



THE ACCESS AND  
DELIVERY PARTNERSHIP

# NEW HOPE TO END SCHISTOSOMIASIS AMONG PRESCHOOLERS IN AFRICA

**THE UNDP-LED ACCESS AND DELIVERY PARTNERSHIP IS WORKING WITH COUNTRIES IN AFRICA TO PILOT AND PREPARE TO SCALE UP THE FIRST SCHISTOSOMIASIS TREATMENT FOR PRESCHOOLERS, THANKS TO JAPAN'S VISION AND LEADERSHIP ON UNIVERSAL HEALTH COVERAGE AND HUMAN SECURITY**

DECEMBER 2025

Along the shores of Lake Victoria in Tanzania, parents live with a constant, quiet worry: the same water their children use for bathing and play may expose them to schistosomiasis. Schistosomiasis is a debilitating neglected tropical disease (NTD) caused by parasitic worms, affecting more than 250 million people globally, including an estimated 50 million preschool-aged children most of whom are in sub-Saharan Africa. The disease can cause lifelong effects, contributing to chronic pain, impaired cognitive development, stunted growth and, too often, preventable death.

For decades, preschool-aged children had no safe, age-appropriate treatment. With investment from Japan through the United Nations Development Programme (UNDP)-led Access and Delivery Partnership (ADP)<sup>1</sup> and the Global Health Innovative Technology (GHIT) Fund, this long-standing gap is now being addressed. A new treatment option for preschool-aged children (three months to six years) affected by schistosomiasis, arpraziquantel (arPZQ), is beginning to reach children in need, with pilots in Côte d'Ivoire, Ghana, Kenya, Senegal, Tanzania and Uganda.<sup>2</sup>



*“ We’ve lost many to schistosomiasis. Availability of a treatment for preschool-aged children would be a huge relief.”*

– Charles Boniface, a fisherman and father of a young child in Sengerema, Tanzania

## A GLOBAL FIRST: WORKING WITH THE UNDP-LED ACCESS AND DELIVERY PARTNERSHIP, TANZANIA APPROVES NEW PAEDIATRIC TREATMENT FOR SCHISTOSOMIASIS IN PRESCHOOLERS

In September 2025, Tanzania made history when the Tanzania Medicines & Medical Devices Authority granted full marketing authorization for arPZQ, becoming the first country in the world to approve the treatment for preschool-aged children. Merck KGaA, Darmstadt, Germany is the Marketing Authorization Holder. The UNDP-led ADP worked with the agency to effectively leverage the World Health Organization’s Stringent Regulatory Authority Collaborative Registration Procedure, significantly reducing the approval timelines, which is critical for timely access.

Tanzania’s approval is one of the latest milestones enabled by Japan’s strategic investments, beginning with the research and development of arPZQ. The treatment was developed by the Pediatric Praziquantel Consortium under the leadership of Merck KGaA, Darmstadt, Germany, supported by the Japan-funded GHIT Fund and the European and Developing Countries Clinical Trials Partnership.

The development of arPZQ can improve children’s lives, but only if it can reach those in need. Japan’s long-standing investment in the UNDP-led ADP has been essential in ensuring this critical scientific advance improves the health and development of as many children as possible.

<sup>1</sup> The Access and Delivery Partnership works to increase people’s access to life-saving health technologies for tuberculosis, malaria and neglected tropical diseases – diseases that disproportionately affect the poor. The project is funded by the Government of Japan and led by the United Nations Development Programme, in partnership with the World Health Organization, the Special Programme for Research and Training in Tropical Diseases (TDR) and PATH.

<sup>2</sup> Product for the pilot implementation is supplied by Merck KGaA, Darmstadt, Germany.



From  
the People of Japan



Angel Michael delivers her child's urine and stool sample to a community health care worker, as part of the baseline parasitological assessment study in Tanzania, supported by ADP.



