the Federal Ministry of Health and Social Welfare for her commitment to champion this initiative in collaboration with Youterus Health and White Ribbon Alliance Nigeria, to embed uterine health within Nigeria's health system. The recommendations achieved at the end of the convening will chart the way forward in advancing uterine health and ultimately contribute towards achieving Nigeria's universal health coverage goals.

Figure 6: *Dr. Ndaeyo Iwot, General Secretary of Health Sector Reform Coalition HSRC)*

Representing Civil Society Organizations, Dr. Ndaeyo Iwot, General Secretary of Health Sector Reform Coalition (HSRC), stated the importance of women's health issues to members of HSRC and believes in collaboration as a practical approach to integrating uterine health into other health services.

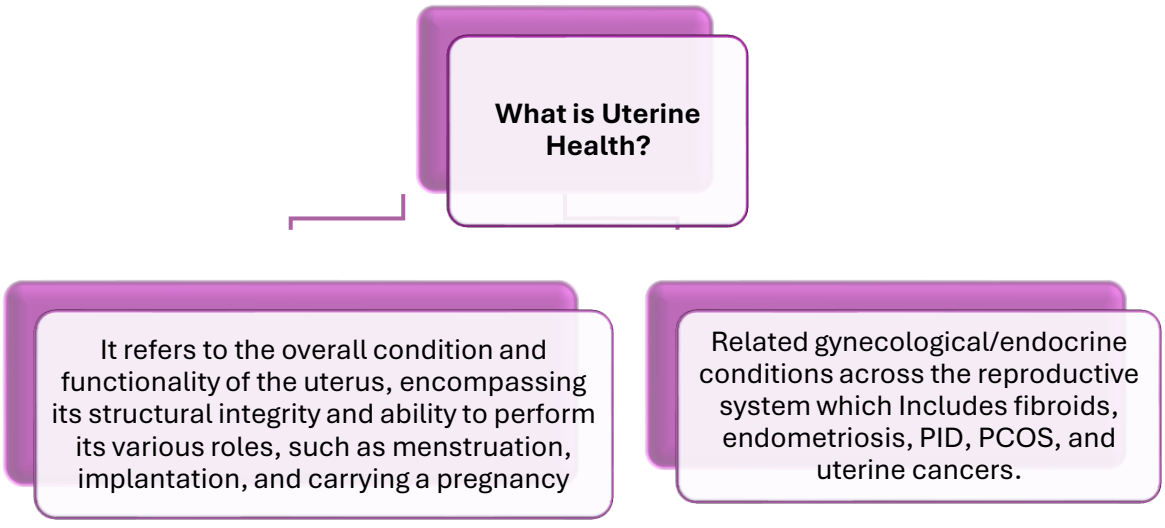
Dr. Iwot reiterated that HSRC will continue to collaborate with the government on health issues and believes that to advance uterine health, equity and access should be prioritized, and women's voices should be amplified. While emphasizing the importance of accountability, he assured stakeholders that the HSRC will continue to collaborate on implementing policies that elevate uterine health as a national priority in Nigeria.

4. PRESENTATIONS

4.5. Uterine Health and Its Public Health Importance – Presented by Dr. Samuel Oyeniyi, Director, Head Reproductive Health Division, Department of Family Health, FMOH&SW

The central focus of the presentation aims at understanding uterine health and its burden; the prevalence and impact of common uterine conditions; the health, social, and economic consequences; why they qualify as NCDs; alignment with national and global strategies; and current efforts, gaps, and opportunities. He issued a Call-to-Action required to advance uterine health in the country.

Figure: *Dr. Samuel Oyeniyi, Director, Head of RH Division, Dept. of Family Health, FMOH&SW*



Importance of a Healthy Uterus

Menstruation	Pregnancy	Child Birth
•The uterus is responsible for the menstrual cycle •A healthy uterus ensures a regular and manageable menstrual period. Irregular or painful periods can often be a sign of underlying uterine issues like fibroids or endometriosis.	•The uterus is the primary organ of gestation. •A healthy uterine lining (endometrium) is essential for successful implantation.	•The uterine muscle (myometrium) provides a strong, supportive environment for the growing baby throughout pregnancy and contracts powerfully during childbirth to push the baby out.

A healthy uterus is vital for a woman's overall well-being and plays a central role in her reproductive health. It is not just about having children; it is a cornerstone of a woman's gynecological health and overall quality of life. Taking proactive steps to care for this vital organ is essential for long-term well-being.

The presentation further highlighted how conditions affecting uterus health are often overlooked, under-researched, and misdiagnosed, creating a significant public health burden.

The public health crisis surrounding uterine health is a result of several interconnected factors, such as:

Economic and Social Burden	Symptoms of uterine conditions can be debilitating, leading to missed work or school, reduced productivity, and significant healthcare costs. The financial burden is not only on the individual but also on the healthcare system as a whole.
Impact on Well-being	Beyond the physical symptoms and financial strain, these conditions can lead to significant psychological and social distress. Women may experience anxiety, depression, social stigma, and even intimate partner violence, particularly in cases of infertility.
Limited Research and Treatment Options	Despite the high prevalence of these conditions, there is a lack of high-quality data to guide evidence-based treatment, and many treatments are invasive and may not offer a long-term cure..
Underfunding and Research	Research into uterine health conditions is consistently underfunded compared to other diseases with similar prevalence and burden. This leads to a lack of innovation in diagnostic tools and treatment options, leaving women with limited and often unsatisfactory choices.

The presentation,[14] Demonstrated why high burden and low visibility of uterine health issues highlight the need for a more comprehensive and equitable policy approach.

Disease	Burden
Fibroid	○ 12.1% of Nigerian women (12.8M) affected ○ 80% of Black women have uterine conditions by age 50 ○ Major cause of gynecologic surgeries and infertility
Related Gynecological Conditions (Endometriosis and PCOS)	○ Endometriosis affects 48.1% of symptomatic women ○ PCOS affects 17–28% of Nigerian women ○ Delays in diagnosis, reproductive and metabolic issues
PID	○ PID prevalence globally – about 116 per 100,000 women as of 2019. ○ major cause of infertility in Nigeria due to scarring of the fallopian tubes. ○ It also causes chronic pelvic pain and increases the risk of dangerous ectopic pregnancies. – contributing to maternal mortality
Uterine Cancer	○ Cervical Cancer is 2nd most common cancer among women in Nigeria ○ the **leading cause of female cancer deaths** in our region ○ Nigeria contributes significantly – an estimated **13,000+ new cases and ~8,000 deaths per year**, with an incidence of 26 per 100,000 (double the global average).

Economic and Productivity Costs of Uterine Health

Uterine health conditions impose a significant economic and productivity cost on individuals, healthcare systems, and national economies. This burden stems from direct healthcare expenditures and substantial indirect costs due to lost productivity and reduced quality of life.

1. Fibroid surgery is expensive, and its cost ranges from ₦180,000.00 to ₦1,000,000.00
2. Women lose approximately 3.6 weeks per year due to uterine health conditions.
3. Intergenerational effects on family welfare of women with uterine health conditions

To address the burden, the following are currently being done:

1. HPV vaccination is being rolled out, and according to the WHO, about 12 million girls have been vaccinated.

[14] Annex 3: Presentation on Uterine Health and Its Public Health Importance – Presented by Dr. Samuel Oyeniyi, Director, Head Reproductive Health Division, Department of Family Health, FMOH&SW

2. Uterine Health Integration at Family Planning clinics, PHCs, and private clinics.
3. Collaboration with NGO/private sector (SAFA, HIFU, Endo Survivors)

Alignment with National Plans

There are global and national plans that can be aligned to advance uterine health. In Nigeria, uterine health can be integrated into the non-communicable disease (NCD) plan, the PHC revitalization plan, and RMNCAEH+N. Uterine health aligns with SDG 3, "Good Health and Well-being," and SDG 5, "Achieve Gender equality and empower all women and girls."

The Way Forward

The presentation highlighted the way forward in advancing uterine health in Nigeria.

Uterine health is a critical component of women's well-being and a significant public health issue in Nigeria. Addressing the challenges requires a multi-faceted approach involving government policy, healthcare infrastructure, and public awareness. Below are some ways to advance uterine health in Nigeria.

1. **National Uterine Health Task Force**: Establish a national task force or committee on uterine health to drive policy and program integration. Safe Motherhood Committee's TOR can be extended to cover Uterine Health, while the RMNCAEH+N TWG Committee can also be leveraged on.
2. **Integration of Uterine Health Services:** Uterine health needs to be integrated into existing reproductive and maternal health frameworks and systems, such as the National Health Insurance Agency and PHC. The National Health Insurance Authority (NHIA) in Nigeria plays a crucial role in improving access to healthcare, including maternal health services. While the NHIA already covers aspects of maternal care, such as antenatal, delivery, and postnatal services for up to four pregnancies, there is a need to further integrate and strengthen uterine health within its framework and benefit package to improve access and affordability of care.
3. **Enhance & Scale Public Awareness and Education:** Public enlightenment campaigns are essential to addressing socio-cultural barriers and educating women and communities about uterine health.
4. **Early Screening and early detection:** Early detection and screening are crucial for uterine health because they lead to better treatment outcomes, higher survival rates, and reduced morbidity.

Investment Case – Health and Economic Returns

Investing in uterine health is a high-yield opportunity with significant returns in both health and economic terms. These gains, in turn, drive powerful economic benefits by increasing workforce

participation, productivity, and overall economic output. The presentation highlighted some health and economic gains of investing in uterine health:

1. Every US$1 spent on key RMNCAEH+N interventions can yield between US$9 and US$20 in economic and social returns by 2035.[15]
2. Proactive investments in preventive care and early diagnosis are more cost-effective than treating advanced diseases, leading to healthier women who can participate in the labor force and are more productive.
3. Resilience, growth, and human capital

In conclusion, Dr. Oyeniyi stressed that for UHC to be achieved, the uterine health burden needs to be addressed. He included a call to action for achieving better uterine health in Nigeria:

Call to Action

Prioritize Uterine Health Nationally, as millions of women are affected, and it has become a significant burden.

Address uterine health as it will contribute to achieving UHC and gender equity. Ensure uterine health is seamlessly incorporated into RMNCAEH+N policies and programs.

Healthy Women equal Healthy Nation. The broader impact of women's health on a country's economic development is profound. By improving women's health, societies can accelerate the demographic transition and drive sustained economic growth.

4.2 The Uterine Health Fund Model – From Pilot to National Relevance – Presented by the Youterus Team: Fatou Wurie, Chief Executive Officer & Founder, and Julie Otieno, Chief Operating Officer

Fatou Wurie introduced Youterus Health as the first Africa-led movement dedicated to advancing uterine health equity, taking on the neglect that has defined women's health for generations. This neglect is not marginal; it is systemic, entrenched in policy blind spots, data gaps, and financing failures that have left millions of African women without answers, care, or recognition.

Grounded in women's lived realities, Youterus Health translates experience into system-responsive

[15] *PMNCH and WHO, Investing in Women's, Children's and Adolescents' Health: An Investment Case, 2024*

innovation, building Africa's first platform for uterine health financing, care, and data. By bridging these gaps, the initiative delivers not only services, but also visibility and voice for women long excluded from health agendas. Its comprehensive three-pillar model challenges the notion that women's testimonies are merely 'anecdotal,' reframing them instead as diagnostic data, essential evidence to drive systemic reform and to build a future where women's health and well-being are non-negotiable.

Julie Otieno further described the digital model.[16] As a platform that combines technology, patient advocacy, and financial support to create a comprehensive and sustainable solution, the three-pillar model was built as a unified, integrated solution to systemic problems. The model's three pillars are:

1. The Platform: This serves as a digital hub providing women with tools and information to guide them from recognizing symptoms to finding care. It is a trusted source for health information and a community.

2. The Voice: This pillar is dedicated to centering women's lived experiences and stories. It systematically collects qualitative and quantitative data—through structured surveys and narrative interviews—to expose patterns of dismissal, shame, and silence within health systems. These stories become the basis for advocacy and system influence.

3. The Uterine Health Fund (UHF): This is the financial arm of the model. It directly pays for screenings, diagnostics, and surgeries for high-burden conditions like fibroids, heavy menstrual bleeding (HMB), and adenomyosis. The fund operates through local clinics, uses a cost-per-service model, and is designed for transparent tracking.

Key Innovations and Outcomes

The Youterus Health model is built on several key innovations that distinguish it from traditional health programs:

1. **Registry-linked Accountability:** The organization is building Africa's first Uterine Health Registry. Every woman who enters the care pathway is given a unique patient ID, and every step of her journey—from diagnosis to follow-up—is logged. This not only ensures transparency and accountability for funders but also provides real-time data to identify gaps in the system.
2. **System Integration:** The model is specifically designed to integrate with existing national health systems, such as the National Health Insurance Authority (NHIA) and state

[16] Annex 4: Presentation: The Uterine Health Fund Model – From Pilot to National Relevance – Presented by the Youterus Team: Fatou Wurie, Chief Executive Officer & Founder, and Julie Otieno, Chief Operating Officer

schemes, rather than operating in parallel. By providing data-driven tools, such as diagnostic maps and training modules based on real patient stories, Youterus Health aims to embed uterine care into national policy and budgeting.

3. **Targeted and Efficient:** Instead of attempting to solve all health issues, the model focuses on high-impact uterine conditions like fibroids and heavy menstrual bleeding. This targeted approach allows for higher-quality outcomes and more efficient use of resources.

On behalf of Youterus Health, she proposed the following action areas for FMOH&SW Consideration:

Pillar	Consideration for Action
Framing	Recognize uterine health as integral to maternal health outcomes within Nigeria's health agenda.
Financing	Explore the UHF model as a complementary mechanism within existing maternal and PHC financing platforms.
Service Integration	Embed uterine health into RMNCAEH+N frameworks and align with NHIA clinical guidelines.
Evidence & Data	Partner with White Ribbon Alliance and Youterus Health to strengthen gender-sensitive surveillance and lived experience research.
Pilots	Support piloting UHF within maternal health centers to test integrated care and two-way referral pathways.
Visibility	Issue a public expression of support for UHF and alignment with Nigeria's national strategy for women's health.

Julie Otieno concluded by emphasizing that the ultimate goal is to shift uterine health from being an invisible, underfunded issue to a public priority. The model is currently being piloted in Sierra Leone to scale across Africa, making dignified, accessible uterine care a reality for all women.

5. LIVED EXPERIENCES AND PERSONAL TESTIMONIES

5.5.First Speaker: Ms. Maureen Nwankwo

Ms. Maureen, who is currently recovering from a recent uterine health surgery, shared her experience through her journey with a uterine Health condition. She experienced severe and prolonged menstrual bleeding, which became both concerning and inconvenient. Upon seeking medical guidance, she was advised to undergo surgery. The first surgery revealed no life-threatening medical condition, and the unusual bleeding stopped.

However, four months later, the abnormal bleeding reappeared. After a series of tests and scans, the results showed abnormal thickening of the womb lining. She subsequently underwent a hysterectomy with salpingectomy (surgery to remove the womb and fallopian tube). Ms. Maureen further elaborated on how cost-intensive the medical process was and the financial burden of

multiple surgeries—costs that many women may not be able to afford. She expressed her willingness to serve as a Uterine Health Champion by sharing her experience to help save lives.

