

Stellingen
behorende bij het proefschrift

Treatment Effects and Integrated Morbidity Control of Schistosomiasis

1. Both praziquantel and metrifonate are safe and efficacious drugs for treating urinary schistosomiasis (this thesis).
2. Current evidence indicates that resistance against praziquantel in Senegal, although unlikely, cannot be ruled out (this thesis).
3. Trials that comply with contemporary standards of clinical research for design, diagnostic criteria, and data collection and reporting are needed for successful schistosomiasis control (this thesis).
4. The number of schistosomiasis cases visiting a health facility is low. Passive case-finding should therefore be supplemented with other control measures such as school health programmes and community directed treatment (this thesis).
5. Transmission of schistosomiasis is not reduced by population interventions such as selective treatment (this thesis).
6. Schistosomiasis control can only be a sustainable and cost-effective approach when it builds local capacity and strengthens existing health services.
7. In low-transmission areas, widely used artemisinin combination therapy (ACT) may reduce malaria transmission as effectively as the widespread use of insecticide-treated bed nets (Okell *et al.* 2008).
8. In Africa, translation of research into practice will only lead to improved health outcomes if it is based on the best evidence and supported by measures that improve access.
9. “There is a wide gap between today’s scientific advances and their application: between what we know and what is actually being done.” (LEE Jong-wook, WHO Director-General, 2006).
10. “To live is to choose. But to choose well, you must know who you are and what you stand for, where you want to go and why you want to get there.” (Kofi Annan, UN Secretary General, 2001).
11. The ‘brain-drain’ of African scientists to European universities has recently got company of the ‘leg-drain’ of African footballers to European teams.

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