Work Plan of the STH Coalition

2017-2020

Report Date: June 6, 2017

STH Coalition

Executive Summary

This document describes the 2017 work plan of the Coalition for the Control of Soil-Transmitted Helminthiasis (STH Coalition).

The STH Coalition was established in 2014 to catalyze progress toward the World Health Organization (WHO) goal of eliminating STH as a public health problem and to help reach the WHO 2020 objectives for STH control. As a broad partnership representing the STH community, the STH Coalition is also committed to aspects of STH control that are not explicit in the WHO 2020 objectives, and aims to look beyond 2020.

The Action Group met in February 2017 to review progress and update the STH Coalition work plan for 2017**.**

A review of the STH Coalition structure and function led to recommendations to revise the bylaws. This document reflects those changes in structure and the STH Coalition bylaws were modified by the Action Group on May 5, 2017.

Specific recommendations approved at the meeting included:

- The monitoring and evaluation (M&E) and operational research (OR) workstreams should be moved to the STH Advisory Committee as subcommittees. This better reflects the workstreams' current function and clarifies the relationship between the coalition and the Advisory Committee. As Secretariat of the Advisory Committee, Children Without Worms (CWW) would continue to support operational research conference calls and other activities as appropriate.
- As the Secretariat, CWW should take on a more formal advocacy role. A representative from CWW will link with the efforts of the advocacy and resource mobilization (ARM) group at the NTD NGDO Network (NNN) and Uniting to Combat NTDs (UTCNTDs).
- Guidance specific to serving women of reproductive age (WRA) is expected from WHO sometime during 2017. The Secretariat will support preparatory activities to initiate services to women post 2020, which aligns with the WHO anticipated timeline for implementation.

2017 STH Coalition Priority Focus Areas

Five priority areas emerged from the Action Group meeting that form the basis for activities in 2017.

1. **Organize the STH Coalition to align structure and function.**
   Restructuring the STH Coalition was proposed to the Action Group members and subsequently implemented via approval of new bylaws as of May 5, 2017. Major changes include establishing work groups that are time-limited and dissolved based on achievement of objectives or need. Interest groups are established for the purpose of information sharing. In addition, a proposal has been submitted to the STH Advisory Committee specific to incorporating the STH Monitoring and Evaluation and Operational Research activities under the guidance of the Advisory Committee.

2. **Continue to focus on scale up of coverage.**

   WHO's strategy is anticipated to be extended beyond the 10 priority countries[1]. Coverage goals, while improved, have not been universally achieved. A work group that includes the STH Coalition organizational members that conduct deworming activities will be established to identify contributing gaps in coverage and to identify projects, products, or activities that the coalition can address to support continued improved coverage.

3. **Prepare to initiate treatment for women of reproductive age post 2020 in response to WHO's anticipated guidance.**

   The topic of treating women of reproductive age (WRA) [2] has been previously studied by the CWW. The study resulted in findings that identified barriers and potential actions to address obstacles. The STH Coalition members include organizations that currently provide health services to women. The Secretariat will support preparatory activities including assessing the potential to engage NGO partners that serve women but do not currently provide deworming- to identify potential partners, platforms and products that could support further engagement, and initiation of services to women of reproductive age post-2020.

4. **Improve data quality, transparency, and reporting.**

   NGO partners in the STH Coalition play an important role in supporting countries to meet coverage goals. Two recommendations by the Action Group members were specific to improving data quality across STH programs in specific areas:

   - Examine deworming rates for PSAC to offer insight as to why PSAC coverage, while meeting the planned target level set for 2015, is less robust than expected, and appears to be affected by variable numbers of countries reporting each year and under-reporting of validated treatments by the NGO community.
   - Establish mechanisms to focus specifically on improving data management, quality, and transparency for programs and implementing partners.
   - Propose scalable solutions to address data quality for NGOs.

5. **Advocate for comprehensive approaches to STH control.**

   Preventative chemotherapy delivered through mass drug administration is the cornerstone of control efforts for STH. For the past decade, treatment has been offered to people who live in areas in which infections are common. Experts argue that although preventative chemotherapy is necessary to rapidly reduce the burden and morbidity of the diseases these parasites cause, treatment alone is an unsustainable long-term strategy.