5.2. Second Speaker: Ms. Sandra

Ms. Sandra, who lost her sister years ago to complications from fibroid surgery, shared her experience of battling with the fibroids. In 2010, she noticed her stomach kept protruding. In seeking medical consultations, she experienced several stages of delays in diagnosis and was afterward told it was fibroids. As an unmarried young lady at that time, she was advised to undergo surgery to remove the fibroid and make plans to have children thereafter to prevent regrowth.

Ten years after the first surgery, she got married and experienced another growth, which was again diagnosed as fibroids. She had to undergo surgery a second time to remove the fibroid, after which she became anxious to have children to prevent another growth from developing, and has tried several IVF options that eventually failed. Despite these challenges, Ms. Sandra expressed gratitude to FMOH&SW for its commitment to advancing uterine health in Nigeria, which has given her hope that interventions to address uterine health conditions will have a positive impact on women and girls going forward.

6. PANEL DISCUSSION

6.1 From Silence to Systems: Addressing Chronic Uterine Conditions in National Frameworks

Dr. Ejike Orji, the CSO Representative for FP2020, and the Facilitator of the Roundtable meeting moderated the Panel discussion. The discussion delved into the current landscape, challenges, and opportunities for integrating uterine health into existing national health frameworks.

The session conveyed diverse perspectives to highlight systemic gaps, explored successful advocacy efforts, underscoring the imperative for policy and financing inclusion. Introduction of the Uterine Health Fund (UHF) as a regional innovation was discussed.

Panelists

1. **Dr. Salimah Muhammed**, State Ministry of Health RH Coordinator, Kaduna State (Subnational Government Representative)
2. **Dr. Ndaeyo Iwot** Health Sector Reform Coalition (Civil Society)

3. **Dr. Ufuoma Festus Omo-Obi**, Options Nigeria (INGO)
4. **Dr. Sampson Ezikeanyi**, United Nations Population Fund (UNFPA) Nigeria (Bilateral Partner)
5. **Prof. Rosemary Ogu,** Medical Women Association of Nigeria (Academics)
6. **Dr. Azubuike Onyebuchi**, Society of Gynecology and Obstetrics of Nigeria (SOGON) (O & G – Clinical)

The RH Coordinator, Dr. Salimah Muhammed, from the Kaduna State Ministry of Health, shared her subnational-level experience on the most pressing challenges in delivering comprehensive uterine health services, particularly for common conditions like fibroids and Abnormal Uterine Bleeding (AUB), within existing Primary Healthcare (PHC) structures.

She explained that most chronic uterine diseases and other chronic conditions are not managed at the primary healthcare level. Instead, these patients are typically referred to secondary or tertiary facilities for treatment. Primary Healthcare Centers primarily focus on maternal health, family planning, and childhood illnesses.

She noted that conditions like abnormal uterine bleeding, uterine fibroids, and endometriosis are usually handled at higher-level health facilities, while emphasizing the importance of counseling patients with recurring diseases, such as fibroids, to make them aware of the possibility of recurrence.

A significant challenge highlighted is the severe lack of workforce, even at the secondary facilities, with cases of doctors providing services to a large number of people daily and performing a high number of surgeries daily, leading to immense stress and high workload. She concluded that the main issues are the lack of services for chronic diseases at the primary healthcare level and a critical shortage of medical staff.

Dr. Salimah Mohammed suggests two main strategies to improve uterine health. First, she recommends establishing a Reproductive, Maternal, Newborn, Child, Adolescent, Elderly Health + Nutrition (RMNCAEH+N) Technical Working Group (TWG) at the subnational and LGA level; second, she recommends an increase in public awareness about uterine health conditions through community outreaches and campaigns. She noted that many people are unaware of uterine health conditions unless a family member is affected. Finally, she proposed strengthening the two-way referral system to improve patient care.

The Civil Society representative**, Dr. Ndaeyo Iwot** of Health Sector Reform Coalition, outlined several advocacy points to improve healthcare, particularly for women.

He emphasized the need to fully implement the National Health Act to establish a proper community-level healthcare system. Which he believes is crucial for providing effective services.

Secondly, he highlighted the disadvantage of the lack of voice for women in healthcare, advocating for women's voices to be heard, for women to be represented in health committees, and for them to be empowered with the knowledge to actively request healthcare services. He also noted that women, especially vulnerable groups and leaders, are not adequately represented in operational committees, even though they should comprise at least 80% of these groups.

Finally, he called for a more focused approach to uterine health within existing health policies. While recognizing the value of the broader RMNCAEH+N framework, he believes that specific attention to uterine health is necessary to ensure these issues are properly addressed at the operational level and is committed to ensuring HSRC will advocate for integration of uterine health into the RMNCAEH+N framework.

Representative from the Society of Gynecology and Obstetrics of Nigeria (SOGON), Azubuike Onyebuchi, identified medical education, training, and service as key areas needing improvement in healthcare. He highlighted several challenges, proffering solutions to some:

1. **Lack of training:** The Society of Gynecologists and Obstetricians of Nigeria (SOGON), in collaboration with the Federal Ministry of Health and Social Welfare, has developed a guideline and essential gynecology training module that includes a facilitator and training manual. The manual also addresses uterine bleeding.
2. **Doctor Overload:** Doctors are under immense pressure and have limited time to counsel patients with chronic uterine issues properly.
3. **Limited Access in Underserved Areas:** He commends the use of telemedicine in places like Maiduguri to connect specialists with patients in rural areas, aligning with current technology trends in addressing the issue of access to health care.
4. **Poor Care Coordination:** The two-way referral system between primary, secondary, and tertiary health facilities is often inadequate.
5. **Lack of Emphasis on Patient Education:** The speaker suggests that patient education and self-help tools are not prioritized enough.

Dr. Azubuike Onyebuchi concludes by stating that SOGON is already working with the Federal Ministry of Health and Social Welfare and will continue to ensure proper integration of uterine health into all healthcare pathways.

Representing Academia, Prof. Rosemary Ogu, President of the Medical Women Association of Nigeria, emphasized the significant but often silenced burden of chronic uterine conditions like fibroids, endometriosis, and pelvic pain on women. She calls for three key studies to address this issue:

1. A national epidemiological survey to determine the actual number of women suffering from these conditions. This would not only provide data but also raise awareness and encourage women to seek help.
2. An analysis of health-seeking behavior to understand how many women are actually coming forward and having their conditions documented.
3. Cost of illness studies to quantify both the direct financial costs and the indirect costs, such as lost productivity and mental health impacts like depression. She shared a personal anecdote about a patient whose life is severely impacted by her menstrual period to illustrate the gravity of the issue.

Prof. Rosemary Ogu concludes by stating that while the government should lead policy, organizations like the Medical Women's Association of Nigeria can provide crucial technical support and generate local data to inform these efforts.

The United Nations Population Fund (UNFPA) Nigeria, represented by Dr. Sampson Ezikeanyi, outlines proposed plans to integrate uterine health into existing national programs in Nigeria.

1. **Data Collection**: He suggests including indicators for uterine health in the **National Demographic and Health Survey (NDHS)** and conducting a national epidemiological survey to better understand the scope of the uterine health problem.
2. **Budgeting**: He proposed working with the Federal Ministry of Health and Social Welfare to create a specific budget line for uterine health conditions within the joint annual work plan for 2026.
3. **Advocacy and Awareness**: The UNFPA plans to integrate uterine health messages into existing advocacy campaigns for menstrual health and family planning. This would involve developing joint advocacy toolkits and flyers with the Ministry of Health.
4. **Health Insurance**: He suggests working to have uterine health conditions included in the National Health Insurance package. He noted that this would help reduce the financial burden on women and is a key area for action.
5. **Collaboration**: He emphasized that the UNFPA works closely with the Nigerian government and is ready to collaborate once there is a commitment to these actions. He highlighted that this is a critical time to act, as key health ministries and agencies are already focused on improving maternal health.

Dr. Ufuoma Festus Omo-Obi, CEO, Options Nigeria, explained that a major problem in healthcare is the disconnect between where people first seek help (Primary Health Centers) and where uterine health services are actually delivered (Secondary Health Facilities), and this is often

because healthcare providers and stakeholders do not expect these services to be provided at the primary level. His main points highlighted the following:

The Need for Data: Without concrete data and articulated problems, it is impossible to create solutions. There is an urgent need for evidence to prove that chronic uterine conditions are a significant public health issue. This evidence is crucial to convince policymakers, such as the Federal Ministry of Health and Social Welfare and State Health Commissioners, to allocate budget lines and prioritize uterine health issues over other competing health concerns like family planning and immunization.

The Role of Advocacy: He emphasizes that advocacy is key to elevating uterine health as a priority and suggests that civil society organizations should lead the advocacy at both the national and subnational levels. Stating that their role is to formally present the uterine health issues for discussion and consideration, mobilize knowledge, and collect evidence to make the problem undeniable.

Strategic Action: He pointed out that since the government has shown interest in participating in the discussion on uterine health, the next step is to collaborate. This involves using data from organizations like SOGON and the Medical Women's Association of Nigeria to provide evidence and leveraging new approaches like technology and youth engagement to amplify the message. The goal is to prioritize uterine health and generate the political will necessary to establish a budget line and provide proper services.

The Panel discussion concluded with the following key takeaway:

1. UNFPA representative reiterated having a Uterine Health Fund to serve as a central rallying point for financial contributions. This fund, if managed with transparent and accountable public financial systems, could attract funds from various sources, including the private sector, donors, and UN agencies. He highlighted that this approach would make it easier to leverage large-scale donations, even from anonymous donors, who are often looking for trustworthy and well-managed initiatives to support. The fund, backed by solid evidence and a strong public voice, would be a good way to secure the necessary funding for uterine health initiatives.
2. **CSO representative** announced that they will leverage the upcoming Universal Health Coverage Day to advocate for the integration of uterine health services into the primary healthcare system. He cited the ongoing efforts to secure health financing, where a draft bill for health financing, potentially funded by taxes on sugar and alcohol, has been submitted to the Senate. It is crucial to articulate a clear plan with evidence so that partners and donors know exactly where to direct their funds.
3. **MWAN representative** proposed a collaborative strategy to address chronic uterine health conditions. The Federal Ministry of Health and Social Welfare should lead the process of integrating policies and guidelines on uterine health into key national

frameworks, including the National Health Insurance Authority (NHIA) and the National Demographic and Health Survey (NDHS). This would provide crucial data, policy, and financing for these conditions. Meanwhile, organizations like the Medical Women's Association of Nigeria (MWAN), SOGON, and various academic centers (African Centers of Excellence) would advocate and work with the Ministry of Health to ensure this integration is successfully implemented.

7. BREAKOUT SESSION

Participants were divided into three groups to conduct in-depth discussions on critical implementation aspects of uterine health integration, fostering collaborative problem-solving and generating concrete recommendations for the post-roundtable roadmap.

Group 1 explored practical strategies for embedding uterine health services within Nigeria's existing health policy and service delivery frameworks. Discussion identified entry points, possible policy revisions, and capacity-building needs to ensure comprehensive uterine care is accessible at all levels of the health system.

Group 2 explored the critical role of data and research in elevating uterine health. Participants identified key evidence gaps, discussed strategies for robust data collection, and explored how the Youterus Research Arm can best support policy, advocacy, and program implementation.

Group 3 conducted an in-depth exploration of innovative financing mechanisms, with a particular focus on the Uterine Health Fund (UHF). This effort defined operational priorities for the UHF's rollout, refined its financial models, and identified potential entry points within the broader health financing landscape.

Table 3:

GROUP 1: INTEGRATING UTERINE HEALTH INTO POLICY & SERVICE PACKAGES IN NIGERIA'S HEALTH SYSTEM AS A PUBLIC HEALTH IMPORTANCE
Policy Gaps & Opportunities:
Recognition of existing TWGs that can be leveraged for continuous conversations until policy is integrated and reviewed 1. Safe Motherhood TWG 2. RHTWG Possible Policy Revisions or Guidelines for Uterine Health Integration 3. National multi-sectoral action plan for the prevention and control of non-communicable diseases (2019 – 2025)[17]

[17] https://arua-ncd.org/wp-content/uploads/2022/10/NCDs_Multisectoral_Action_Plan.pdf

4. National Safe Motherhood Strategy 2024-2028 5. RMNCAEH+N strategy
Service Pathway Integration
1. Make use of existing two-way referral pathways 2. Improve capacity for recognition and immediate two-way referral 3. Make use of existing multilevel two-way referral pathways
Workforce Capacity & Training
Challenges Confronting Health Workers 1. Shortage of workforce 2. Continuous medical education 3. Inadequate skill-based training Capacity needs include 1. Increase workforce 2. Task shifting and task sharing 3. Skill-based curriculum for chew
Multi-Sectoral Collaboration
1. Input into existing health desks in different parastatals 2. Health education by the parastatals is integrated into existing programs
Implementation Barrier
Barriers 1. Existing policies have not captured uterine health 2. Lack of political will 3. Non-availability of data Practical Solutions 4. Evidence-based advocacy 5. Institutionalize policies 6. Include in insurance packages 7. Leverage existing finances/funds
Overall Recommendations
1. Set up a public-private partnership committee 2. Strategic planning by states should include uterine health as part of the annual operational plan

Table 4

GROUP 2: DATA, EVIDENCE & RESEARCH – ROLE OF THE YOUTERUS RESEARCH ARM
Critical Data Gaps: (prevalence, burden (health, social, economic), diagnosis, and treatment outcomes)
1. Prevalence data - Population-based epidemiological study to determine the prevalence

2. Burden data – Cost of illness studies survey to understand the burden 3. Diagnosis data – Evaluation of current service availability and readiness within health facilities at the different levels of health care (primary, secondary, and tertiary) 4. Treatment data – this is usually a follow-up of the evaluation of current service availability 5. Health-seeking behavior analysis 6. Involve HCWs to determine challenges/gaps in the field
Research Priorities for Youterus
1. National policy – Prevalence of the Disease Burden; Epidemiological Survey 2. Program design – Awareness creation, Mid NDHS 3. Advocacy efforts – Collaborative efforts, cost of illness studies, prevalence rate
Data collection & M&E
1. Service Delivery – develop and integrate the uterine health indicator into already existing data platforms for M & E framework, e.g., NHMIS & CBHMIS 2. Quality of Care – integrate into the National Quality of Care Strategy 3. Patient Outcomes – NHIA claims data
Evidence Translation & Utilization
1. Policymakers 2. Healthcare provider 3. CSOs 4. Media Develop advocacy kits to target key stakeholders, e.g., the Ministry of Women Affairs, the National Commission for Persons with Disabilities, the Network for Women with Disabilities, etc.
Leveraging Existing Platform
1. Existing Research Institutions – African Centers for Excellence, Nigerian Institute of Medical Research (NIMR) 2. Academic Bodies – Universities, MWAN, SOGON, NMA, NANNM, Medical Health workers Union of Nigeria, PSN, Association of Community Health Practitioners of Nigeria (ACHPN) 3. National Health Information Systems – DHIS 2, NHMIS & CBHMIS; maximize its impact and avoid duplication of efforts – Collaborate with the government as well as standardize the indicators
Other Recommendations
1. Standardization of abnormal uterine bleeding (clear definition and development of SoPs) 2. Leverage the existing community structure to create awareness

3. Strengthening the two-way referral system
Next Steps / Calls to Action
The team has outlined specific steps for moving forward: 1. Standardize Definitions: They will standardize the definition of abnormal uterine bleeding and develop clear SOPs (Standard Operating Procedures) for its management. 2. Strengthen Systems: They plan to leverage existing community structures for awareness campaigns and strengthen the two-way referral system from primary to secondary and tertiary health facilities. 3. Stakeholder Engagement: The following steps involve engaging a wide range of stakeholders, including traditional leaders, media, community heads, National Council for Women (NCW), Federal Ministry of Women Affairs, Network of Women with disabilities, and the Nigerian Governors' Forum. A presentation of the findings to the National Health Insurance Agency should be planned and carried out.

