



Brief on the school deworming programme in Nigeria

Nigeria has one of the highest national burdens of schistosomiasis in Africa. The Nigerian National Schistosomiasis/Soil Transmitted Helminths Control Programme (NSSTHCP) started in 1988 with a goal to deliver regular anti-helminthic treatment to at least 75% of school-age children in endemic areas in the country in line with WHO recommendations. The control strategy utilised by the programme includes morbidity control using chemotherapy i.e. praziquantel and mebendazole targeted at school-aged children and other at risk populations, health education and promotion and provision of adequate sanitation and portable water.

To date, the control programme has not scaled-up control to all endemic areas in Nigeria and has been limited in its geographic and therapeutic coverage. Control efforts have primarily been financed with support from non-governmental development organization (NGDO) partners.

Partners of the NSSTHCP include the WHO, Merck KGaA pharmaceutical company in Germany, Partnership for Child Development, DeWorm the World Initiative, Children's Investment Fund Foundation, Children Without Worms, Johnson & Johnson and NGDOs including MITOSATH, Sightsavers and The Carter Center.

Mass drug administration of praziquantel and mebendazole tablets to treat schistosomiasis and STH is currently taking place in 15 of Nigeria's 36 states; Plateau, Nasarawa, Edo, Delta, Taraba, Ogun, Zamfara, Jigawa, Sokoto, Ondo, Niger, Ekiti, Kogi, Kano and Kwara.

The NSSTHCP received its first drug donation of 2,222,428 tablets from Deworm the World Initiative through the Partnership for Child Development in 2010. Thereafter, there has been an annual donation of 1,800,000 tablets from Johnson & Johnson through the WHO. Other partners have been implementing school based de-worming programmes using mebendazole tablets in Nigeria, including MITOSATH, HKI, Hands, Vitamin Angels (Under 5), UNICEF (Under 5), Global Help Foundation, and the Pan African Community Health And Education Initiative.

The data from such distribution campaigns is not fed into the NSSTHCP data base. As a result, the NSSTHCP is making efforts to strengthen linkages between the various stake holders so as to have data from other sources fed into the national data base.

Current geographic treatment coverage for Schistosomiasis/STH in Nigeria is below 40 percent of the school-age children amongst the at-risk population. There is therefore a need to scale up drug distribution following completion of disease mapping in the country.

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