



NEGLECTED TROPICAL DISEASE NGO NETWORK

A global forum for nongovernmental organizations
working together on NTDs

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#BeatNTDs #NNN2022

SCHISTOSOMIASIS (SCH) & SOIL TRANSMITTED HELMINTHIASIS (STH) DISEASE SPECIFIC GROUP (DSG)

13th Annual Neglected Tropical Disease NGO Network (NNN) Conference
Wednesday, September 14TH, 2022



Agenda

- Talk 1 - SCH-STH DSG and Survey results - Anouk Gouvras (Chair) and Mariana Stephens (Vice-Chair)
- Talk 2 - WHO guidelines, policies and the Technical Advisory Group for SCH and STH (TAG SS) - Antonio Montresor / Amadou Garba, WHO
- Rapid Talks: Operationalizing the guidelines -Anna Phillips, FHI360 & Upendo Mwingira, RTI
- Rapid Talk: Integrating SCH & STH - Florence Wakesho, MoH Kenya
- Q&A & Discussion
- Next Steps - Anouk Gouvras (Chair)
- 2022-2023 - Mariana Stephens (incoming Chair)



NNN SCH-STH DSG

- Established in 2010
- Purpose to bring together SCH and STH NGDO stakeholders to share information and identify synergistic opportunities.
- Governance:
 - Steering Group: Chair ([Anouk Gouvras](#)), Vice Chair ([Mariana Stephens](#)), Immediate past Chair ([Suzy Campbell](#))
 - Membership:
 - SCH-STH Coordination Group is open to all NGDOs involved in supporting STH and SCH programs
 - NGDO members have voting rights (one per organization)
 - Associate membership - open to Non-NGDOs (donors, UN agencies, government organizations, universities, and research institutions)



NNN SCH-STH DSG

- Annual meeting, membership list out of date
- Aim to revive and re-establish group
- 2021 NNN annual conference side meeting
 - 213 registrants, 133 attendees & English-French interpretation
 - Leveraged reach of the virtual platform - invited attendees to join the NNN SCH-STH DSG mailing list to receive information from the group.
 - Mailing list of 193 stakeholders from over 43 countries.



PURPOSE OF THE SURVEY

- *synergise* and work in partnership across the schistosomiasis and STH sectors.
- *identify* the key priorities for SCH and STH programmes.
- *define* the scope of the NNN platform and the NNN SCH-STH DSG as a forum to bring together the schistosomiasis and STH communities.
- The engagement survey was shared in both English and French, and survey responses have been merged within the data represented here where possible.



1. HOW DO WE EFFECTIVELY INTEGRATE SCH AND STH INTO NTD MASTER PLANNING?

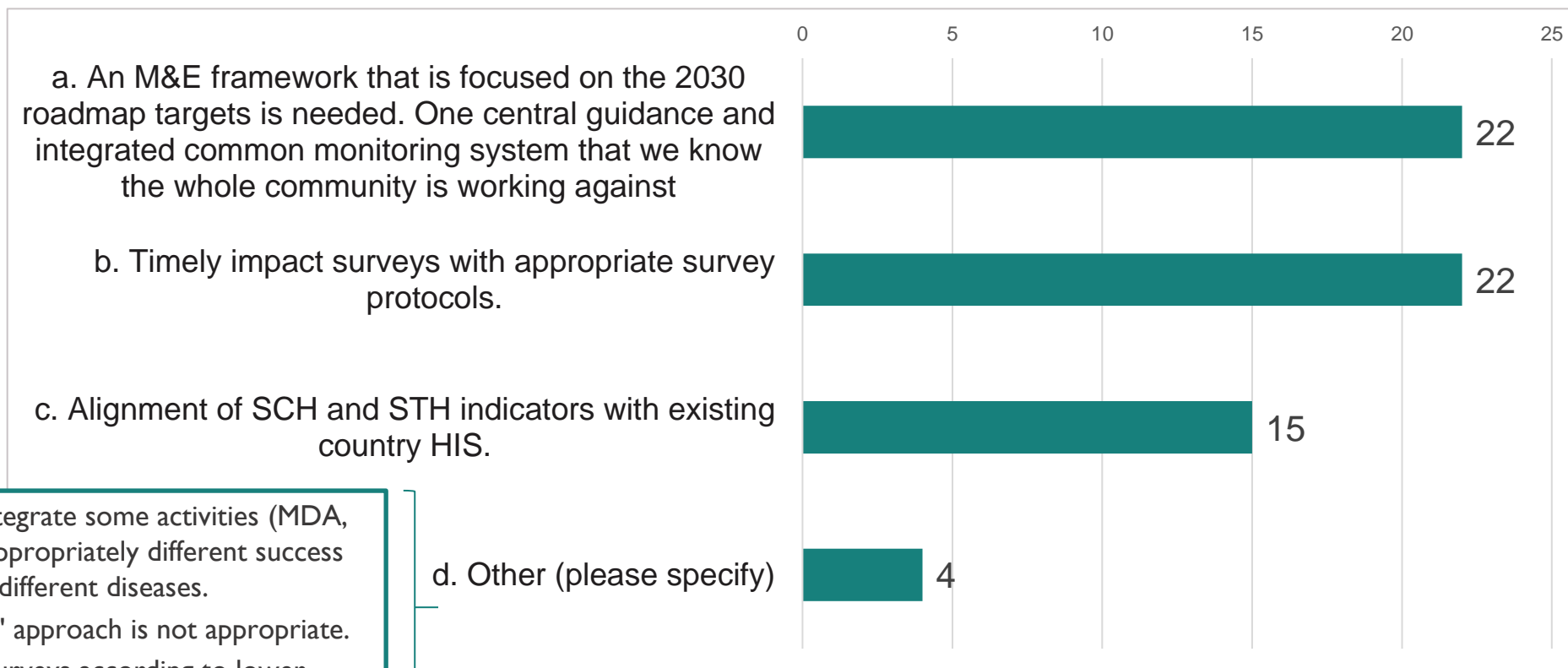
Ranked

Priority Approaches

- 1 Clear SCH and STH targets - map out where they align and differ from each other and, where resource synergies exist.
- 2 Integrate SCH and STH delivery into planning and monitoring, align to overall vision, integrated surveys and surveillance systems, integrated mapping to integrate interventions (integrated control program in MOH).
- 3 Build capacity of and engage with stakeholders focused on SCH and STH at the planning stage during NTD master plan development.
- 4 Address integrating SCH-STH into other disease/sector plans (WASH, HSS, education, etc).
- 5 Evaluate what resources are needed both in terms of capabilities & finance & human resources.
- 6 Address methodologies. Difficulties in integrating surveys with different requirements, e.g.. precision mapping for SCH requires more resources than STH impact survey.



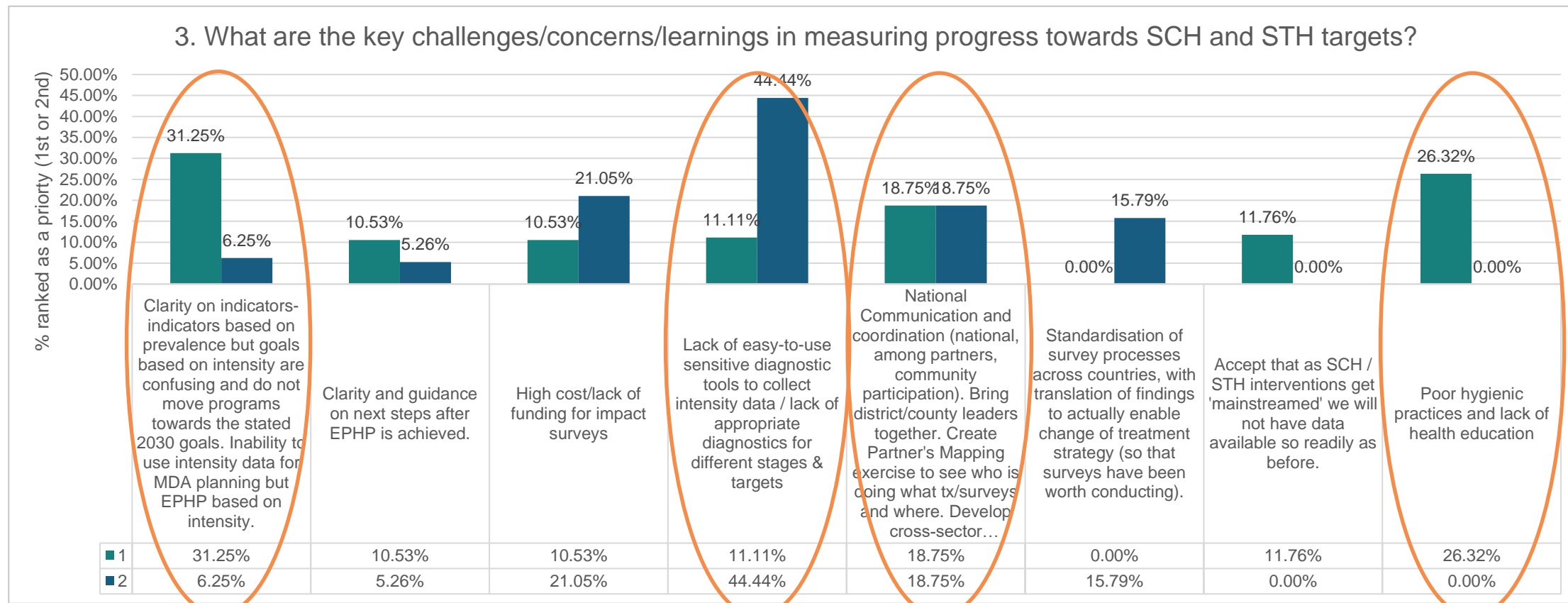
2. HOW CAN COUNTRIES REPORT ON PROGRESS TO SCH AND STH TARGETS? (CHECK ALL THAT APPLY)



- It is possible to integrate some activities (MDA, WASH) but use appropriately different success indicators for the different diseases.
- A "one size fits all" approach is not appropriate.
- Conduct impact surveys according to lower implementation units
- Integrate case reporting into health care coverage



3. WHAT ARE THE KEY CHALLENGES/CONCERNS/LEARNINGS IN MEASURING PROGRESS TOWARDS SCH AND STH TARGETS?



RECOMMENDED ACTIONS *(combining questions 4 - 10)*

Regular communications with the DSG to...

