

STH Coalition

# FRAMEWORK FOR ACTION

December 2014

This document outlines the case for STH control, the aims and priorities of the STH Coalition, and how the STH Coalition is bringing partners together to accelerate progress on STH. The Framework will be a “living” document, updated quarterly, as needed.

For more information, visit [STHCoalition.org](http://STHCoalition.org) or contact [STHCoalition@taskforce.org](mailto:STHCoalition@taskforce.org).



## STH Coalition

Uniting to treat and prevent intestinal worms

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## EXECUTIVE SUMMARY

### Case for Action on STH

Soil-transmitted helminthiasis (STH), a disease caused by intestinal worms, affects the health of more than **one billion people** – one of every seven worldwide – and **over 875 million children** are at risk of infection. The main risk groups are preschool and school-age children and women of childbearing age.

STH causes:

- Stunted growth
- Reduced absorption of nutrients and vitamins
- Anemia
- Impaired cognitive development and ability to learn
- Lower school attendance
- Reduced productivity and economic well-being
- Increased susceptibility to other infectious diseases

STH is a disease of poverty and is linked to broader community development challenges. **Worm infections are undermining work being done across multiple sectors** including education, nutrition and maternal health, taking a toll on both infected children and adults, and their communities.

Deworming improves the health of children, supporting them to reach their full potential; **deworming is a cost-effective intervention that can be integrated into existing health “platforms.”** The World Health Organization has set a coverage target of reaching 75% of all at-risk children (ages 1-14) by 2020 and has laid out other critical targets related to national policies and plans of action, partnership and mapping.

In addition, **improving water, sanitation and hygiene (WASH) helps to prevent STH transmission and reinfection.** Yet 2.5 billion people do not have access to adequate sanitation and more than 1 billion people still practice open defecation. The long-term effectiveness of STH control programs requires increased collaboration between WASH and deworming.

Johnson & Johnson and GSK have committed to donating six billion doses of deworming drugs through 2020, enough to treat all school-age children in need. However,

a substantial gap in drug coverage still remains. **In 2012, only 33% of all at-risk children ages 1-14 received deworming drugs.**

Barriers to effective control of STH include:

- Inadequate coordination
- Lack of engagement
- Lack of cross-sector policies that can enable STH control
- Poor WASH coverage in high-burden areas
- Challenges with drug supply, demand and delivery
- Incomplete information on STH prevalence, drug coverage and impact
- Limited resources available for implementation

**Given the magnitude and complexity of the challenge, a cross-sectoral, collaborative approach to addressing STH is essential.**

### The STH Coalition

Building on global momentum and significant investment in STH control, the STH Coalition – a diverse group of partners that recognizes the value of STH control and is committed to accelerating progress – is coming together to collaborate and coordinate efforts to:

- Catalyze demand for and scale up **deworming** programs
- **Prevent** reinfection and reduce STH transmission through a multi-pronged approach
- **Support** effective programs to accelerate impact

The STH Coalition will advance its work by supporting country-level STH control; organizing into workstreams to accelerate action on global issues; and broadening partnership and collaboration through outreach across multiple sectors. STH Coalition partners have made specific commitments to advance global STH goals.

**Together, these efforts will contribute to advancing the vision of the STH Coalition: a world in which children are healthy and develop to their full potential by reducing intestinal worm infections.**

## CASE FOR ACTION

**More than one billion people – one of every seven worldwide – are infected with intestinal worms – and over 875 million children are at risk of infection.**<sup>1</sup> Disease caused by intestinal worms – roundworm, whipworm, and hookworm – is known as soil-transmitted helminthiasis (STH). STH affects the most vulnerable people in communities where sanitation is inadequate, particularly in tropical and sub-tropical countries. It causes stunted growth, reduced absorption of nutrients and vitamins, anemia, impaired cognitive development and ability to learn, lower school attendance, reduced productivity and economic well-being, and increased susceptibility to other infectious diseases.

**STH is a disease of poverty linked to broader community development challenges.** STH has negative consequences for many aspects of human development – including public health, nutrition, education, human rights, gender equity and economic development. The persistent nature of STH limits the chance for those infected to lead full and productive lives.