Table 5:

GROUP 3: INNOVATIVE FINANCING MECHANISMS
UHF Viability & Sustainability
There is an existing free maternal health program at the National Health Insurance Program. This is being drawn from the Basic Health Care Provision Fund – Free VVF and comprehensive emergency maternal issues. The Uterine Health Fund can be integrated into this existing platform.
Private Sector Health Alliance (PHSA) has an existing program called "Adopt a Healthcare Facility Program (ADHFP)". The program allows the funder to adopt a PHC for 5 years. This platform can also be leveraged for uterine health, where funders can expand services at adopted PHCs to include uterine services.
1. Operational Priorities for UHF Roll Out
2. Engage with the National Health Insurance Agency
3. Engage with the Federal Ministry of Health & Social Welfare
4. Engage with other Health Sector Alliances.
5. Complementing Existing Financing Mechanisms
6. Embed the UHF into the National Health Insurance Agency gateway.
7. Governance & Accountability
8. Incorporate UHF into the already existing government NHIA structure.
9. Community Level Financing
10. Engage with the Association of Local Government Community of Nigeria (ALGON) platform.
11. Engage World Development Committees (WDC)

12. Engage other CSOs and other community-based organizations.
13. Engage Individual philanthropists, e.g., adopt a Healthcare Facility Program (ADHFP) 14. Leverage on Diaspora interventions
Overall Recommendations
1. Engage with relevant agencies of government at all levels (FMoH&SW, SMoH, NPHCDA, SPHCDA, NHIA, SHIA, WDC, Private Sector) **2.** Engage other CSOs and other community-based organizations **3.** Engage Individual philanthropists, e.g., adopt a Healthcare Facility Program (ADHFP) **4.** Leverage on Diaspora intervention **5.** Aligning the UHF with the BHCPF and the Vulnerable Group Fund.

8. RECOMMENDATIONS AND STRATEGIC ACTIONS

The outcome of the roundtable produced a set of key recommendations and strategic actions and a call-to-action by the stakeholders who urged the government at the national and subnational levels and all stakeholders, comprising donors, international organizations, civil society, healthcare providers, research institutions, pharmaceutical companies, media and communities, to prioritize and implement the following recommendations ***(Comprehensive Recommendations and Strategic Actions are in annex 5).***

1. Strengthen Health Systems for Uterine Health:

1. Develop and implement national guidelines and protocols for the management of common uterine health conditions.
2. FMOH&SW to drive the process of integrating uterine health into national policies, e.g., NDHS, BHCPF, etc.
3. Integrate comprehensive uterine health services, including prevention, screening, diagnosis, treatment, and follow-up care, into primary healthcare systems.
4. Ensure the availability of essential medicines, equipment, and technologies for uterine health management at all levels of care.
5. Strengthen the two-way referral system as one of the ways to address service provision constraints at the PHC level
6. Establishment of the Family Health Department at the State Ministries of Health should be considered, to aid the sustainability of interventions such as uterine health.
7. FMOH&SW should invest in evidence-based data for uterine health and leverage the midterm NDHS to integrate Uterine Health indicators.

8. Integrate Uterine Health into the implementation of Health Sector-Wide Approach (SWAP) & UHC national documents.
9. Inclusion of the Uterine Health into the RMNCAEH+ N technical working group agenda
10. Incorporation of uterine health into the benefit package of the NHIA and service delivery.
11. Engage key stakeholders such as NGF, ALGON, and Honorable Commissioners of Health Forum for ownership and sustainability.

2. Enhance Awareness and Education:

1. FMOH&SW to invest in strengthening Uterine Health Education and Promotion awareness campaigns.
2. Initiate national and community-level awareness campaigns to educate the public on the importance of timely care, informed decision-making regarding uterine health, address stigma and misinformation related to uterine conditions, and disseminate in local languages for broader reach.
3. Various citizen groups, such as the National Council for Women's Society, FOMWAN, WOMICAN, among others, to disseminate uterine Health information leveraging existing community structures.
4. Identify an array of people as Uterus Champions.

3. Invest in Research and Innovation:

1. Allocate resources to support research focused on understanding the causes, advancing prevention strategies, improving early detection, and developing effective, minimally invasive treatments for uterine conditions.
2. Support collaborative research efforts and data collection to better understand the epidemiology and burden of uterine health issues.
3. Foster innovation in diagnostic tools and therapeutic interventions.
4. Technology-driven medical tools should be considered in addressing access to uterine health in underserved areas.

4. Advocate for Policy and Legislative Reform:

1. Develop and implement robust national policies and legal frameworks that protect and promote uterine health and reproductive rights.

2. Allocate adequate and sustainable financial resources for uterine health programs and services.
3. Ensure that uterine health is explicitly included in national health budgets and strategic plans.
4. Young people should be engaged in uterine health conversations and policy development
5. Engage with the legislative arm of government through the Legislative Health Agenda for UHC
6. Advocate for multisectoral engagement with relevant MDAs such as the National Council for Women Affairs, the National Council for Health, among others.

5. Improve Training and Capacity Building:

1. Integrate comprehensive uterine health modules into the curricula of medical, nursing, and allied health professionals.
2. Provide ongoing training and professional development opportunities for healthcare providers on the latest advances and two-way referrals in uterine health care.
3. Support the development of specialized expertise in gynecology and reproductive health.

6. Foster Multi-Sectoral Collaboration and Partnerships:

1. Encourage collaboration among governments, civil society organizations, academic institutions, the private sector, and international partners to address uterine health challenges and ensure it is integrated into RMNCAEH+N.
2. Engage communities and individuals with lived experience in the design and implementation of uterine health initiatives.
3. Leverage on public-private partnership in advancing uterine health

Table 6: Recommendations and Strategic Actions: Ownership & Timeline Matrix

Priority Area	SMART Action	Lead	Support	Timeline
Strengthen Health Systems	Integrate uterine health into national/state policies (NDHS, BHCPF, RMNCAEH+N), NHIA benefit packages, and PHC service delivery; ensure guidelines, essential medicines, technologies, referral systems, data integration, and Family Health Departments at the state level.	FMOH&SW, NHIA	NPHCDA, SMoH, NGF, ALGON, SOGON, MWAN, Dev. Partners, CSOs,	12–30 months
Awareness & Education	Scale up national and community-level campaigns (multi-language, stigma reduction); leverage women's groups (NCWS, FOMWAN, WOWICAN); appoint Uterus Health Champions at national and local levels.	FMOH&SW (HPD), FMoWA, SMoHs	Media, Religious/Traditional Leaders, CSOs, SSA to the President	12–24 months
Research & Innovation	Allocate resources and foster partnerships for uterine health research (epidemiology, prevention, treatments, burden studies); deploy innovative, tech-driven diagnostic and treatment tools, especially for underserved areas.	FMOH&SW, NBS Academia	WHO, UNFPA, SOGON, MWAN, Private Sector	12–36 months
Policy & Legislative Reform	Develop national policies and legal frameworks on uterine health; ensure dedicated budget lines, sustainable financing, and inclusion in strategic plans; strengthen legislative advocacy (UHC Agenda) and youth engagement; foster multisectoral collaboration with MDAs, NGF, and ALGON.	FMOH&SW, FMoB&NP,	National Assembly committees on Health, NHIA, SMoHs, CSOs, HSRC, Women Affairs, Development Partners, NGF, ALGON	18–36 months

Training & Capacity Building	Integrate uterine health modules into curricula of health professionals; scale continuous training and professional development; build specialized gynecology and reproductive health expertise nationwide.	FMoH&SW, FMoE, NMCN, MDCN, Academia	FMOH&SW (HRH Dept.), SOGON, MWAN, SMoH	18–36 months
Multi-Sectoral Collaboration & Partnerships	Institutionalize collaboration across government, CSOs, academia, private sector, and development Partners; engage communities and lived-experience champions; expand access through public–private partnerships.	FMOH&SW,	Donor partners, CSOs, Private Sector, Professional Associations, NGF, ALGON, Media	6–36 months

Table 7; Stakeholder Commitments

Stakeholder	Commitment
Kaduna State	State committed to leveraging this convening to integrate uterine health into RMNCAEH+N TWG.
SOGON	Committed to pushing for the proper integration of uterine health in all health pathways
MWAN	committed to leveraging her broad membership coverage to provide technical support to FMOH&SW in advancing uterine health in Nigeria (this will address the shortage of human resources)
UNFPA	Committed to ensuring leveraging on the Annual Workplan with FMOH&SW and SMOH to include the uterine health budget (to aid easy collaboration and support). Commits to supporting FMOH&SW in rallying funds, while FMOH&SW should provide data and a proper accountability measure to achieve this.
HSRH	Committed to working with FMOH&SW/State/LGAs in advocating for the integration of uterine health in RMNCAEH+N.
NCWS	Committed to ensuring that these recommendations trickle down to all its state chapters and local government
FOMWAN	committed to partnering/collaborating with WOWICAN at all levels in ensuring the uterine health message gets to Muslim and Christian women in Nigeria.
PWDs	People with disabilities committed to ensuring inclusion of uterine health issues in their discussions.
FMOH&SW National Emergency Medical & Ambulance Service	Committed to collaborating at all levels in advancing uterine health.
SSA to the President on Public Health	Committed to being a Uterus Health Champion.

CALL TO ACTION

The roundtable participants encouraged all stakeholders to take action and fulfill their commitments and recommendations by taking concrete steps towards improving uterine health outcomes globally. It was agreed that the recommendation should be a consensus communique from the roundtable session toward advancing uterine health in Nigeria.

9. CLOSING REMARKS

The Honorable Commissioner for Health of Rivers State, Dr. Adaeze Chidinma Oreh, thanked the participants present, including representatives from various federal and state ministries (such as Kaduna and Lagos), social welfare agencies, academia, the Office of the Vice President, and civil society groups. She specifically recognized individuals with disabilities, emphasizing that their unique needs should be central to the roundtable discussions. She commended the participants for their enthusiastic contributions, ideas, solutions, and pathways forward.

Finally, she applauded the participants for surpassing expectations with their passionate deliberations. The concrete recommendations and solutions developed will be used to create a sustainable plan for improving uterine health in Nigeria and across Africa.

10. ANNEXES

Annex 1: Agenda

STRATEGIC ROUNDTABLE MEETING ON UTERINE HEALTH IN NIGERIA

Date: Thursday, July 31st, 2025
Venue: Abuja Continental Hotel, Ladi Kwali Way, Abuja, Nigeria
Time: 9.00 am – 5.00 pm

Theme: Elevating Uterine Health as a National Priority

Agenda

Background and Context

Uterine health conditions like fibroids, abnormal uterine bleeding, adenomyosis, chronic pelvic pain, endometriosis, and menopause impact millions of Nigerian women but are often excluded from national health policies and services. These chronic conditions affect women's physical, mental, and economic well-being and are frequently underdiagnosed or ignored. Fibroids alone account for nearly 30% of gynecological consultations at Nigerian tertiary hospitals, highlighting the urgent need for action. With Uterine health missing from the key national frameworks, this roundtable seeks to break the silence, mobilize political will, and catalyze solutions that position uterine health as a public health priority in Nigeria.

Strategic Objectives

7. **Make the National Case:** Position uterine health—including fibroids, abnormal uterine bleeding (AUB), adenomyosis, chronic pelvic pain, endometriosis, and menopause—as a neglected public health priority. Emphasize its widespread impact on women across the life course, and the urgent need for policy and financing integration within Nigeria's national health strategies.

8. **Unpack the Scope of Uterine Health:** Expand the understanding of uterine health beyond reproductive years to encompass hormonal, inflammatory, pain-related, and life-course conditions. Emphasize how these conditions intersect with gender equity, economic productivity, and health systems performance—and must be integrated into Nigeria's PHC, NCD, and RMNCAEH+N frameworks.

9. **Introduce the Uterine Health Fund (UHF) by Youterus:** Present the UHF as a catalytic, continental wide financing and care model designed to improve access to diagnosis, treatment (including surgery), and research. Emphasize its alignment with national priorities, potential for scalability, and relevance to strengthening primary and community-based care for women.

Time	Duration	Activity	Person Responsible
8.00 am	30mins	Team arrival	Workshop Team
8.30 am	30mins	Registration	FMOH&SW/WRA
9.00 am	5mins	National Anthem	All
9.05 am	15 mins	Self-Introduction	All (Facilitated by Aanu')
9.20 am	10mins	Welcome Address 1 Welcome Address 2	Youterus Health WRA
9.30 am	15 mins	Goodwill Messages	1. National Assembly 2. WHO Nigeria 3. Uterus Champion - Dr. Adaeze Oreh 4. Partners/INGO 5. CSO Rep
9.45 am	5mins	Opening Remarks	Dr. Binyerem Ukaire, Director & Head Dept. Family Health, FMOH&SW
9.50 am	30 mins	Presentation: Uterine Health and Its Public Health Importance	Dr. Samuel Oyeniyi, Dir. RH Division, FMOH&SW
10.20 am	10 mins	Lived experience	Chika Chime
10.30 am	45 mins	Panel discussion: *From Silence to Systems: Addressing Chronic Uterine Conditions in National Frameworks*	Moderator: Dr. Ejike Oji 1. Kaduna SMoH RH Coordinator 2. HSRC 3. SOGON 4. Academia-(MWAN) 5. UNFPA 6. Options UK (INGO)
11.15 am	30 mins	1. Group Picture 2. Tea Break	All
11.45 am	60mins	The Uterine Health Fund Model – From Pilot to National Relevance	Youterus Health
12.45 pm	20mins	Audience Q&A + Synthesis	Facilitator

		(comments)	
1.05 pm	15 mins	Opening Framing: *From Policy to Practice: Technical Enablers of Uterine Health Integration*	Dr. Ejike Oji
1.20 pm	40 mins	**Breakout Discussions – Parallel Groups:** a) Integrating Uterine Health into Policy & Service Packages in Nigeria's Health System as a Public Health Importance b) Data, Evidence & Research – Role of the Youterus Research Arm c) Innovative Financing Models – Deep Dive into the UHF	All
2.00 pm	45 minutes	Break for prayers and Lunch	All
3.00 pm	30 mins	Plenary +Consolidation	Facilitator
3.30 pm	20 mins	Next Steps and Action Plan	Facilitator
3.50 pm	30 mins	Joint review of the Recommendations	All – FMOH&SW
4.20 pm	15 mins	Housekeeping information	WRA
4.35 pm	15 mins	**1.** Vote of Thanks **2.** Closing Remarks **3.** National Pledge	**4.** Dr. Adaeze Oreh **5.** Dr Oyeniyi **6.** All
4.50 pm		Tea break and closing	**7.** All

