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Update: on May 3<sup>rd</sup>, the MSF hospital pharmacy in Old Fangak was bombed and burned to the ground. The nearby Old Fangak market was also bombed. At least seven people were killed, and 26 injured.

We strongly condemn this and other recent, intentional attacks on healthcare in South Sudan, and stand in solidarity with our colleagues and patients in Old Fangak.













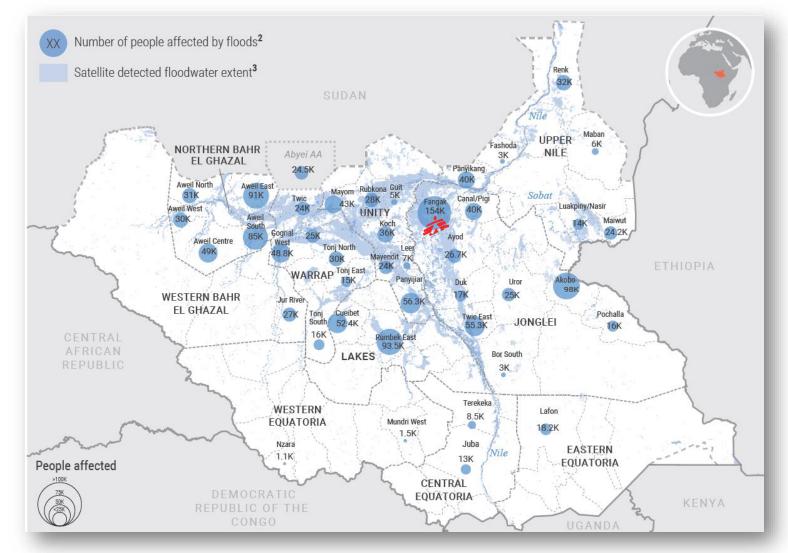