*“ When it rains, water collects in the rice fields, and children love playing in it. I wish we could stop children from contracting schistosomiasis. It's such a dangerous disease.”*

– Angel Michael, a mother from Kabale village, Itilima District, Tanzania

Beyond Tanzania's accelerated regulatory approval, ADP is collaborating with the Pediatric Praziquantel Consortium, the Izumi Foundation and other partners on pilot implementation in select countries, working with national programmes to plan, coordinate and deliver the new treatment. In Tanzania, in cooperation with the National Institute for Medical Research, the pilot will reach more than 25,000 preschool-aged children in Itilima, Sengerema, and Kigoma district councils over an 18-month period. The lessons learned from the implementation in Tanzania will help shape future national scale-up strategies and serve as a learning across countries.

As part of the evidence-base needed for the pilot studies, ADP also supported a baseline parasitological assessment in January 2025 involving more than 1,000 preschool-aged children, generating data on disease prevalence and intensity that is critical for determining treatment needs and planning the rollout of arPZQ.

To help understand the social and economic value of early treatment of schistosomiasis in preschool-aged children, ADP conducted a cost–benefit analysis study in Tanzania. Preliminary findings indicate that the integration of mass drug administration of arPZQ into existing NTD prevention and control programmes could generate significant health and developmental benefits.



NTD programme coordinators and community members have been testing an AI-powered Snail Identification App supported by ADP. Their work is providing insights to strengthen local surveillance strategies and improve early detection of schistosomiasis transmission hotspots.

ADP is also collaborating with countries on complementary interventions to strengthen diagnosis and risk management, including integrating female genital schistosomiasis care into broader health programmes, piloting ultrasonography as a point-of-care diagnostic tool and expanding the use of digital innovations for surveillance and response.



*“ When a person is sick, it disrupts daily activities, especially economic ones. Instead of going to the farms to plant crops for production, they spend their time seeking treatment or caring for sick children.”*

– Julius Johakim Tambirija, the chairman of Mlaga village, Sengerema District, Tanzania

## **LOOKING FORWARD: CRITICAL OPPORTUNITIES TO IMPROVE THE HEALTH AND DEVELOPMENT OF MILLIONS MORE CHILDREN**

The introduction of arPZQ in pilot countries is creating a blueprint for countries and regional rollout once the medicine is approved. This work will provide policymakers and partners with the evidence needed to make informed decisions in countries across Africa, home to millions more preschool-aged children who could benefit from this treatment.

Leveraging UNDP's extensive country presence and established partnerships with governments, communities, multilaterals and private sector in strengthening key capacities and systems related to digital and AI, procurement, financing and supply chain management, ADP is poised to support broader scale up of arPZQ.

For parents along Lake Victoria, the impact is already profound. For the first time, they can imagine a future in which their children grow, learn and thrive without the constant threat of a preventable disease.



*“ What excites me about this medication for the youngest children is its potential to reduce – and eventually eliminate – schistosomiasis infections in children.”*

– Ngw'ashi Dotto Haga, healthcare worker, Kabale village, Itilima District, Tanzania

By supporting both the innovation that created arPZQ and the systems that deliver it, Japan is helping ensure that no child is left behind on the path to universal health coverage – and that even the youngest can look toward a healthier, more hopeful tomorrow.



## AN INNOVATIVE PARTNERSHIP: HOW THE UNDP-LED ADP DELIVERS ON JAPAN'S VISION FOR GLOBAL HEALTH GOALS

Since 2013, the Government of Japan, in line with its vision on universal health coverage and human security, has strategically invested to combat tuberculosis (TB), malaria and NTDs through two interconnected initiatives. The GHIT Fund drives innovation and research for the development of new medicines, vaccines and diagnostics, while ADP focuses on delivery of new health technologies and strengthening essential capacities, institutions and policies for access. In addition to strengthening access to and impact of schistosomiasis treatment, ADP's work continues to deliver results aligned with Japan's priorities to improve universal health coverage and human security.

In recent years ADP has also contributed to:



Strengthened capacity for drug-resistant TB treatment rollout in 24 African countries, doubling treatment coverage since 2018.



Integrated delivery of malaria vaccines and seasonal preventive treatments in 13 countries for 54 million at-risk preschool-aged children.



Strengthened regulatory capacities and harmonization, reducing average timelines from 2 years to 7 months facilitating faster access to safe and effective health products for millions of people.



Leveraged South-South learning to accelerate innovation and improve access to new health technologies across 91 countries.



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