Share challenges of SCH & STH

Discuss integration of SCH & STH

Communicate WHO items for SCH & STH

Biannual Joint SCH-STH DSG Meeting & Newsletter covering...

Highlight case studies and best practices

WHO updates

Research findings & funding updates

Tools, indicators, & strategies

NNN SCH-STH DSG webpage to feature...

The GSA and STH Coalition website and resource access

WHO SCH and STH webpages

Information on the SCH-STH DSG, including TOR & scope



THANK YOU

Please contact us at anouk.gouvras@eliminateschisto.org or mstephens@taskforce.org with any comments or questions.



<https://www.eliminateschisto.org/>



@elimin8schisto



<https://www.linkedin.com/company/global-schistosomiasis-alliance/>



anouk.gouvras@eliminateschisto.org



www.childrenwithoutworms.org



@CWW Atlanta
@STHCoalition



cww@taskforce.org
sthcoalition@taskforce.org



ANNEX

Raw data from the Engagement Survey, for questions where results have been summarized for ease of comprehension

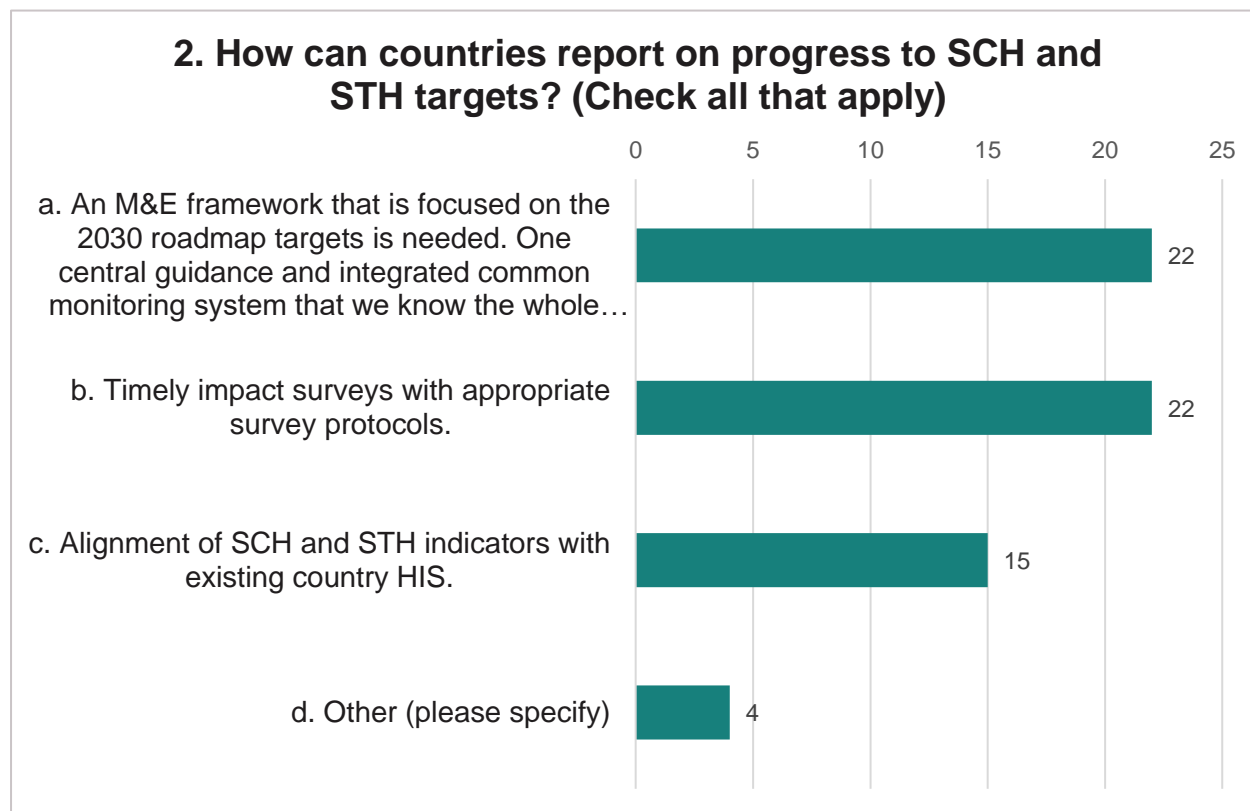


1. HOW DO WE EFFECTIVELY INTEGRATE SCH AND STH INTO NTD MASTER PLANNING?

	1		2		3		4		5		6	
Clear SCH and STH targets, map out where they align and differ from each other, where resource synergies exist.	50.00%	8	12.50%	2	6.25%	1	6.25%	1	12.50%	2	12.50%	2
Integrate SCH and STH delivery into planning and monitoring, align to overall vision, integrated surveys and surveillance systems, integrated mapping to integrate interventions (integrated control program in MOH).	29.41%	5	17.65%	3	11.76%	2	17.65%	3	5.88%	1	17.65%	3
Build capacity of and engage with stakeholders focused on SCH and STH at the planning stage during NTD master plan development.	16.67%	3	11.11%	2	16.67%	3	33.33%	6	16.67%	3	5.56%	1
Address broader integration: integrate LF into master planning, address integrating STH SCH into other disease/sector plans (WASH, HSS, education, etc).	11.11%	2	22.22%	4	16.67%	3	16.67%	3	22.22%	4	11.11%	2
Address methodologies. Difficulties in integrating surveys with different requirements, eg. precision mapping for SCH requires more resources than STH impact survey.	5.56%	1	22.22%	4	27.78%	5	11.11%	2	22.22%	4	11.11%	2
Evaluate what resources are needed both in terms of capabilities & finance & human resources.	10.53%	2	15.79%	3	15.79%	3	5.26%	1	21.05%	4	31.58%	6



2. HOW CAN COUNTRIES REPORT ON PROGRESS TO SCH AND STH TARGETS? (CHECK ALL THAT APPLY)



Answer Choices	# of Responses	
a. An M&E framework that is focused on the 2030 roadmap targets is needed. One central guidance and integrated common monitoring system that we know the whole community is working against		22
b. Timely impact surveys with appropriate survey protocols.		22
c. Alignment of SCH and STH indicators with existing country HIS.		15
d. Other (please specify)		4
	Answered	24
	Skipped	0