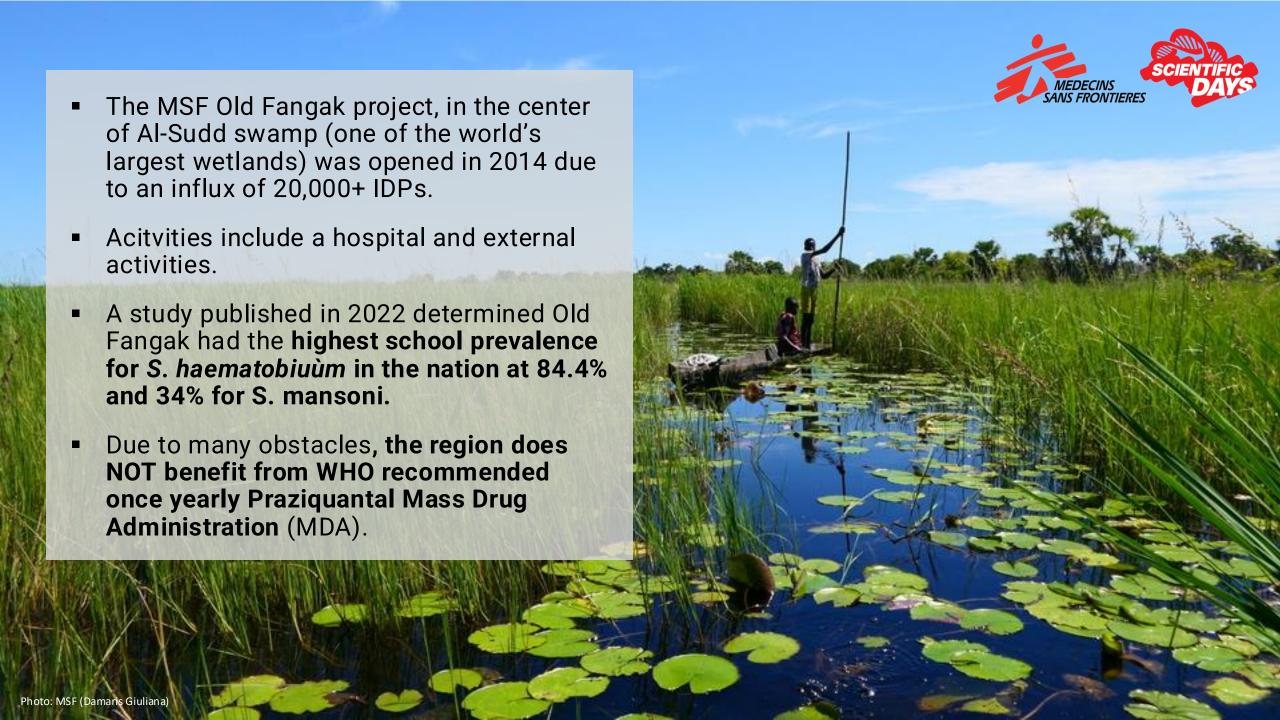


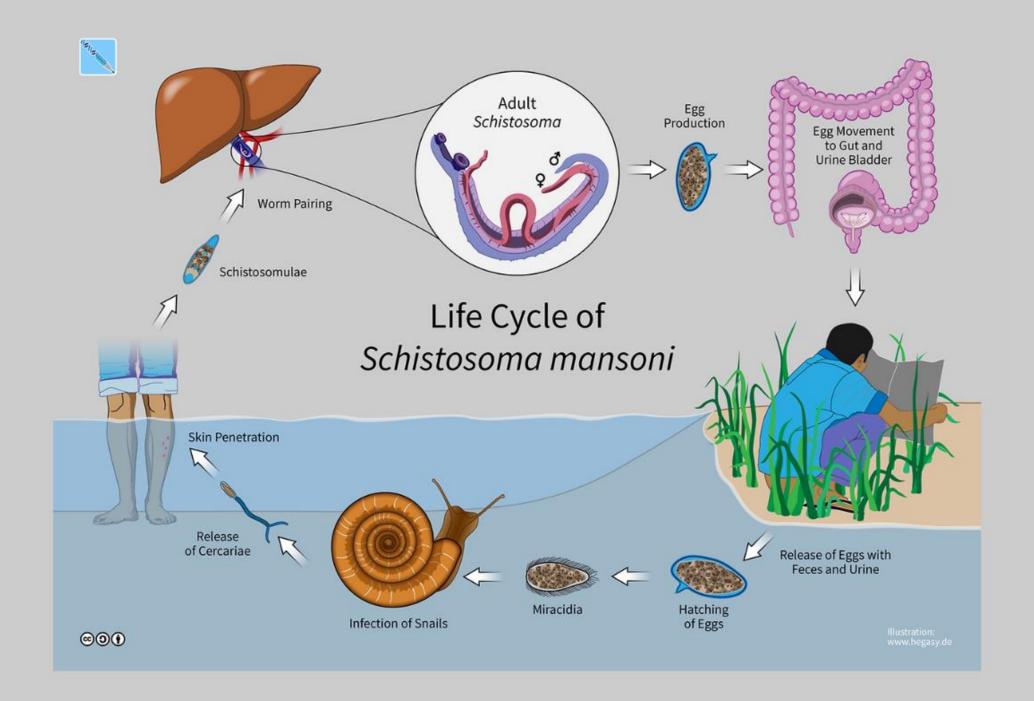
counties and Abyei affected by floods



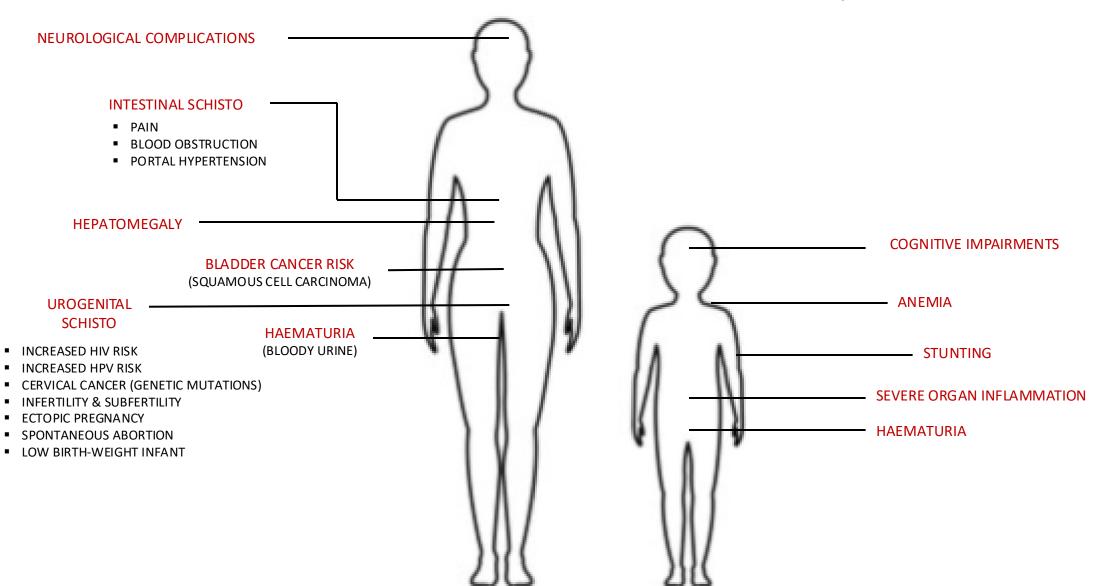








#### **CLINICAL SEQUELAE: SCHISTOSOMAISIS**

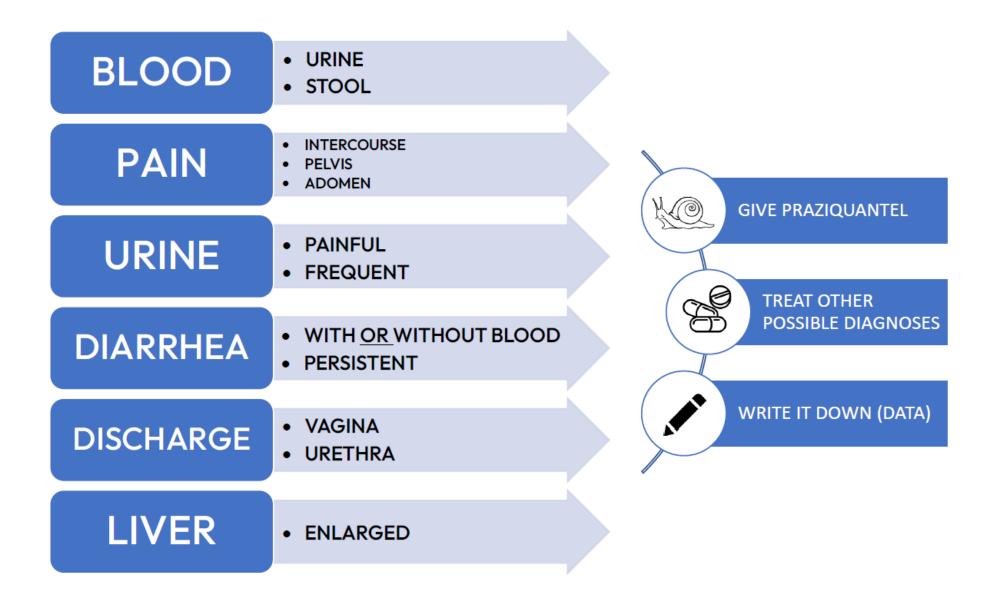




#### SYNDROMIC CONCURRENT ANTIMICROBIAL & PRAZIQUANTEL ADMINISTRATION (SCAPA)



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# **METHODS**

- All clinical staff received training on the new treatment model and study data collection.
- Tally sheets tracked patients screened (for symptoms, +/-random lab sampling) in the inpatient (IPD), outpatient (OPD), and maternity (ANC) departments & health outreach activities.
- Praziquantel consumption data recorded using MSF pharmacy tracking tools.
- Ethics approval was obtained from MSF-ERB + South Sudanese MoH Research Ethics and Review Board.





# RESULTS



Figure 1: Clinically diagnosed cases of schistosomiasis using SCAPA algorithm; Sept 2023 –Nov 2024; Old Fangak, South Sudan.



