

Gaps in combined control policies for Schistosomiasis and HIV

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Outline

- Schistosomiasis control strategies
- HIV/AIDS control strategies
- Gaps in the control



Schistosomiasis control

Preventive Chemotherapy with Praziquantel

- School-age children.
- Adults considered to be at risk, from special groups (pregnant and lactating women; groups with occupations involving contact with infested water, such as fishermen, farmers, irrigation workers, or women in their domestic tasks), to entire communities living in endemic areas

Other operational components

- Provision of potable water and adequate sanitation, hygiene education, and snail control are essential to the control and elimination of schistosomiasis



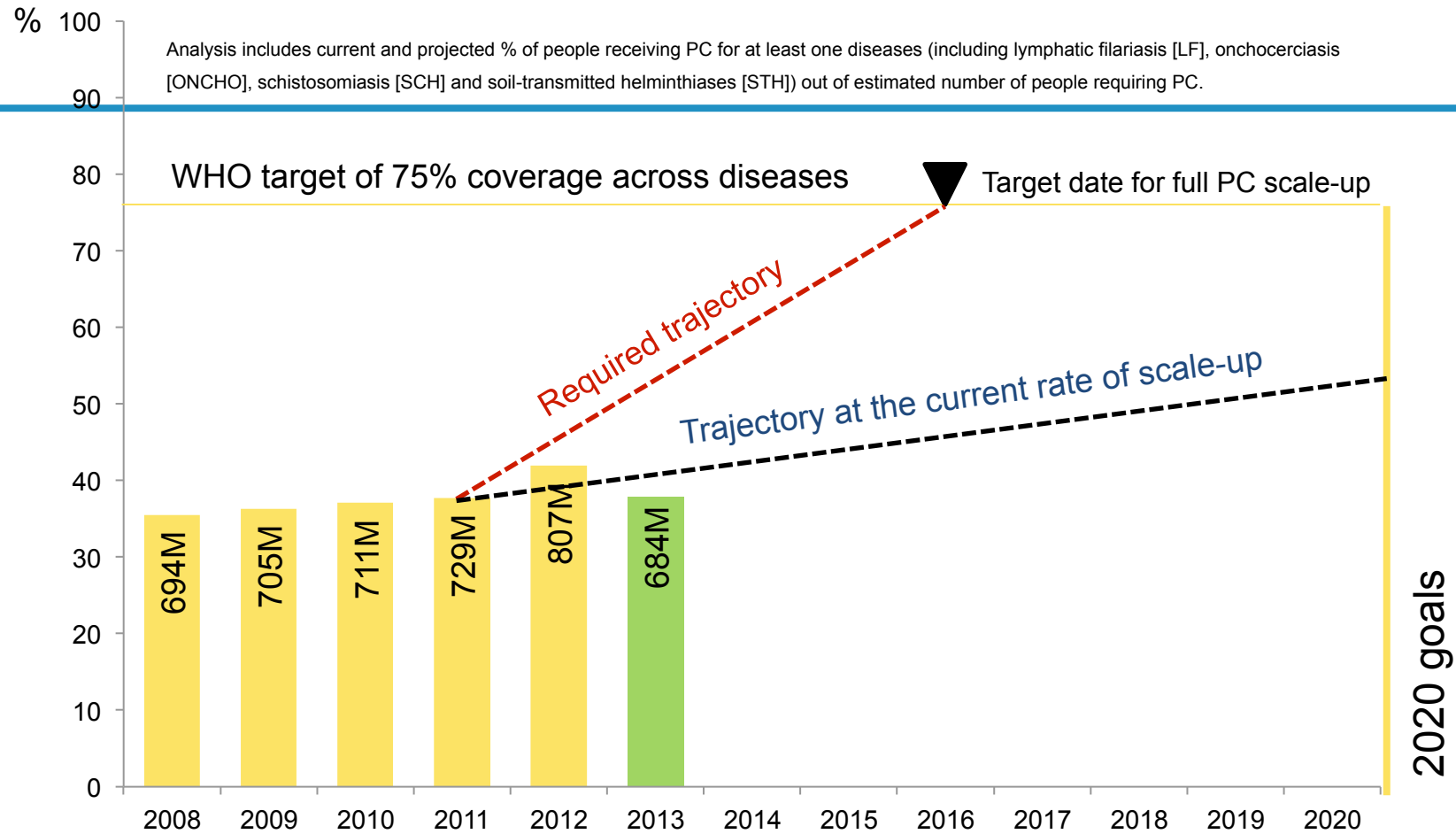
Recommended treatment strategies for schistosomiasis