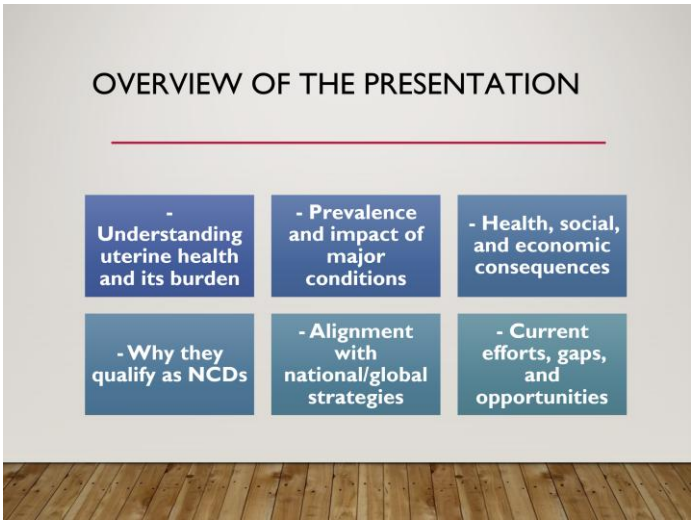
Annex 2: List of Participants

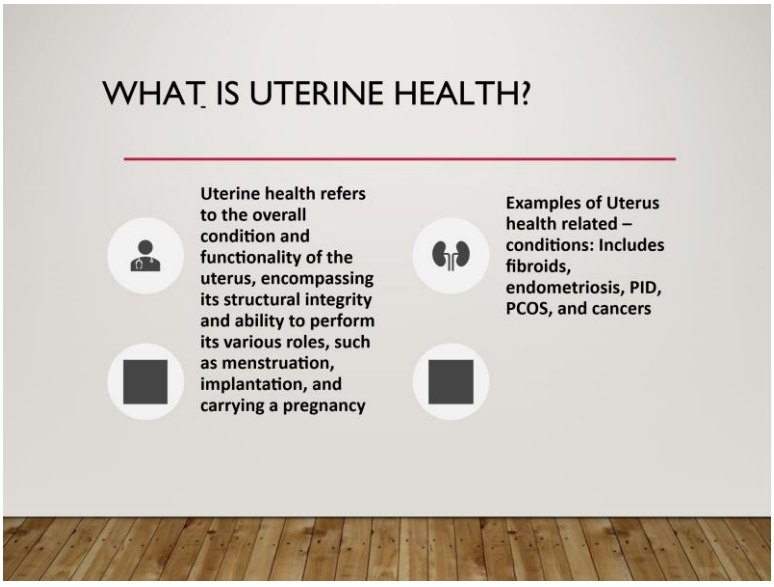
S/N	NAME	TITLE AND ORGANIZATION
Federal Ministries, Departments, and Agencies		
1.	Dr. Binyerem Ukaire	Director & Head, Department of Family Health, Federal Ministry of Health and Social Welfare (FMOH&SW)
2.	Dr. Samuel Oyeniyi	Director, Reproductive Health Division, Federal Ministry of Health and Social Welfare (FMOH&SW)
3.	Ugochukwu Alex	Head, Family Planning Division, Federal Ministry of Health and Social Welfare (FMOH&SW)
4.	Oba Justine	Executive Officer, Reproductive Health Division, Federal Ministry of Health and Social Welfare (FMOH&SW)
5.	Akawor Fidelia	Senior Nursing Officer, Federal Ministry of Health and Social Welfare (FMOH&SW)
6.	Dr. Zainab Ibrahim	Senior Medical Officer I, National Primary Health Care Development Agency (NPHCDA)
7.	Maryam Haruna Alhassan	Senior Medical Officer, National Primary Health Care Development Agency (NPHCDA)
8.	Madu Evelyn	Officer, Federal Ministry of Women Affairs (FMoWA)
9.	Nwusirike Gloria	Chief Community Development Officer, Federal Ministry of Women Affairs (FMoWA)
State Ministries & Agencies		
10.	Dr. Adaeze Oreh	Honourable Commissioner for Health, Rivers State
11.	Dr. Inuwa Jinaudu	Director, Planning, Research & Statistics, Niger State Primary Health Care Development Agency
12.	Dr. Salimah Mohammed	Reproductive Health Coordinator, Kaduna State Ministry of Health
13.	Dr. Otunmuye Kelvin	Senior Medical Programme Officer, Lagos State Ministry of Health
14.	Mairo Mustapha Satomi	Reproductive Health Coordinator, Borno State Primary Health Care Development Board (BOSPHCDB)
15.	Okoli Blessing	Monitoring & Evaluation Officer, Enugu State Ministry of Health (ESMOH)
16.	Nwankwo Maureen	Deputy Director, OAD
Office of the Presidency		
17.	Akpakwu Augustine	Technical Adviser, Public Health, Office of the Vice President (OVP)

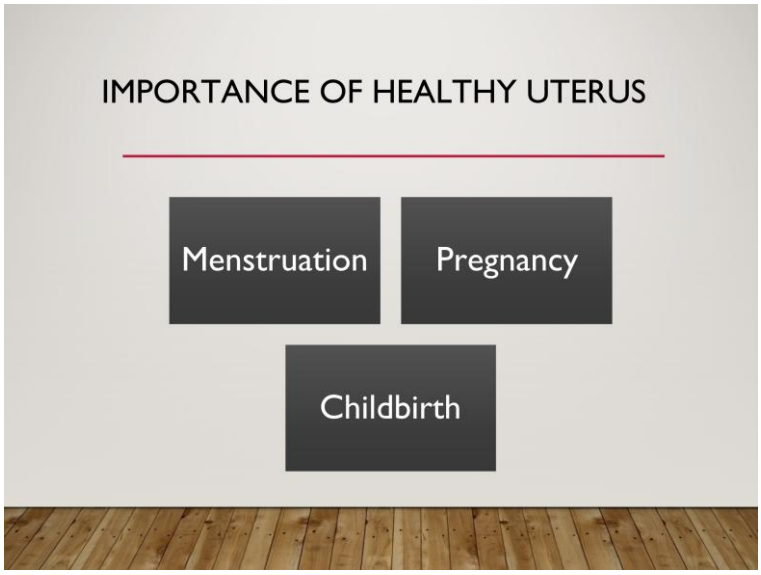
18.	Atawodi Samuel	Senior Special Assistant to the President, Women Affairs
Professional Associations, Academia, Civil Society, Development Partners & Women's Networks		
19.	Aaron Jonathan	Network of Women with Disabilities (NWD)
20.	Attah Ella	Operations & Finance, NIMC
21.	Chika Chima	Network of Women with Disabilities (NWD)
22.	Danladi Eunice	Information Officer, PCC
23.	David Agunlofi	Communications Manager, Options Nigeria
24.	Dr. Amira Adeola Sanni	Federation of Muslim Women's Associations in Nigeria (FOMWAN)
25.	Dr. Eze Nwokoma	RMNCAEH+N Lead, Society for Family Health (SFH)
26.	Dr. Ike Emedolibe	Association for the Advancement of Family Planning (AAFP)
27.	Dr. Mary Brantuo	Team Lead, ULC Cluster, WHO
28.	Dr. Ndaeyo Iwot	General Secretary, Health Sector Reform Coalition (HSRC)
29.	Dr. Sampson Ezekeanyi	Sexual and Reproductive Health, United Nations Population Fund (UNFPA)
30.	Dr. Ufuoma Festus Omo-Obi	CEO, Options Nigeria
31.	Esther Ishaya	Programme Officer, Association for Reproductive and Family Health (ARFH)
32.	Iheanyi Kalu	SBCC & Advocacy Manager, Nigerian Interfaith Action Association (NIFAA)
33.	Lois Auta	Executive Director, Network of Women with Disabilities (NWD)
34.	Muyiwa Olowoporoku	Head, Membership and Partnership, Private Sector Health Alliance of Nigeria (PHSAN)
35.	Prof. Azubuike Onyebuchi	Society of Gynecology and Obstetrics of Nigeria (SOGON)
36.	Prof. Rosemary Ogu	President, Medical Women's Association of Nigeria (MWAN)
37.	Sarratu Abomann	National Council of Women's Societies (NCWS)
38.	Uba Sabo	Programme Manager, Association for Reproductive and Family Health (ARFH)
White Ribbon Alliance Nigeria		
39.	Dr. Nanna Chidi-Emmanuel	Chair, Board of Trustees, WRA Nigeria
40.	Tonte Ibraye	Executive Director, WRA Nigeria

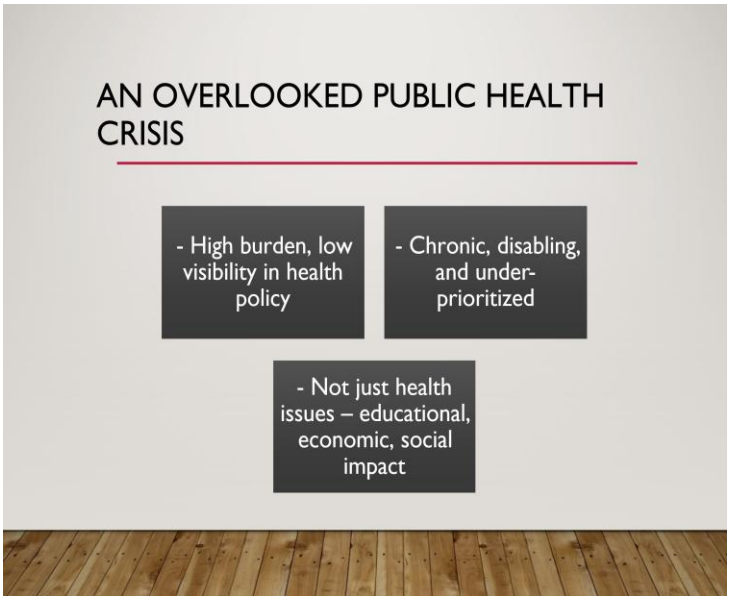
41.	Eke Eugiene	Operations Manager
42.	Omolade Ogunlela	Programs, Advocacy, and Communications Manager
43.	Achi Swata	Monitoring & Evaluation Officer
44.	Bright Golden	Operations Assistant
45.	Joseph Attah	Finance Manager
46.	Oyare Oche	Media and Communications Officer
Youterus Health		
47.	Fatou Wurie	CEO, Youterus Health
48.	Julie Otieno	COO, Youterus Health
Media Organizations		
49.	Emmanuel Babajide	234 Media
50.	Joseph Erunke	Reporter, Vanguard
51.	Olatunji Olalekan	Arise TV
52.	Bassy Ita	NTA
53.	Isah Usman	NTA
54.	Joseph Kadiri	ITV
55.	Laide Akinbode	Daily Asset
56.	Irene Okechukwu	Rapit TV
57.	Ijeoma Nwoni	FRCN
58.	Alizabeth Kasham	Aso Radio
59.	Micheal Adeleke	Zenith Brand
Facilitation & Documentation Team		
60.	Dr. Ejike Oji	FP2030 Focal Point / Technical Expert
61.	Aanu Rotimi	Centre for Accountability and Inclusive Development (CAAID) / Lead Consultant (Facilitator)
62.	Edirin Aderemi	Knowledge Management Expert/ Rapporteur (facilitator)

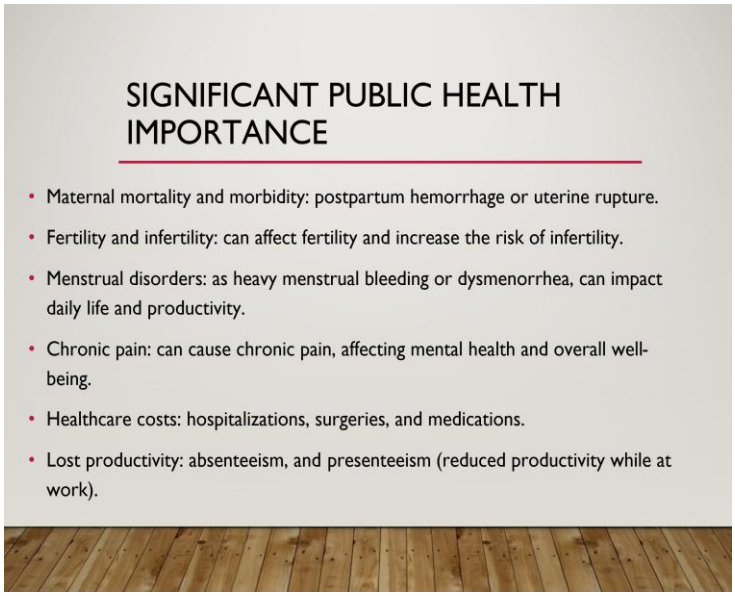
Annex 3: Presentation: Uterine Health and Its Public Health Importance – Presented by Dr. Samuel Oyeniyi, Director & Head, Reproductive Health Division, Department of Family Health, FMOH&SW.

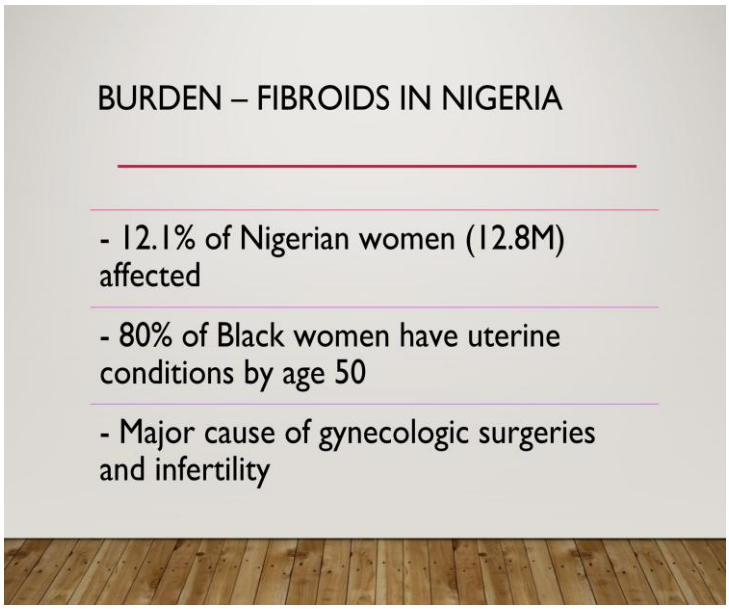


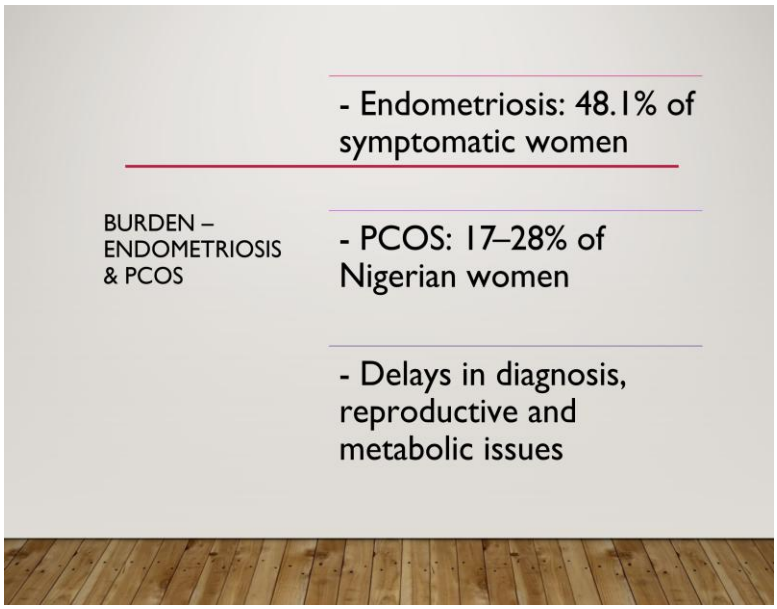





AN OVERLOOKED PUBLIC HEALTH CRISIS
- High burden, low visibility in health policy
- Chronic, disabling, and under-prioritized
- Not just health issues – educational, economic, social impact


SIGNIFICANT PUBLIC HEALTH IMPORTANCE
• Maternal mortality and morbidity: postpartum hemorrhage or uterine rupture.
• Fertility and infertility: can affect fertility and increase the risk of infertility.
• Menstrual disorders: as heavy menstrual bleeding or dysmenorrhea, can impact daily life and productivity.
• Chronic pain: can cause chronic pain, affecting mental health and overall well-being.
• Healthcare costs: hospitalizations, surgeries, and medications.
• Lost productivity: absenteeism, and presenteeism (reduced productivity while at work).