   To address the disease caused by these worms, a far more comprehensive approach is needed. Our colleagues at Evidence Action have put forth the components of such an approach. It includes:

[1] These include Tanzania, DRC, Philippines, Ethiopia, Pakistan, Bangladesh, China, Indonesia, Nigeria, and India.

[2] Previous documents and WHO use of the term women of child bearing age (WCBA) is acknowledged as the same population (women between the ages of 14-49).

- **Evidence of what works**: Using research to inform program strategy and decision making to refine the approaches, and to ensure a science-based approach is widely implemented.
- **Effective policy environment:** Programs backed by solid policies can maintain political support over time. Policies should extend beyond the health sector alone to include education, and environmental issues such as access to safe water and functional and well- maintained latrines.
- **Standard practices and tools**: Key tools for specific programmatic aspects including training, program monitoring, and evaluation support for program scale up. Standard processes and procedures can support replication of promising practices across many countries.
- **Tailored modalities**: There is not a one-size-fits-all approach; models are needed that can be adapted to local situations.
- **Agreed-upon metrics and measurement methodologies**: Agreement specific to key indicators and methodologies ensure that data is comparable and can be used to track progress. High quality coverage and epidemiological data that can be shared is considered a critical success factor to these efforts.
- **Technical capacity:** Approaches to control efforts include the use of mathematical modelling and epidemiologic assessment to track the intensity of infection (parasitology). Building this technical capacity may require training within countries that have achieved some success with mass drug administration.

2017 STH Coalition Priority Focus Areas

Coverage
(Former SAC/PSAC)

- Identify contributing factors to gaps in coverage (with a focus on out of school children and preschool-age children).
- Identify products/projects the coalition can support and address.

Objective: Support efforts to increase coverage rates by 20% by December 2020

Activity 1: Assess contributing factors for gaps in coverage.

Activity: Promote tools and approaches to assess coverage.

Activity 3: Provide learning opportunities to promote improved capacity and capability of national NTD programs to utilize coverage survey data to inform practice.

Outcome

Verifiable data on coverage is available for program decision making

Women of Reproductive Age

Identify potential partners and platforms to address women of reproductive age as a target population for STH control post-2020.

Objective: By July 1, 2018 assess interest of and engage key partners to participate in providing deworming treatment to women of reproductive age.

Activity 1. Identify potential platforms for delivery of treatment to women of reproductive age.

Activity 2. Identify needed products or activities to engage and support interested NGO partners to integrate deworming for women of reproductive age into existing service offerings.

Outcome

Identify potential platforms and partners to implement WHO's post-2020 STH control strategy

Data Quality

Implement activities that contribute to improved data quality and transparency

Objective By July 31 2018, explore factors that may contribute to reported PSAC coverage rates that apparently lag behind that of SAC for 2015.

Activity: Propose remedies, including how to facilitate NGO reporting at the country level.

Activity: Propose methods for improved data management, quality, and transparency for programs and partners.

Outcome

- Directly address issues of suspected under-reporting of PSAC treatment
- Propose scalable solutions to address data quality for NGOs that provide deworming

Advocacy

Identify and support implementation of comprehensive and sustainable STH control programs and efforts.

Objective 1: By November 30, 2017, identify key components of comprehensive programs.

Objective 2: By January 31, 2018, identify common needs and develop products/services or projects to address them.

Objective 3. Identify on-going support opportunities for joint information sharing and learning to highlight successful application of best practices

Outcome

Contribute to achievement of global STH control and elimination efforts using a comprehensive approach.

Work Plan of the STH Coalition, 2016

STATUS UPDATE

Status of objectives, activities and indicators from STH Coalition work plan for 2016:

Status updates were provided during the February 2-3, 2017 Action group meeting held in London. Table 1 includes the planned activities for 2016 and the status of those activities as of early 2017.

Table1. STATUS: World Health Organization (WHO) 2020 milestones for STH Control, barriers to achieving those milestones, and associated Coalition workstream activities for 2016 to address those barriers.