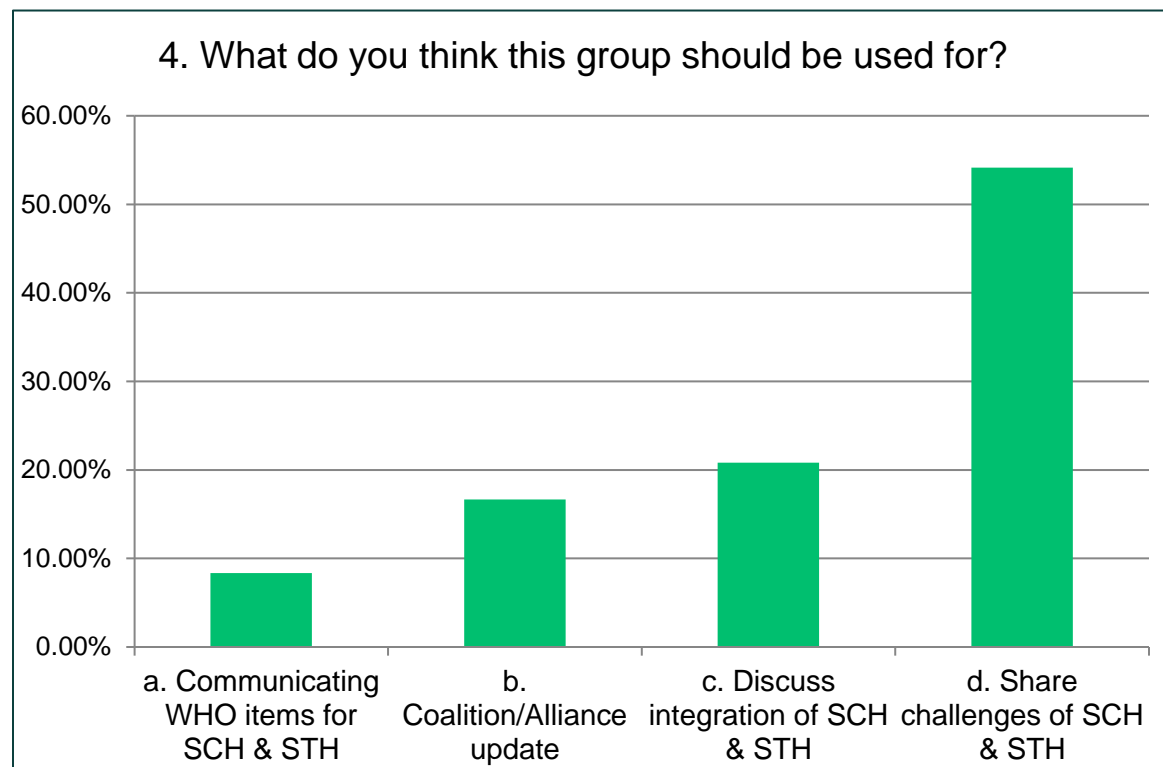


3. WHAT ARE THE KEY CHALLENGES/CONCERNS/LEARNINGS IN MEASURING PROGRESS TOWARDS SCH AND STH TARGETS?

	1		2		3		4		5		6		7		8		Total	Score
Clarity on indicators- indicators based on prevalence but goals based on intensity are confusing and do not move programs towards the stated 2030 goals. Inability to use intensity data for MDA planning but EPHP based on intensity.	31.25%	5	6.25%	1	12.50%	2	12.50%	2	18.75%	3	0.00%	0	18.75%	3	0.00%	0	16	5.44
Clarity and guidance on next steps after EPHP is achieved.	10.53%	2	5.26%	1	10.53%	2	26.32%	5	10.53%	2	15.79%	3	21.05%	4	0.00%	0	19	4.47
High cost/lack of funding for impact surveys	10.53%	2	21.05%	4	21.05%	4	21.05%	4	10.53%	2	10.53%	2	5.26%	1	0.00%	0	19	5.47
Lack of easy-to-use sensitive diagnostic tools to collect intensity data / lack of appropriate diagnostics for different stages & targets	11.11%	2	44.44%	8	22.22%	4	5.56%	1	16.67%	3	0.00%	0	0.00%	0	0.00%	0	18	6.28
National Communication and coordination (national, among partners, community participation). Bring district/county leaders together. Create Partner's Mapping exercise to see who is doing what tx/surveys and where. Develop cross-sector coordination e.g. through cross-ministry, cross-sector committees. Design community participation & feedback approach e.g. Use participatory approaches for engaging and building trust with local leadership & communities.	18.75%	3	18.75%	3	12.50%	2	18.75%	3	12.50%	2	12.50%	2	6.25%	1	0.00%	0	16	5.5
Standardisation of survey processes across countries, with translation of findings to actually enable change of treatment strategy (so that surveys have been worth conducting).	0.00%	0	15.79%	3	5.26%	1	5.26%	1	15.79%	3	42.11%	8	10.53%	2	5.26%	1	19	3.84
Accept that as SCH / STH interventions get 'mainstreamed' we will not have data available so readily as before.	11.76%	2	0.00%	0	11.76%	2	5.88%	1	5.88%	1	11.76%	2	23.53%	4	29.41%	5	17	3.29
Poor hygienic practices and lack of health education	26.32%	5	0.00%	0	10.53%	2	5.26%	1	10.53%	2	0.00%	0	5.26%	1	42.11%	8	19	3.95



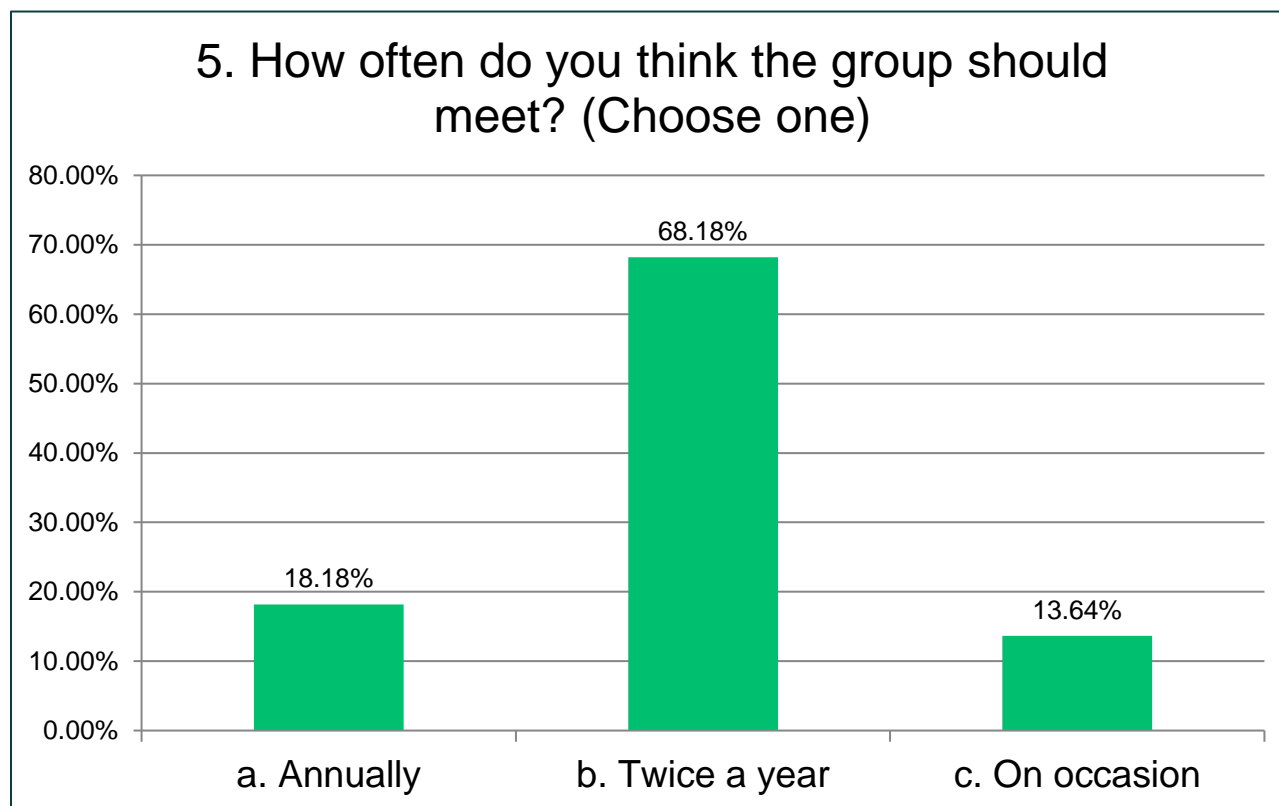
4. WHAT DO YOU THINK THIS GROUP SHOULD BE USED FOR? (CHOOSE ALL THAT APPLY)



Answer Choices	# of Responses	
a. Communicating WHO items for SCH & STH	8.33%	2
b. Coalition/Alliance update	16.67%	4
c. Discuss integration of SCH & STH	20.83%	5
d. Share challenges of SCH & STH	54.17%	13
e. Other (please specify)	0.00%	0
	Answered	24
	Skipped	2



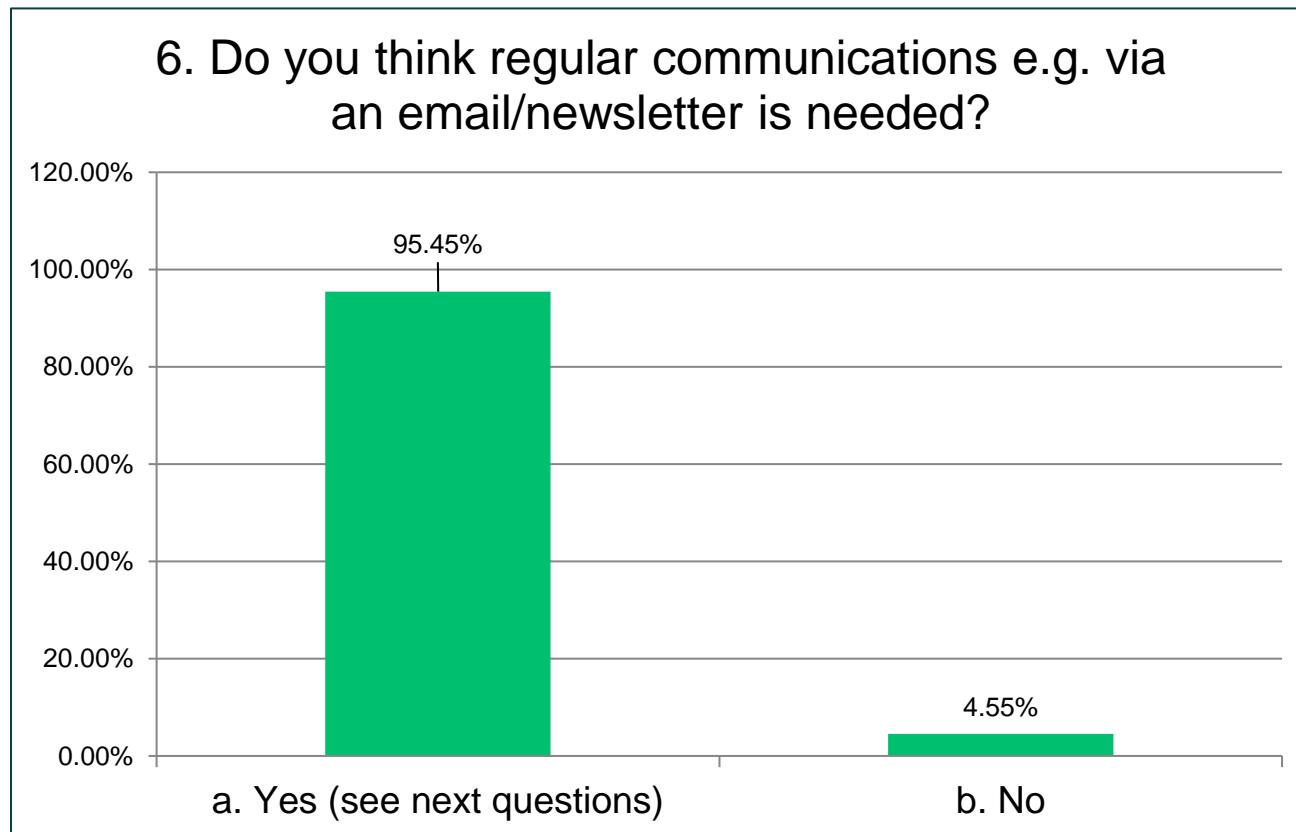
5. HOW OFTEN DO YOU THINK THE GROUP SHOULD MEET? (CHOOSE ONE)



