Programme manager’s view on Elimination in Zanzibar

Dr Fatma Kabole
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)

• 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

1 = Biannual MDA
2 = Biannual MDA + snail control
3 = Biannual MDA + behaviour change

 Schools
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

- **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%
  ➔ Overtreatment of healthy population?
  ➔ Ideally: Integrated surveillance-response to avoid recrudescence
ZEST Challenges

- **Diagnosis**
  - Urine filtration and haematuria strips are not sensitive for detecting ultra-light infections (>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
- 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-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

- 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
AHSANTE
SANA