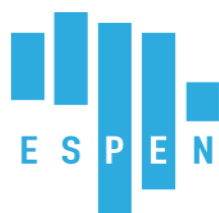




Schistosomiasis programmatic challenges in transitioning to elimination in the African region



EXPANDED SPECIAL PROJECT
FOR ELIMINATION OF
NEGLECTED TROPICAL DISEASES

Pauline Mwinzi

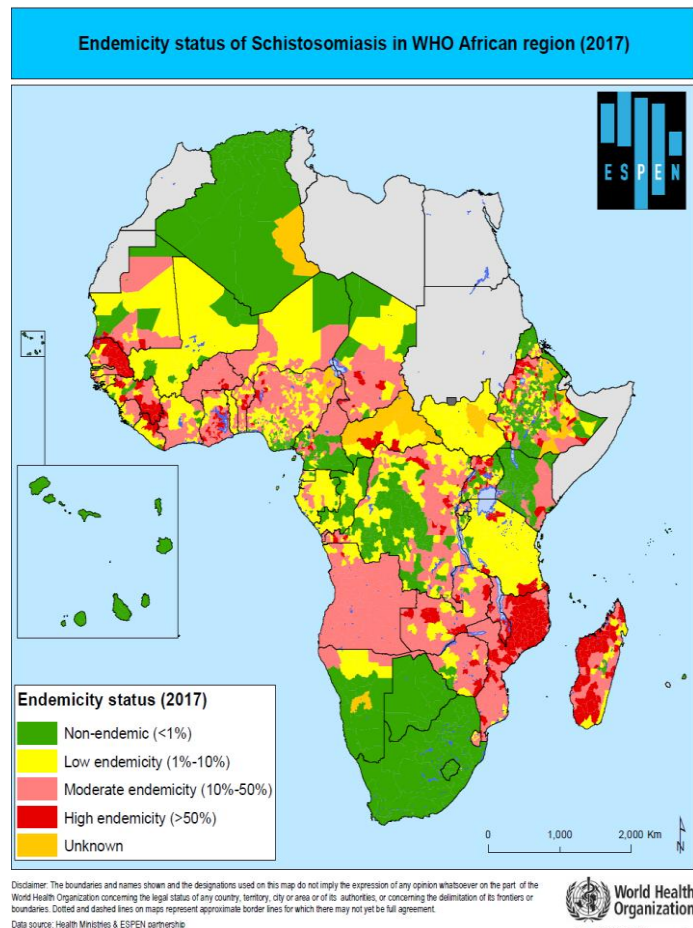


REGIONAL OFFICE FOR

**World Health
Organization**
Africa

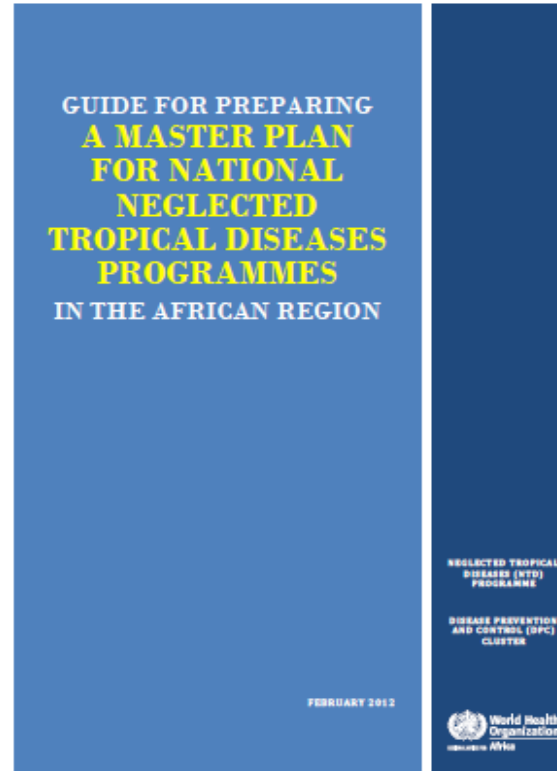
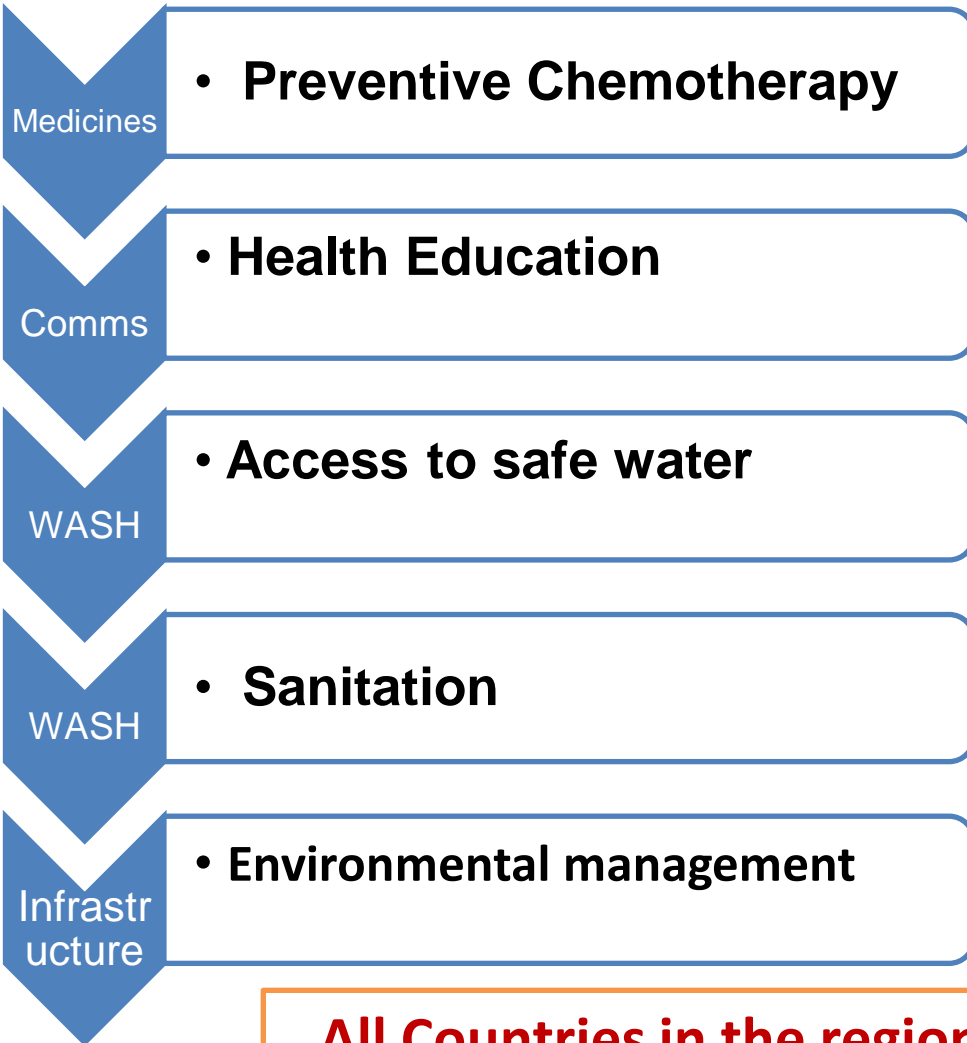
Current Status of SCH implementation in the African Region

PC implementation	AFR SAC/Adults
Number of countries requiring PC ¹	41
Number of people requiring PC	102.9M/88.8M
Number of countries implemented and reported ²	29/15
Proportion (%) of districts achieving effective coverage ⁴	82.8
Number of people treated	73.7M/11.4M
Coverage (%) ⁵	66.9/10.9
Overall Coverage	41%



Implementation status	# Countries
Not yet started MDA	3
MDA just starting MDA <100% geographical coverage	10
MDA <100% geographical coverage	7
Mature programmes; MDA at 100% geographical coverage	23

The African Region NTD Strategy advocates for the PHASE Approach



Countries that have developed elimination Master Plans

- Lesotho (STH)
- Swaziland
- Botswana
- South Africa*
- Namibia
- Zambia
- Zimbabwe
- Kenya*

