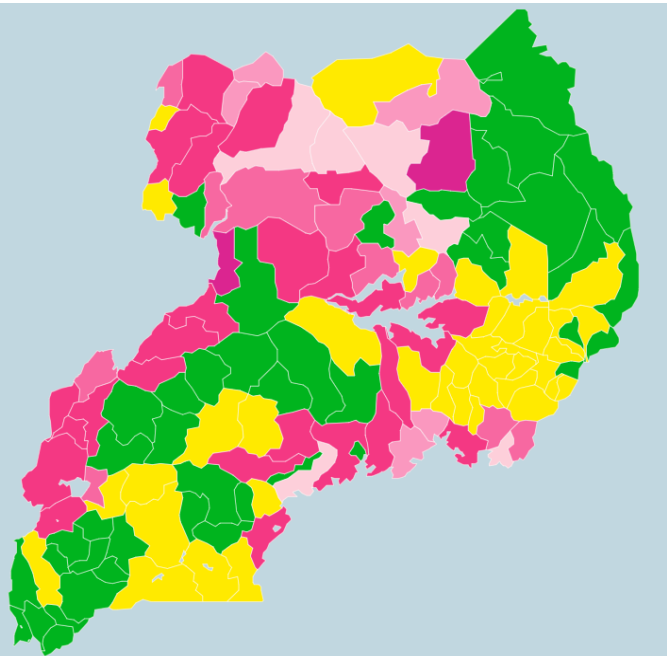




Preventing Expiration of Essential Medicines for Schistosomiasis in Uganda



● Non-endemic
● Low prevalence (less than 10%)
● Expected year of next impact assessment: 2023
● Expected year of next impact assessment: 2024
● Expected year of next impact assessment: 2025
● Expected year of next impact assessment: 2026

Background

Uganda is significantly affected by Schistosomiasis, with 96 out of 146 districts reporting endemic cases. Approximately 7.4 million people are infected, and 15.7 million are at risk, according to the Uganda NTD master plan 2023. Despite substantial progress, Schistosomiasis remains a major public health issue in Uganda, especially in communities near large water bodies such as Lake Victoria, Lake Albert, Lake Kyoga, and the River Nile.

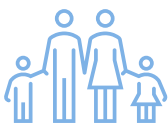
The Ministry of Health initiated the Bilharzia and Control Program in 2003, focusing on mass drug administration (MDA) with donated Praziquantel (PZQ). However, due to limited PZQ supplies for adults and preschool-age children, the program primarily treats school-age children (SAC). Despite this, significant progress has been made, with the prevalence reduced to below 1% in 2 districts and below 10% in 26 others.

Current Situation

Recent funding challenges have severely impacted the continuation of the MDA program for schistosomiasis in Uganda. In 2023, anticipated support from in country partners fell through, leading to inadequate coverage and an impending crisis. This year, only eight districts will implement MDA.

This significant shortfall has left Uganda with 10,358,000 Praziquantel (PZQ) tablets, set to expire in December 2024. These tablets have the potential to treat over 4.5 million SAC in 75 endemic districts. Without immediate funding and support to distribute these medicines, Uganda faces the risk of wasting critical resources and losing the progress made in reducing schistosomiasis prevalence and morbidity.

Schistosomiasis endemicity situation in Uganda



7.4 million
people infected

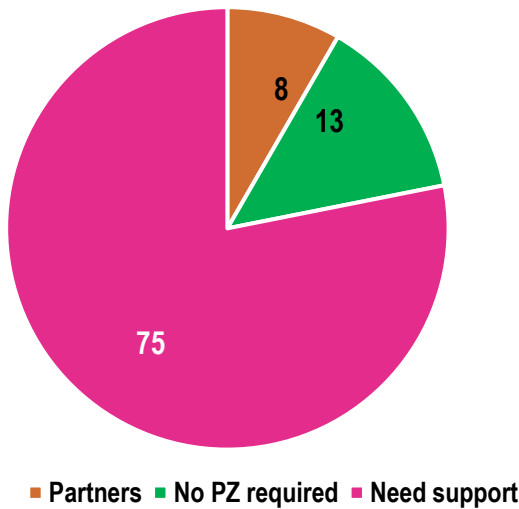


15.7 million
people at risk



11.2 million
PZQ tablets at risk
of expiry

MDA coverage by district



Over 4.5 million people will benefit from immediate funding

The primary beneficiaries of this funding will be women and school age children, who are disproportionately affected by Schistosomiasis.