**Affected communities often have inadequate and inequitable access to water and sanitation, as well as to the tools to practice good hygiene,** which contributes to high levels of STH and undermines efforts to control it. For example, 2.5 billion people do not have access to adequate sanitation and more than 1 billion people still practice open defecation.

**To accelerate progress on controlling STH, extensive collaboration across multiple sectors is essential.** These sectors include public health, particularly neglected tropical diseases (NTDs); education; water, sanitation, and hygiene (WASH); maternal health; nutrition; and global development. For example, WASH interventions can reduce the spread of STH; community and school-based health education can improve sanitation and reinforce good hygiene; and micronutrient supplementation can help mitigate the impact of STH on women of childbearing age and children.

**Deworming improves the health of children, supporting them to be healthy and reach their full potential.** At least 285 million children were treated for intestinal worms in

2012.<sup>1</sup> Periodic deworming of infected children has been shown to improve physical growth and nutritional status; improve learning and school attendance; enhance long-term economic earning potential; and have “collateral benefits” such as decreased levels of STH in family members who were not treated for worms.

**Deworming is a cost-effective intervention that can be integrated into existing health “platforms.”** Safe, effective drugs (benzimidazoles) are already delivered as part of other NTD programs (e.g., lymphatic filariasis and schistosomiasis). In many settings, deworming drugs can be easily and inexpensively given with drugs for other NTDs (e.g., onchocerciasis or trachoma) or added to existing “platforms” of school health, nutrition, immunization, or maternal and child health.

**Long-term, sustainable progress on STH requires improvements in WASH.** Increasing access to WASH through integrated programming will prevent STH transmission and reinfection and help sustain the gains made possible through deworming.

**There is a substantial gap between where we are and where we need to be on STH control.** In 2012, the World Health Organization (WHO) published an NTD Roadmap<sup>ii</sup> to accelerate progress toward the global drug coverage goals for STH set by the World Health Assembly in 2001.<sup>iii</sup> The Roadmap highlighted the importance and challenge of NTDs, including STH, and set new 2020 targets of reaching 75% coverage for preschool-age children, ages 1-4, and school-age children, ages 5-14. In addition to coverage goals, WHO’s 2011-2020 strategic plan for STH control lays out critical targets related to national policies and plans of action, partnership and mapping<sup>iv</sup> (see Attachment 1 for further detail). In response, a broad set of partners signed the London Declaration on Neglected Tropical Diseases,<sup>2</sup> committing themselves to supporting implementation of the NTD Roadmap. Among these commitments was a donation of six billion doses of safe, effective deworming drugs by Johnson & Johnson and GSK through 2020, enough to treat all school-age children in need. Despite the availability of safe and effective donated drugs, drug coverage among all at-risk children ages 1-14 was only 33%<sup>v</sup> in 2012.

1. These figures, based on data reported to WHO, likely underestimate drug coverage.

2. The 2012 London Declaration brought together a diverse set of partners who committed to collaborate around the goal of control, elimination or eradication of 10 NTDs in line with WHO’s 2020 goals. For more information, see: <http://unitingtocombatntds.org/resource/london-declaration>.

## Barriers to effective STH control include:

### ■ Inadequate coordination and lack of engagement

- *Across organizations:* Many organizations involved in STH work independently, each with its own focus, programs and deliverables.
- *Within organizations:* Especially in large organizations, units engaged in different aspects of STH control (e.g., health, education, nutrition, and sanitation) often work separately, with no single point of contact to facilitate coordination and no incentives for intra-organizational collaboration.
- *Across sectors:* Non-governmental organizations (NGOs) in the sanitation, health, and education sectors relate to their corresponding governmental ministries and donors, but infrequently with each other.
- *Within governments:* Strong collaboration between Ministries of Health and Ministries of Education is needed to deliver effective STH interventions to school-age children.
- *Within countries:* At the country level, partners are not always aware of others who are working on STH control or of opportunities to work together to leverage existing resources.

### ■ The lack of cross-sector policies that can enable STH control

- STH is still not a priority in many countries; policies that facilitate STH control need to be strengthened. For example, not all national education policies address school health, and not all those that do include deworming and WASH.