	WHO Milestone	Key barriers	Workstream	Activities for 2016	Status
PSAC	1. ≥75% of preschool-age children (PSAC) needing preventive chemotherapy (PC) for STH worldwide have been treated	• Uncertain quality of available deworming drugs • Under-reporting of drug coverage	PSAC	• Support the WHO drug pre-qualification process for benzimidazoles • Actively pursue alternatives, including developing a finished product description for manufacturers of generic albendazole • Encourage reporting to MOH / WHO as well as through UNICEF and NGO Deworming Inventory	• Ongoing
	2. 100% of countries requiring PC for STH have reached 75% national coverage of PSAC				• The STH Advisory committee has acknowledged that 75% global coverage goal will likely be reached by 2020 (WHO milestone). This group has also acknowledged that all countries requiring PC for STH may not reach 75% national coverage by 2020 (WHO milestone 1). The STH AC recommends that WHO identify countries with known barriers (e.g., conflict, lack of political will, etc.) that may restrain national deworming programs and provide policy guidance, technical and other support to accelerate progress where feasible.

SAC	3. ≥75% of school-age children (SAC) needing PC for STH worldwide have been treated	• Barriers to scale-up not well-understood • Multiple collaboration challenges across sectors (especially health and education) • Inadequate prioritization of PC by education sector and national governments	SAC	• Develop situation profiles for 7 of 10 high-burden countries identified by WHO as strategic priorities • Use these profiles to identify national-level gaps and resources to fill them • Catalyze specific interventions and collaborations in high-burden countries • Identify and publish best-practices on: a) cross-sector policy / governance approaches; b) integrated programming; and c) domestic resource mobilization for PC in SAC	• Completed. • Profiles have been developed and were well received. Gaps and common themes identified.
	4. 100% of countries requiring PC for STH have reached 75% national coverage of SAC		Advocacy	• Advocacy for STH control at global, regional, and national levels • Focused advocacy and partner 'mapping' in high-burden countries	• Moving forward, information from profiles can be used to develop policy and advocacy briefs to information where gaps need to address.
M&E	5. 100% of countries requiring PC for STH regularly assess the intensity of the infections	• Parasitologic M&E under-prioritized relative to PC coverage • Irregular M&E • Guidelines for SAC lack clarity - program decision-making not clearly linked to parasitologic results • Lack of monitoring guidelines for PSAC • Diagnostic tests have many limitations	M&E and OR (STH Advisory Committee)	• Establish annual milestones on STH infection intensity for the London Declaration scorecard • Support WHO-led revision of STH strategy for 2016-2020 • Develop revised monitoring guidelines for PSAC, SAC, and WCBA • Identify best candidate assays under development for improved STH diagnostics and initiate multi-site field assessment	• 2017 milestones proposed to the STHC for approval. • WHO revised strategy completed • Meeting held in December 2016. WHO will finalize and share the report once published. • Interim recommendations are being piloted. Revised monitoring guideline for WCBA expected post 2020 • Candidate assays identified during meetings in Ghent and Annecy during 2016. Planning for multi-site field assessments underway. • The STH Advisory Committee has recommended parasitologic monitoring be initiated. The STHC anticipates supporting these efforts via partnerships with key NGOs and country programs.
	6. 100% of countries requiring PC for STH have <1% prevalence of moderate- or high-intensity infections				
Support	7. Percentage of countries requiring PCT for STH that have developed national plans of action	• Plans of action lack detail; M&E is largely limited to drug coverage	Multiple orgs. (no workstream)	• Technical assistance to national programs to facilitate: situation analyses, revised plans of action, national STH partnerships, enhanced M&E	• National plans of action have been reviewed.

Table 2. STATUS of STH Coalition activities for 2016 that extend beyond current WHO 2020 objectives for STH

