The first disease prevalence surveys in 1963 estimated that between 15 and 20% of people in Ghana were infected with schistosomiasis in their lifetime, and in the 50 years that followed, endemic areas and the proportion of people infected have greatly increased [2]. Between 1970-1980, prevalence rates above 60% were reported in many regions. On the River Volta’s shorelines, schistosomiasis had previously been absent but began to spread after Lake Volta was filled in 1968 [2]. The creation of the Akosombo dam and the subsequent Lake Volta and Volta delta region, along with other water resource development projects, has been attributed to an abrupt increase of schistosomiasis in Ghana [1]. A 2008 report by Ghana’s Ministry of Health states that in many communities living on Lake Volta’s shores, prevalence reaches as high as 90% [3]. The latest nation-wide estimates report that, as of 2010, national prevalence was 70.9%, slightly lower than 1986 and 2003 estimates of 72.5% [4,5]. The entire population of Ghana is considered ‘at-risk’ [6].

The History of Schistosomiasis in Ghana

Schistosoma haematobium is endemic in all regions

Schistosoma mansoni is found in the two upper regions

As of 2010, national prevalence is 70.9%


- Population in 2014: 25,758,108
- Official Language: English
- Capital: Accra
- Constitutional Democracy
- Percentage of Population with Access to Improved Drinking Water in 2012: 87.2%
- Percentage of Population with Access to Improved Sanitation in 2012: 14.4%
Schistosomiasis Control in Ghana

Despite the fact that Ghana represents one of the most severely affected countries from chronic schistosomiasis, little effort has been made to address this public health issue through control programs. The latest schistosomiasis intervention strategy was led by World Vision International and carried out between 2009 and 2011. The strategy was based on the World Health Organization’s current recommendations emphasizing mass drug administration of praziquantel in school-aged children as part of a package to address endemic parasitic diseases [7]. Small scale studies have suggested that an integrated approach to control that includes health education, sanitation improvement, and reduced human-water contact is necessary for success [8].

Lake Volta and the Akosombo Dam

Schistosomiasis rates in Ghana surged after the Akosombo Dam was built in 1968. Dams and other water resource development projects are linked to increased schistosomiasis prevalence.

References