Low hanging fruits

- Eritrea
- Niger

Assessment for elimination

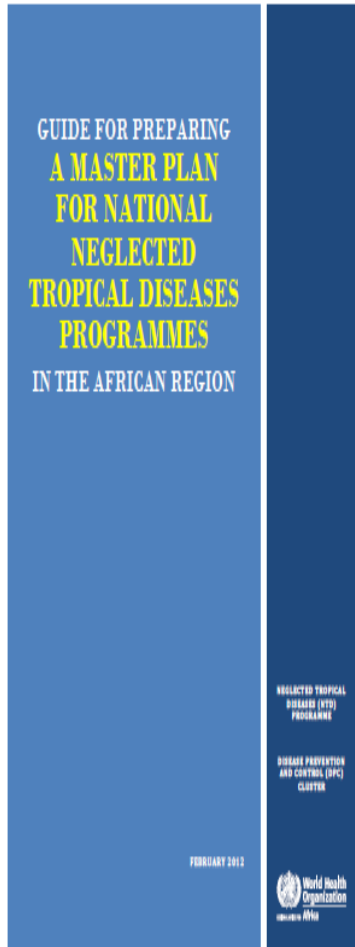
- Algeria
- Mauritius

All Countries in the region have completed their 2nd generation Master Plans*

Post 2020 targets should take into consideration that NTD programmes are at different levels of maturity

REGIONAL WORKSHOP ON MASTER PLANS TO ELIMINATE NTDs IN SELECTED SOUTHERN AFRICAN COUNTRIES

Victoria Falls, Zimbabwe: April 16-20, 2018



Some Key components in Master Plans:

- ✦ Align the NTD Elimination Master Plans to the Country's National Health Sector Strategic Plan (NHSSP)
- ✦ Expand treatment to all at risk
- ✦ Purchase and source medicines for adult treatment
- ✦ Integrate surveillance of PC-NTD in the National Health Information system (NIHS)
- ✦ Initiate sustainable routine testing, treatment and reporting of identified PC-NTD through the NIHS.
- ✦ Accelerate efforts towards vector control and environmental management.
- ✦ Include WASH activities and vector control in the Master Plan and annual plans.
- ✦ Adopt indicators for drinking water, sanitation and handwashing water.
- ✦ Inclusion of behaviour change communication and NTD into the primary and secondary school curriculum

SCH Control: Areas that are lagging behind

Investing in quality
of MDA for high
coverage

Shrinking
the Map

Impact assessments,
including morbidity
monitoring

Treatment of adults

Investing in the PHASE
package including snail
control

National ownership

Transparency

1. Investing in the quality of MDAs

- In 2017 and 2018, full request for medicines were approved for all requesting countries, to move to 100% geographical coverage
- However, treatment coverage is largely suboptimal at 41% in 2017.

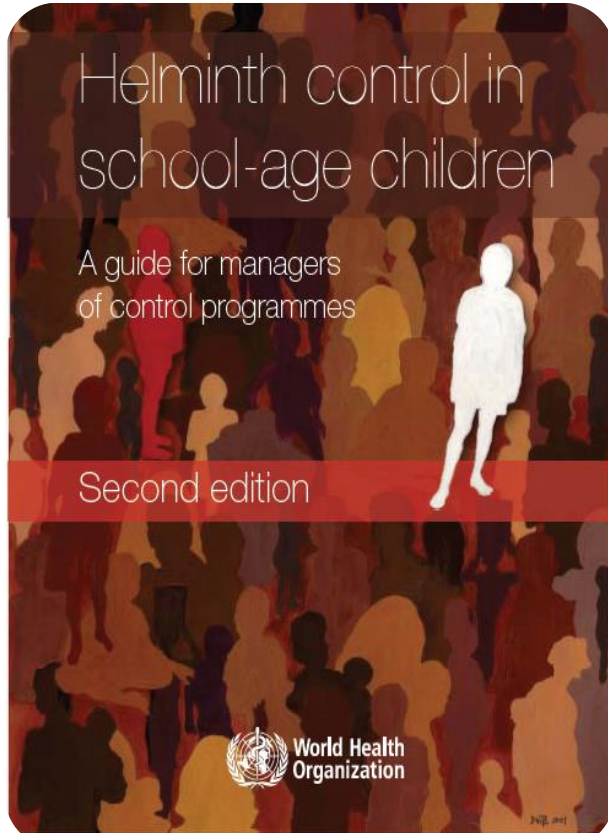
Increase investment in:

- Social mobilization
- MDA supervision
- Sentinel site surveillance
- Data Quality Assessment Tools
- Coverage Assessment Tools