Category	Prevalence among school-aged children	Action to be taken	
High-risk community	$\geq 50\%$ by parasitological methods (intestinal and urinary schistosomiasis) or $\geq 30\%$ by questionnaire for visible haematuria (urinary schistosomiasis)	Treat all school-age children (enrolled and not enrolled) once a year	Also treat adults considered to be at risk (from special groups to entire communities living in endemic areas; see Annex 6 for details on special groups)
Moderate-risk community	$\geq 10\%$ but $< 50\%$ by parasitological methods (intestinal and urinary schistosomiasis) or $< 30\%$ by questionnaire for visible haematuria (urinary schistosomiasis)	Treat all school-age children (enrolled and not enrolled) once every 2 years	Also treat adults considered to be at risk (special risk groups only; see Annex 6 for details on special groups)
Low-risk community	$< 10\%$ by parasitological methods (intestinal and urinary schistosomiasis)	Treat all school-age children (enrolled and not enrolled) twice during their primary schooling age (e.g. once on entry and once on exit)	Praziquantel should be available in dispensaries and clinics for treatment of suspected cases

WHO PC Manual 2006



WHO scale-up projections for PC required to reach global 2020 targets



Year	LF	ONCHO	STH (deworming campaigns)	SCH	TRA
2011	559M	98M	144M	30M	46.4M
2012	596M	99.5M	186M	42M	48.8M
	+37M	+1.5M	+42M	+12M	+2.4M

HIV / AIDS Prevention strategies

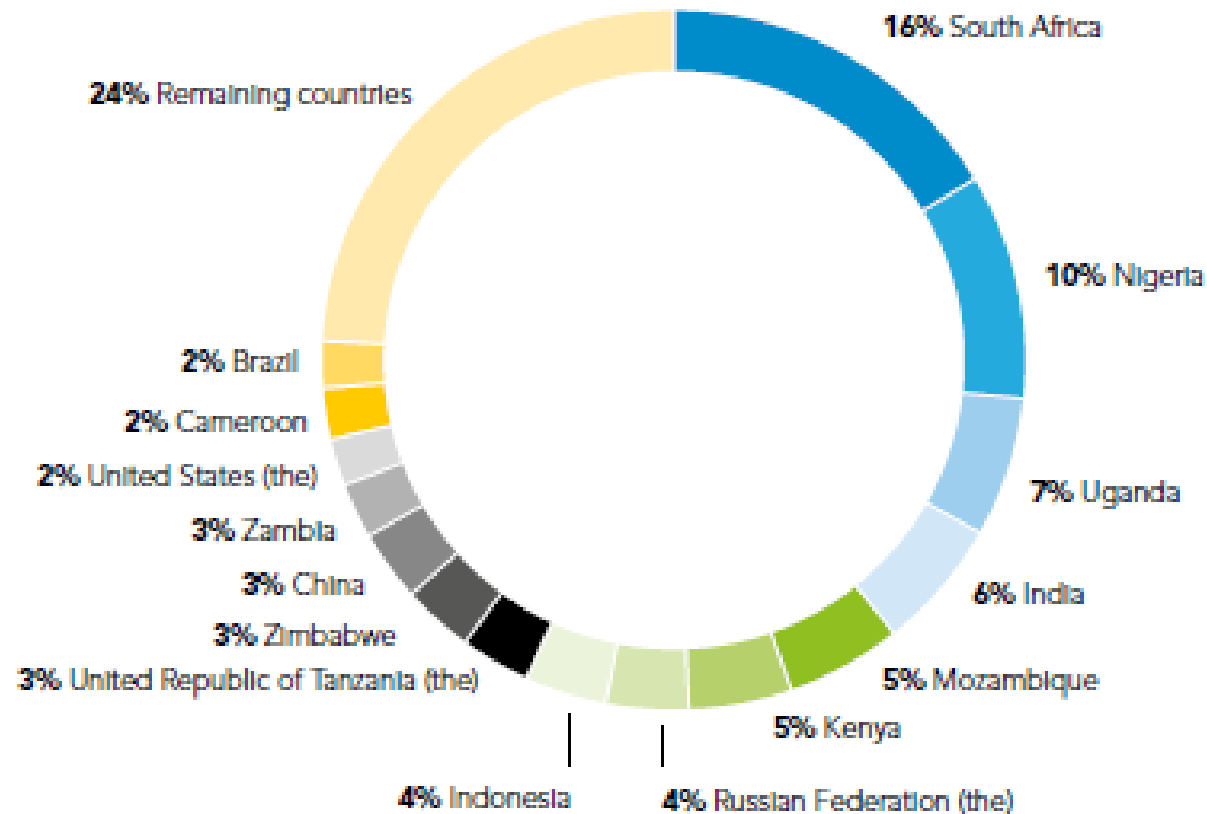
- Pre and post exposure prophylaxis
- circumcision
- Condoms
- sexual abstinence
- antiretroviral drugs to reduce viral load in the infected,
- sex education
- Promotion of HIV testing
- needle-exchange programmes
- safe sex



Some indicators of the HIV AIDS (Un aids, 2013)

- Twenty-two million, or three of five people living with HIV, are still not accessing antiretroviral therapy.
- Globally, 15% of all women living with HIV aged 15 years and older are young women 15–24 years old. Of these, 80% live in sub-Saharan Africa. In this region,
- Women acquire HIV infection at least 5–7 years earlier than men.
- HIV prevalence among sex workers is 12 times greater than among the general population.
- Fifteen countries accounted for more than 75% of the 2.1 million new HIV infections that occurred in 2013.
- In sub-Saharan Africa, only eight male condoms were available per year for each sexually active individual. Among young people, condom access was even less.