BURDEN – FIBROIDS IN NIGERIA
- 12.1% of Nigerian women (12.8M) affected
- 80% of Black women have uterine conditions by age 50
- Major cause of gynecologic surgeries and infertility


BURDEN – ENDOMETRIOSIS & PCOS
- Endometriosis: 48.1% of symptomatic women
- PCOS: 17–28% of Nigerian women
- Delays in diagnosis, reproductive and metabolic issues

BURDEN- PID

- PID prevalence globally – about **116 per 100,000** women as of 2019.
- **major cause of infertility** in Nigeria due to scarring of the fallopian tubes.
- It also causes chronic pelvic pain and increases risk of dangerous ectopic pregnancies. – contributing to maternal mortality

BURDEN- UTERINE CANCER

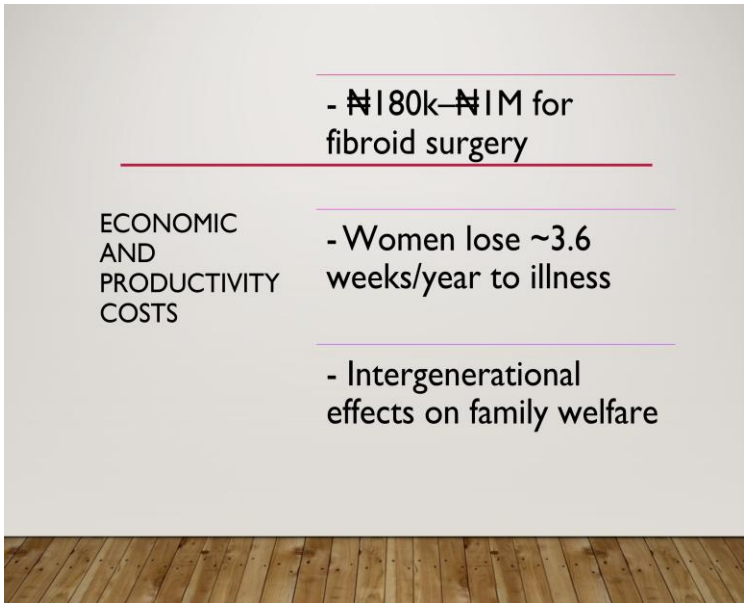
- **Cervical Cancer 2nd most common cancer** among women in Nigeria
- the **leading cause of female cancer deaths** in our region
- Nigeria contributes significantly – an estimated **13,000+ new cases and ~8,000 deaths per year**, with an incidence ~26 per 100,000 (double the global average).

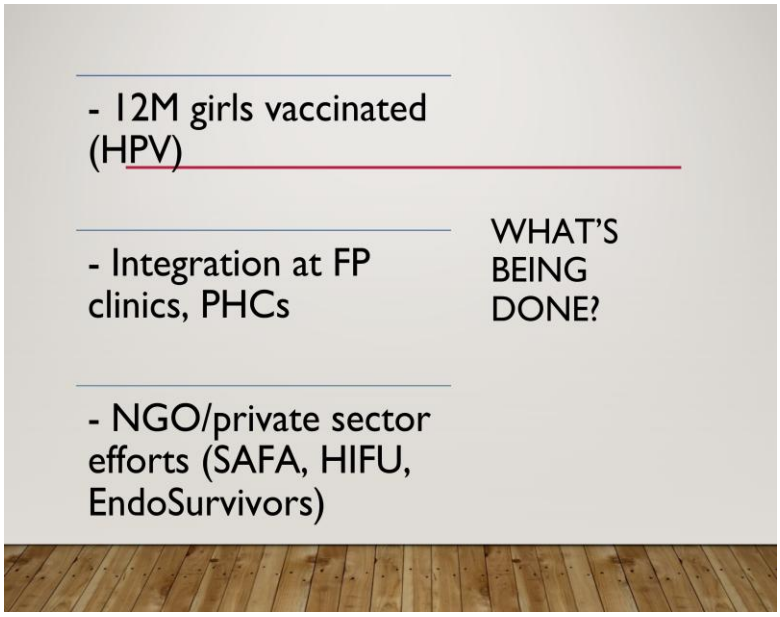
IMPORTANCE OF UTERINE HEALTH

- Reproductive well-being: Uterine health is critical for reproductive well-being and fertility.
- 2. Quality of life: Uterine health issues can significantly impact a woman's quality of life, causing pain, discomfort, and emotional distress.

MAINTAINING UTERINE HEALTH

- Regular check-ups: Annual gynecological exams and screenings can help detect uterine health issues early.
- 2. Healthy lifestyle: Maintaining a healthy weight, exercising regularly, and managing stress can support uterine health.
- 3. Hormone balance: Hormonal balance is essential for uterine health, and any imbalances can lead to issues like irregular periods or fertility problems.

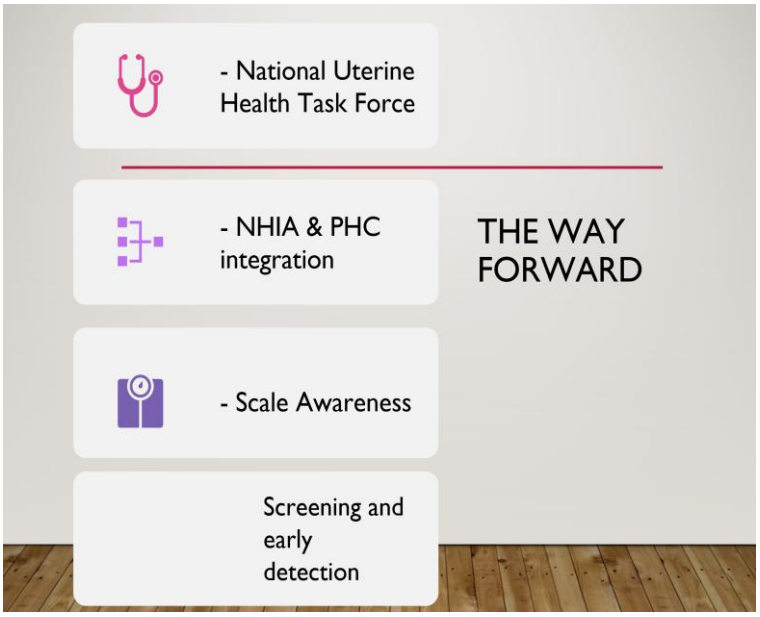

- ₦180k–₦1M for fibroid surgery
ECONOMIC AND PRODUCTIVITY COSTS
- Women lose ~3.6 weeks/year to illness
- Intergenerational effects on family welfare

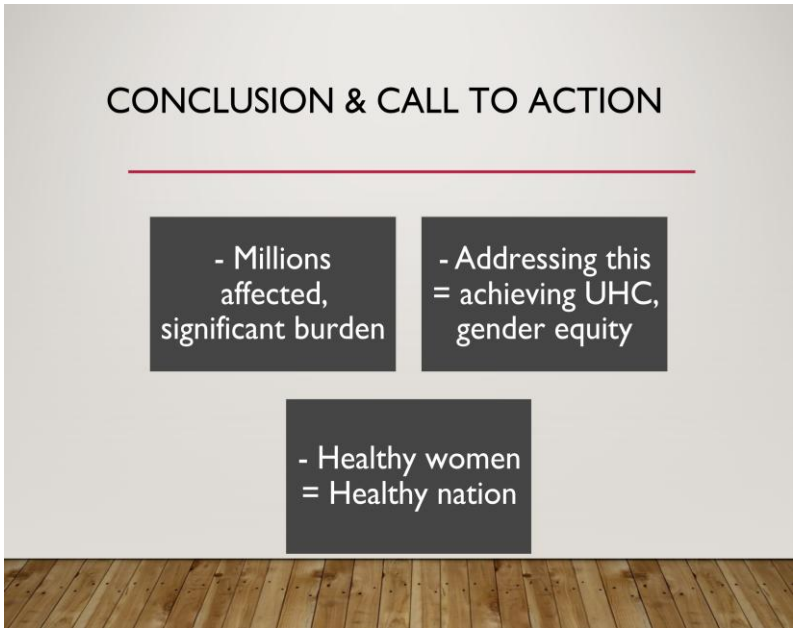

- 12M girls vaccinated (HPV)
- Integration at FP clinics, PHCs
- NGO/private sector efforts (SAFA, HIFU, EndoSurvivors)
WHAT'S BEING DONE?


INVESTMENT CASE – HEALTH AND ECONOMIC RETURNS
- $1 = $9 return (WHO/GFF)
- Saves healthcare costs, boosts productivity
- Resilience, growth, and human capital

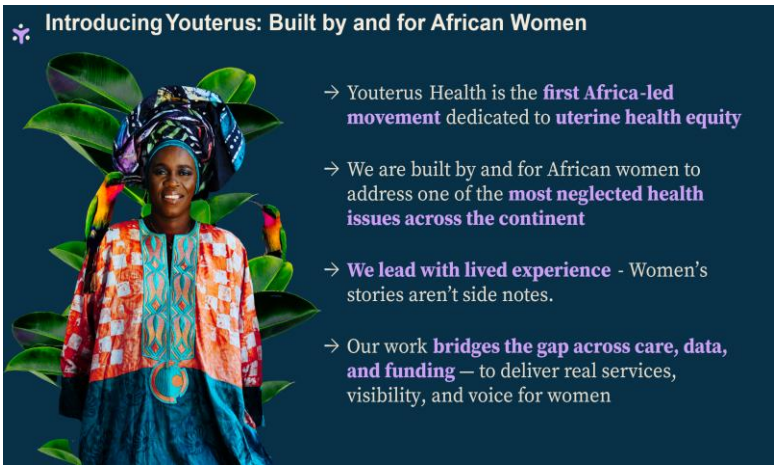
s

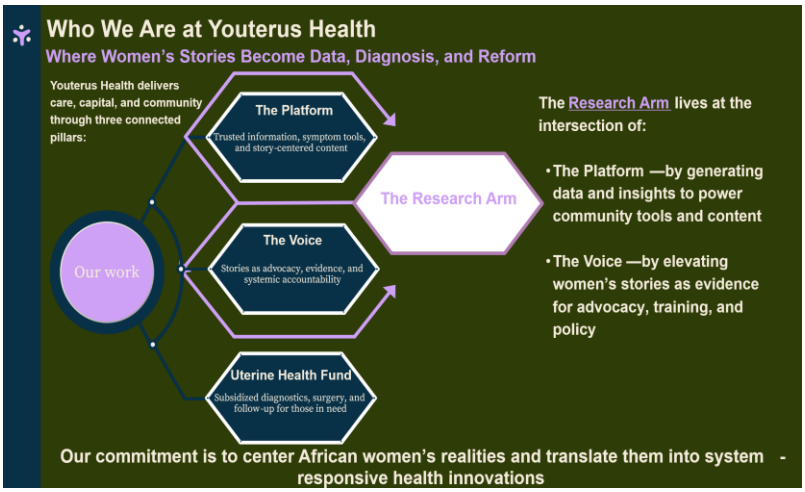

ALIGNMENT WITH NATIONAL HEALTH PLANS
- NCD Plan, PHC Revitalization, RMNCAEH+N?
- SDG 3: Health; SDG 5: Gender Equality
- Integrates across life course

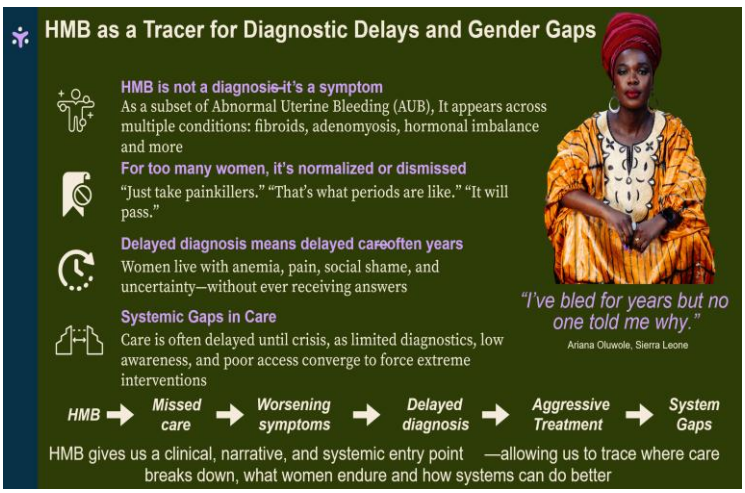

- National Uterine Health Task Force
- NHIA & PHC integration
THE WAY FORWARD
- Scale Awareness
Screening and early detection

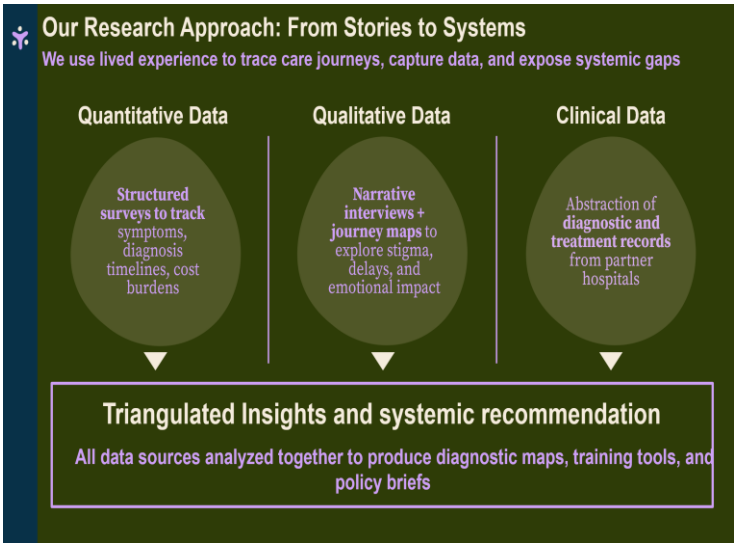

CONCLUSION & CALL TO ACTION
- Millions affected, significant burden
- Addressing this = achieving UHC, gender equity
- Healthy women = Healthy nation

Annex 4: Presentation: The Uterine Health Fund Model – From Pilot to National Relevance – Presented by the Youterus Team: Fatou Wurie, Chief Executive Officer & and Julie Otieno, Chief Operating Officer

