

Day 2 Discussion Outputs

Session Access to Treatment

Proposed WHO 2030 Goal 1 & 2:	<p>Elimination as a public health problem</p> <p>Interruption of transmission of Schistosomiasis in selected countries</p>
Are the new targets technically feasible with the current availability of PC?	<p>Universal health coverage (of all age groups) needs to be available.</p> <p>Efficient use of available PZQ (250 million tablets donated by Merck for SAC and adult treatment).</p> <p>Constant review in number of tablets available and required.</p> <p>Despite some estimates showing that we will need more than 250 million tablets to treat those requiring treatment, the full number of tablets available has not been utilised in the past so this may not be the case.</p>
If not, what is required in terms of PC to achieve the target?	<p>Mapping and community-level data are needed to allow for targeted use of PZQ.</p> <p>Advocacy for more PZQ and paediatric drugs is needed so that we are not dependent on a single donor (Merck). Directing advocacy to past donors could be an option.</p> <p>Any potential gap in the number of tablets and number of treatments needed needs to be avoided/reduced.</p>
Are current tools and strategies available to address Access to PC?	<p>Use of health care centres (in specific areas) for those that miss treatment or where treatment is not otherwise available.</p> <p>New techniques can be applied to estimate the number of drugs needed.</p> <p>Treatment could be carried out at community-level (rather than district-level) to make drug usage more efficient.</p> <p>New formulation of PZQ to extend shelf life and reduce packaging is being developed by Merck.</p> <p>Pre-SAC paediatric formulation is starting phase III.</p>

<p>What are the biggest unknowns?</p>	<p>More in country evidence is required e.g. some countries are lacking pre-SAC prevalence data to show that they need treatment.</p> <p>Need re-mapping/community-level data to make more optimal treatment decisions.</p>
<p>What are the biggest risks?</p>	<p>Overtreatment i.e. treating individuals that do not require treatment.</p> <p>Donor fatigue (has occurred in the past).</p> <p>Manufacturing capacity and high-quality EPI are challenges being faced.</p> <p>More sensitive diagnostics may show that more treatment is needed.</p>
<p>What are the potential indicators that could be used to measure improved access to PC?</p>	<p>All endemic countries could monitor:</p> <p>Data on treatment of different age groups (pre-school aged children, school-aged children, adolescents and adults)?</p> <p>Treatment data disaggregated by sex and age?</p> <p>Data on availability/purchase of Praziquantel for maternal & child health clinicals, for reproductive health clinics and for hospitals in endemic areas?</p> <p>Countries could embed schistosomiasis into training programmes for child, maternal and reproductive health personnel in the healthcare workforce.</p>

Session Interventions to sustain control and lead to elimination

<p>Proposed WHO 2030 Goal 1 & 2:</p>	<p>Elimination as a public health problem</p> <p>Interruption of transmission of Schistosomiasis in selected countries</p>
<p>Are the new targets technically feasible using the current strategies/interventions?</p>	<p>Difficult to achieve elimination/interruption of transmission and prevent resurgence without WASH, behaviour change and/or snail control alongside MDA.</p> <p>Past places where interruption of transmission has been achieved, it has been with the inclusion of snail control.</p> <p>WASH-NTDs toolkit and WHO molluscicide user manual</p>

	<p>available.</p> <p>Geshiyaro project is implementing WASH and has Implementation team, evaluation and modelling team collaborating.</p> <p>2017 WHA resolution and GVCR to coordinate snail control. Guidelines for lab and field testing available for molluscicide use (when, how and monitoring).</p>
<p>If not, what is required to develop new strategies to achieve the target?</p>	<p>NTD programmes should not deliver WASH services but coordinate and jointly plan with WASH. Testing of the new framework for collaboration between NTD programmes and WASH needed.</p> <p>WASH needs more effective behaviour change interventions (ensuring water contact is avoided) and advocacy.</p> <p>Current WASH investments not reaching most vulnerable. Better targeting needed.</p> <p>Snail distribution and habitats need to be mapped.</p>
<p>Are current tools for new strategies available?</p>	<p>Sustainability through community ownership. Community-government collaboration for WASH behaviour change leads to sustained achievements.</p> <p>WASH and NTD programme coordination (common goals).</p> <p>Development of a repellent when going swimming could be beneficial.</p> <p>23 countries have been trained on snail control. Snail control needs to be timed alongside MDA.</p> <p>Snails can be killed using chemicals (may impact habitat/fish populations) or natural interventions.</p> <p>Techniques such as xenomonitoring (and under-development- eDNA) can be used to detect infected snails.</p> <p>Advocacy for environmental improvement and snail control is needed.</p>
<p>What are the biggest unknowns?</p>	<p>Limited evidence of the beneficial impact of WASH (some studies showing small impact; data needed on this being collected within the Geshiyaro project)</p>
<p>What are the biggest risks?</p>	<p>Reverting to old behaviours.</p> <p>Making WASH measures scalable across multiple schools.</p> <p>Political will and lack of stakeholders, access to molluscicide, country capacity and funding. Snail control plans have been met with resistance from several stakeholders</p>