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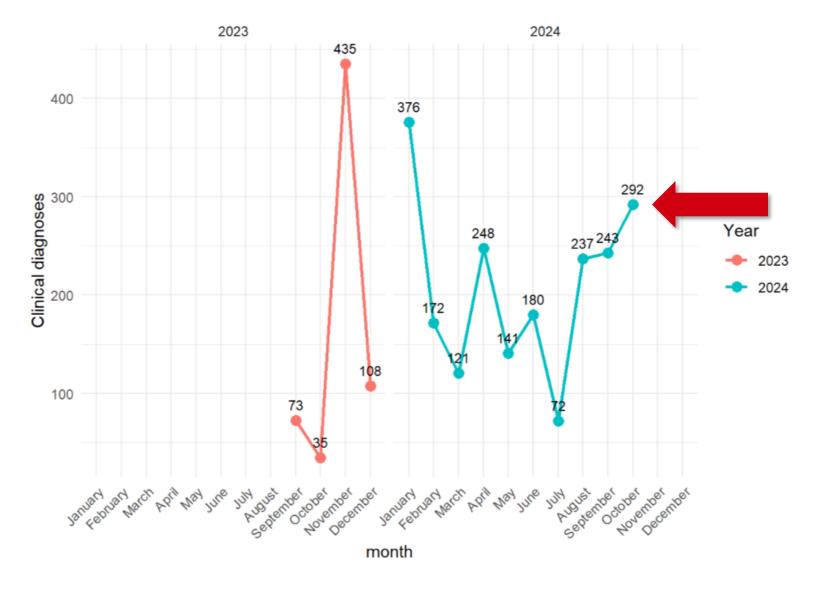
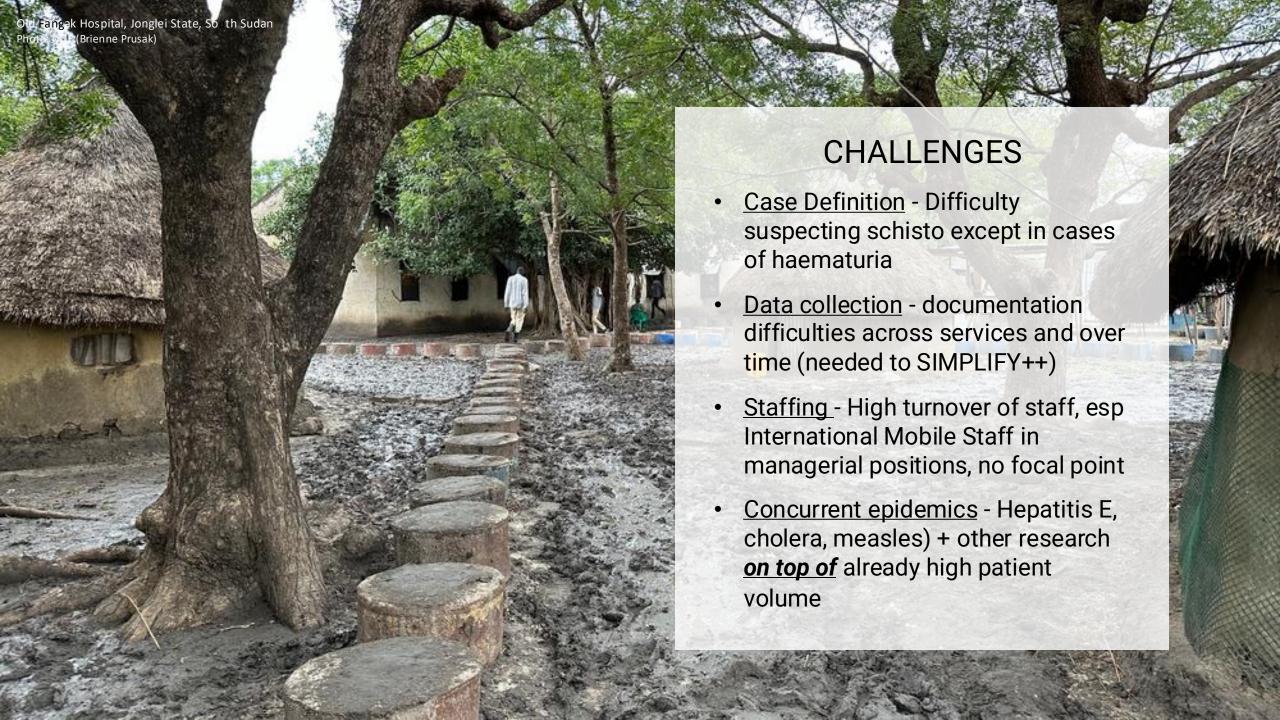