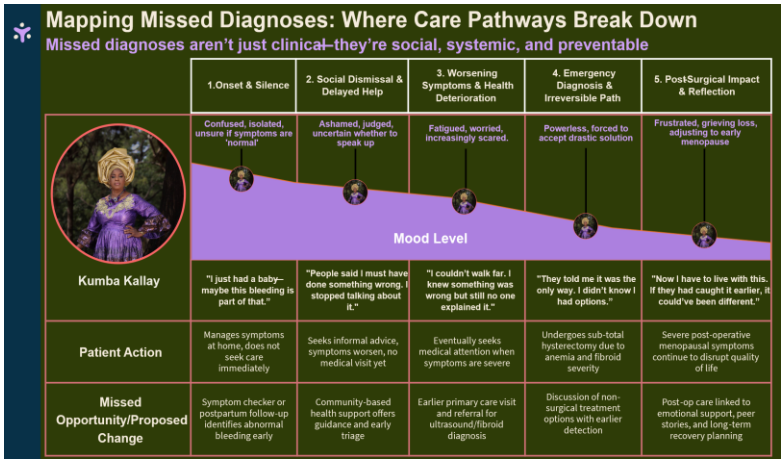


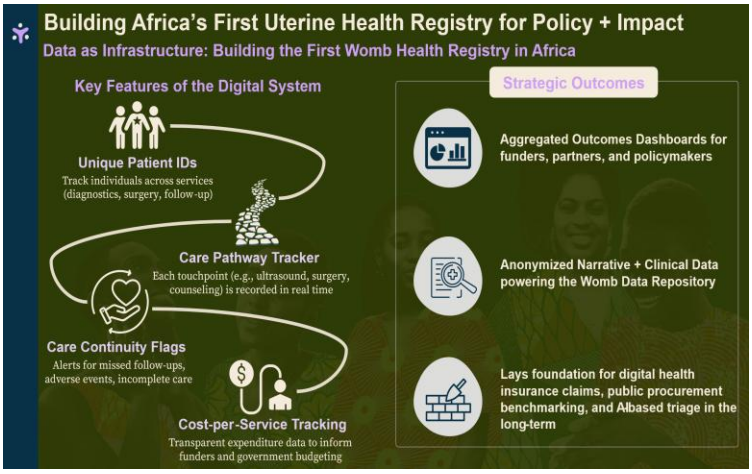




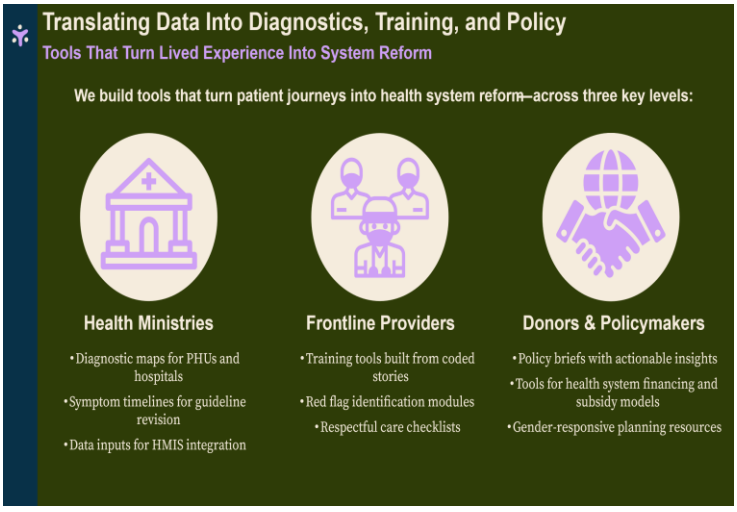

Our Research Approach: From Stories to Systems
We use lived experience to trace care journeys, capture data, and expose systemic gaps
Quantitative Data
Structured surveys to track symptoms, diagnosis timelines, cost burdens
Qualitative Data
Narrative interviews + journey maps to explore stigma, delays, and emotional impact
Clinical Data
Abstraction of diagnostic and treatment records from partner hospitals
Triangulated Insights and systemic recommendation
All data sources analyzed together to produce diagnostic maps, training tools, and policy briefs

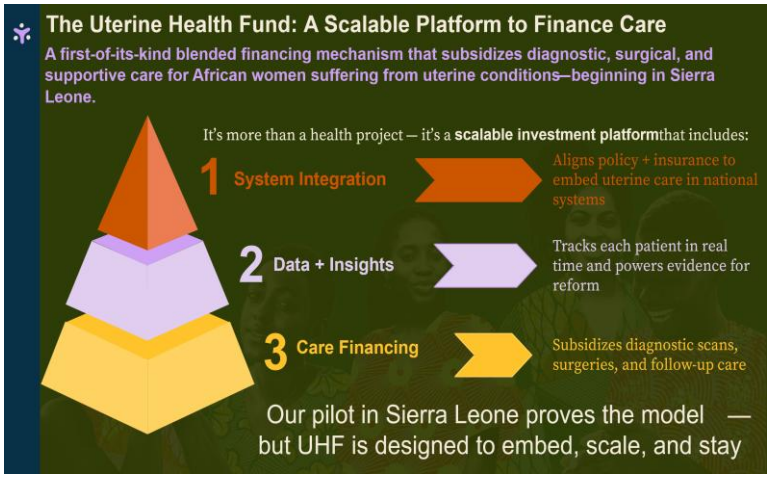

What Women Are Telling Us: Early Themes from the Field
Lived experiences reveal what systems miss and what women endure
"It was the same cycle of very hurtful periods three, four months of continuous heavy bleeding"
Ariana Oluwole
"The only sign I noticed was the bleeding. Severe abdominal cramps backache.. jogging my menstrual flow every month. "
Kumba Kallay
"I was having bleeding every month, every day for three months This was literally my teenage years, just being worried about what's going on, giving money to pastors in church, hoping the bleeding would stop "
Mamamwa Kaikai
Nurse Kumba Kalley
UnMute The Womb
The relationship with my womb, I have had bad experience towards myself. Because
WHAT WE HEARD
1 Dismissal of concerns by providers: "It's normal pain. Manage it."
2 Emotional harm and stigma: Shame around blood, silence around symptoms
3 Financial strain: Paying for repeated visits, scans, or self-medication
4 Delayed recognition of abnormal bleeding: "It's just your period."
5 Lack of diagnosis despite repeat visits


Mapping Missed Diagnoses: Where Care Pathways Break Down
Missed diagnoses aren't just clinical they're social, systemic, and preventable
1.Onset & Silence
2. Social Dismissal & Delayed Help
3. Worsening Symptoms & Health Deterioration
4. Emergency Diagnosis & Irreversible Path
5. Post-Surgical Impact & Reflection
Confused, isolated, unsure if symptoms are 'normal'
Ashamed, judged, uncertain whether to speak up
Fatigued, worried, increasingly scared.
Powerless, forced to accept drastic solution
Frustrated, grieving loss, adjusting to early menopause
Mood Level
Kumba Kallay
"I just had a baby maybe this bleeding is part of that."
"People said I must have done something wrong. I stopped talking about it."
"I couldn't walk far. I knew something was wrong but still no one explained it."
"They told me it was the only way. I didn't know I had options."
"Now I have to live with this. If they had caught it earlier, it could've been different."
Patient Action
Manages symptoms at home, does not seek care immediately
Seeks informal advice, symptoms worsen, no medical visit yet
Eventually seeks medical attention when symptoms are severe
Undergoes sub-total hysterectomy due to anemia and fibroid severity
Severe post-operative menopausal symptoms continue to disrupt quality of life
Missed Opportunity/Proposed Change
Symptom checker or postpartum follow-up identifies abnormal bleeding early
Community-based health support offers guidance and early triage
Earlier primary care visit and referral for ultrasound/fibroid diagnosis
Discussion of non-surgical treatment options with earlier detection
Post-op care linked to emotional support, peer stories, and long-term recovery planning

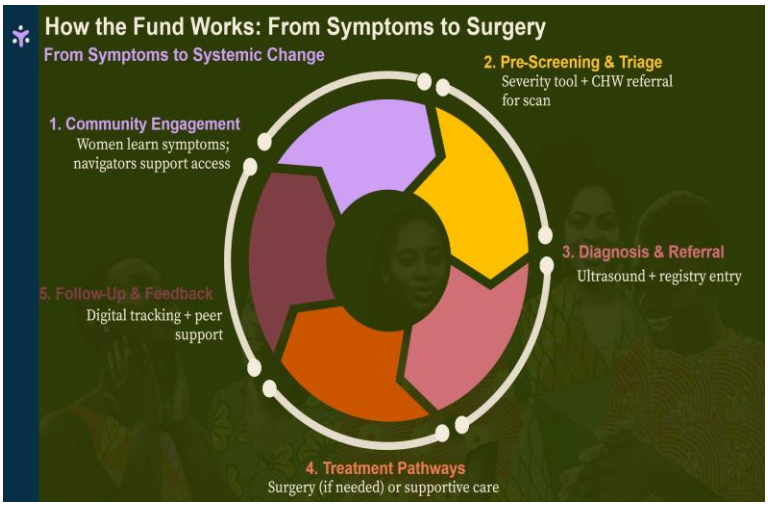

Building Africa's First Uterine Health Registry for Policy + Impact
Data as Infrastructure: Building the First Womb Health Registry in Africa
Key Features of the Digital System
Unique Patient IDs
Track individuals across services (diagnostics, surgery, follow-up)
Care Pathway Tracker
Each touchpoint (e.g., ultrasound, surgery, counseling) is recorded in real time
Care Continuity Flags
Alerts for missed follow-ups, adverse events, incomplete care
Cost-per-Service Tracking
Transparent expenditure data to inform funders and government budgeting
Strategic Outcomes
Aggregated Outcomes Dashboards for funders, partners, and policymakers
Anonymized Narrative + Clinical Data powering the Womb Data Repository
Lays foundation for digital health insurance claims, public procurement benchmarking, and AI-based triage in the long-term

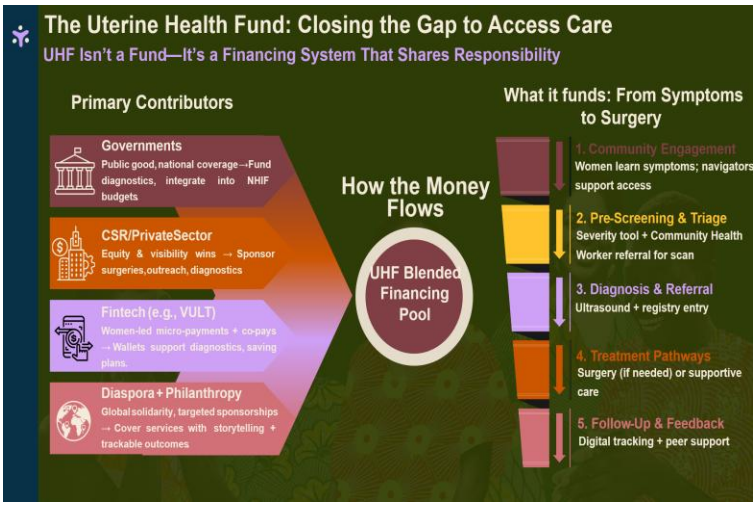

Narrative Evidence Driving System Reform
Lived Experience as Health System Evidence data, diagnostic tools, and system insights
Stories
Themes
System Tools
1 Stories → Themes
Thematic coding reveals patterns: misdiagnosis, disrespect, delayed care, financial barriers
2 Themes → System Tools
Stories inform:
• Provider training modules
• Referral pathway redesign
• Policy briefs and decision-making frameworks
Our methodology treats stories as valid evidence equal to surveys and clinical records

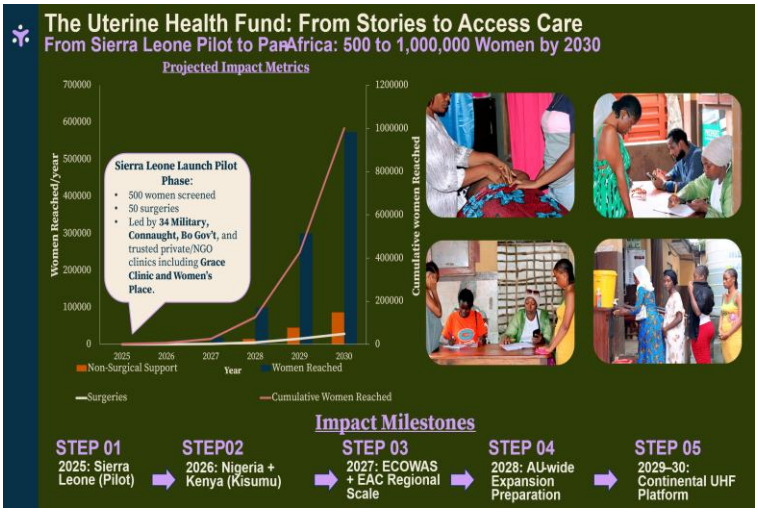

Translating Data Into Diagnostics, Training, and Policy
Tools That Turn Lived Experience Into System Reform
We build tools that turn patient journeys into health system reform across three key levels:
Health Ministries
• Diagnostic maps for PHUs and hospitals
• Symptom timelines for guideline revision
• Data inputs for HMIS integration
Frontline Providers
• Training tools built from coded stories
• Red flag identification modules
• Respectful care checklists
Donors & Policymakers
• Policy briefs with actionable insights
• Tools for health system financing and subsidy models
• Gender-responsive planning resources

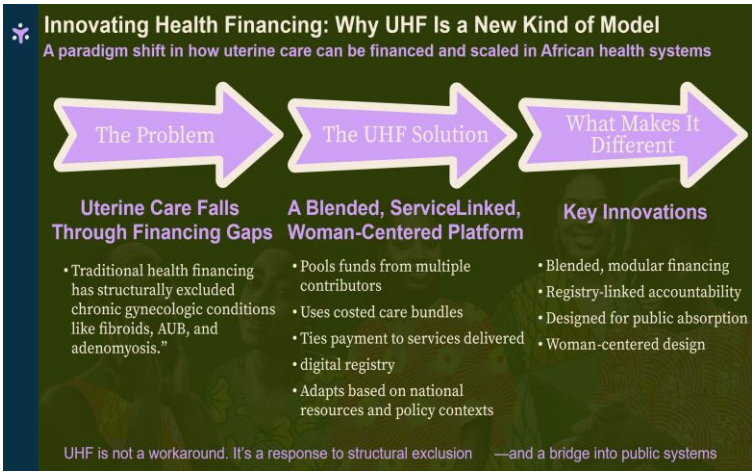

The Uterine Health Fund: A Scalable Platform to Finance Care
A first-of-its-kind blended financing mechanism that subsidizes diagnostic, surgical, and supportive care for African women suffering from uterine conditions—beginning in Sierra Leone.
It's more than a health project — it's a scalable investment platformthat includes:
1 System Integration
Aligns policy + insurance to embed uterine care in national systems
2 Data + Insights
Tracks each patient in real time and powers evidence for reform
3 Care Financing
Subsidizes diagnostic scans, surgeries, and follow-up care
Our pilot in Sierra Leone proves the model — but UHF is designed to embed, scale, and stay