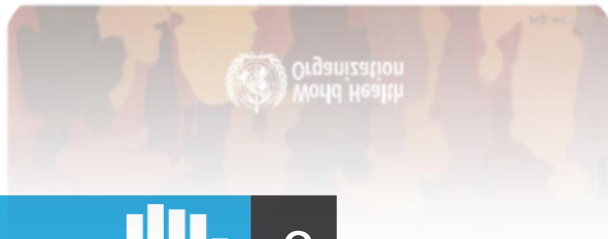
Activities and sub-activities
Annual planning and review
Annual planning meeting
National stakeholders meeting
Training
Training of drug distributors
National TAS training
Social mobilization
Drug logistics
Drug request
Drug repackaging
Drug transportation to districts
Drug distribution
MDA1 (IVM + ALB)
MDA2 (DEC + ALB)
MDA3 (IVM)
T1 (ALB/MBD + PZQ)
T2 (PZQ)
T3 (ALB/MBD)
Monitoring and evaluation
LF sentinel/spot check sites survey
SCH and/or STH prevalence survey
ONC epidemiological survey
LF TAS
Evaluation Unit 1
Evaluation Unit 2

2. Support impact assessments

(include morbidity monitoring and drug efficacy survey)



- After 5 or 6 years of PC implementation, it is necessary to (re)-evaluate the epidemiological situation
- According to the results of the assessment the PC intervention should be re-planned



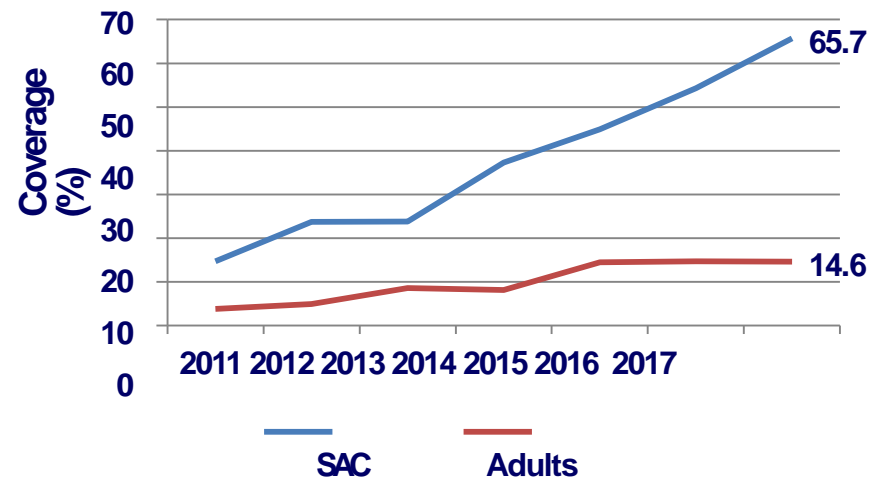
SCH / STH : Countries that are conducting or ready for impact assessments

MDA rounds	Country	
> 5 rounds of treatment	Benin	Mali
	Burkina Faso	Mozambique
	Burundi	Niger
	Cameroon	Nigeria (some States/LGAs)
	CAR	Rwanda
	Cote D'Ivoire	Senegal
	Ethiopia	Sierra Leone
	Ghana	Tanzania Mainland
	Guinea	Togo
	Kenya	Uganda
	Liberia	Zambia
	Madagascar	Zimbabwe
	Malawi	