Figure 1: Clinically diagnosed cases of schistosomiasis using SCAPA algorithm; Sept 2023 –Nov 2024; Old Fangak, South Sudan.



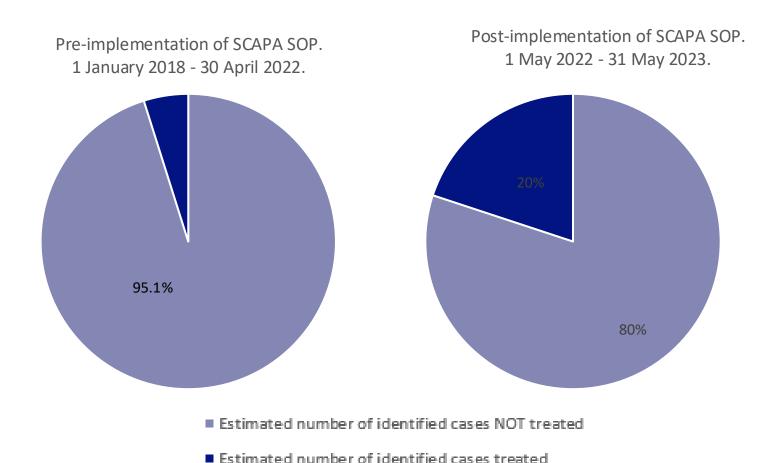




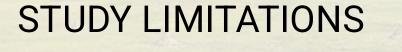
### **RESULTS**

There were modest improvements over the year, but most patients who present with schistosomaisis symptoms are still not receiving praziquantel...

