



Control of schistosomiasis and soil-transmitted helminths in Ethiopia

Background

Ethiopia is the second most populous country in Africa with a population of approximately 90 million people. It harbours a very significant neglected tropical disease burden, particularly of schistosomiasis and soil-transmitted helminths (STHs).

Given its size and NTD burden Ethiopia has commenced large-scale NTD control programme relatively late. However, there is now significant political momentum behind NTD control in the country, and the Federal Ministry of Health has ambitious plans to scale up quickly.

In early 2014 SCI supported the Ethiopian Public Health Institute to map the distribution of schistosomiasis and STH in the country. With technical support from organisations like the SCI, good data available on disease distribution and drugs available through the WHO and pharmaceutical drug donation mechanisms, the biggest barrier now to national scale control is the financing to support mass drug administration.

Treatment needs

Of Ethiopia’s 830 districts, over 600 are endemic for STH and almost 300 are endemic for schistosomiasis. The annual treatment need is **25 million treatments** against STH, and **10 million treatments** against schistosomiasis (Table 1).

It should be noted that these treatment numbers will inevitably increase as additional mapping results are received from the second phase of mapping in the country’s remaining 150 districts. The figures in this table should be treated as the minimum.

Infection	Endemic districts	Population at Risk	Districts Requiring treatment	Annual treatments required
Soil-transmitted helminths	612	69,048,247	335	24,894,452
Schistosomiasis	297	32,605,011	297	9,879,318

Table 1. Annual treatments required against schistosomiasis and STH

Funding Gap

Given the size of Ethiopia and the related NTD burden, it will require a consortium of funders and partners to achieve national scale control. The SCI has secured significant funds from partners for Ethiopia over the coming years. However, there remains a substantial funding gap (Table 2)

Year	TOTAL Funding Requirement	Committed SCI Funding	Funding Gap
2015	\$7,332,328	\$868,332	\$6,463,996
2016	\$7,332,328	\$1,511,832	\$5,820,496
2017	\$7,332,328	\$2,229,582	\$5,102,746

Table 2. Projected funding gap for national-scale treatment in Ethiopia



These figures assume a treatment cost of \$0.25 per person per year. This includes the cost for implementation, training, community mobilization, IEC materials, and monitoring and evaluation. It does not include the costs for drugs which are being donated by Merck KGaA (praziquantel), Johnson and Johnson (mebendazole), and GlaxoSmithKline (albendazole).

Below, in Table 3, we provide an illustrative example of the numbers of treatments an annual donation of \$1.5m, \$2m, and \$3m would enable. Repeated, annual treatment is an important component of deworming programmes in order to bring about lasting improvements to the health of recipients and contribute most significantly to the public health of Ethiopia.

Grant	Annual Treatments enabled
\$1.5m	6,000,000
\$2m	8,000,000
\$3m	12,000,000

Table 3. Number of annual treatments enabled