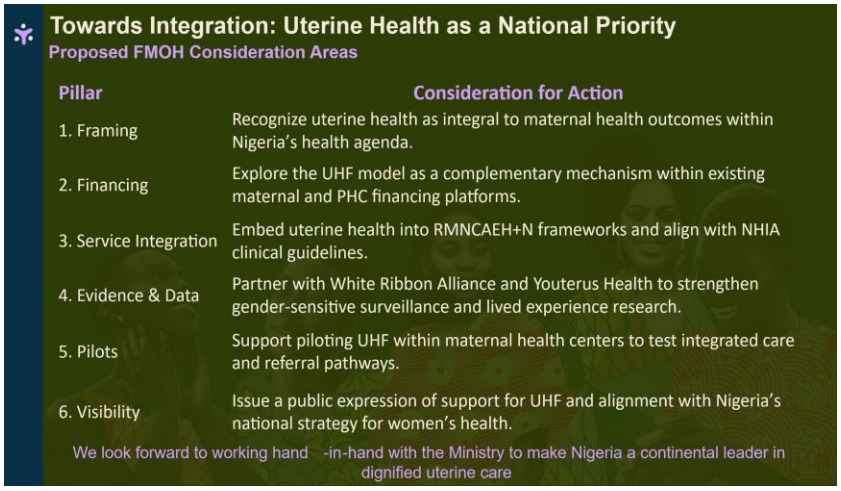

Sierra Leone Launch Phase (2025)
Laying the groundwork for regional scale
Launch Objectives
Provide subsidized screening, diagnostics, and surgeries for women with urgent uterine health needs
Capture clinical, narrative, and access data to inform policy and fund expansion
Build public visibility and national alignment around uterine care
Target Outcomes
500 women screened for uterine conditions
50 surgeries subsidized through UHF
Digital intake, symptom tracking, and follow-up testing integrated through pilot platform
Community & Clinical Partners
Led by 34 Military, Connaught, Bo Gov't, and trusted private/NGO clinics including Grace Clinic and Women's Place
Timeline
Launch: July 2025
Screenings & Surgeries: July-December 2025
Evaluation & Reporting: January-March 2026


How the Fund Works: From Symptoms to Surgery
From Symptoms to Systemic Change
1. Community Engagement
Women learn symptoms; navigators support access
2. Pre-Screening & Triage
Severity tool + CHW referral for scan
3. Diagnosis & Referral
Ultrasound + registry entry
4. Treatment Pathways
Surgery (if needed) or supportive care
5. Follow-Up & Feedback
Digital tracking + peer support


The Uterine Health Fund: Closing the Gap to Access Care
UHF Isn't a Fund—It's a Financing System That Shares Responsibility
Primary Contributors
Governments
Public good, national coverage→Fund diagnostics, integrate into NHIF budgets
CSR/PrivateSector
Equity & visibility wins → Sponsor surgeries, outreach, diagnostics
Fintech (e.g., VULT)
Women-led micro-payments + co-pays → Wallets support diagnostics, saving plans.
Diaspora + Philanthropy
Global solidarity, targeted sponsorships → Cover services with storytelling + trackable outcomes
How the Money Flows
UHF Blended Financing Pool
What it funds: From Symptoms to Surgery
1. Community Engagement
Women learn symptoms; navigators support access
2. Pre-Screening & Triage
Severity tool + Community Health Worker referral for scan
3. Diagnosis & Referral
Ultrasound + registry entry
4. Treatment Pathways
Surgery (if needed) or supportive care
5. Follow-Up & Feedback
Digital tracking + peer support


The Uterine Health Fund: From Stories to Access Care
From Sierra Leone Pilot to PanAfrica: 500 to 1,000,000 Women by 2030
Projected Impact Metrics
Sierra Leone Launch Pilot Phase:
500 women screened
50 surgeries
Led by 34 Military, Connaught, Bo Gov't, and trusted private/NGO clinics including Grace Clinic and Women's Place.
Women Reached/year
Cumulative women Reached
Year
Non-Surgical Support
Women Reached
Surgeries
Cumulative Women Reached
Impact Milestones
STEP 01
2025: Sierra Leone (Pilot)
STEP02
2026: Nigeria + Kenya (Kisumu)
STEP 03
2027: ECOWAS + EAC Regional Scale
STEP 04
2028: AU-wide Expansion Preparation
STEP 05
2029–30: Continental UHF Platform


Innovating Health Financing: Why UHF Is a New Kind of Model
A paradigm shift in how uterine care can be financed and scaled in African health systems
The Problem
Uterine Care Falls Through Financing Gaps
• Traditional health financing has structurally excluded chronic gynecologic conditions like fibroids, AUB, and adenomyosis."
The UHF Solution
A Blended, ServiceLinked, Woman-Centered Platform
• Pools funds from multiple contributors
• Uses costed care bundles
• Ties payment to services delivered
• digital registry
• Adapts based on national resources and policy contexts
What Makes It Different
Key Innovations
• Blended, modular financing
• Registry-linked accountability
• Designed for public absorption
• Woman-centered design
UHF is not a workaround. It's a response to structural exclusion —and a bridge into public systems


Towards Integration: Uterine Health as a National Priority
Proposed FMOH Consideration Areas
Pillar
Consideration for Action
1. Framing
Recognize uterine health as integral to maternal health outcomes within Nigeria's health agenda.
2. Financing
Explore the UHF model as a complementary mechanism within existing maternal and PHC financing platforms.
3. Service Integration
Embed uterine health into RMNCAEH+N frameworks and align with NHIA clinical guidelines.
4. Evidence & Data
Partner with White Ribbon Alliance and Youterus Health to strengthen gender-sensitive surveillance and lived experience research.
5. Pilots
Support piloting UHF within maternal health centers to test integrated care and referral pathways.
6. Visibility
Issue a public expression of support for UHF and alignment with Nigeria's national strategy for women's health.
We look forward to working hand -in-hand with the Ministry to make Nigeria a continental leader in dignified uterine care


youterus
Together, we will build what should have always existed: early, accessible, and dignified uterine care.
Learn More
WWW.YOUTERUSHEALTH.ORG
CEO: fwurie@youterushealth.com
COO: jotieno@youterushealth.com

Annex 5: Advancing Uterine Health in Nigeria: Recommendations and Actions for Policy Integration and Health System Strengthening

Executive Summary

Uterine health conditions, encompassing a wide range of issues such as fibroids, abnormal uterine bleeding, endometriosis, and adenomyosis, represent a significant but often overlooked public health burden in Nigeria. These conditions impact millions of women, leading to chronic pain, reduced quality of life, and substantial economic costs, yet they remain largely excluded from national health policies and services. The strategic roundtable reaffirmed that the advancement of uterine health is fundamental to the overall well-being, reproductive rights, and quality of life of Nigerian women and individuals with a uterus.

The deliberations of the roundtable have identified a critical set of systemic and structural challenges, including a lack of population-based epidemiological data, the absence of dedicated budget lines and national policies, and the fragmentation of care across the health system. These gaps have created a vicious cycle of neglect where the true prevalence and economic burden of these conditions are unknown, leading to underfunding and inadequate services.

The recommendations highlight key discussions from the roundtable with actionable sets of strategic interventions. It proposes a multi-faceted approach centered on recognizing uterine health as a distinct unit under the existing RMNCAEH+N framework. The core recommendations include:

1. Leveraging existing national health information systems like the National Health Management Information System (NHMIS) and Community-Based Health Management Information System (CBH MIS) to capture crucial data.
2. Influencing the National Health Insurance Authority (NHIA) to ensure essential tests and treatments are covered; and
3. Formalizing two-way referral systems and standardizing clinical definitions to improve the quality of care.

Successful implementation will require a broad-based, multi-sectoral coalition involving the following:

1. Federal Ministry of Health and Social Welfare
2. Professional bodies like the Medical Women's Association of Nigeria (MWAN), Society of Gynecology and Obstetrics of Nigeria (SOGON), and academic institutions
3. Key non-traditional partners such as the Nigerian Governors' Forum and traditional leaders.

The strategic recommendations outlined provide a clear, evidence-based roadmap to transform a long-overlooked issue into a prioritized, well-resourced, and integrated component of Nigeria's commitment to Universal Health Coverage (UHC).

1. The Unaddressed Burden: A Case for Uterine Health as a National Priority

1.1. Context and Background: The Invisible Epidemic of Uterine Conditions

Uterine health conditions, which include a broad spectrum of disorders from common fibroids to more complex cases of endometriosis and chronic pelvic pain, significantly diminish the health and quality of life for millions of Nigerian women. While these conditions are pervasive, they are often relegated to the periphery of national health policy, leading to a profound disconnect between the lived reality of patients and the formal healthcare system. The strategic roundtable meeting highlighted that this oversight results in many women silently enduring debilitating chronic pain, a testament to the societal trivialization of this public health issue. The normalization of pain and the lack of awareness contribute to delays in diagnosis, with conditions like uterine fibroids often taking one to three years of symptoms before a patient seeks or receives appropriate care. This systematic neglect is not merely a policy gap but a deeper socio-cultural issue where the suffering of women with these conditions is often dismissed or stigmatized. Consequently, any effective intervention must go beyond clinical guidelines to include comprehensive public awareness campaigns that actively address stigma and validate the experiences of individuals with uterine health challenges.

The central theme emerging from the roundtable was the imperative of integrating uterine health into existing national health policies and frameworks, particularly within the context of Universal Health Coverage (UHC) and Reproductive, Maternal, Newborn, Child, Adolescent, Elderly Health + Nutrition (RMNCAEH+N) strategies. This integration is viewed as the most sustainable pathway to ensure that uterine health is no longer an afterthought but a foundational pillar of comprehensive care.

1.2. The Systemic and Socio-Economic Challenges: A Causal Chain of Neglect

The current state of uterine health in Nigeria is characterized by a series of interconnected challenges that reinforce a cycle of neglect. A foundational issue is the notable absence of a national population-based epidemiological survey focused on uterine health. Without robust, quantitative data on the prevalence of these conditions, it is impossible to accurately measure their actual burden on the population. This data deficiency has direct and severe consequences. A lack of reliable prevalence data, coupled with the absence of cost-of-illness studies, makes it extremely difficult to build a compelling economic case for resource allocation. This inability to quantify the economic burden leads directly to the absence of a dedicated budget line for uterine health and its invisibility within the benefit package of the National Health Insurance Authority (NHIA).

The financial and policy constraints, in turn, directly impact the delivery of care. They result in chronic underfunding, limited human resources, and inadequate access to essential medicines and equipment at all levels of the health system. For example, the systemic underdiagnosis of endometriosis persists due to the high cost and invasiveness of laparoscopy, compounded by limited awareness among both patients and healthcare providers. This causal chain demonstrates that the problem is not a set of isolated issues but a complex, self-perpetuating system where the lack of evidence prevents funding, which in turn perpetuates the lack of services and further delays diagnosis. Breaking this cycle requires a strategic and foundational investment in data generation and policy integration.

The following table provides a clear visualization of the key challenges identified during the roundtable and the **recommended strategic interventions** required to address them.

Table 1: Key Challenges vs. Proposed Recommendations

Key Challenge	Proposed Solution & Recommendation
Data Gaps: Absence of population-based epidemiological data and cost-of-illness studies.	Conduct national epidemiological surveys and cost-of-illness studies to generate evidence for informed decision-making. Integrate uterine health indicators into existing platforms, such as NHMIS, CBH MIS, and NDHS, to avoid duplication and improve efficiency.
Delayed Diagnosis: For conditions like uterine fibroids (1-3 years of symptoms) and endometriosis.	Standardize the definition of abnormal uterine bleeding and develop clear Standard Operating Procedures (SOPs) for its management. Strengthen awareness campaigns at the community level.
Lack of Funding: Absence of a dedicated budget line for uterine health.	Influence state-level strategic and budgetary planning to include uterine health as a priority area. Ensure uterine health is explicitly included in national health budgets and strategic plans.

Inadequate Financial Coverage: Not captured in the current NHIA benefit package.	Engage the NHIA to formally include essential uterine health tests and treatments in its benefit package.
Weak Two-Way Referral System: Most services are unavailable at the PHC level.	Formalize and reinforce the two-way referral system specifically for uterine care, building a coherent network from PHC to tertiary care.
Policy and Guideline Gaps: Nonexistence of national policies and clear standards.	The Federal Ministry of Health and Social Welfare should lead the process of integrating policies and guidelines on uterine health into key national frameworks.

RECOMMENDATIONS AND STRATEGIC ACTIONS

2. A Strategic Framework for Uterine Health Integration

2.1. Overall Policy Integration: Elevating Uterine Health within RMNCAEH+N

A critical recommendation from the strategic roundtable was the inclusion of uterine health within the technical working group agenda for RMNCAEH+N. This proposal is strategically refined by the recommendation to recognize uterine health as a "distinct unit" under the broader RMNCAEH+N framework. This distinction is paramount. Simply including uterine health as an agenda item risks it being treated as a secondary concern, competing for limited time and resources with more established priorities like maternal and newborn health. By elevating it to a distinct unit, the framework acknowledges the unique complexity and burden of these chronic conditions, providing the necessary visibility and political weight to justify dedicated policies, budget lines, and a specific technical working group. This strategic framing is not merely a semantic change; it is a paradigm shift that ensures uterine health receives the sustained focus required for effective, long-term interventions.

The Federal Ministry of Health and Social Welfare is identified as the lead entity to drive this process, ensuring that policies and guidelines are systematically integrated into key national frameworks, including the National Demographic and Health Survey (NDHS).

2.2. Leveraging National Frameworks for Policy and Financing

2.2.1. The Role of the NHIA: Ensuring Financial Access to Care

The roundtable identified that uterine health is not visibly captured within the current benefit package of the National Health Insurance Authority (NHIA), which severely impedes access to essential care. A core recommendation is to formally engage the NHIA to ensure that insurance policies cover essential uterine health tests and treatments. Policy and financial allocation are mutually dependent. The absence of national policies and clear clinical guidelines makes it challenging to justify a dedicated budget line within the insurance authority. Conversely, without funding, the policy remains an abstract document with no practical impact on service delivery. The Federal Ministry of Health's leadership in integrating policy and guidelines provides the necessary framework that, in turn, empowers the NHIA to formalize coverage and ensures that individuals can access care without catastrophic out-of-pocket expenditure.

2.2.2. Mainstreaming into National Health Budgets

For sustainable change, it is essential that the national-level policy reforms are mirrored at the subnational level. The recommendation is to influence state-level strategic and budgetary planning to include uterine health as a priority area. This also underscores the importance of allocating adequate and sustainable financial resources for uterine health programs and services and ensuring these are explicitly included in national health budgets and strategic plans. This multi-level approach ensures that a national policy framework is supported by specific and visible financial commitments from both federal and state governments.

3. Health Systems Strengthening and Capacity Building

3.1. Standardizing Care and Formalizing Pathways

3.1.1. Standardization and SOPs: The Missing Prerequisite

A critical gap identified is the absence of a standardized definition of abnormal uterine bleeding and the need to develop clear Standard Operating Procedures (SOPs) for its management. This omission is highly significant. The lack of a standardized definition for a common condition like Abnormal Uterine Bleeding (AUB) is a significant barrier to effective data collection and quality of care. It is impossible to accurately measure the prevalence of a condition or track treatment outcomes if different healthcare providers use different diagnostic criteria. This lack of standardization makes it impossible to integrate meaningful data into national information systems or to establish clear quality metrics. The standardization of clinical definitions and the development of SOPs are not just supplementary recommendations; they are a non-negotiable prerequisite for a functional, evidence-based, and measurable uterine health program.