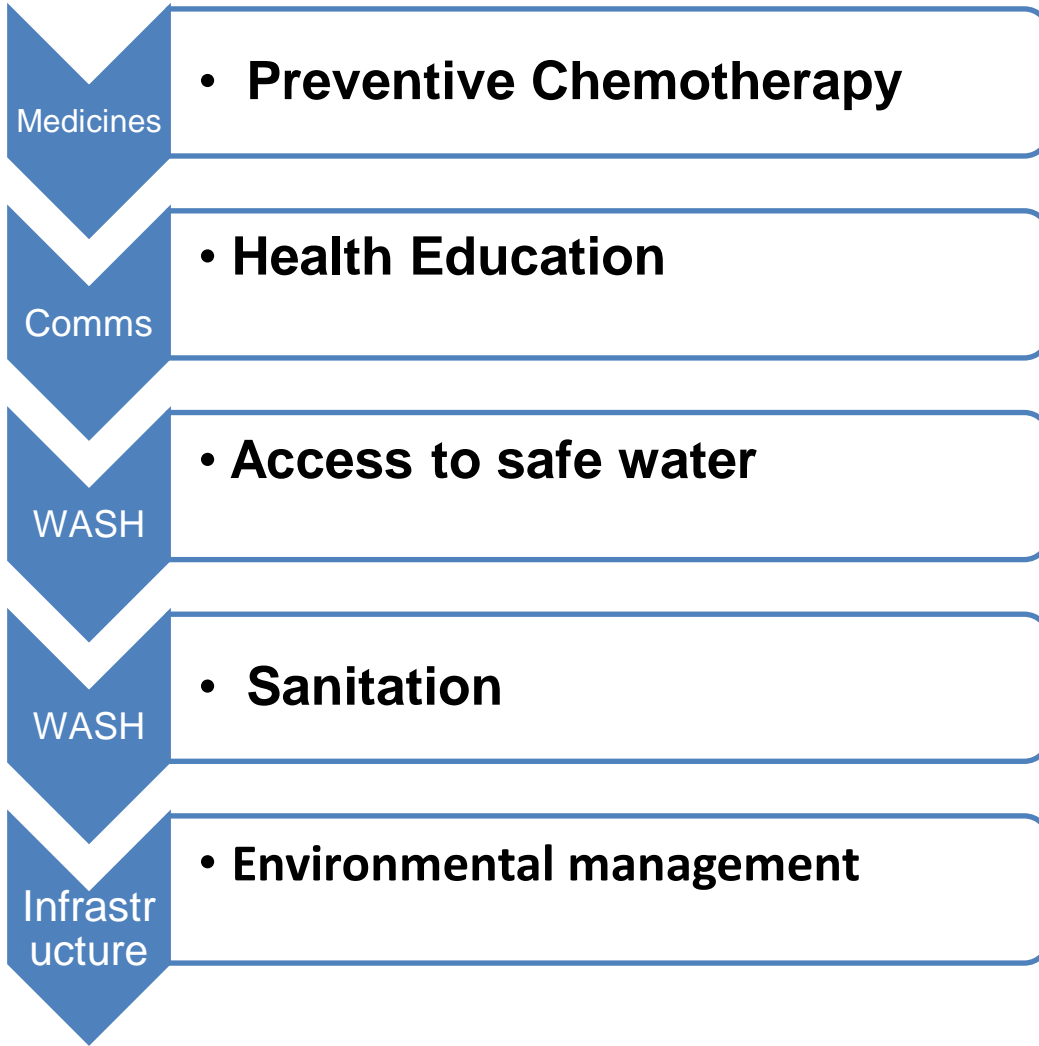
3. Treat adults

- In high prevalence areas ($\geq 50\%$): **adults in communities**
- In moderate risk areas ($\geq 10\%$ -> 50%): **treat high risk adult groups**
- In low risk areas ($< 10\%$): **avail PZQ in health facilities**

PC implementation	AFR Adults
Number of countries requiring PC ¹	41
Number of people requiring PC	88.8M
Number of countries implemented and reported ²	15
Number of people treated	11.4M
Coverage (%)	10.9



4. Invest in the rest of the PHASE package



- Invest in health education innovations e.g “Bamboo has schistosomiasis” ; “schistosomes and ladders” etc
- Linkage with WASH and Environment sectors
- WASH indicators in reporting

The guide on “Field use of Molluscicides in Schistosomiasis Control Programme: An Operational Manual for Programme Managers” has been disseminated to countries



- ❖ Planning a snail control programme using molluscicides – securing national regulatory approvals, integration, establishing a team, building capacity, selecting intervention sites;
- ❖ When and how to apply molluscicides;
- ❖ Monitoring and evaluation of mollusciciding -snail sampling, identification, and parasite monitoring; sentinel sites, resistance.