Distribution of new HIV infections in 2013

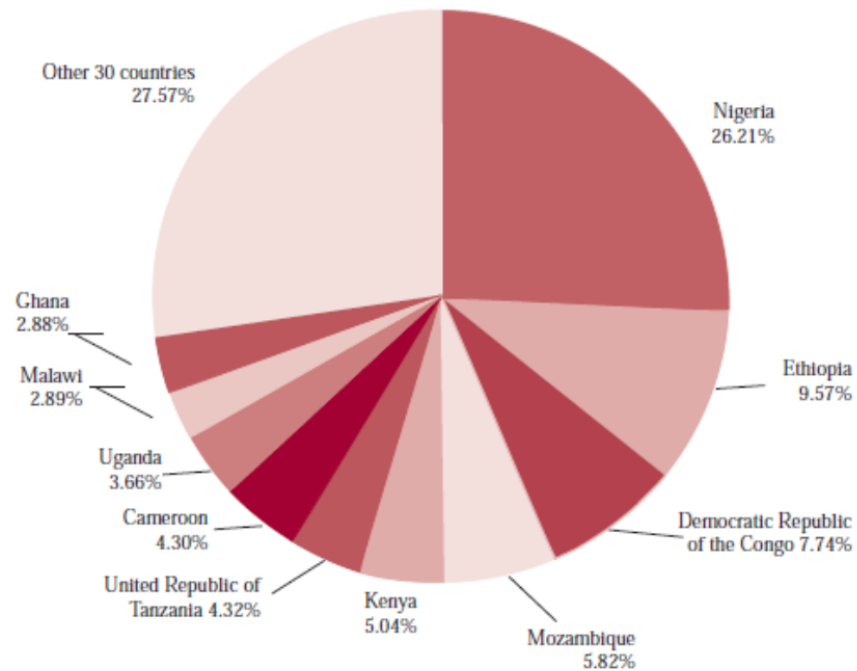


Source: UNAIDS 2013 estimates

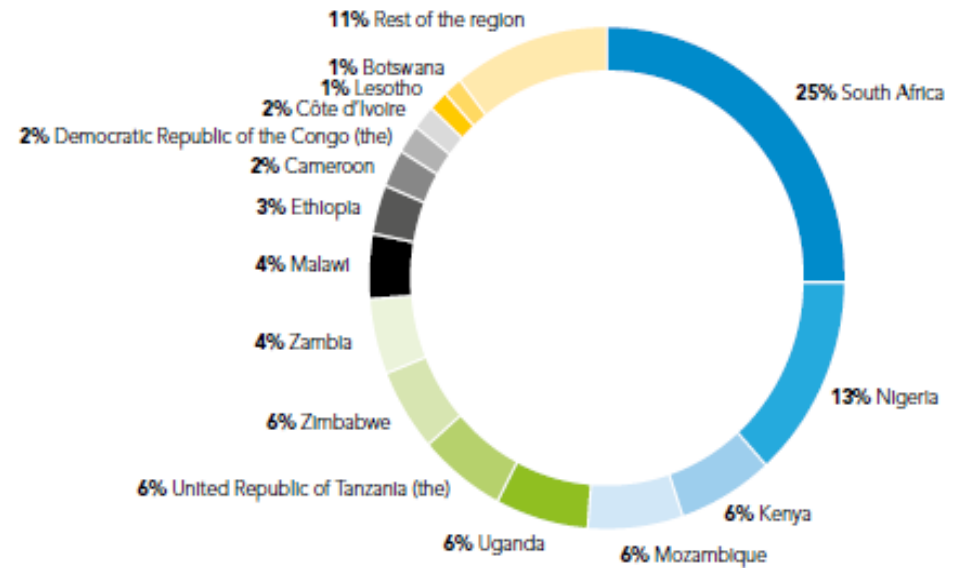


Distribution of Schistosomiasis and HIV AIDS in Subsaharan Africa

Proportion of people requiring treatment for schisto in WHO Afro region



People living with HIV aids in Subsaharan Africa



Source: UNAIDS 2013 estimates.



Gap in combined strategies

- Lack of coordination between HIV and Schistosomiasis control programme
 - No joined proposal for the Global Fund
- HIV is still not considered as a factor of HIV transmission
- Insufficient resources for the schistosomiasis
- Low implementation of Schistosomiasis Programmes



Opportunities of collaboration

- Maternal and child health programmes
- MDA as a channel for combined
- School health programme
- Community based intervention



Thank you

