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Africa



Press Release

Burkina Faso reaches major milestone in protecting its people against tropical parasites

Harare, 16 June 2006 -- With the recent completion of the latest rounds of treatment targeting the entire country, Burkina Faso has become the first in the WHO African Region to achieve nationwide coverage with anthelmintic drugs against three major neglected tropical diseases: lymphatic filariasis (elephantiasis), schistosomiasis and soil-transmitted helminthiasis (intestinal parasites).

Over the last few months, combined school-based and community-based interventions targeted the whole of this West African country, from Ouagadougou to the remotest villages, distributing praziquantel and albendazole to approximately 3.3 million school-age children, and albendazole and ivermectin to the entire eligible resident population (approximately 10 million).

"Africa indeed has taken the lead. This achievement is a major step forward. Even with limited resources, the world can be changed with political commitment, dedication of health personnel and support from international partners," said Dr Lorenzo Savioli, Director of the Department for Control of Neglected Tropical Diseases at WHO headquarters. "Now the challenge is to make this effort a sustainable and regular one".

The whole of Burkina Faso can be described as being endemic for lymphatic filariasis, schistosomiasis and soil-transmitted helminthiasis. Globally, these three diseases affect more than two billion people worldwide, and more than 300 million individuals suffer from severe clinical complications. A large proportion of this burden affects poor communities in Africa.

Transmission occurs when microscopic larvae of these worms penetrate the skin (by direct contact or mosquito bite) or when their eggs are ingested with contaminated water or soil. Heavy infection can hamper physical and intellectual development, and is responsible for severe morbidity after a few years of chronic infection and re-infection.

"The international commitment to make drugs available free of charge to our country greatly benefits poor communities and is a major contribution to the development of Burkina Faso: it is a highly commendable public health intervention," said Dr Souleymane Sanou, Director for Disease Control at the Ministry of Health in Burkina Faso. "We hope that in the near future we will be able to intensify control measures against other neglected diseases such as trachoma".

The success in Burkina Faso was fuelled by international commitment to intensified control of neglected tropical diseases. The campaigns were conducted by the Ministry of Health with support from various partners, including the World Health Organization, the Liverpool Lymphatic Filariasis Support Centre, Department for International Development (UK), Emory Lymphatic Filariasis Support Center, Helen Keller International, *Fondation pour le Développement Communautaire* (Burkina Faso), Bill and Melinda Gates Foundation, Handicap International, *Réseau International Schistosomoses Environnement Aménagements et Lutte*, Schistosomiasis Control Initiative and various multinational pharmaceutical manufacturers.

"The commitment of the government of Burkina Faso in supporting total coverage for lymphatic filariasis elimination is recognized and highly commended by WHO, and this serves as a shining example in the Region. I would like to thank all the national and international partners that are involved in the fight against neglected tropical diseases" said Dr James Mwanza, Director of the Division of Communicable Disease Prevention and Control at the WHO Regional Office for Africa.

The latest data also show that after 20 years of control interventions, the prevalence of onchocerciasis in highly-endemic foci in Burkina Faso has dropped from 80% to 1.3%. Annual or semi-annual treatment with ivermectin is still ongoing but the disease is no longer a public health problem.

Burkina Faso has also reported a 43% reduction in indigenous cases of dracunculiasis (guinea-worm disease) in 2005 compared with 2004, and the Ministry of Health is now concentrating its efforts on the last pockets of endemicity, predominantly in the nomadic areas in the north-eastern area of the country.

World Health Assembly Resolution 50.29 of 1997 set the goal of achieving elimination of lymphatic filariasis as a public health problem, while WHA Resolution 54.19 of 2001 urged endemic countries to protect at least 75% of their school-age population against schistosomiasis and intestinal parasites.

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