21 Countries have been trained on snail control

Cameroon Nov 2016	Pemba Sept 2017	Burkina Faso, Sept 2017
Cameroon	Tanzania Mainland	Cote d'Ivoire
Ethiopia	Tanzania Zanzibar	Niger
Malawi	Uganda	Burkina Faso
Mali	Zimbabwe	Senegal
Niger	Ethiopia	Cameroon
Nigeria	Ghana	Togo
The Sudan	Mozambique	Burundi
Tanzania (Mainland and Zanzibar)		Benin
Zambia		Rwanda



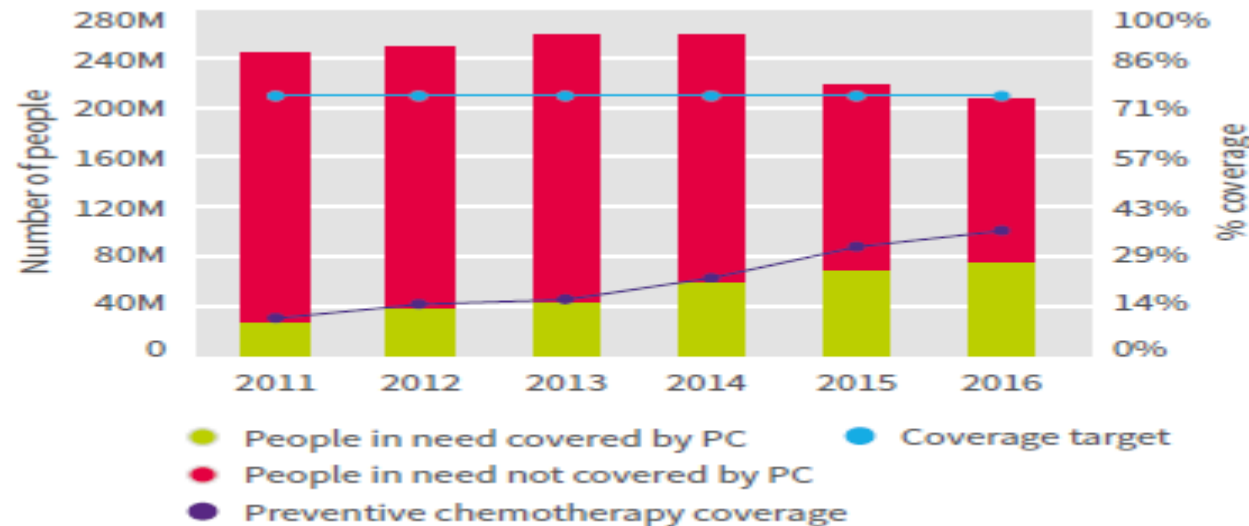
5. Shrinking the SCH map

Why?

- ✚ The current data treatment coverage suggests major gaps in treatment
- ✚ Reduce the extent to which District-wide MDA is contributing to over- or under treatment in endemic countries
- ✚ Current lack of medicine donation for adults, can be partly accomplished by savings on current PZQ donation
- ✚ To re-direct medicines and resources only where needed

How?