3.1.2. Strengthening the Two-Way Referral System: Building a Coherent Network

There was emphasis on the need to strengthen the two-way referral system as a method to address the service provision constraints at the Primary Health Care (PHC) level. This general recommendation is made more actionable by the call to formalize and reinforce the existing referral process, specifically for uterine care. Formalizing the system entails creating clear, written protocols that outline when and how to refer a patient, as well as the services available at each level of care. This formalization directly addresses the issue of delayed diagnoses by creating a reliable, predictable pathway for patients. It also introduces a layer of accountability, as it becomes possible to track whether referrals are being followed and whether services are being provided at the secondary and tertiary levels. This formal process is essential for ensuring that PHC centers, acting as the first point of contact, can effectively guide patients to the appropriate specialized care they need. The following table illustrates a proposed referral pathway.

Table 2: Proposed Referral Pathway for Uterine Care

Level of Care	Role and Services	Key Activities
Primary Health Care (PHC)	First point of contact.	Public awareness, screening for common conditions (e.g., AUB), and basic diagnosis. Two-way referrals to secondary facilities for patients with suspected conditions requiring specialized care.
Secondary Care	Initial specialist consultation and diagnosis.	Advanced diagnostic procedures (e.g., ultrasound). Initial treatment for common conditions. Referral to tertiary care for complex cases.
Tertiary Care	Specialized and advanced care.	Advanced surgical interventions (e.g., myomectomy, hysterectomy). Management of complex conditions like endometriosis. Advanced diagnostics and research.

3.2. Training and Curriculum

A core component of health system strengthening involves improving the capacity of healthcare providers. Recommendation to revise the training curriculum for nurses, midwives, and Community Health Extension Workers (CHEWs) to include comprehensive uterine health modules was highlighted. Additionally, providing ongoing training and professional development opportunities will keep healthcare providers up to date on the latest advances in uterine healthcare and proper referral protocols. This capacity building is essential to ensure that the workforce is equipped to handle the increased demand for services that will result from successful awareness campaigns.

4. Data-Driven Insights and Evidence-Based Advocacy

4.1. Bridging the Data Gaps

The absence of population-based epidemiological and cost-of-illness studies is a fundamental barrier to progress. Recommendations include the use of population-based epidemiological studies to determine the prevalence of uterine conditions and cost-of-illness studies to measure the economic burden. It will also evaluate the availability of current diagnostic and treatment services across all levels of healthcare (primary, secondary, and tertiary) and analyze health-seeking behaviors. This evidence will serve as the foundation for national policy, program design, and advocacy efforts.

4.2. Data Integration and Innovation

4.2.1. Leveraging Existing Platforms: The Pragmatic Approach

Rather than creating new data systems, a highly pragmatic approach is to integrate uterine health indicators into existing platforms like the NHMIS and CBH MIS. Creating a new, standalone data system would be costly, slow, and would likely lead to data silos. Recommendations emphasized the need to integrate a few key indicators into existing, widely used platforms, leveraging existing infrastructure, technical capacity, and data collection routines. This approach will drastically reduce implementation time and cost, increase the likelihood of data consistency, and ensure that uterine health is seen as an integral part of the national health landscape rather than a temporary project.

Table 3: Proposed Uterine Health Indicators for National Health Information Systems

Proposed Indicator	Justification for Inclusion	Integration Platform

Number of new diagnoses of uterine conditions (e.g., fibroids, AUB) per quarter	Tracks prevalence and provides a measure of diagnostic activity following awareness campaigns.	NHMIS
Number of referrals for uterine conditions from PHC to secondary care	Measures the effectiveness of the formalized referral system.	NHMIS, CBH MIS
Cost of treatment per case for key uterine conditions	Provides critical data for cost-of-illness studies and advocacy for budget allocation and NHIA coverage.	NHMIS, Cost of Illness Study
Number of health education sessions on uterine health conducted at the community level	Monitors the reach of public awareness and education campaigns.	CBH MIS

5. Multi-Sectoral Collaboration and Advocacy for Implementation

5.1. Strategic Stakeholder Engagement

The success of uterine health hinges on a broad-based, multi-sectoral approach. It is recommended to expand the stakeholder list beyond the usual health-sector actors to include traditional leaders, the media, community heads, National Women with Disabilities, FOWWAN, Women Wing of Christian Association of Nigeria (WOWICAN), and the Nigerian Governors' Forum. This comprehensive engagement strategy acknowledges that health outcomes are not determined solely by the Ministry of Health. Traditional leaders command community respect and can influence health-seeking behavior, as well as combat stigma. National Women with Disabilities, FOWWAN, WOWICAN, are essential for inclusivity. The media is essential for disseminating public awareness campaigns to a broad audience. The Governors' Forum is the key to influencing state-level strategic and budgetary planning. This approach transforms the project from a technical health intervention into a multi-sectoral development initiative.

Table 4: Stakeholder Roles and Commitments for Implementation

S/N	Stakeholder	Specific Role/Responsibility	Commitment
1.	**Federal Ministry of Health and Social Welfare (FMOH&SW)**	Policy and guideline leadership.	Lead the integration of uterine health into national frameworks like RMNCAEH+N and NDHS.
2.	**National Health Insurance Authority (NHIA)**	Financial coverage.	Engage with stakeholders to include essential uterine health tests and treatments in the benefit package.
3.	**Medical Women's Association of Nigeria (MWAN) & SOGON**	Technical and advocacy support.	Provide technical support and advocate for proper integration of uterine health.
4.	**Nigerian Governors' Forum**	State-level policy and budgeting.	Influence state-level strategic and budgetary planning to prioritize uterine health.
5.	**Traditional Leaders & Community Heads**	Community engagement and awareness.	Leverage existing community structures for awareness campaigns and address stigma.

5.2. Empowering Advocacy: From Findings to Action

To ensure research findings are used effectively, it was agreed that advocacy kits will be developed for use aimed at key stakeholders, including government ministries and professional bodies. This recommendation serves as the final connection between data, research, and policy. The advocacy kit acts as a vital translation tool, packaging key research findings into compelling, simplified, and visually appealing formats tailored for specific stakeholders. This ensures that the evidence generated is not only produced but also effectively used to influence and persuade the decision-makers who hold the power to allocate resources and change policies needed to advance uterine health in Nigeria.

Conclusion

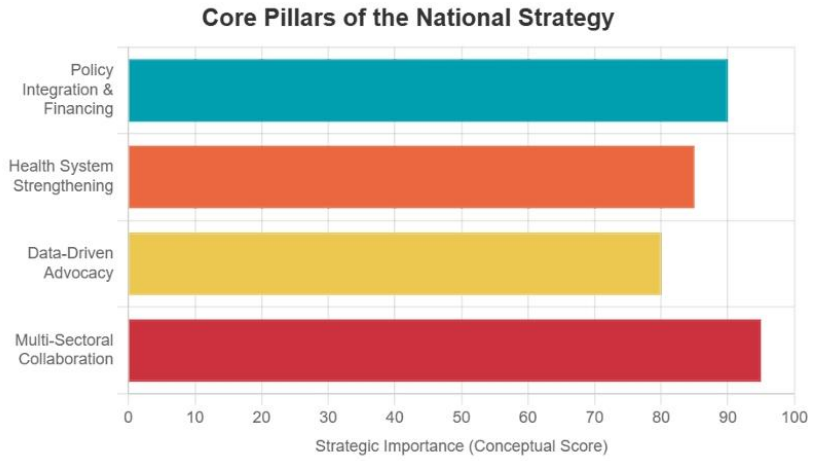
The systemic neglect of uterine health conditions in Nigeria has created a significant and silent public health crisis. The recommendations and strategic framework outlined by stakeholders provide a clear and actionable pathway to address this long-overlooked issue of uterine health in Nigeria. By recognizing uterine health as a distinct and vital component of the RMNCAEH+N framework, the Federal Ministry of Health and Social Welfare can lead the process of integrating comprehensive policies and guidelines. The recommendations emphasize data-driven interventions, leveraging existing national frameworks like the NHIA and NHMIS, and fostering broad-based, multi-sectoral collaboration, which is crucial for achieving sustainable change. It is only through a coordinated effort that is grounded in evidence and supported by a diverse coalition of stakeholders that Nigeria can ensure every individual with a uterus has the opportunity to live a healthy and fulfilling life, free from the burden of preventable and treatable uterine conditions.

These strategic recommendations and strategic actions serve as a CALL-TO-ACTION for all stakeholders to fulfill their commitments and take concrete steps toward improving uterine health outcomes across the nation.

6. Implementation Roadmap and Next Steps

From the roundtable discussions, the initial phase of the implementation of the recommendations will focus on formal stakeholder engagement and advocacy. The plan involves presenting the findings to the National Health Insurance Agency to initiate discussions on coverage. Concurrently, a wide range of stakeholders, including traditional leaders and the Nigerian Governors' Forum, will be engaged to secure buy-in and ownership at both the community and subnational levels. This initial engagement will lay the groundwork for subsequent phases of data collection, policy integration, and capacity building. These phases will be led by the Federal Ministry of Health, working in close collaboration with professional bodies such as MWAN and SOGON, which have committed to providing technical support.

Advancing Uterine Health in Nigeria: A Strategic Roadmap



Strengthening the Health System

A functional health system requires clear pathways to care. The strategy focuses on standardizing procedures and formalizing the referral process to ensure patients receive timely and appropriate treatment.

Proposed Uterine Care Referral Pathway

Primary Health Care (PHC)
First point of contact for awareness, basic screening (e.g., for AUB), and early diagnosis.

→

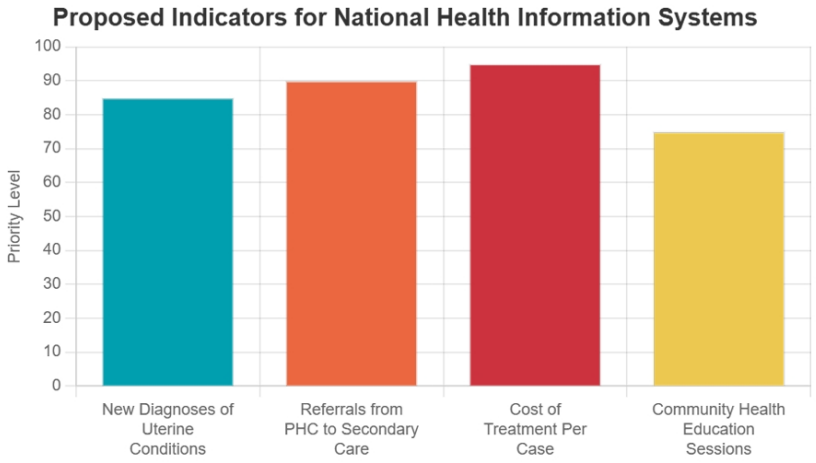
Secondary Care
Specialist consultations, advanced diagnostics like ultrasound, and initial treatment for common conditions.

→

Tertiary Care
Advanced surgical interventions, management of complex conditions, and specialized research.

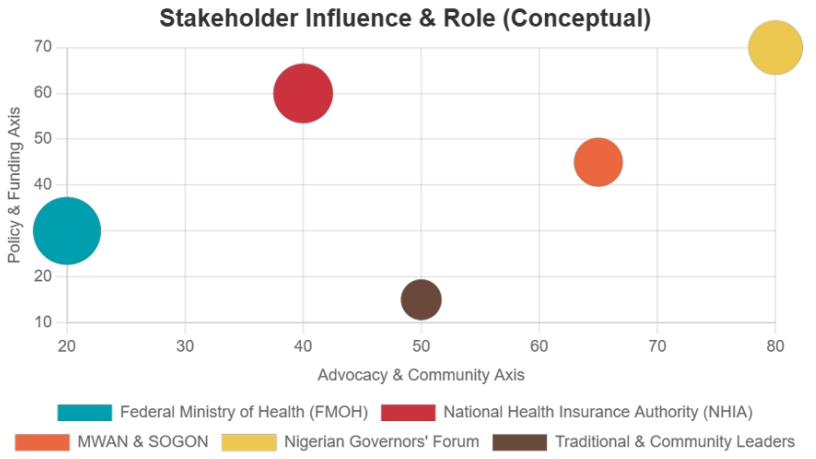
Data for Decision-Making

A pragmatic approach to bridge the data gap is to integrate key uterine health indicators into existing national health information systems, avoiding duplication and improving efficiency.



A Coalition for Change: Key Stakeholders

Success hinges on a broad, multi-sectoral coalition. Each stakeholder has a critical role in policy, funding, advocacy, and community engagement to drive sustainable change.



Annex 6: Media Engagement

Compilation of Media press coverage capturing the outcomes and impact of the roundtable:

1. youtube.com/watch?si=Vf6SSjkpak9m1NNN&v=gk1l3r4Pgp8&feature=youtu.be. - TVC
2. https://www.vanguardngr.com/2025/08/stakeholders-push-for-integration-of-uterine-health-into-nigerias-reproductive-health-frameworks/ - Vanguard
3. https://dailyasset.ng/stakeholders-tasks-fg-on-making-uterine-health-a-priority/ - Daily Asset
4. https://drive.google.com/file/d/1OD_XxuR3o1_PHF-kRmh93B9ZGAGezu_V/view?usp=drivesdk - Radio Nigeria
5. AIT Report
6. Arise TV
7. Aso Radio Report
8. DAILY ASSET.pdf
9. ITV report
10. Aso radio second report .mp3
11. Radio Nigeria Report
12. Vanguard publication

Media Spotlight: *The Uterine Health Strategic Roundtable sparked wide media attention, amplifying the voices of women, experts, and policymakers calling for urgent action*

Annex 7- About Organizations

About Youterus Health

Youterus Health is Africa's first uterine health company, proudly African-owned, women-led, and dedicated to elevating African women's voices in healthcare transformation. Founded by Fatou Wurie, a public health strategist and senior gender and health advisor, our approach is anchored in her Harvard doctoral research highlighting the systemic neglect of uterine health, specifically focusing on conditions such as Heavy Menstrual Bleeding and Uterine Fibroids. We fundamentally reframe how uterine health is understood, funded, and delivered across Africa, advocating for equitable, responsive systems through rigorous research, targeted policy advocacy, and economic inclusivity.

Youterus Health envisions a future where uterine health is visible, valued, and fully funded, recognized as an everyday right for all African women and deeply rooted in principles of dignity and comprehensive care that prioritize women's wellbeing and autonomy throughout their reproductive journeys.

About White Ribbon Alliance Nigeria

White Ribbon Alliance Nigeria is a citizen-led civil society organization committed to reproductive, maternal, newborn, child, and adolescent health (RMNCAH) driven by a commitment to reduce maternal mortality, protect reproductive rights, and amplify marginalized voices, empowering women and girls to take charge of their health and wellbeing. We serve as a vigilant health and rights accountability organization, enabling citizen participation in government accountability while uniting stakeholders toward sustainable, transformative change for vulnerable populations across Nigeria.

As a leading advocacy-focused organization, we drive national and sub-national initiatives that translate self-care for sexual, reproductive, and maternal health (SRMH) from policies to actionable and measurable practice, strategically advocating for their integration into Nigeria's healthcare system through tailored, widespread awareness campaigns that reach those who need them most.

Catalytic Support Provided by New Venture Fund

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