	Situation / Challenge	Key barriers	Work Group or Organization(s)	Activities 2016	Status 2017
Beyond Specific WHO STH Objectives for 2020	1. Inadequate coordination of WASH with deworming and other STH control efforts limits sustainability of gains made through deworming	• Until recently, no WHO guidelines on WASH and NTDs, and few successful case studies documented • Inadequate knowledge of impact of WASH components on STH • Lack of WASH indicators for STH programs	WASH Partners	• Collect and publicize successful NTD-WASH case studies • Initiate and continue WASH-STH operational research • Develop model school curriculum for STH and WASH • WASH-related milestones added to London Declaration scorecard for STH • Provide consultation on WASH to other STH Coalition members, partners, and workstreams, as requested • Finalize development of STH-related WASH indicator for NTDs	• Completed • Initiated outside of STH Coalition Workstream • Initiated (Teachers Handbook for Inclusive School Health and Nutrition-PDC) • Proposed • Ongoing • Provided input to drafts. Expected in 2017
	2. Women of Reproductive Age (WRA) a WHO-recognized risk group for STH but few countries include them national deworming programs (outside of LF)	• No PC targets or M&E guidelines for WRA • No drug donations for WRA outside of LF program • Maternal-child health (MCH) groups unconvinced about benefits of deworming	STH Coalition staff and interested partners	• Support WHO NTD Department efforts to include deworming in WHO nutrition guidelines • Continue to explore the need and role for a workstream on WCBA	• Preparatory work for scale up of treatment for WRA is underway and will be emphasized as part of the WHO strategy post 2020 • Delay until WHO guidelines for WCBA are developed • Anticipated post 2020 for implementation.
	3. There is increased interest among many partners in the possibility of breaking STH transmission where this might be possible, yet the coverage and intensity of specific interventions required are not clear. This objective is consistent with, but extends beyond, WHO objectives for 20209	• Frequency and coverage of PC required to interrupt transmission in settings with varying levels of WASH interventions remain unclear • Parasitologic M&E for STH in context of LF program is sub-optimal • Studies to answer these questions are expensive	STH Advisory Committee	• Initiate major studies on transmission break-points in post-LF MDA settings in at least two sites (Bill & Melinda Gates Foundation, British Natural History Museum, KEMRI, London School of Tropical Medicine and Hygiene) • Support the enhancement of M&E and STH interventions in several countries where STH prevalence and intensity are low	• BMGF initiated Deworm 3 operational research project in 2016. • Research has been initiated in- Malawi, Benin and India. • WHO has noted that following multi-year MDA, parasitologic testing has documented specific geographic areas with very low STH prevalence (less than 1.5)

TABLE 3. STATUS of STH Coalition objectives, performance indicators for 2016, and primary organization(s) or workstream(s) - continued on next page

		Objective	Indicators for 2016	Primary Organizations or Workstreams	Status
Objectives toward WHO STH Goals for 2020	PSAC	Support national governments and NGOs to increase the reported deworming drug coverage in preschool-age children from 24% in 2013 to >60% in 2015 (reports available in late 2016) and to set foundations for further scale-up.	1. Decide if standard product description for albendazole is needed; if so, agree by December 2016 on plan to develop	Children Without Worms Interested STH Coalition partners	• STH coalition members that procure drugs for treating the pre-school aged population have determined that on-going efforts are necessary to develop a product description for manufactures. • Potential manufactures of generic drugs prefer a USP monograph. • USAID has approved a Good Manufacturing Practices project, one of which currently manufactures albendazole in Indonesia. • There is also interest in creating a USP monograph for chewable albendazole.
			2. At least two generic benzimidazole manufacturers prequalified by WHO by December 2016	• WHO	• No manufacturer has been prequalified
			3. Improved and actively-used reporting systems in place to track PC coverage in PSAC by December 2016	• UNICEF • CWW (NGO Deworming Inventory) • WHO (PCT Databank) • Former PSAC workstream members	• STH Advisory Committee raised the issue of reported coverage for PSAC. • STHC partners to assess and produce a report in 2017.
	SAC	Support national governments to increase the reported deworming drug coverage in school-age children from 40% in 2013 to >60% in 2015 (reports available in late 2016).	1. Situation profiles for 7 of 10 WHO high-burden countries approved by national governments for dissemination by June 2016	• Evidence Action - Deworm the World • SAC workstream	• Completed. Profiles have been shared with appropriate governments and their partners. Profiles will be utilized to identify common needs, inform policy and advocacy work of STHC
			2. PC coverage in SAC increased by 20% in the WHO-listed high-burden countries from 2013 to 2015	• WHO	• WHO's updated strategy will shift the focus of MDA in high burden countries to more targeted interventions based on disease intensity and prevalence. • Further guidance is anticipated to initiate parasitologic monitoring in select countries.
			3. At least two national governments request World Bank/IPA/GPE funds for school-based deworming in 2016	• Lead organization not designated, resources required	• Discontinued • GPE funding program within World Bank is under revision.

