

**STH Coalition Operational Research Workstream
Teleconference, August 8, 2016, 10 AM EDT**

Participants: David Addiss (Children Without Worms), Debra Bara (Children Without Worms), Alison Bettis (London Centre for NTD Research), Richard Bradbury (CDC), Mark Bradley (GSK), Jason Cantera (PATH), Abdel Direny (RTI), Katie Gass (NTD Support Center), Grace Hollister (Evidence Action), Peter Jourdan (DeWorm3), Anne Karing (UC Berkeley), Guillaume Kroll (Evidence Action), Sonia Pelletreau (CIFF), Jed Snyder (Children Without Worms), Sasha Zoueva (CIFF)

I. TakeUp (Guillaume Kroll)

Evidence Action's TakeUp study is supported by the Children's Investment Fund Foundation in close collaboration with the Kenya Ministry of Health. Evidence Action has supported school-based deworming in Kenya for four years, with over six million children dewormed through the primary schools each year. The program is now looking at how to transition from an STH control to an elimination program. The reservoir of worms among the adult population can result in reinfection among children and adults. Community Health Volunteers (CHV) are community members who go door to door to provide community health, for example, distributing preventive chemotherapy (PC). Compared to school-based PC, door-to-door PC is expensive and labor intensive, and there are challenges with coverage rates. TakeUp seeks to identify the social and behavioral incentives for interventions to determine whether providing deworming at a centralized location can yield the same coverage rates as door-to-door treatment. The four components of the intervention are 1) Providing deworming treatment at a centralized location, 2) Focusing on the positive externalities of adult deworming, 3) Using social incentives or signals, and 4) Relying on existing health platforms. Testing the use of social incentives or signals (bracelets, ink and calendars) will lead to better understanding of the main drivers of deworming compliance- whether adults comply mostly because of social value or private value.

The study is a cluster randomized control trial in 150 randomly-selected treatment locations across western Kenya. There are four arms: one for each of the three incentives and a control group. The study will count number of people visiting each treatment point and compare it to number people in community to give an idea of coverage of each approach. There will also be baseline, midline, and end line surveying of people's view of deworming. All costs will be recorded. The pilot ran in March, and the study starts in mid-September.

Comments and questions

Is it a social uptake issue or also an issue of the effectiveness of the delivery system?

- The question is about the social aspect of deworming adults, which has low private benefit, to see what could motivate them to seek treatment. Deworming tablets are available in dispensaries and clinics, but breaking transmission may require greater coverage as well as having people seek treatment within a short period of time. The issue is how the health system can most effectively achieve the community coverage that would be necessary to interrupt transmission.

Comment: Some of the LF programs, including Haiti, have used drug distribution posts rather than door-to-door delivery of PC. Although the messaging and motivation for participating in PC for LF may differ from STH, experience from these LF programs may be informative.

II. STH in Haiti post-LF (Abdel Direny)

Haiti is endemic for two PCT NTDs- LF and STH. MDA for LF began in 2000 and reached national geographic coverage in 2012. MDA for STH started in 2004, covering SAC in 25 communes. A 2013 survey showed significant reduction in STH in all the prevalence except Grand Anse, where prevalence was still very high. The prevalence was Ascaris (12.3%), Trichuris (12%), and hookworm (0.6%). The data from the TAS with STH have limitations: data on parasite density are not available; STH pre-TAS data are not available for the entire communes; data are not disaggregated by age group; STH was not integrated with LF in all TAS; and TAS data are targeted at 6-7 year olds. There is concern that after the LF program has ended, a large part of the population won't receive STH treatment. The Inter-American Development Bank (IDB) funds MDA with albendazole in 10 departments. Treatment should be provided once per year where LF continues, twice where LF has stopped MDA, and three times in Grande Anse department. Treatments target SAC in 200 schools per department. The funding will end in December 2017. There are a number of challenges: 1) providing STH treatment for non-school children and adults; 2) securing funding for after December 2017; 3) harmonizing other STH interventions (church and other unprogrammed deworming); and 4) making improvements in hygiene and sanitation in the country.

Comments and questions

Are there plans to collect data on intensity of infection, particularly in Grand Anse?

- It is important to know STH intensity. We want to have all the information, including intensity for each parasite, for each commune and department. We also always ask questions about hygiene and sanitation in Grand Anse.

Even in the departments apart from Grand Anse there is less of a reduction in STH prevalence than would be expected after so many rounds of MDA. Is there data on compliance?

- We haven't collected that data, but we have a sense that people are very compliant and interested to participate in the MDA.

There is a checklist that the LF program uses when an area has failed pre-TAS or TAS; it would be useful to have a document like that for STH as well.

- The STH Advisory Committee has on its agenda for the 2016 meeting to develop a checklist.
- A draft check list to troubleshoot in the setting of a 'failed' TAS for STH was developed in a recent informal consultation. WHO is currently revising the checklist. Once the updated version is released, we will provide a PDF copy to those who are interested; please contact Debra Bara (dbara@taskforce.org) if you would like a copy.

III. Update on DeWorm3 (Peter Jourdan)

DeWorm3 is a Bill and Melinda Gates Foundation-funded series of trials to demonstrate feasibility of breaking STH transmission by identifying a time-limited strategy for STH program. DeWorm3 will be leveraging the LF program in its trials, particularly in programs that have entered the post-MDA surveillance phase for LF. The results will inform the transition from LF programs to ongoing or newly started STH programs. It aims to compare effects of MDA between community wide MDA and MDA targeted at PSAC and SAC. The study design circulated in advance of the call is a draft that is still in development. The study will aim for high coverage and compliance across the study sites. STH infection will be measured not only with Kato-Katz but also qPCR. The study does not specifically include WASH interventions, but data on WASH will be captured. The three main trial sites in Benin, India, and Malawi have been selected through a rigorous process. There are still a number of details to be clarified.

Comments and questions

How can the coalition support DeWorm3 and can DeWorm3 support the Coalition?

IV. Update on STH diagnostic meeting, Ghent, August 22-23 (David Addiss)

There is going to be a meeting on STH diagnostics at the WHO collaborating center for STH August 22-23 in Ghent, Belgium. The intent is to bring together people who are developing new diagnostic tests, largely molecular-based, for STH to develop studies to compare them in the field. It will not address assays needed for eliminating transmission or tests that are further upstream in development. CWW will pull together a report and get that disseminated shortly after the meeting.

V. STH studies in ConnectOR (Jed Snyder)

NTD Support Center has been working on and recently launched a web-based tool that provides an overview of the operational research questions on NTDs around the world. It provides an overview of what questions around the world are and aren't being asked that can be identified through operational research. ConnectOR currently has 134 studies in 55 countries. 36 studies are on STH. Studies can be submitted on the web.

Comments and questions

ConnectOR provides information on studies that are underway and not yet published. We encourage all of you doing research to contribute your ongoing studies as well. The site was launched with a collaborative spirit and pulls together the community.

You can access it here: <http://www.ntdsupport.org/cor-ntd/ntd-connector>

VI. Coalition for Operational Research on NTDs (COR-NTD)

The COR-NTD meeting will be held here in Atlanta on November 10-11, just before American Society of Tropical Medicine and Hygiene (ASTMH) annual meeting, which is November 13 -17. There will be several sessions on STH in the meeting.