Answer Choices	Responses	
a. Annually	18.18%	4
b. Twice a year	68.18%	15
c. On occasion	13.64%	3
	Answered	22
	Skipped	2



6. DO YOU THINK REGULAR COMMUNICATIONS E.G. VIA AN EMAIL/NEWSLETTER IS NEEDED?



Answer Choices	Responses	
a. Yes (see next questions)	95.45%	21
b. No	4.55%	1
	Answered	22
	Skipped	2



7. WHAT TOPICS SHOULD BE COVERED BY COMMUNICATIONS?

1	Recent findings that may affect; updates on funding opportunities sharing of protocols to generate comparable data across countries 'Question 3'		
2	Updates on international guidelines for elimination New challenges toward elimination and possible actions to be implemented Successful experiences in elimination actions New tools available to help countries to overcome challenges		
3	Diagnosis, funding, actual state		
4	Updates, news and future actions		
5	Discuss related research studies that have been carried out and are being carried out or the latest issues related to ways to eliminate Schistosomiasis and STH		
6	1.The prevalence and intensity of STH and SCH to affected countries/ regions . 2.The efforts that have been so far achieved following MDA. 3. Health promotion especially on SCH and STH to affected areas/countries		
7	Updates to guidance/gap analysis		
8	Progress in addressing challenges identified during the annual meeting.		
9	Risk factors, diagnosis, prevention and control		
10	Challenges and specific suggestions for how to overcome them. Implementation research on how best to overcome challenges		
11	Research findings and recommendations to feed WHO for proper future policy change Recent policy briefs from WHO Country experiences and other innovative interventions		
12	WHO updates. Highlights from countries / implementers (by exception - when there is something noteworthy to communicate)		
13	1.Clarity on indicators; 2.Treatment strategies; 3.Affordable and effective; 4. Sensitive diagnostics tool; 5.Vector Control; 6. WASH; 7.Sustained M&E and Surveillance		
14	Prevention, control and elimination of SCH and STH	16	Prevalence, success in control actions
15	Advances in disease control	17	Diagnosis and treatment of NTD

Answered	17
Skipped	7



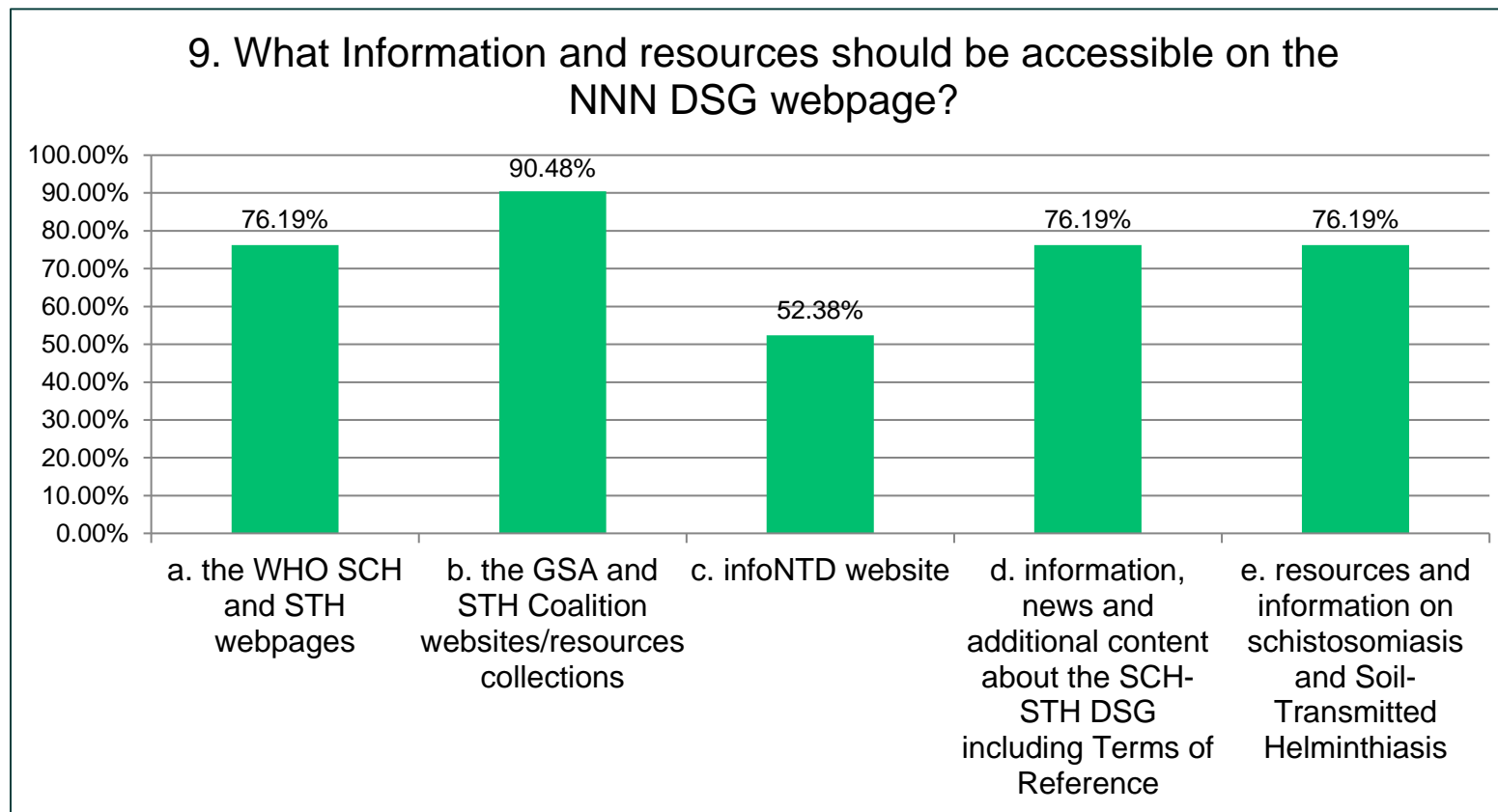
8. IF YES, HOW SHOULD THESE COMMUNICATIONS HAPPEN, E.G. ON AN EXISTING NEWSLETTER FROM INFONTD OR GSA AND STH COALITION (ANNUAL/BIANNUAL)?

1	GSA and STH Coalition newsletters
2	A biannual newsletter dedicated to both diseases
3	Newsletter
4	Ideally an existing newsletter (we probably do not need a whole new one)
5	Yes, like on an existing newsletter from NTD or GSA and STH coalition newspaper, information related to research funding..
6	Through GSA and Coalition newsletter or any other communication protocol at least biannually. This will help members identify some of the grey areas that might need key interventions going forward.
7	Any communication would help - there is nothing at the moment.
8	A dedicated joint SCH-STH newsletter biannually
9	Rare
10	Biannual joint SCH-STH newsletter
11	All of the above
12	A GSA / STH coalition newsletter is probably best
13	The above forums and newsletters should be used annually
14	Biannual
15	Biannual SCH-STH joint newsletter
16	Yes
17	By semester (semi annual)

Answered	17
Skipped	7



9. WHAT INFORMATION AND RESOURCES SHOULD BE ACCESSIBLE ON THE NNN DSG WEBPAGE? (CHOOSE ALL THAT APPLY)



Answer Choices	Responses	
a. the WHO SCH and STH webpages	76.19%	16
b. the GSA and STH Coalition websites/resources collections	90.48%	19
c. infoNTD website	52.38%	11
d. information, news and additional content about the SCH-STH DSG including Terms of Reference	76.19%	16
e. resources and information on schistosomiasis and Soil-Transmitted Helminthiasis	76.19%	16
	Answered	21
	Skipped	3



10. DO YOU HAVE ANY OTHER IDEAS OR THOUGHTS ON THE SCOPE OF THIS GROUP AND ITS COMMUNICATION WITH ITS MEMBERS?

1	Work to use protocols to generate data that can be analyzed across countries. It is often difficult to generate an overall picture and identify solid outcomes because different programs collect different data after different interventions at different intervals
2	Members of all levels of expertise and backgrounds - so not only professors. Limit extensive reading material - tables are useful.
3	Held meetings or webinars related to information or research that has been carried out.
4	To make it relevant, it's imperative that the scope of the group should be members who have some basic knowledge on NTDs so as to make scientific contribution.
5	Be more visible.
6	Supporting progress towards country ownership and leadership in SCH-STH Control and Elimination efforts.
7	No
8	Cost effectiveness analyses on actual improvements in health from given interventions, not just which is the most cost effective to treat x number of people, but which interventions actually improve health and wealth and by how much and at what level.
9	Members should have physical learning visits to member countries.
10	As per now everything is on course; hopeful for experience's with other experts and stakeholders.
11	Improve on M&E information of SCH and STH prevention, control and elimination.
12	Organization of videoconference to discuss approaches to the fight.
13	Finding available funding possibilities to for NGOs committed to the fight.
14	Yes, I have a comment on communication with members.

