Short Report

Sustainability of schistosomiasis case detection based on primary health care

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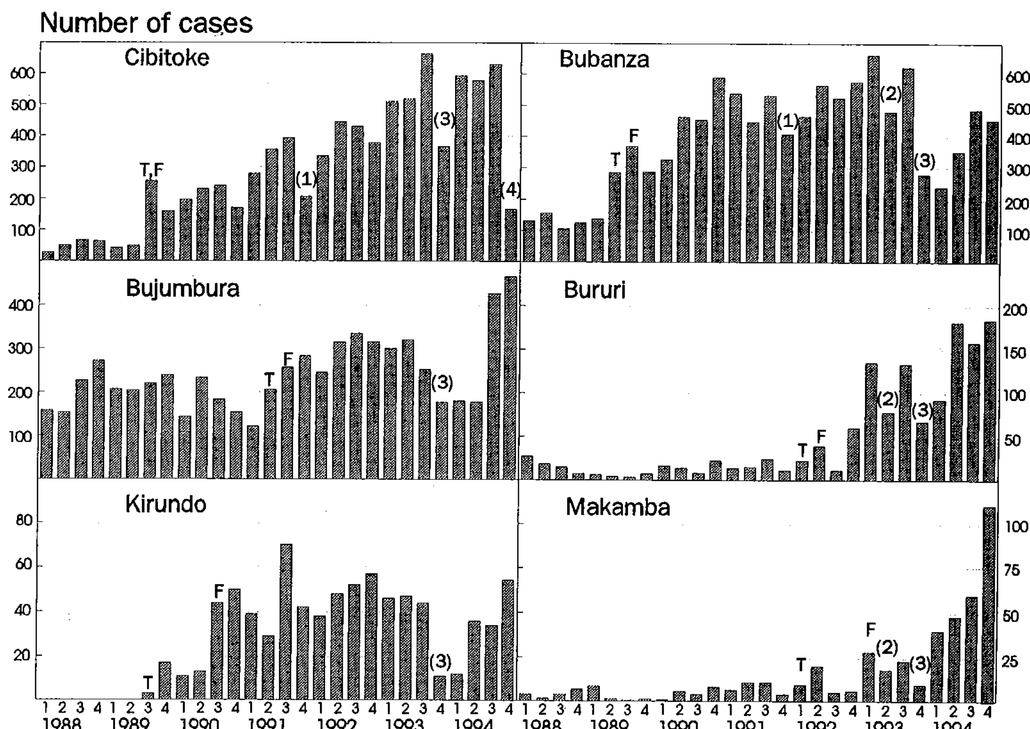

Figure. The number of cases of schistosomiasis detected in each quarter-year via basic health services in the six endemic provinces of Burundi. T, quarter during which in-service training was provided to health personnel; F, quarter during which the integrated schistosomiasis control programme started functioning; (1), civil unrest in the province of Cibitoke and, to a lesser extent, Bubanza; (2), electoral campaign; (3), severe civil unrest in the whole country; (4), new wave of unrest in the province of Cibitoke.

In Burundi, *Schistosoma mansoni* infection is endemic in low-lying areas (GRYSEELS, 1991), which include 6 administrative provinces in which schistosomiasis control has been integrated in primary health care since 1989. This shift in control strategy has been described by ENGELS *et al.* (1993).

The civil unrest in Burundi since October 1993, following a military coup attempt, has been a severe test for the sustainability of this programme. Primary health care services were seriously disturbed during the last quarter of that year and the situation has remained unstable in many parts of the country since then.

The number of cases of schistosomiasis detected via the basic health services in the 6 provinces is summarized in the Figure.

Fifteen months after the events, the output of the programme has recovered in most endemic provinces. In the province of Cibitoke, this recovery has been fast, but this area suffered a new wave of unrest during the last quarter of 1994. In Bubanza and Bujumbura, the recovery from the 1993 events has taken longer, and in Bubanza detection has not yet reached its former level. In the provinces which were least affected (Bururi, Makamba), the programme output has continued to increase after an initial depression. In Kirundo, a province which abuts on Rwanda, the security situation has remained very unstable since the end of 1993 and the degree of recovery should thus be considered as satisfactory. The Figure also shows how the programme was affected by, but also recovered from, less important disturbances before the 1993 events (civil unrest in Cibitoke and Bubanza during the last quarter of 1991 and the electoral campaign during the second quarter of 1993).

These data show the sustainability of a schistosomiasis control programme which is integrated in primary health care. Once such a programme has become part of the routine activities of basic health services, it is apparently capable of recovering, even after severe civil unrest. Under the same conditions, a vertical programme depending on vulnerable mobile teams would certainly have had to be discontinued, probably for a long period.

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