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Controlling human Oesophagostomiasis in Northern Ghana

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Stellingen behorende bij het proefschrift

“Controlling Human Oesophagostomiasis in Northern Ghana”

1. Human infection with *Oesophagostomum bifurcum* knows no tribal barriers. The determinants of infection are geographical barriers (this thesis)
2. Stool culture is the established diagnostic method in epidemiological surveillance for the presence of *Oesophagostomum bifurcum*. In clinical oesophagostomiasis, however, ultrasound is the diagnostic method of choice (this thesis).
3. The large reservoir of *O. bifurcum* in non-human primates does not interfere with the chances of successful control through mass treatment of the human host. Both epidemiological and molecular evidence indicates that important strain differences exist between the parasites of man and monkeys (this thesis; van Lieshout *et al.*, *Tropical Medicine and International Health*, 2005; de Gruijter *et al.*, *Parasitology*, 2005).
4. PCR on stool samples could successfully replace stool cultures in epidemiological studies on *Oesophagostomum bifurcum*. (this thesis; Verweij *et al.*, *International Journal for Parasitology*, 2000).
5. The combined effects of high potency of albendazole and focal distribution of human oesophagostomiasis make control a realistic goal. Failure to eliminate human oesophagostomiasis in the endemic focus in Northern Ghana would be an inexcusable sign of mismanagement.
6. The apparent successes of mass drug treatment in helminth control result in obscuring the need for sensitive and reliable methods to monitor the impact.

7. Unless abortion is legalised in Ghana, maternal mortality will remain high due to illegal termination of pregnancies.
8. Inappropriate use of highly active anti-retroviral therapy (HAART) in developing countries risks to have more adverse than beneficial effects on the HIV pandemic in Africa.
9. Improving the road net-work in Ghana without enforcing a corresponding discipline in the use of the roads has brought road traffic accidents to epidemic levels, even worse than HIV/AIDS. Funding for “health” should reflect this observation.
10. Western health care systems will become more effective in Africa if health policies recognize that the health seeking behaviour and healing processes of many Africans are directly connected with cultural and religious beliefs.
11. The use of advanced diagnostic tools such as CT-scan and MRI is a good indication of the technological advancement of the health care system in sub-Saharan Africa but the “good old” light microscope still saves many lives since malaria and other infectious diseases remain the top killer diseases.
12. Unless more efforts are put into health education and preventive health in addition to clinical care, the health care system in the developing countries fights an uneven battle against disease.
13. The smooth introduction of the ECO (the proposed single currency by the economic community of West African States (ECOWAS) will have strongly positive effects on the economic development of the sub-region.

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