	(environmentalists not comfortable).
What are the potential indicators that could be used to track implementation of new strategies?	<p>For countries moving to transmission elimination/interruption</p> <ul style="list-style-type: none"> Integrating snail control into an integrated vector management system Data on sites for snail control through mollusciciding and/or environmental management <p>Countries could ensure coverage indicators for WASH are available and shared cross-sectoral:</p> <ul style="list-style-type: none"> Data on access to safe water in endemic areas Data on access to sanitation <p>Countries could embed schistosomiasis into school health education curriculum.</p> <p>Countries could embed schistosomiasis into occupational health policies where appropriate</p>

Session Moving Towards interruption of Transmission

Proposed WHO 2030 Goal:	Interruption of transmission of Schistosomiasis in selected countries
Is the new target technically feasible under the current disease strategy?	<p>The WHO target for 2030 is to reduce the number of individuals requiring PC to 50 million. Progression of countries to EPHP and EOT has been planned by WHO based on conversations with regional focal points. Likely to require multiple strategies to reach EOT.</p> <p>Biannual MDA has not reached EOT in Zanzibar.</p>
If not, what is required to achieve the target?	<p>Need to adapt and target interventions to areas (e.g. more intensive treatment in required areas or test and treat strategy). Need risk-mapping to detect hotspots (clearer definition of hotspots needed). Also need behaviour change. Improvements in health systems needed.</p>
Are current tools available for moving to interruption of transmission?	<p>More sensitive diagnostics are available. Protocols for mapping are being developed.</p>

<p>What are the biggest unknowns?</p>	<p>In low prevalence setting could not distinguish additional impact of snail control/behaviour change.</p>
<p>What are the biggest risks?</p>	<p>Concerns over safety of conducting surveys in some areas/countries.</p> <p>Infected migrants have been shown to re-introduce infection in areas where schistosomiasis is not present.</p> <p>Zoonotic transmission.</p> <p>Overtreating in some areas.</p> <p>Transmission being maintained in untreated age-groups/individuals.</p> <p>If the EPHP threshold changes then countries may have to change their goal.</p>
<p>What are the potential indicators that could be used to track progress to interruption of transmission?</p>	<p>Countries could embed schistosomiasis surveillance into their health systems and their agricultural and environmental management systems. Tracking infections in intermediate snail hosts, and human and other animal hosts.</p> <p>Countries could track a list of criteria needed to build the appropriate environment for interruption of transmission e.g.</p> <p>WASH indicators</p> <p>Environmental and snail control indicators</p> <p>Access to PC indicators</p>

Session Country ownership

<p>Proposed WHO 2030 Goal 1 & 2:</p>	<p>Elimination as a public health problem Interruption of transmission of Schistosomiasis in selected countries</p>
<p>Are the new targets technically feasible considering the current disease strategy and funding available?</p>	<p>Some countries and their governments are already actively supporting schistosomiasis interventions.</p>

<p>If not, what is required to achieve the target?</p>	<p>Support from more countries needed.</p> <p>Improved transition from external investors/funders to local funders.</p> <p>Change needs to come from ministries of health.</p>
<p>What current tools and strategies are available to advocate for in-country capacity and domestic financing?</p>	<p>Encouraging domestic financing, celebrating small milestones. Promoting community and country-level ownership.</p> <p>Working with countries to establish infrastructure to obtain donations from their own countries (e.g. END fund teams).</p> <p>Advocacy and connections from government/NGOs.</p> <p>Making health professionals aware of NTDs. Educating donors.</p> <p>Ethiopian ministry of education revising guidelines to provide water in schools.</p>
<p>What are the biggest unknowns?</p>	<p>Number of donors willing to commit to this (donations not unlimited).</p>
<p>What are the biggest risks?</p>	<p>Investors are not thinking about long-term investments (e.g. with END fund typically two cycles of 3-year investments).</p> <p>Donor fatigue/donors expecting countries to take ownership once they leave.</p> <p>Need to be able to show results to investors.</p>
<p>What are the potential indicators that could be used to track in-country capacity and domestic financing?</p>	<p>Model to show contribution moving from external donor to within-country funding.</p> <p>Building an investment case.</p> <p>Countries could look at integrating schistosomiasis incidence data and surveillance data into their national health information systems</p>