Figure 2: Patients receiving PZQ treatment among all suspects

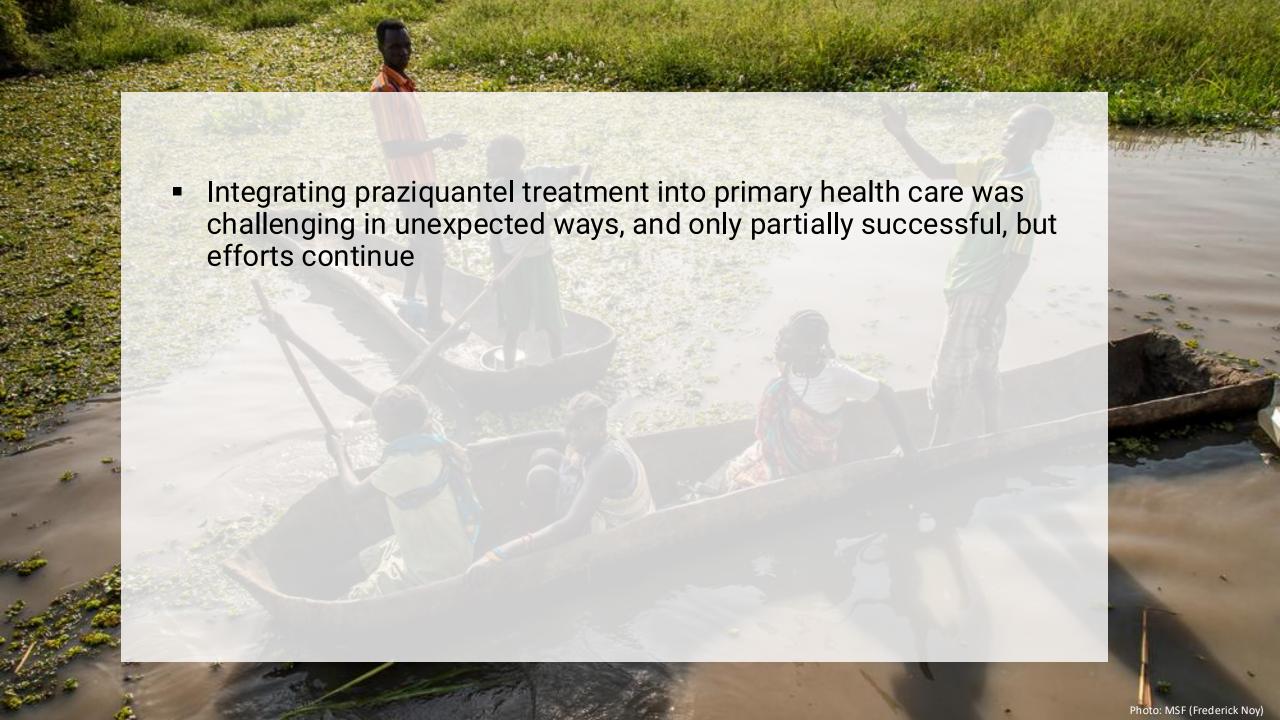


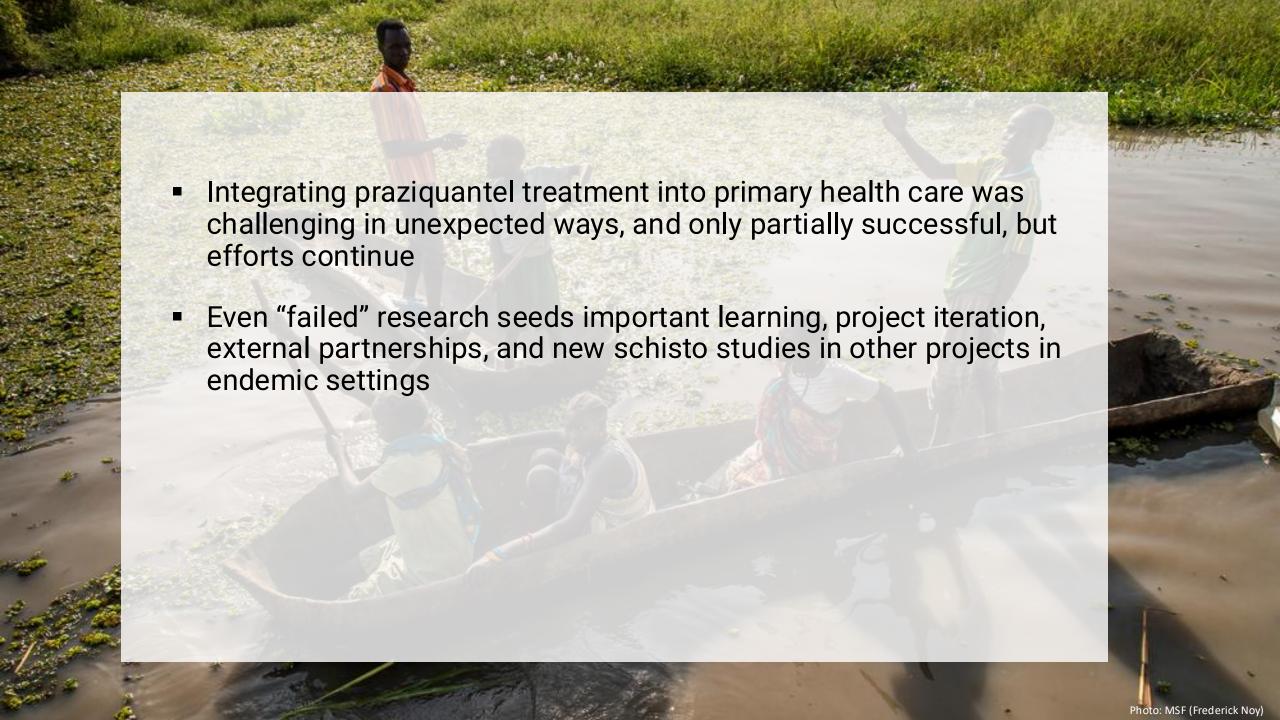


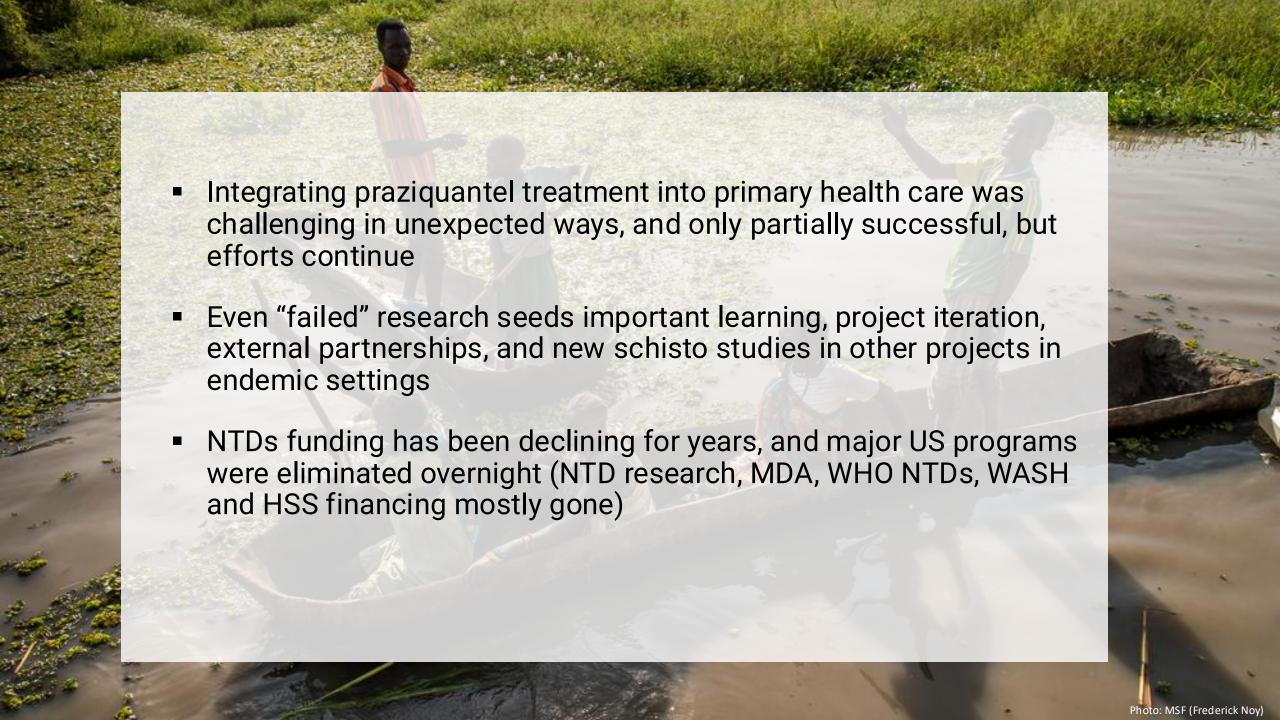


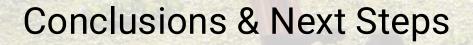
- No retrospective schistosomiasis data documented pre-SCAPA; pharmacy consumption data not specific to different health services (OPD, IPD, etc.)
- Implementing systematic laboratory confirmation, difficulties were over & above the lack of sensitivity & specificity inherent to the diagnostic test used.
- Schisto study data not consistently reported/documented despite SIMPLIFYING as much as possible.
- Data & laboratory analysis from outreach activities were not possible due to distances and additional challenges.











- Integrating praziquantel treatment into primary health care was challenging in unexpected ways, and only partially successful, but efforts continue
- Even "failed" research seeds important learning, project iteration, external partnerships, and new schisto studies in other projects in endemic settings
- NTDs funding has been declining for years, and major US programs were eliminated overnight (NTD research, MDA, WHO NTDs, WASH and HSS financing mostly gone)
- Integrating NTD care into larger disease control efforts and routine health services, rather than on vertical programs, allows us to continue NTD efforts even within a new funding and programming reality