Collaborate with the Ministry of Health and other stakeholders to plan and implement the MDA.



Work closely with national and local health authorities for monitoring and evaluation.



Distribute PZQ tablets across 75 districts, ensuring all logistical aspects are covered.

Schistosomiasis is a disease of poverty that leads to chronic ill-health. Infection is acquired when people come into contact with freshwater infested with the larval forms (cercariae) of parasitic blood flukes, known as schistosomes. The microscopic adult worms live in the veins draining the urinary tract and intestines. Most of the eggs they lay are trapped in the tissues and the body's reaction to them can cause massive damage. The infection is prevalent in tropical and sub-tropical areas, in poor communities without potable water and adequate sanitation.

The WHO strategy on the use of anthelmintic drugs makes it possible to control schistosomiasis in poor and marginalized communities. In highly endemic areas, severe morbidity due to schistosomiasis including anemia, stunting in children, portal hypertension and damage to liver, spleen. It can be prevented by regular treatment of at-risk groups targeted based on community diagnosis using sentinel groups. Praziquantel is the recommended treatment against all forms of schistosomiasis. It is effective, safe, and low-cost. Even though re-infection may occur after treatment, the risk of developing severe disease is diminished and even reversed when treatment is initiated and repeated in childhood.

The expiry of these medicines would not only be a waste of valuable resources but would also deprive millions of people of essential treatment, and reverse gains accrued so far towards eliminating schistosomiasis in Uganda

ESPEN, the Expanded Special Project for Elimination of Neglected Tropical Diseases, plays a crucial role in supporting WHO's strategy by providing technical assistance to countries. Established as a public-private partnership, ESPEN focuses on combating the five most prevalent Neglected Tropical Diseases in Africa, including schistosomiasis, through Mass Drug Administration. ESPEN's multi-tiered approach involves coordination at country, regional, and global levels, ensuring efficient use of resources. By providing data support, enhancing supply chain logistics, and promoting country ownership, ESPEN bolsters efforts to eliminate schistosomiasis and other NTDs, aligning with the NTD-Roadmap 2021-2030 implementation goals.



Funding requirements:

Effectively conducting mass drug administration (MDA) across 75 endemic districts and providing treatment to 4,521,144 individuals requires a total of USD 600,000. This funding is crucial to ensure that the available Praziquantel (PZQ) tablets are distributed and used before their expiration in December 2024. Without this support, the medicines risk going to waste, and millions of individuals will miss out on essential treatment.

Immediate funding is needed to urgently reach over 75% those in dire need of treatments and prevent the expiration of these critical medicines. The key budget areas include:

Key Interventions	Lead Agency	Funding in US \$
Drug Logistics & Supply Chain Management	WCO	14,825
Drug Distribution	WCO & MOH	540,050
Coordination, Management, and Oversight	ESPEN & WCO	25,625
Communication for Impact	ESPEN & WCO	19,500
Total		600,000

Impact for Intervention



Reduce

Schistosomiasis prevalence and associated morbidity.



Improve

health outcomes, particularly for women and children



Increase

awareness and community engagement in Schistosomiasis control.

For more information, please contact:

WHO Uganda

WHO Representative to Uganda

Dr Yonas Tegegn Woldemariam
tegegn@who.int

WHO AFRO

Team Lead, ESPEN

Dr Elizabeth Juma
jumae@who.int

More information about WHO and ESPEN

<https://www.afro.who.int/>

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