

Elimination of schistosomiasis

Report by the Secretariat

1. Schistosomiasis remains of significant public health importance, with an estimated 200 million people infected worldwide, 90% of whom live in sub-Saharan Africa. The disease is caused by blood flukes *Schistosoma haematobium*, *S. intercalatum*, *S. japonicum*, *S. mansoni*, and *S. mekongi*. *S. haematobium* causes urogenital schistosomiasis whereas the other forms cause intestinal disease.
2. In 2001, the Health Assembly, in resolution WHA54.19 on schistosomiasis and soil-transmitted helminth infections, urged Member States inter alia: (1) to sustain successful control activities in low-transmission areas in order to eliminate schistosomiasis and soil-transmitted helminth infections as a public health problem, and to give high priority to implementing or intensifying control of schistosomiasis and soil-transmitted helminth infections in areas of high transmission while monitoring drug quality and efficacy; and (2) to ensure access to essential drugs against schistosomiasis and soil-transmitted helminth infections in all health services in endemic areas for the treatment of clinical cases and groups at high risk of morbidity such as women and children, with the goal of attaining a minimum target of regular administration of chemotherapy to at least 75% and up to 100% of all school-age children at risk of morbidity by 2010.
3. Overall, that goal was not attained. In 2010, only 12.2% of people at risk of schistosomiasis morbidity and 22.8% of school-age children at risk of morbidity due to soil-transmitted helminthiases benefitted from preventive chemotherapy with praziquantel and with benzimidazoles, respectively. Global supplies of praziquantel are insufficient, and this lack of praziquantel is the major barrier to schistosomiasis control in many endemic countries.
4. Progress was, however, made in expanding schistosomiasis control; the number of benefitting from preventive chemotherapy with praziquantel rose from 12 million in 2006 to 32.6 million in 2010. This increase was due to greater access to large-scale treatment, for instance through donations of praziquantel and provision of more resources by multiple partners for the control of neglected tropical diseases. The establishment of schistosomiasis control programmes showed that expansion of interventions to national level is feasible in resource-constrained countries. Large-scale schistosomiasis treatment was carried out in 28 countries endemic for the disease in 2010, and several highly endemic African countries achieved morbidity control and have substantially lower levels of transmission. They request guidance on how to proceed towards elimination.
5. In the past few years, several countries classified as endemic for schistosomiasis have reported no new autochthonous cases. Schistosomiasis transmission may therefore be interrupted. Among these countries are the Islamic Republic of Iran, Japan, Jordan, Mauritius, Morocco, Tunisia, and some Caribbean countries and territories. In China, schistosomiasis has been eliminated from five provinces. In a few endemic countries, transmission may be sufficiently low that elimination is feasible.

6. In Morocco, for example, the Ministry of Health launched a national schistosomiasis control programme in 1982 of which the goal was changed in 1994 to eliminating the disease by 2004. The last autochthonous case of schistosomiasis in the country was detected in 2003. Serological surveys carried out in 2009¹ confirmed the interruption of *S. haematobium* transmission. Tools for assessment and confirmation of the interruption of schistosomiasis transmission were validated in those surveys.

7. The Secretariat considers that elimination, as envisaged in resolution WHA54.19, is feasible in all epidemiological settings, provided that there is strong political commitment to the goal, supplies of anthelmintic medicines for preventive chemotherapy are adequate, and support is provided by the international community.

8. With progress being made in eliminating schistosomiasis and the validation in some countries of instruments for confirming interruption of transmission, consideration needs to be given to assessing, on request, that the disease has been eliminated from a country.

ACTION BY THE EXECUTIVE BOARD

9. The Board is invited to consider the following draft resolution:

The Executive Board,

Having considered the report on elimination of schistosomiasis,²

RECOMMENDS to the Sixty-fifth World Health Assembly the adoption of the following resolution:³

The Sixty-fifth World Health Assembly,

PP1 Having considered the report of the Secretariat on the elimination of schistosomiasis;

PP2 Recalling resolutions WHA3.26, WHA28.53, WHA29.58 and WHA54.19 on schistosomiasis;

PP3 Noting the resolution EM/RC54/R.3 on neglected tropical diseases: an emerging public health problem in the Eastern Mediterranean Region, adopted by the Regional Committee for the Eastern Mediterranean, which called on Member States inter alia to sustain successful control activities in low-transmission areas in order to eliminate schistosomiasis;

PP4 Expressing concern that schistosomiasis remains a major public health problem in countries endemic for the disease, and that the goal set in resolution WHA54.19 of attaining a

¹ Amarir F, El Mansouri B, Fellah H et al. National serologic survey of *Haematobium* schistosomiasis in Morocco: evidence for elimination. *American Journal of Tropical Medicine and Hygiene*, 2011, **84**(1):15–19.

² Document EB130/20.

³ See document EB130/20 Add.1 for the financial and administrative implications for the Secretariat of adoption of the resolution.

minimum target of regular administration of chemotherapy to at least 75% of school-age children at risk of morbidity was not achieved by 2010;

PP5 Noting the extension in coverage of treatment of schistosomiasis from 12 million in 2006 to 32.6 million people in 2010, and the greater access to praziquantel as a result of donations and increased support from partners to endemic countries for neglected tropical diseases control;

PP6 Congratulating Member States, the Secretariat and partners for increasing access to praziquantel and resources to scale up schistosomiasis control;

PP7 Encouraged that some countries endemic for schistosomiasis have interrupted its transmission;

PP8 Congratulating those countries endemic for schistosomiasis that, with strengthened control programmes and surveillance, have reported no new autochthonous cases of schistosomiasis,

1. CALLS ON all countries endemic for schistosomiasis to intensify control interventions and strengthen surveillance, with the aim of eliminating the disease;
2. URGES Member States, the Secretariat and partners to provide support to countries endemic for schistosomiasis to expand control programmes, with the goal of elimination of the disease;
3. REQUESTS the Director-General:
 - (1) to encourage Member States and the international community to make available the necessary and sufficient means and resources, particularly medicines, to proceed towards the elimination of schistosomiasis;
 - (2) to assess, on request, the interruption of transmission in countries, and to report regularly to the Health Assembly, through the Executive Board, on progress in implementing this resolution.

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