
MEMORANDUM

TO: **STH Coalition Workstream on Monitoring and Evaluation**

FROM: **David Addiss for Vicente Belizario**

DATE: March 16, 2015

RE: Draft STH 'milestones' for the 2015 report of the London Declaration 'scorecard'

Thank you for your participation on our teleconference today. This memo summarizes our discussion and provides our recommendations for STH-related milestones for the 3rd annual London Declaration scorecard. I welcome your comments and corrections by Wednesday, March 18, close of business.

To briefly recap, the last [report of Uniting to Combat NTDs](#), with the scorecard, was published in 2014. The scorecard is built on three categories of milestones: 1) *WHO coverage and impact milestones*, which are established by WHO; 2) *drug requests fulfilled*; and 3) *program support milestones* – i.e., additional milestones that Coalition partners agree on. We are dealing with the first and third categories here.

Table 1

Table 1 provides, for the **WHO coverage and impact milestones**, the specific *indicators* (taken from the [WHO STH Strategic Plan](#)) and the STH *milestones*, or performance targets, which we are recommending for inclusion in the not-for-public-consumption “dashboard,” which, in turn will be used to determine the final tricolor “scorecard” for STH in the 3rd London Declaration report. When available, the 2014 milestone (or target), is shown in **black font**; the reported performance for this indicator, if available, is shown below it in the same box, in **red font**. Boxes that appear with a white background are those that we recommend including for the purposes of the 3rd annual London Declaration report.

We recommended that four of the nine indicators proposed in the WHO 2012 STH Strategic Plan be used as milestones for this year’s London Declaration report. We support the use of the other five indicators but find it difficult to assess performance (milestones) at this time because of imprecise case definitions or inadequate reporting streams. Thus, for these indicators, we have established as milestones for 2016 or 2017 the clarification of these issues and a determination of the feasibility of implementing refined milestones.

Table 2

Similarly, in Table 2, we recommended that the four indicators shown in white background be used as indicators for this year’s London Declaration Report, while four others require additional work to assess feasibility for use as milestones in future reports. As with Table 1, we have established as milestones for next year the clarification of specific issues and the determination of the feasibility of using the refined milestones in subsequent years.

We welcome your comments and corrections on the tables by close of business March 18. I apologize for the short timeframe. Thank you so much for your participation today.

Table 1. WHO Coverage and Impact Milestonesⁱ

		INDICATORS	2014	COMMENTS	RECOMMENDED MILESTONE	
Coverage and Impact Milestones	DEWORM	Map	1. Percentage of STH-endemic countries in which STH mapping to identify areas requiring PCT has been completed	100%	“Mapped” is not clearly defined and reporting mechanism is not well-established.	By 4 th annual LD report, establish clear case definition of what is meant by “mapped” and clarify how data will be reported.
		Preschool-age	2. Percentage of preschool-age children (PSAC) needing treatment worldwide who have been treated	40%	Latest data are from 2013.	40% of PSAC needing treatment worldwide received preventive chemotherapy in 2013.
			3. Percentage of countries requiring PCT for STH ⁱⁱⁱ that have reached 75% national coverage of PSAC	24% ⁱⁱ 40%	We kindly request the 2013 figure for this milestone from WHO.	40% countries requiring PCT for STH ⁱⁱⁱ have reached 75% national coverage of PSAC in 2013.
		School-age	4. Percentage of school-age children (SAC) needing treatment worldwide who have been treated	40%	Latest data are from 2013.	40% of SAC needing treatment worldwide received preventive chemotherapy in 2013.
			5. Percentage of countries requiring PCT for STH that have reached 75% national coverage of SAC	39% ⁱⁱ 40%	We kindly request the 2013 figure for this milestone from WHO.	40% countries requiring PCT for STH ⁱⁱⁱ have reached 75% national coverage of SAC in 2013.
	Impact	6. Percentage of children in countries requiring PCT who have infection of high or moderate intensity	--	Critically important indicators, but data are not now available.	<ul style="list-style-type: none"> By 4th annual LD report, establish feasibility, mechanisms, definitions, and processes for collecting data on this indicator. By 5th annual report, establish milestones and begin reporting progress toward them. 	
		7. Percentage of countries requiring PCT for STH that regularly assess the intensity of the infections in sentinel sites	--	Establishing annual milestones and mobilizing resources to achieve them is a matter of priority.		
	PREVENT	8. Percentage of countries requiring PCT for STH whose national policies for STH control involve intersectoral collaboration (for example, in education and water and sanitation sectors)	--	This indicator speaks to a key principle: cross-sectoral engagement. Currently, however, the indicator is vaguely defined.	<ul style="list-style-type: none"> By 4th annual LD report, establish feasibility of annual milestones using a refined case definition of intersectoral collaboration. By 5th annual report, establish milestones and begin reporting progress toward them. 	
	SUPPORT	9. Percentage of countries requiring PCT for STH that have developed national plans of action ^{iv}	80%	This indicator speaks to a key principle: national plans. Currently, however, it is not clear how specific national NTD plans are for STH. Further, in AMRO STH control may be underway without “national plans of action.”	<ul style="list-style-type: none"> By 4th annual LD report, establish feasibility of annual milestones using a refined case definition of intersectoral collaboration. By 5th annual report, establish milestones and begin reporting progress toward them. 	