Answered	14
Skipped	10





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**WHO TAG SS,
Policy Paper and
schistosomiasis guidelines**



**World Health
Organization**

Priority Identification (questionnaires/ group discussion)

Guidance

1. M&E framework for STH and SCH
2. Guidelines and manual on control interventions for strongyloidiasis **[STH]**
3. Guidance on how to expand PC to WRA **[STH]**
4. Guide on control of zoonotic schistosomiasis **[SCH]**
5. Manual on standardized approaches for conducting an impact surveys
6. Manual on validation of STH and SCH as EPHP
7. Catalogue of WASH guidance

Priority Identification (questionnaires/ group discussion)

Research

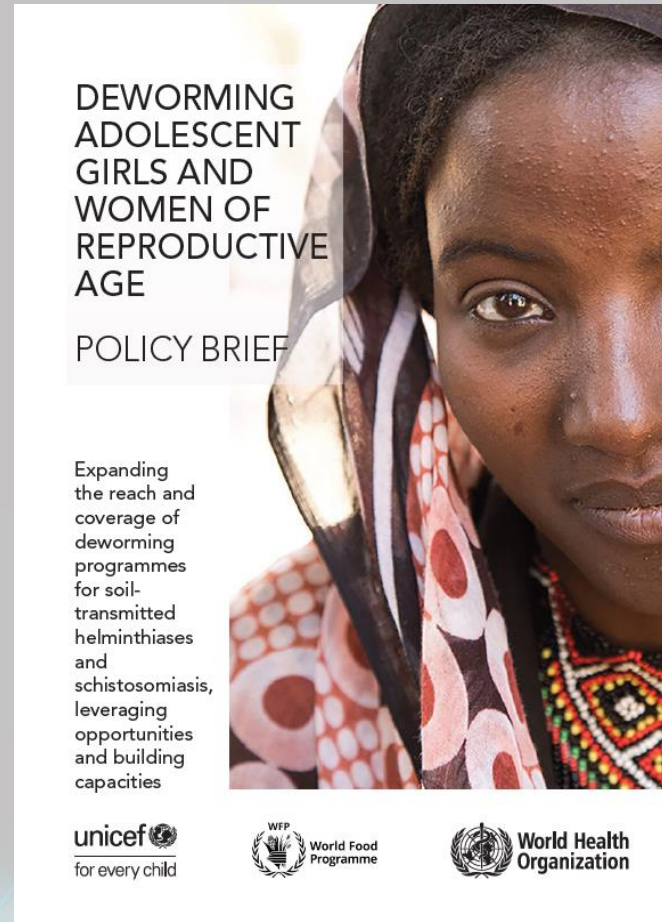
- Development of accurate/rapid diagnostic tests including for use at low prevalence ([CC]
- Better FGS diagnostics and better treatment to reverse FGS pathology [SCH]
- Critical review on the most effective IEC interventions / messages /new tools including cost effectiveness evaluation [CC]
- Testing of anthelmintic drugs/ drug combinations alternative to albendazole and mebendazole [STH]
- Development /prequalification of safe molluscicides including slow-release formulations [SCH]
- Zoonotic contribution to transmission better understanding of the contribution of *S. bovis*, *A. ceylanicum*.

TAGSS Sub-groups	WHO Secretariat	Sub group chair	Sub –group members
1- M&E frameworks (STH & SCH)	Garba, Montresor, Yajima, Mwinzi, Mbabazi Mupfasoni, King	Emerson	Leonardo, Elmorshedy, Sacko, Secor, Bohout, Vaz Nery, Chimbari, Evans, Swatdisuk, Rinaldi, Fleming, Sumi, Hanson, Mantendechemo, Pieri, Minnery
2 - Develop guidelines and manuals for the control of strongyloidiasis	Montresor, Kim, Mupfasoni	Buonfrate	Mutapi, Khieu, Mbonigaba, Keiser, Vaz Nery Krolewiecki, Bisoffi, Emerson, Bradbury, Amor, Munoz, Kim, Mekonen,
4 - Manual on control of zoonotic SCH	Garba, Lucianez, Abela, Guo, Gongal	Webster J.	Stothard, Valleman, Coulibaly, Ekpo, Webster B., Rollinson, Blair, Liang, Bradbury
6 - Manuals on validation of STH and SCH as EPHP	Garba, Montresor, Scholte, Yajima, Mwinzi Solomon, Mupfasoni	Walson	de Silva, Mbonigaba, Secor, Bohout ,Doudou, Ekpo, Webster J, Liang, Webster B., Vaz Nery, Rollinson, Evans, Swatdisuk, Maurelli, Flaming, Sumi, Hanson, Minnery
7 - WASH	Garba, Montresor, Gordon	Velleman	Stothard, Mbonigaba, Secor , Mantendechemo, Dodson, Sule, Gouvras, Soako
Existing working groups		Existing focal point/chair	
3 – Policy Paper	Lucianez, Mupfasoni	Mupfasoni	Walson, Gyorkos, Rasoamanamihaja
5 - Standardized approaches for conducting an impact survey	Lucianez	Montresor	Sayasone, Vaz Nery
8- Drug Efficacy	Montresor	Levecke	Keiser, Krolewiecki, Vercruyse

TAGSS Sub-groups	Sub group chair	Progress	Next step
1- M&E frameworks (STH & SCH)	Emerson,	Draft in preparation (end of September 2202)	Group discussion and finalization of the draft
2 - Develop guidelines and manuals for the control of strongyloidiasis	Buonfrate	GRC proposal Submitted (August 2022)	Finalization of proposal after GRC comments
4 - Manual on control of zoonotic SCH	Webster J.	Discussion started	Draft preparation
6 - Manuals on validation of STH and SCH as EPHP	Walson	Draft in preparation (end of September 2202)	Group discussion and finalization of the draft
7 - WASH	Velleman	Collection of material	Preparation of a catalogue of existing guidance
Existing working groups	Existing focal point/chair	Progress	Next step
3 Policy Paper	Mupfasoni	Ready	Distribution and promotion
5 - Standardized approaches for conducting an impact survey	Montresor	Draft in preparation (end of September 2202)	Group discussion and finalization of the draft
8- Drug Efficacy	Levecke	Draft in preparation (end of September 2202)	Group discussion and finalization of the draft

Policy Brief

<https://www.who.int/publications/i/item/9789240037670>



The importance of delivering interventions or programmes

• Interventions need to be an integral, evidence-based, adolescent-friendly and appropriate mix

• Interventions need to be a mix of services, including both individual and community-based approaches

• Interventions need to be tailored to the local context, taking into account the local situation

• Interventions need to be evidence-based, and supported by a range of services, including both individual and community-based approaches

Current reach of adolescent interventions or programmes

• Most countries still have no adolescent-friendly services, or only a few

• Interventions need to be evidence-based, and supported by a range of services, including both individual and community-based approaches

• Interventions need to be tailored to the local context, taking into account the local situation

• Interventions need to be evidence-based, and supported by a range of services, including both individual and community-based approaches

Expanding the reach of adolescent interventions or programmes

• Tailored interventions

• Tailored interventions

• Tailored interventions

Question 1: What services are targeted by adolescent programmes?

Answer: The findings from a systematic review of adolescent reproductive health programmes show that the most common services targeted are: family planning, reproductive health, and adolescent-friendly services.

Question 2: How do these services reach adolescents?

Answer: The findings from a systematic review of adolescent reproductive health programmes show that the most common service delivery models are: individual, community-based, and integrated.

Question 3: Are more effective services for girls and women of reproductive age and their children?

Answer: The findings from a systematic review of adolescent reproductive health programmes show that the most effective services are: individual, community-based, and integrated.

• Interventions need to be evidence-based, and supported by a range of services, including both individual and community-based approaches

Question 4: Do these interventions have a positive impact on human development?

Answer: The findings from a systematic review of adolescent reproductive health programmes show that the most effective services are: individual, community-based, and integrated.