	M&E	Monitoring and evaluation (M&E) framework in place and actively utilized to assess progress toward WHO goal of STH elimination as a public health problem by 2020	1. Interim recommendations and guidelines for parasitologic monitoring of PSAC and WCBA drafted by December 2016	• STH Advisory Committee • WHO • CWW	• Under development. • Field pilot initiated in early 2017.
			2. Fourth London Declaration scorecard for STH (April 2016) includes milestone on parasitologic monitoring; ≥20% of countries requiring PC for STH report national STH prevalence and intensity data to WHO for 2015	• STH Coalition • STH Advisory Committee (M&E) • CWW • WHO	• In process. Anticipated in May 2017.
			3. Interim recommendations for transition from LF programs to STH programs drafted by December 2016	• WHO • STH Advisory Committee (M&E) • CWW	• Initiated
	OR	Operational research essential for achieving WHO goal of eliminating STH as a public health is undertaken	1. Multi-site field studies of improved STH diagnostic assays initiated in at least three countries by December 2016	• NTD Support Center • STH Advisory Committee • WHO Collaborating Center • Investigators	• Initiated.
			2. At least 3 studies on unprogrammed or unreported deworming or on motivation for deworming underway by December 2016	• NTD Support Center • CWW • Evidence Action (Take-up study) • Other investigators	• Proposed change to “on-going surveillance of unprogrammed deworming initiated by December 2017”
	Advocacy	Generate national-level demand for STH control along with political and financial support needed to achieve WHO goal for elimination of STH as a public health problem by 2020	1. Adequate resources raised to achieve 75% drug coverage in 7 of 10 high-burden countries by December 2016	• Resources not designated; requires action on part of many individuals and organizations	• No STHC member has advocacy as its mission. • Recommendation by the Secretariat was approved by the Action Group to discontinue the advocacy workstream with agreement that the Secretariat can support advocacy efforts. • A funding gap analysis has been initiated by BMGF. When available the results will inform this strategy further.
			2. Major bilateral donors (DFID and USAID) maintain current level of support for STH while two additional bilateral donors commit new funds by December 2016	• USAID • DFID • Other partners	• Not achieved. • USAID has developed plans to shift support for STH to other USAID supported efforts under specific circumstances. No other partners engaged or identified.

			3. Private sector giving for STH (corporate, individual, philanthropic) increases by 25% over 2014	• Resources not yet designated; requires action on part of many individuals and organizations • Note: data to measure indicator are not collected centrally	• Not achieved
			4. Private sector fundraising strategy and plan developed for STH	• Advocacy workstream • CWW • Resources not yet designated; requires action on part of many individuals and organizations	• Not achieved
	Support	Technical and programmatic capacity at national level adequate to achieve WHO goals for STH by 2020	1. Coordinated technical assistance and capacity-building support provided to at least 5 of 10 high-burden countries by December 2016	• Multiple organizations, including WHO, Evidence Action, SCI, CWW, PCD, CIFF, RTI, and others	STH Coalition members including CWW, Evidence Action, CIFF, DeWorm 3 have formal technical assistance projects underway in Bangladesh, India, Ethiopia, and Kenya.
	Strategy	Strategic framework for elimination of STH as a public health problem revised for the 5-year push to 2020	1. Revised strategic plan finalized by December 2016, supported by STH Coalition, and approved for presentation to 2017 WHO STAG	• WHO • STH Coalition • CWW	• In process
Beyond Specific WHO STH Objectives for 2020	**WASH**	Activities of the water, sanitation and hygiene education (WASH) sector coordinated, aligned, and where possible, integrated with other components of STH control by 2020	1. WASH-related indicators included in the 4th London Declaration scorecard for STH (April, 2016)	• WASH workstream • STH Coalition	• In process
			2. STH-related indicator included in recommended panel for monitoring WASH and NTDs	• WASH workstream • NNN WASH working group	• In process
			3. Two successful NTD-WASH case studies released by December 2016	WASH workstream and partners	Completed 2016 UNICEF and WHO have published 11 WASH Case Studies available online https://www.washinhcf.org/case-studies/.
			4. At least three operational research studies underway to assess the effectiveness of deworming and WASH on STH	• Emory University • UC Berkeley • Other investigators	• Initiated.
	OR	Operational research required to assess the feasibility and potential for interrupting transmission is completed by 2020	1. Three sites selected for Deworm3 studies to determine break points for STH transmission by December 2016	• British Natural History Museum • Bill & Melinda Gates Foundation • London Centre for NTD Research	• Completed 2016