ⁱ WHO, Soil-Transmitted Helminthiases: STH: Eliminating Soil-Transmitted Helminthiases as a Public Health Problem in Children: Progress Report 2001-2010 and Strategic Plan 2011-2020. (Geneva: World Health Organization, 2012).

ⁱⁱ WHO, “Soil-Transmitted Helminthiases: Number of Children Treated in 2013,” Weekly Epidemiological Record / Health Section of the Secretariat of the League of Nations 89, (March 6, 2015): 89–96.

ⁱⁱⁱ Currently, there are 106 countries that require deworming.

^{iv} WHO/NTD Staff 2014 – “national plans of action” defined as general NTD Master Plans

Table 2: Draft Program Support Milestones

		INDICATORS	2014	COMMENTS	RECOMMENDED MILESTONE
Program Support Milestones	DEWORM	1. Percentage of mass drug administrations delayed or cancelled because of late receipt of drugs		No data currently collected on this at the moment. CWW has done an analysis for the J&J donation as one possible model. It's a complex issue.	By 4 th annual LD report, determine the feasibility and viability of establishing annual milestones for this indicator. This will require engagement of WHO, national governments, pharma, and other partners.
		2. Number of deworming tablets donated by NGOs and others that do not go through WHO (millions)		No reporting system currently established. For PSAC, this is an important indicator. UNICEF, World Vision, and Vitamin Angels are major procurers of drug for PSAC.	By 4 th annual LD report, clarify the indicator (e.g., number of children vs. number of doses; donated vs. treated); establish annual milestones for this indicator; and begin reporting progress toward them.
	PREVENT	3. Percentage of countries requiring preventive chemotherapy for STH that have started deworming	70% 74%ⁱ	WHO collects these data from MOH and can calculate this percentage.	By 2013, 70% of countries requiring preventive chemotherapy for STH have started deworming.
		4. Percentage of 10 countries identified by WHO to be high-burden for STH that have started deworming	70% 74%ⁱ	WHO collects these data from MOH and can calculate this percentage.	<ul style="list-style-type: none"> By 2013, 70% countries requiring preventive chemotherapy and identified as high-burden for STH have started deworming.
		5. Percentage of the population in least-developed and developing countries, respectively, that use improved sanitation facilities	75% 36% 57%	MDG target for global improved sanitation coverage as assessed by WHO/UNICEF Joint Monitoring Program. Going forward, will need to tag this indicator to sustainable development goals (SDGs).	<ul style="list-style-type: none"> By 2012, 75% of the global population will be using improved sanitation facilities. By 5th annual LD report, clarify the best SDG indicators for sanitation; establish annual milestones; and report progress toward them.
		6. Percentage of the population in least-developed and developing countries, respectively, that use piped drinking water on premises or other improved drinking water sources	88% 67% 87%	MDG target for improved drinking water sources as assessed by WHO/UNICEF Joint Monitoring Program. Going forward, will need to tag this indicator to sustainable development goals (SDGs).	<ul style="list-style-type: none"> By 2012, 88% of the global population will be using improved sanitation facilities. By 5th annual LD report, clarify the best SDG indicators for sanitation; establish annual milestones; and report progress toward them.
	SUPPORT	7. Number of STH-endemic countries in which STH Coalition partners are actively engaged in supporting STH control		Indicator not currently measurable and "actively engaged" is poorly defined; however, this indicator speaks to the principle of bringing resources of Coalition to bear at the country level	By 4 th annual LD report, clarify the feasibility of defining and using this indicator and assess milestones. In the meantime, progress along these lines will be qualitatively included in the narrative of the 3 rd annual LD report.
		8. Financial resources available to implement and support STH control activities.		An important indicator but needs further definition. Hard to disentangle STH from other NTDs. Should be pegged to annual funding gap analysis.	By 4 th annual LD report, clarify the feasibility of defining and using this indicator and assess milestones.

ⁱ WHO/NTD Staff, 2014