Yes, delivering after the first trimester is beneficial.

Recent studies have also confirmed the benefits of delivering during pregnancy (19, 21). A recent study of Demographic Health Surveys data reporting on more than 100 000 pregnancies in 10 countries in all regions showed that delivering postnatally (vs. 3-15% reduction in the risk of neonatal mortality) and 3-15% reduction in the risk of reproductive age was associated with approximately 2 million disability-adjusted life years (22).

Question 5: Is delivering recommended by WHO for adolescent girls and women of reproductive age for self-managed abortion and self-interventions?

Yes. WHO recommends regular abortion as a public health intervention (9, 10).

- For postnatal and self-managed girls, and more pregnant adolescent girls and women of reproductive age living in areas endemic for self-managed abortion and self-interventions (delivering with ultrasound or mifepristone for self-managed abortion and with misoprostol for self-interventions)
- For all pregnant women, after the first trimester and the postpartum and breastfeeding women
- In areas endemic for self-managed abortion and self-interventions as a women's public health

• Interventions need to be evidence-based, and supported by a range of services, including both individual and community-based approaches

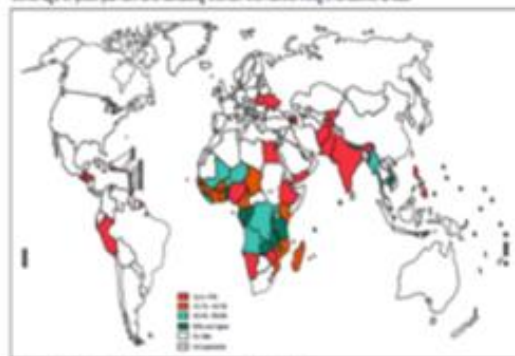
Question 7: What is the current global coverage of adolescent programmes?

Global coverage of delivering for postnatal and self-managed abortion has increased from 25% in 2010 to 45% in 2016 (13, 14). Currently, however, programme coverage in women of reproductive age remains low (14). An analysis of Demographic Health Survey data estimated that in 2010 only 20% of pregnant women living in areas endemic for self-managed abortion and self-interventions are receiving abortion services (16).

Question 8: What needs to be done to reach girls and women of reproductive age with adolescent programmes?

To make the costs of delivering adolescent reproductive health services affordable, more in areas with limited resources for health, existing platforms should be mobilized to reach adolescent girls and women of reproductive age, such as antenatal clinics, normal delivery centres, and adolescent-friendly clinics and services. Country examples from Cambodia and Nepal are provided below.

Coverage of post-partum and lactating women with delivering in endemic areas



Question 9: Does the intervention have a positive effect?

Yes. Delivering is safe and cost-effective. Delivering can be delivered in adolescent girls and women of reproductive age living in low- and middle-income countries (16-18, 22) using existing platforms for distribution.

Moreover, health systems have demonstrated an impact on adolescent reproductive health and self-interventions (16, 17). In this area, we can explore further (including additional services) for adolescent girls and women of reproductive age should also be considered.

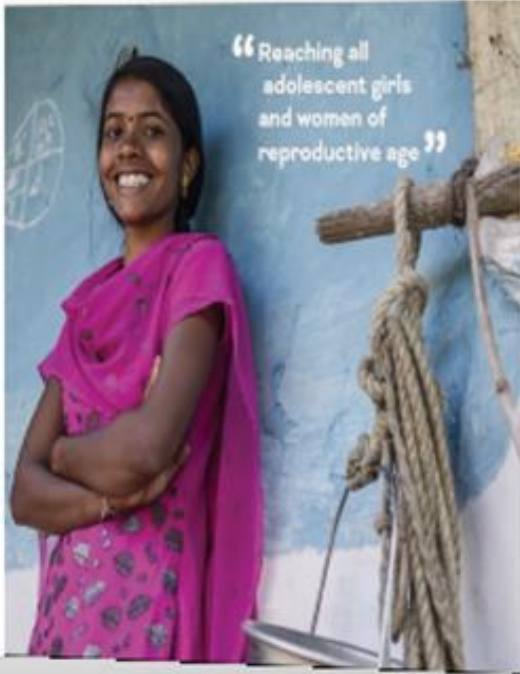
Health systems provide regular antenatal services for pregnant women and postnatal services to follow the growth of the child in the first few years after birth.

The use of existing health care services for delivering can be delivered in every low-cost.

- Use delivering (available for self-managed abortion) in a mix of adolescent-friendly (16-18, 22)
- Use delivering (available for self-managed) in a mix of adolescent-friendly (16-18, 22)

Question 10: Where can managers of existing programmes obtain technical support for implementing this intervention?

WHO and UNFPA and their regional country offices as well as partners are available to provide technical support in endemic countries where it is needed. A programme for the regular delivering of adolescent girls and pregnant and lactating women.



Minimum strategy to reach girls and women of reproductive age with deworming

No need of specific surveys

In areas where deworming with albendazole or mebendazole and/or praziquantel are provided to children, these medicines can also be administered to:

- adolescent girls enrolled or not enrolled in school (e.g. alongside human papillomavirus vaccination or iron and folic acid supplementation campaigns);
- pregnant women (after the first trimester) attending antenatal services;
- lactating women attending postnatal clinics; and
- women accompanying their child to vaccination services.

Use of existing infrastructure

Donation of Mebendazole

WHO signed a new MoU with J&J.

The priority for the J&J donation remains children (preschool and school age) but if there is any balance remaining, this can be used for women of reproductive age.

Endemic countries are invited to request to WHO the quantity needed for the 3 groups at risk.

Once all the requests for children will be covered and will then assign the remaining drug to countries requesting for WRA

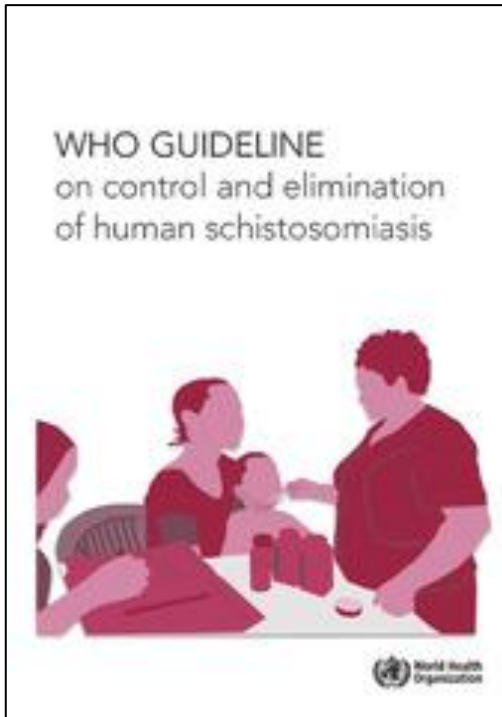
WHO guideline on control and elimination of human schistosomiasis

**WHO Guidelines Review Committee
February 2022**



**World Health
Organization**

WHO guideline on control and elimination of human schistosomiasis



- 1- Population where prevalence $>10\%$
- 2- Population with prevalence $<10\%$
- 3- Hot spot
- 4- Treatment in health services
- 5- Improvement of WASH
- 6- Evaluation of interruption of transmission

<https://www.who.int/publications/i/item/9789240041608>

1- Population where prevalence >10% (30% CCA)

- Annual treatment
- Entire population from 2 years of age

2- Population with prevalence <10%

2 cases:

1. Where there has been control programme:

Continue 1 treatment /year or reduced frequency

2. Where no control programme was conducted:

Test and treat approach

3- Population where prevalence is $> 10\%$ and reduction of prevalence has been less than $1/3$ during the control programme (hot spot)

- 2/year treatments
- Entire population from 2 years of age
(priority should be given to areas with higher prevalence)
- Apply also 2/year treatments where prevalence is $\geq 50\%$

4- Availability of treatment in health services

Include positive children below 2 years

5- Improvement of WASH

Including:

- water engineering,
- focal mollusciciding,
- behavioural changes intervention

6- Evaluation of interruption of transmission

In areas without cases for more than 5 years:

- Surveillance with sensitive tools in human
- Evaluation in Snail
- Evaluation in Non-human mammalian

A two steps diagnostic process could be necessary

1 high sensitivity + 2 high specificity





That's all Folks!



