

GSA Meeting 28th of October 2018 Marriott Hotel, New Orleans

## Programme manager's view on Elimination in Zanzibar

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#### **Urogenital schistosomiasis in Zanzibar**



- 1980s: high apparent prevalence (>50%)
- 2003: moderate apparent prevalence (>20%)
- 2011: moderate to low apparent prevalence (~10%)
- 2017: low apparent prevalence (~2%)



#### **ZEST Alliance**



- Main partners: Zanzibar MoH, PHL-IdC, SCI, WHO, SCORE, BMGF, NHM, Swiss TPH **Goal:** 
  - Elimination of urogenital schistosomiasis as public health problem on Pemba (< 1% heavy infection intensities in all sentinel sites)</li>
  - Interruption of S. haematobium transmission on Unguja (reduction of incidence to zero)



#### **ZEST Interventions**



- Interventions 2012-2017:
  - Semi-annual community-wide treatment with praziquantel across Zanzibar
  - Semi-annual school-based treatment with praziquantel across Zanzibar
  - Snail control in 30 randomized shehias
  - Behaviour change interventions in 30 randomized shehias



#### **Sentinel and intervention sites**





### **ZEST Results (2012-2017)**



- Annual surveys conducted in 90 schools and 90 shehias
- Overall S. haematobium prevalence decreased to <2% in children and adults
- Overall S. haematobium infection intensity decreased to <1% in children and adults
- Urogenital schistosomiasis eliminated as public health problem in most sites



#### **ZEST Challenges**

## SHIT SHIT

#### Hotspots

- Areas, where the risk for transmission and reinfection is high
- Cluster of shehias, where S. haematobium prevalence bounces back easily
- Bi-annual community-wide and school-based treatment is not enough
- Ideally: Package of interventions and high coverage to reduce prevalence further





#### **ZEST Challenges**



#### Low-prevalence areas

- Areas, where the risk for transmission and reinfection is low
- Most shehias in Zanzibar now have a prevalence < 5%</li>
- Overtreatment of healthy population?
- Ideally: Integrated surveillance-response to avoid recrudescence





#### **ZEST Challenges**

# SERVICE LANZINAR

#### • Diagnosis

- Urine filtration and haematuria strips are not sensitive for detecting ultra-light infections (<u>></u>5 eggs/10 ml urine)
- Apparent prevalence is low, but what is the true prevalence?
- Sensitive rapid diagnostic test for *S. haematobium* detection is urgently needed



### **ZEST Conclusions**

- We were able to reduce the overall S. haematobium prevalence to <2% in 2017</li>
- We have almost eliminated urogenital schistosomiasis as a public health problem
- We have gained a lot of experience in MDA, snail control and behaviour change interventions
- We need to focus on further reducing the prevalence in hotspots
- We need to make sure that there is no recrudescence of infection
- We need highly sensitive point-of-need diagnostics for effective surveillance

We, our government, teams and the communities are motivated and committed to continue with the end-

10 game!







## Essential Cross-cutting Components for Elimination



- 1. Political will and active Gov. engagement
- 2. Strong advocacy all levels
- 3. Inter-sectoral Collaboration
- 4. Funding and fund raising
- 5. Coordination





#### Acknowledgements

STRUMU TA MONDUE

- SCORE secretariat for excellent support
- SCI for funding treatment implementation
- WHO for praziquantel donations
- BAYER for niclosamide donation
- NHM and Swiss TPH for scientific collaboration
- RGoZanzibar and its Ministries





