

Action Plan for Schistosomiasis

Category		Actions	17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	Specific risks		
A	Morbidity control and selective elimination	Scaling existing tools	1	Delivery – achieve full scale-up of treatment coverage among populations requiring intervention	█	Funding limitations, availability of drug
			i	Ensure treatment is reaching all populations at risk, particularly preschool and school age children and women at risk of female genital schistosomiasis	█▲	Funding limitations, availability of drug
			ii	Achieve better donor coordination	█▲	Political risk
			iii	Improve support for supply chain (with a focus on ensuring full utilization of donated drug)	█▲	Funding limitations, implementation
			iv	Improve reporting on distribution, leveraging new tools	█▲	Funding limitations, implementation
		2	Improve data quality and mapping to support targeting and tracking progress	█▲	Funding limitations	
		3	Improve compliance by strengthening social mobilization, improved Behaviour Change	█▲	Systematic non-compliance	
		Optimizing existing tools	4	Optimize MDA through operational research and adjustments based on existing research	█	
			i	Introduce micro-targeting of MDA and other interventions at the community level	█▲	Research failure, implementation challenges
			ii	Broaden MDA ¹ to additional populations and/or increase frequency to reduce transmission	█▲	Research failure
5	Sustain drug efficacy by identifying markers of resistance and establishing monitoring system	█▲	Research failure			
B	Global elimination	Introducing new tools	6	Develop/introduce revised diagnostic (assay and method) for implementation ²	█▲	Development failure
			7	Develop/introduce pediatric Praziquantel	█▲	Research failure
			8	Develop/introduce alternative to Praziquantel or PZQ combination therapy	█▲	Research failure
		9	Develop/introduce revised diagnostic approach for elimination certification ²	█▲	Research failure	
		10	Develop/launch safer, cheaper and effective snail control technology	█▲	Research failure	
		11	Develop/launch effective vaccine	█▲	Research failure	
WASH/ Behavior change	12	Develop/introduce effective WASH & Behaviour Change interventions for schistosomiasis	█▲	Research failure		
	13	Use endemicity data to target WASH investment & WASH data to track progress towards elimination	█	Implementation challenges		
	14	Develop multisectoral schistosomiasis action plans including WASH & Behavioral Change	█	Political risk		
C	Sustainability and Ownership	Mobilization	15	Revise WHO guidelines to reflect new evidence and tools available	█▲	Political risk
			16	Develop a coherent governance structure with a coordinating lead actor	█	Political risk
			17	Advocate and raise funds for scale-up of interventions, based on global business plan	█	Political risk
			18	Coordinate with local health system and other sectors to strengthen program ownership, effectiveness	█▲	Political risk
			19	Adopt strategy for long-term sustainability, including shifting to greater country ownership	█▲	Political risk

¹ E.g. through social mobilization; ² Applicable across species and risk settings; ³ E.g. abolish treatment holidays, expand adult treatment; ⁴ Prevalence among school-age children <10%, Socioeconomic progress and WASH with additional impact; ⁵ 10% ≤ prevalence among school-age children <50%; ⁶ Prevalence among school-age children ≥50%; ⁷ WHO estimates of population requiring PC (WER No 49/50, 2016)