NEGLECTED TROPICAL DISEASE NGO NETWORK

A global forum for nongovernmental organizations
working together on NTDs

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NTDs in health systems
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Implementing the new WHO SCH recommendations

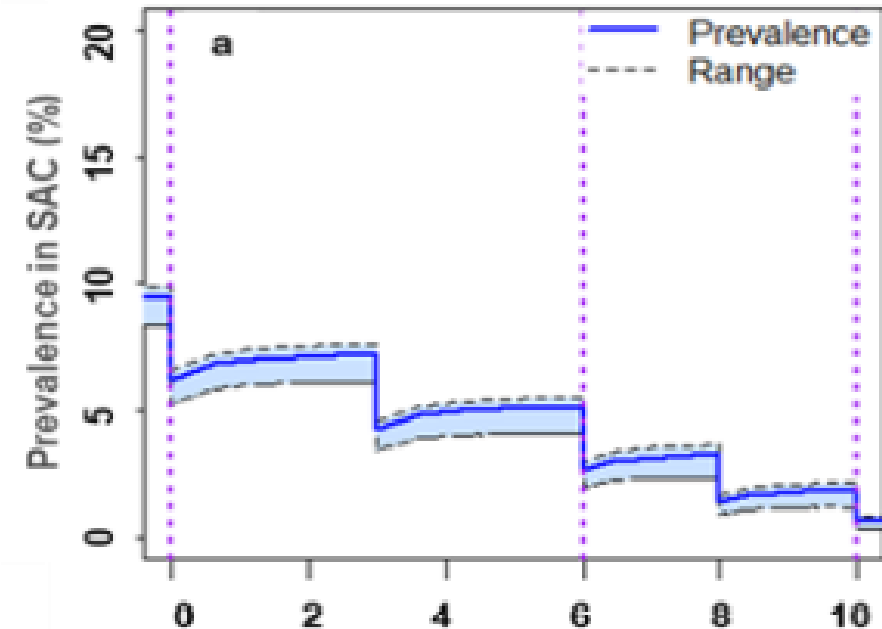
Dr Anna Phillips

SCH/STH Focal Point & Learning Lead, FHI360 & GSA Implementation Co-Chair



Why are there new recommendations?

- ◆ Low prevalence settings: Current WHO guidelines will ensure the morbidity control and EPHP goals are met
- ◆ Higher prevalence settings: Current WHO guidelines may not achieve the goals
- ◆ Include adults in MDA or increase treatment frequency



Toor J et al. (2018) Are we on our way to achieving the 2020 goals for schistosomiasis morbidity control using current WHO guidelines? *CID*.

What are the new WHO SCH recommendations?

1. **MODERATE:** Endemic communities with prevalence $\geq 10\%$ = Annual PCT at 75% coverage in all age groups >2 years old, including adults
2. **LOW:** Endemic communities with prevalence $<10\%$ = (i) continue PCT as before/reduced frequency (ii) where no program previously = test and treat
3. **VERY LOW:** Endemic communities with prevalence $\geq 10\%$ that demonstrate lack of response to PCT despite >75% coverage = biannual PCT
4. **MODERATE:** Health facilities to provide access to PCT to all age groups
5. **LOW:** WASH, environmental (including snail control) and behavioural change interventions integrated with PC
6. **LOW:** Verification of interruption of transmission- diagnostic tools for Schistosoma infection in humans, snails, and animals

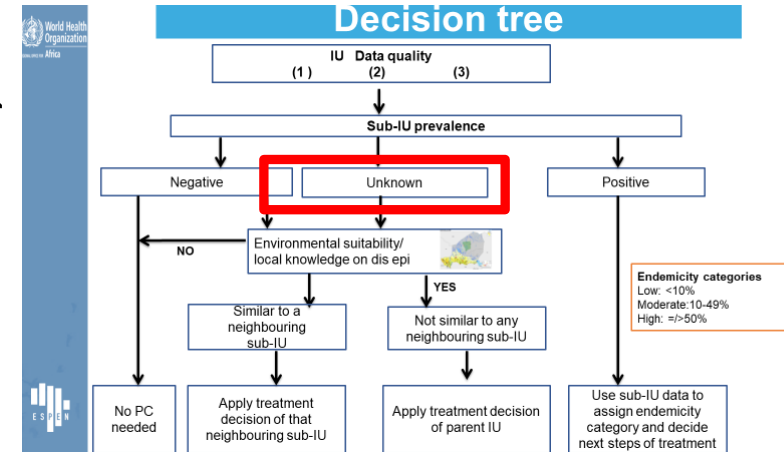
* Community targeted interventions referred



Recommendation 1: Expanding the target population for PC from SAC to all at risk

									S mansoni (SAC only)				
Region	Original District	New District	IU Name	School or Community Name	Survey Type	Year	GPS Coordinates (Lat)	GPS Coordinates (Long)	% Positive	% Male Positive	%Female Positive	% with Heavy/Mod Infection	Intensity (epg)

- Evidence base - countries need to collate data to determine treatment needs
→ **ESPEN SCH Community tool or disease trackers**
- Challenge remains when there is no data available



Recommendation 1: Expanding the target population for PC from SAC to all at risk

- Partners & donors should be ready to fill the gap between current available tablets and increased PZQ needs
- Is there sufficient PZQ available? If not, how will countries be prioritized?
 - WHO/Merck to establish algorithm
- Paediatric PZQ for the inclusion of pre-SAC in PC
 - Will this be donated or purchased by programs?
- What coverage thresholds are needed among adults?
 - OR [*Toor J et al. (2018) The design of schistosomiasis monitoring and evaluation programmes: The importance of collecting adult data to inform treatment strategies for Schistosoma mansoni. PLoS NTDs*]

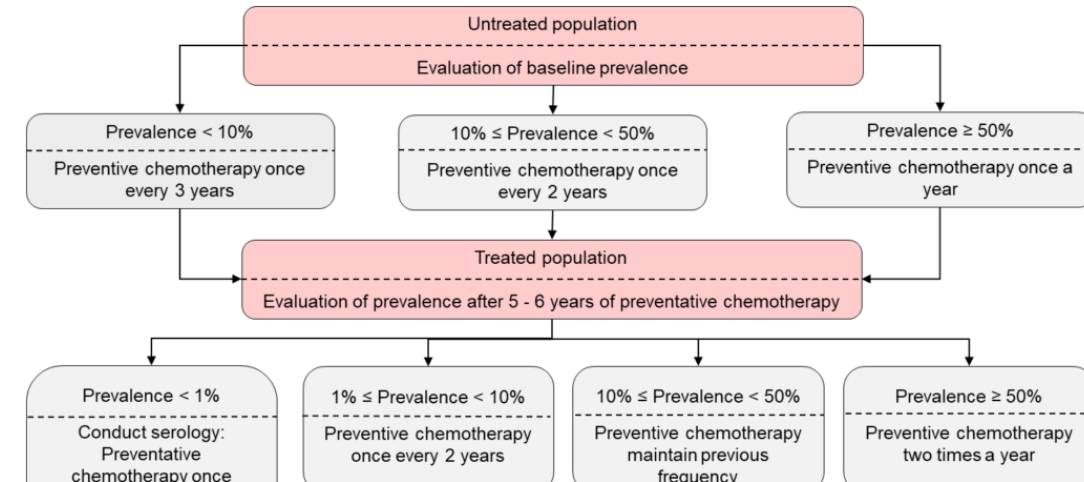


Estimated treatment needs

WHO guide	Data Collection	Treatment Strategy (prevalence cut off)	Number of districts	District			Sub District			
				Treatment numbers			Number of sub-districts	Treatment numbers		
				SAC only	SAC & Adults	TOTAL		SAC only	SAC & Adults	TOTAL
2011 WHO PROGRAM MANAGERS GUIDE	Baseline	Every 3 years (≥ 1 -<10%)	47	1318414			343	1664269		8,667,882
		Every 2 years (≥ 10 -<50%)	118	4168654			694	3955924		
		Every year (≥ 50 %)	43		4682273		201		3047689	
	2021	Every 2 years (≥ 1 -<10%)	47	1322716			344	1661583		8,499,089
		Maintain trt Frequency (≥ 10 -<50%)	121	4217343			697	3959130		
		Twice a year (≥ 50 %)	40		4495830		189		2878376	
2022 WHO RECOMMENDATIONS	Baseline	Test-and-treat (≥ 1 -<10%)	47	1318414			343	1664269		18,630,384
		Every year (≥ 10 %)	161		19349160		895		16966115	
	Re-assessment (2021)*	Maintain trt frequency (≥ 1 -<10%)	47	1322716			344	1661583		18,469,667
		Test-and-treat (≥ 1 -<10%)	0							
		Every year (≥ 10 %)	161		19334024		886		16808084	

Recommendation 2: Low endemic settings

- Test & treat in low transmission areas
 - Reporting feedback mechanism
 - Training
 - Rapid diagnostics preferable
 - Licensing and QC challenges
 - FIND have a sample biobank for diagnostic refinement



