REPORT OF AN INFORMAL CONSULTATION ON SCHISTOSOMIASIS CONTROL

Geneva, Switzerland, 30 March – 1 April 2011

World Health Organization

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Introductory address

I warmly welcome you to Geneva and this Informal Consultation on Schistosomiasis Control. I am happy to see the room so full, and thank you for taking the time to participate.

There have been successes in schistosomiasis control, but the disease continues to be a public health problem. On 14 October 2010, WHO launched its first report on neglected tropical diseases – *Working to overcome the global impact of neglected tropical diseases* – which explains how much preventive chemotherapy has expanded. However, impediments to control include country programmes that do not always perform well; for example, that available drugs are not distributed regularly and the amount of praziquantel is limited.

The number of reported cases of schistosomiasis has been the same for the past 30 years or more, due to growth of the population and the fact that this growth is not responding to the increase in intervention. Many feel also that within the preventive chemotherapy package, schistosomiasis does not have the same political visibility as other neglected tropical diseases, whereas in fact schistosomiasis is the major tropical disease in Africa after malaria. The disease is a major public health issue associated with severe mortality and morbidity; it blocks the capacity to develop agriculture infrastructure, is linked with water development, and associated with underdevelopment and poverty.

There are successes in terms of increased funding – the United Kingdom's Department for International Development committed £25 million to fight schistosomiasis, the Global Health Initiative and the Gates-funded SCORE (Schistosomiasis Consortium for Operational Research and Evaluation)[1] initiative; and success in reducing disease prevalence was achieved in many countries (e.g. Uganda, Niger, Burkina Faso) and beyond the African continent.

Considering all the different schistosome species infecting humans, the disease has been controlled in many places, and in many cases transmission has been stopped. We should aim for a different goal: maybe we can change the way we address schistosomiasis. Perhaps we have been too conservative in the past in emphasizing only morbidity control and making policy-makers think that schistosomiasis cannot be eliminated in most endemic settings.

We are here to listen and to address schistosomiasis with policy changes you think possible.

Dr Lorenzo Savioli
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[1] http://score.uga.edu/

I will go into more detail of what we expect of this Consultation. In 2001, when we laid down the control strategy in our Expert Committee report, we were rather conservative in approach. The aim was morbidity control and the main target group was school-aged children. We still stand by this, but in the meantime the whole area of preventive treatment has evolved.

There have been more donations for other diseases, and this has encouraged us to be more ambitious in our approach. Schistosomiasis has followed this, and there have been requests from the field for WHO to further tailor the strategy, particularly with regard to treatment of adults. Adults were always included, but there were not many details.

So we expect recommendations about what changes are needed in the strategy. Last year there was a meeting on praziquantel treatment in preschool children, and we know what is possible and what is not possible, and our main target group remains school-aged children. But what do we need to do for our adult populations? We know praziquantel is not widely available, so we may not be able to be as generous as with other drugs for other diseases. So we must anticipate that in the first few years praziquantel will not be as widely available as other drugs against other neglected diseases. So how do we move forward? We cannot penalize populations with schistosomiasis, so we have to be generous enough to respond to the needs of those who have the disease, yet we cannot be unnecessarily generous: we cannot waste praziquantel. What is the optimal use of praziquantel within the integrated strategy of preventive chemotherapy, such that