

# Global Schistosomiasis Alliance consultation feedback on the WHO proposed goals for schistosomiasis post-2020.

Themes	GSA's Feedback on WHO 2030 Targets	Explanation	Suggestions
<b>Elimination as a public health problem - Proportion of heavy intensity of infection &lt;1%</b>			
<b>Interpretation of targets</b>	Concern that the language used may be interpreted by critical stakeholders as "interventions are no longer needed"	<p>Donors, Ministries, Governments, etc. will hear "this is no longer a public health problem" and will stop funding and treatment.</p> <p>The use of "Eliminations as a public health problem" language is especially confusing because for other diseases it means that interventions can stop (trachoma and LF).</p>	<p>Revise the language of the target instead of elimination as a public health problem. Suggestions made during the consultation included: "elimination of morbidity" or "morbidity control".</p> <p>Interruption of transmission should be the overarching goal with "elimination as a public health problem" or equivalent term as the intermediate goal.</p>
<b>Feasibility of targets</b>	Concern that this target cannot be achieved within proposed timelines in some countries	Field experience supported by modelling indicates that the goal is achievable in low and moderate settings using MDA for SAC. In high transmission settings the goal is not achievable using only MDA for SAC.	<p>In high transmission settings, we need to ensure the current strategy is fully implemented.</p> <p>GSA supports a Universal Health Coverage approach and therefore endorses the WHO strategy to treat all people who are in need of treatment</p>
<b>Practical implications of</b>	Concern with heavy infection as the indicator and <1% as	There is a high threat of resurgence of disease even when this threshold is met if MDA is stopped.	Investigate whether intensity of infection is the most appropriate indicator, given the paradox that you can achieve this indicator/target and still have high amounts of infection

<b>targets</b>	the threshold	<p>Debate among community members that intensity measurement (egg count) may not be a good proxy for morbidity.</p> <p>As intensity data is not used to inform programmatic decisions should a different indicator be used instead?</p>	<p>in treated communities.</p> <p>Consider whether there is another (and perhaps more ambitious) target indicator, i.e.: consider prevalence instead of intensity. Some countries may choose alternative indicators of morbidity relevant to local circumstances.</p>
	What is the appropriate diagnostic and sampling strategy for the indicator and threshold?	This will be informed by the outputs of the WHO on new precision mapping protocols.	<p>Investigate alternative strategies in light of precision mapping and diagnostic being developed.</p> <p>Alternative diagnostics should be investigated.</p>
	How do countries transition from the intermediate goal of “Elimination as a public health problem” to secure interruption of transmission?	With interruption of transmission as the overarching goal, there is a need for practical advice and assistance for countries to secure the gains and, where appropriate move to interruption of transmission.	<p>Need for clarity and clear guidance for programs on the practical steps needed to progress from the intermediate goal of “elimination as a public health problem” to interruption of transmission.</p> <p>Consider lessons learned from countries that have successfully secured the gains and made this transition. This may necessarily involve strengthening the health system.</p> <p>GSA together with stakeholders would be willing to work with WHO in the preparation of an investment case for countries to inform their decision of whether to focus on securing the gains or transitioning to interruption of transmission.</p>
<b>Risks of targets</b>	High risk of resurgence and inability to secure the gains from past	Lessons learned from Asia where they had to change to an interruption of transmission goal in order to secure commitment from governments, donors	Provide very clear messaging to stakeholders that reaching the intermediate goal of “elimination as a public health problem” does not signal that interventions can be terminated. This requires sustained commitment to secure

	and current interventions.	and communities. This will be essential if programmes are to be sustainable	the gains.
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Themes	Feedback on WHO 2030 Targets	Explanation	Suggestions
<b>Interrupt transmission in selected countries: zero autochthonous infections in humans, snails and animals for at least 5 consecutive years in a previously endemic country.</b>			
<b>Interpretation of target</b>	Members of GSA agree that the ultimate goal is interruption of transmission.	This is a necessarily ambitious goal.	N/A
<b>Feasibility of target</b>	Concerns that achieving this target is not feasible with current MDA strategies by 2030.	Modeling suggests this target is not achievable in high baseline transmission settings with current MDA strategies.	Provide and promote clear guidelines and the appropriate implementation of a multi-intervention strategy, supplementing MDA with other interventions such as snail control, targeting hotspots, WASH, One Health.
<b>Practical implications of target</b>	Concerns that it is not feasible to collect sufficient data to ensure zero incidence of infection in humans, snails or animals.	Many other diseases have shown that it is nearly impossible to confirm zero incidence. Other diseases have criteria set at above zero for that reason (LF).	Propose alternative criteria.  Determine break point and understand associated prevalence using current program data, modeling data, historical data and learnings from other NTDs (LF).
<b>Risks of target</b>	Concerns that this is	The long timeline to achievement could	Interruption of transmission will be secured country by country.

	<p>an overly ambitious target with a long timeline until achievement.</p>	<p>lead to donor fatigue, community fatigue, etc. which could lead to lack of support for interventions with the potential for resurgence of disease.</p> <p>We already have case studies backed up by modelling of the resurgence threat.</p>	<p>As each country moves their strategy towards interruption of transmission and secures that goal, there is an opportunity to demonstrate success with a range of case studies on what success looks like. A notable benefit is that these case studies will provide valuable evidence to update best practices for countries entering the interruption of transmission phase at a later date.</p>
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