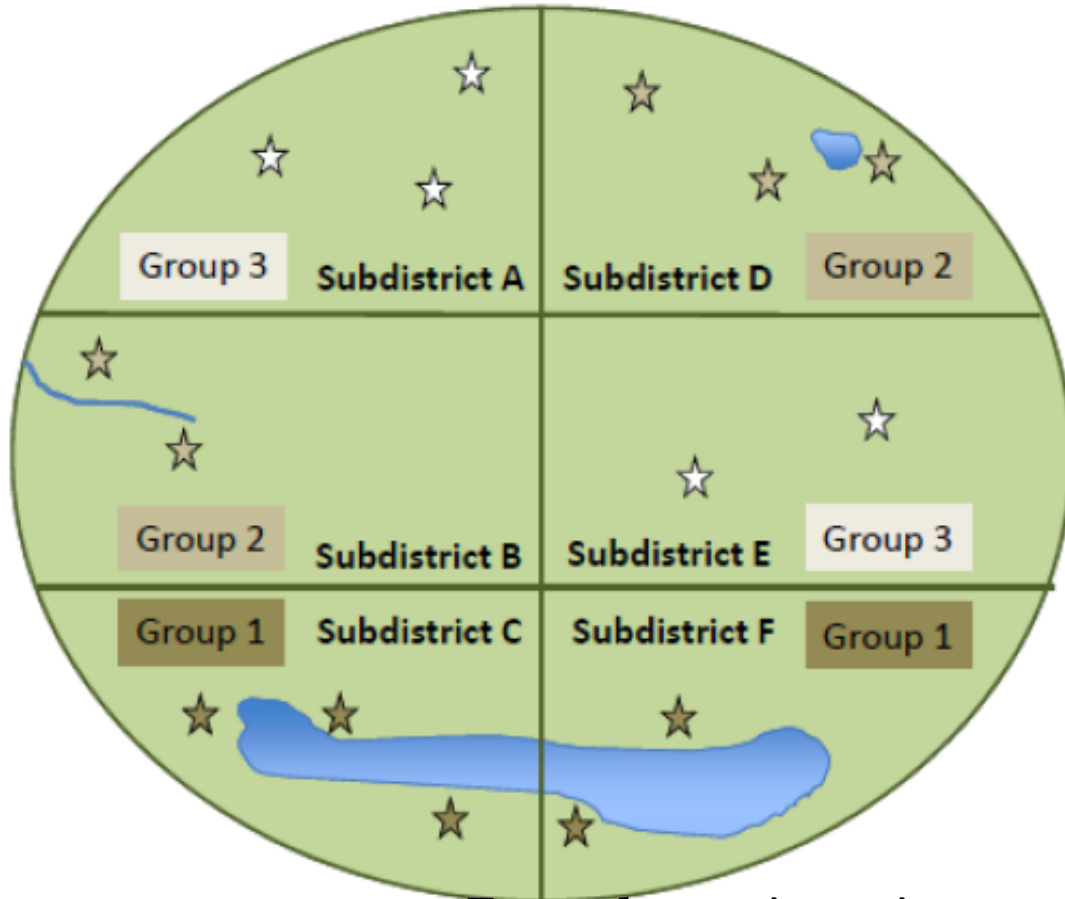
- ✚ Conducting new surveys to compliment existing data:
 - ✚ Impact assessments
 - ✚ Remapping and refinement mapping
- ✚ Delineation of Schistosomiasis prevalence data at sub-District level, where this has not been done



AFRO Survey methodology is focused on sub-district level sampling

NTD Mapping was completed in 2015*

Classification of 6 sub-Districts into 3 Mapping Units



Purposive sampling of schools near water bodies by 3 mapping units per implementation:

- Where endemicity is known
- Where endemicity is suspected
- Not suspected or unknown

★ Selected School

For each mapping unit, one prevalence will be estimated and all sub-districts in the group classified as non-endemic, low, moderate or high-risk area. One treatment strategy will be decided based on this classification.

For countries using District level mean for decision making, delineating to sub-district levels will help expose further mapping gaps, and to focus SCH treatment

Busia District, Kenya	Overall prevalence = 24.1%			
Sub-District	Number of Schools	Examined	Positive	Prevalence (%)
Amagoro	2	120	0	0
Amukura	1	60	1	1.7
Angurai	1	59	5	8.5
Budalangi	4	232	118	50.9
Chakol	4	56	3	5.4
Funyula	3	179	43	24.0
Overall	12	706	170	24.1

Support NTD Programmes to have updated community level (or lowest possible unit) demographic data for refinement of PZQ need at sub-District level: Example of community level demographic data (Ghana)

Region	District	Sub-istrict	Community	Population-2017	Population-2018	Population-2019	Population-2020
Ashanti	Ahafo-Ano North	Mankranso	Mankranso	5276	5408	5543	5682
Ashanti	Ahafo-Ano North	Mankranso	Beposo	1078	1105	1133	1161
Ashanti	Ahafo-Ano North	Mankranso	Kunsu	4045	4146	4250	4356
Brong-Ahafo	Pru	YEJI	Yeji Gonja Line	3455	3541	3630	3721
Brong-Ahafo	Pru	YEJI	Yeji VRA Quarters	1319	1352	1386	1420
Brong-Ahafo	Pru	YEJI	Yeji Habitat	809	829	850	871
Brong-Ahafo	Pru	YEJI	Yeji STC	2300	2358	2416	2477
Central	Assin North	Bediadia	Bediadia	1295	1327	1360	1394
Central	Assin North	Bediadia	Tweanka	431	441	452	464
Central	Assin North	Bereku	Akonfudi	3542	3631	3722	3815
Central	Assin North	Bereku	Aponsie	533	546	560	574