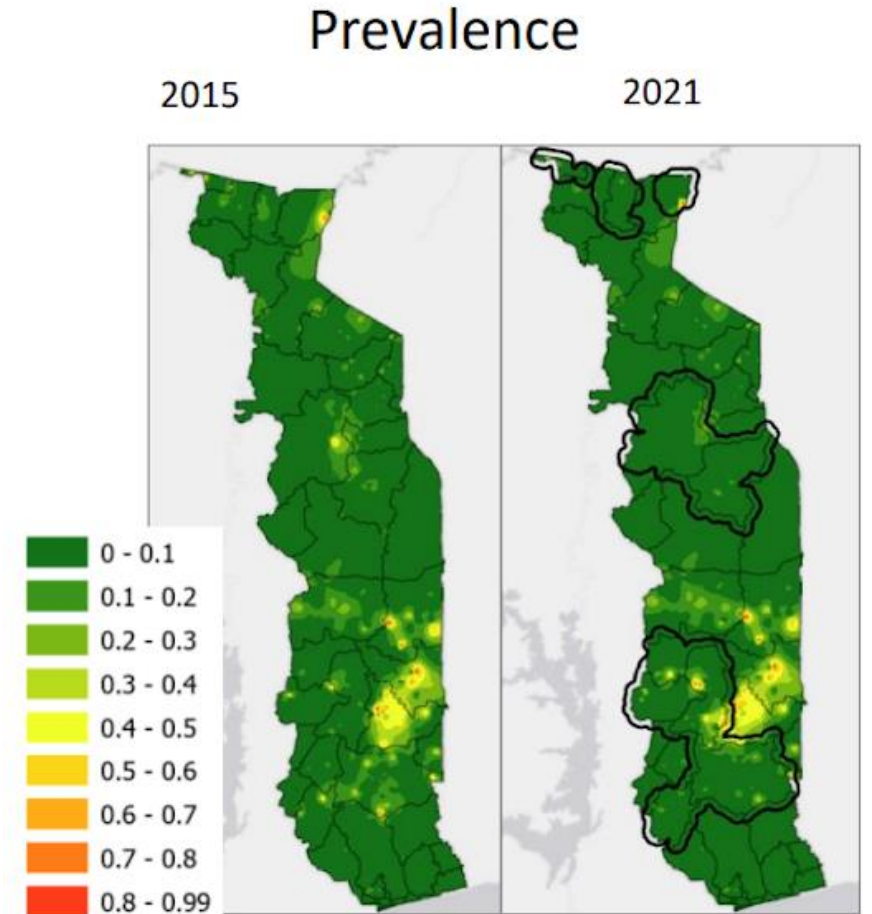
Recommendation 3: Biannual treatment of hotspots

Logistical challenges to biannual MDA

- Opportunities to integrate with other NTDs/control programmes
- **NNN workshop tomorrow (Thurs at 2pm) on putting the NTD roadmap into action**

Data analysis to identify contributing factors to persistent infection:

- MDA treatment coverage
- Migration patterns, special populations at risk, including insecurity of border issues
- Epidemiological challenges (baseline prevalence, age, sex, socio economics)
- Survey quality issues (including assessment of QC data)
- Poor WaSH conditions
- Impact of external factors: COVID delays to MDA etc.



Geospatial maps developed by Caleb Parker at FHI360

Recommendation 5: Multi-sectoral integration

Multi-sectoral approach to coordinate activities outside of PC:

- WASH programmes
- Snail control
- Behaviour change communication



What WASH?



What BCC are effective?



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Recommendation 6: Interruption of transmission

WHO end goal for schistosomiasis

- ◆ Interruption/breaking of transmission
- ◆ Achieved when the incidence of infection is reduced to zero

Currently little guidance on what to do when stopping treatment programmes

- ◆ Elimination vs resurgence/bounce-back
- ◆ How can we predict whether elimination will occur?
- ◆ WHO WG working on verification framework

Key questions

- Adult treatment coverage threshold
- Estimation of sub-district/community prevalence (SOS survey)
- Drug needs
 - PZQ demands if 10% threshold is used - how will this be prioritized?
 - Paediatric PZQ - who will provide this?
- Hotspot analysis - root causes of persistent infection
- WASH/BCC associations
- Verification framework for interruption of transmission

Operationalizing the guidelines. Taking the WHO guidelines and operationalizing / implementing recommendations

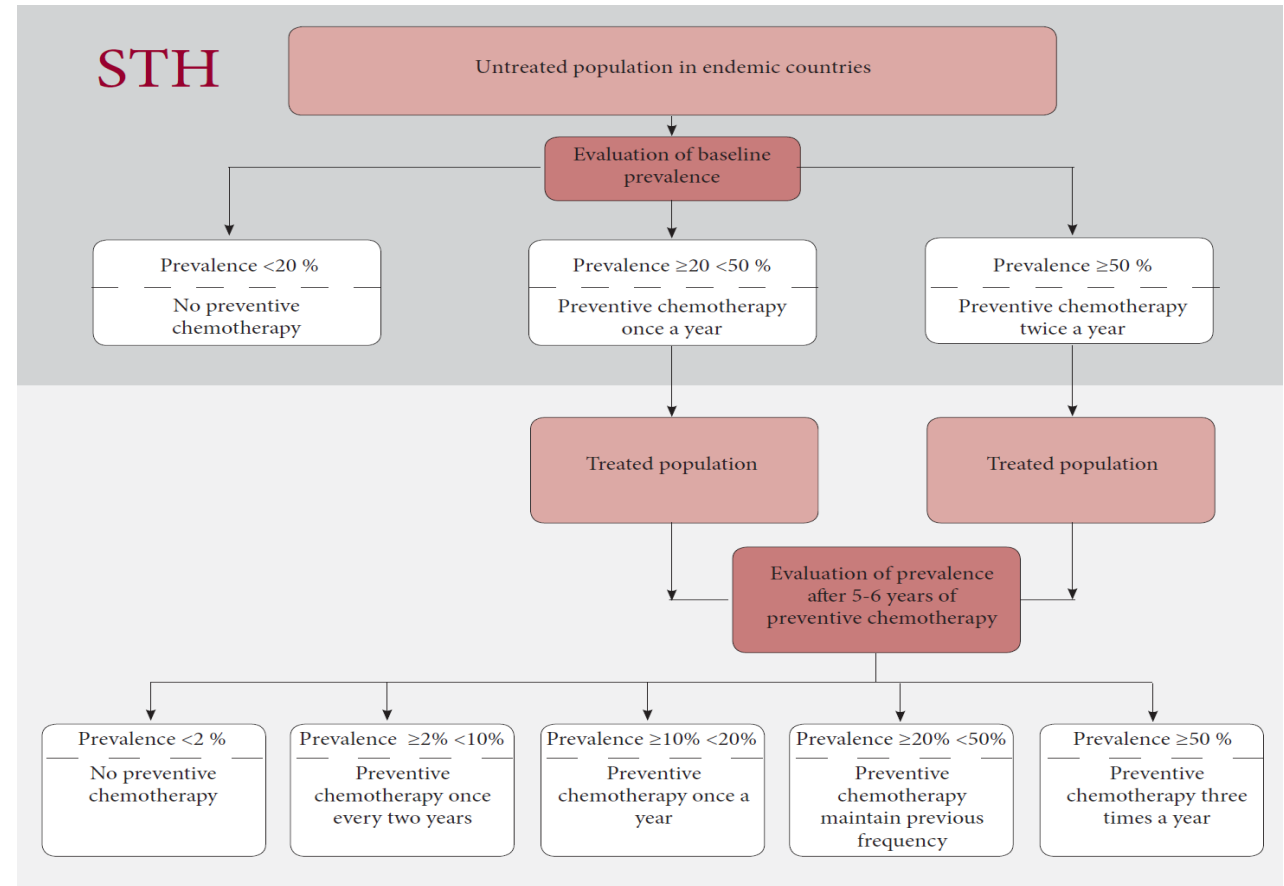
Upendo Mwingira
USAID's Act to End NTDs | East (RTI)



Preventive chemotherapy for at-risk population living in areas with >20% baseline STH prevalence:

- Preschool-age children
- School-age children
- Women of reproductive age

- After 5-6 years, <2% prevalence
→ Stop PC



Implementing the guidelines/recommendations

Challenges

Reaching the HRA and WRA

- Availability of donated Medicines

Disease overlaps-how to move forward in areas of overlap

- STH and SCH after SCH prevalence is lowered
- Limited/lack of updated data for decision making
- Subdistrict level treatment strategy for STH?
- Limited WASH interventions
- Lack of sensitive diagnostics

Opportunities

- Integration of MDA for STH and other NTDs
- The 2022 WHO released a Policy brief on Deworming adolescent girls and women of reproductive age
- WASH toolkits and forums
- Sustainability agenda and plans
- Availability STH-TAS guideline



Conclusion

- There are still some challenges on implementing the guidelines and policy brief
- There are opportunities as highlighted in the last slide
- Some of these gaps are addressed by WHO TAG for STH and SCH
- We will brainstorm more of these in the discussion time



Thank you!

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Ministry of Health

Integration of NTDs

Wyckliff Omondi: Head, DVBNTD- MoH
&
Florence Wakesho: STH/SCH Program Manager

Integrated interventions/activities

- Mass treatment (co administration of Azithromycin and Albendazole, LF MDA- integration of pre activities LF and PZQ)
- Assessment of snake bite incidences during MDA for SCH/STH, LF and Trachoma
- Integrating WASH and tungiasis during surveys
- Inclusion of female genital schistosomiasis during cervical cancer screening



Integrated interventions/activities

- Enhanced behavior change communication within school health curriculum through puppetry and card games
- Strengthening and mainstreaming supply chain through NTD deliver which is integrated into ESPEN
- Development of national NTD- WASH framework
- Holding a multisector training for domestic resource mobilization to enhance sustainability



Facilitators and benefits of integration

- Shared goal and vision
- Similar strategy approaches
- Epidemiological overlap
- Scale up services to achieve elimination goals
- Availability of commodities and medicines
- Maximum use of resource especially resource limited set up
- Improves health outcomes
- Good governance



Barriers of integration

- Lack of integrated data reporting system
- Fear to reduce effectiveness of a successful program
- Different timelines of delivery
- Varying funding capacity of the programs
- Confusion at community level



Acknowledgments



World Health
Organization

REPUBLIC OF KENYA



MINISTRY OF HEALTH

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