Many NTD programmes are not using demographic data below the district level and/or do not have such data even though it may be available in other government departments

6. National ownership

NATIONAL

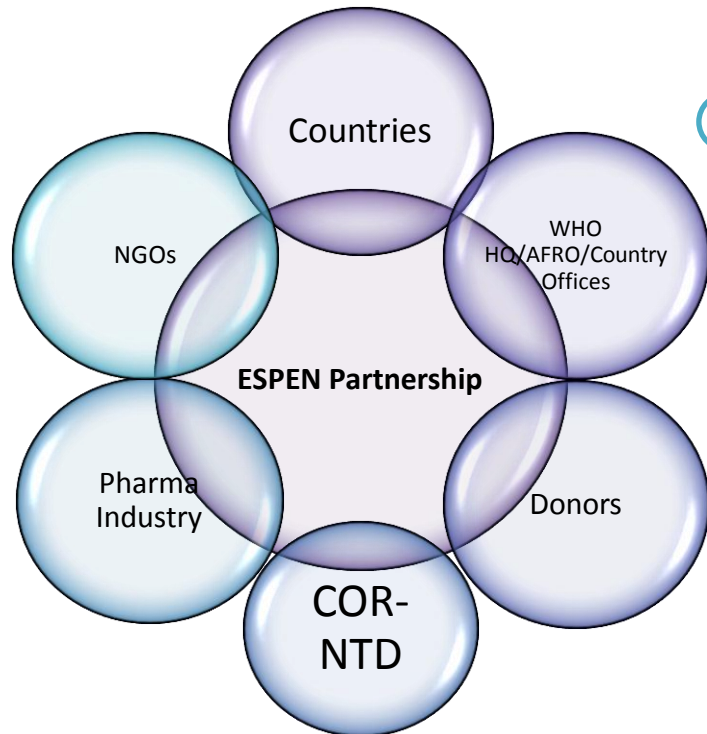
- N. Steering Committee
- Advisory body
 - ▣ Nat Expert Committee
 - ▣ Nat Elim. Adv. Group
- Nat NTD Forum
- NTD Secretariat

- ✦ NTD activities are domiciled in the Ministries of Health, with support of other relevant Ministries and departments.
- ✦ NTD programme Manager coordinates all NTD activities and provides leadership
- ✦ Implementing Partners participate and align with country NTD Master Plan and provide technical and resources support

8. Increase transparency and accountability

ESPEN as a model for public private partnership

ESPEN's partnership model



1 ESPEN is a special project established in a spirit of **partnership** between endemic countries in the African region, PC-NTDs partners and WHO.

ESPEN enables the coordination among MoHs and their stakeholders acting as a bridge and meeting point

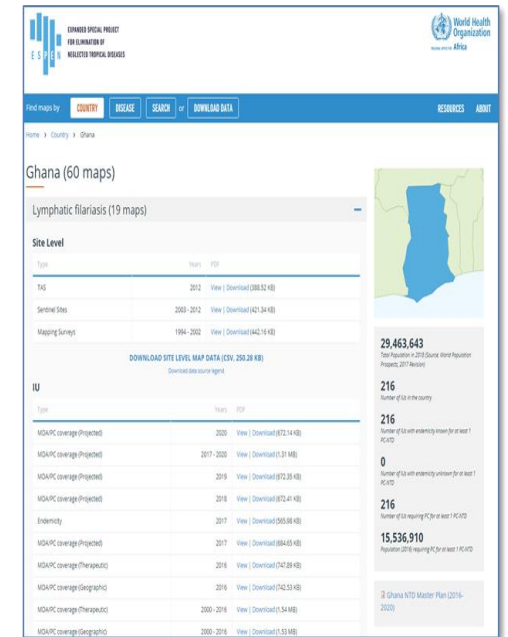
2 ESPEN provides **technical and operational support** to endemic countries in their efforts to control and **eliminate** targeted PC-NTDs.

AFRO + EMRO countries

Regional example

Country example

ESPEN Portal



<http://ntd.afro.who.int/en/espen/>

Open sharing of NTD data and budgets will avoid duplication and accelerate progress



For an Africa free of NTDs

Thank you for your attention



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World Health
Organization
REGIONAL OFFICE FOR **Africa**