### ■ Poor WASH coverage in high-burden areas

- Communities that have the highest STH burden often also lack access to safe and reliable water, sufficient sanitation, and the tools to practice good hygiene.
- STH and WASH practitioners do not always recognize the value of collaborating; even when they do, funders may not support this collaboration.
- Long-term sustainability depends on improving sanitation and hygiene practices, which help to stop the cycle of reinfection.

### ■ Challenges with drug supply, demand and delivery

- Not all eligible country governments are accessing donated deworming drugs or resources to deliver them.
- Communities have limited awareness of the benefits of STH control or of the availability of deworming drugs, resulting in low demand for these services.
- The quality of deworming drugs purchased on the open market is currently inconsistent.

### ■ Incomplete information on STH prevalence, drug coverage and impact

- In many countries there is a lack of complete information on the current prevalence of STH.
- Many organizations do not report their deworming activities to national Ministries of Health.
- The delivery of deworming drugs through a variety of different “platforms” (e.g., schools, child health days, maternal health clinics) makes unified reporting more difficult.
- Figures on drug coverage are not readily available at the sub-national level.
- Monitoring programs and evaluating their impact are often inadequate.
- People working in other sectors may not know or understand the impact that STH has on children and communities.

### ■ Limited resources available for implementation

- Funds for drug delivery, training and monitoring and evaluation are limited.
- Training materials to equip teachers and health workers are not broadly distributed.

**Given the magnitude and complexity of the challenge, a cross-sectoral, collaborative approach to addressing STH is essential.**

# THE STH COALITION

## Partners are joining together to address the challenges of STH.

Building on the momentum created by the WHO NTD Roadmap and substantial commitments made as part of the 2012 London Declaration, on April 3, 2014, nine partners<sup>3</sup> pledged more than US\$120 million toward the control and prevention of STH and joined in launching the STH Coalition to foster collaboration and capitalize on these investments. These and other new resources are helping to scale up deworming efforts, catalyze country demand for deworming, develop new tools and strategies for interrupting transmission of STH, and foster cross-sector collaboration globally and at the country level.

The STH Coalition is evolving from this initial set of nine partners to a growing, multi-sectoral group representing national governments, academic and research institutions, donors, multilateral and non-governmental organizations, and the private sector. Each STH Coalition partner recognizes the value of STH control and has made specific commitments to advance STH control goals. A list of STH Coalition partners and their commitments can be found at [STHCoalition.org](http://STHCoalition.org). STH Coalition partners have coalesced around a common vision:

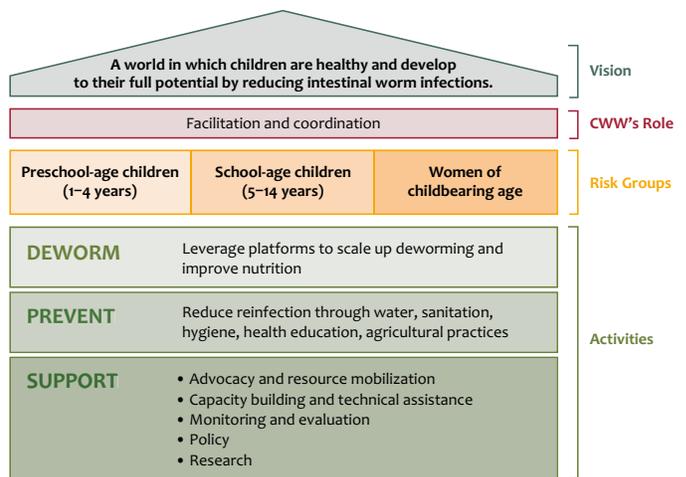
**a world in which children are healthy and develop to their full potential by reducing intestinal worm infections.**

## STH Coalition partners have adopted a broad, cross-sectoral approach.

STH Coalition partners are working to reduce STH by targeting the three major risk groups defined by WHO – preschool-age children (1-4 years old), school-age children (5-14 years old), and women of childbearing age; by coordinating activities across three domains – deworming, prevention, and support; and by working at multiple levels – global and in-country. As shown in Figure 1, a successful effort must:

- **Catalyze demand for and scale up deworming programs** to reduce the prevalence and intensity of infection. As part of this effort, partners will drive resource mobilization and increased awareness of STH control; support government-led scale-up efforts at the national and community levels; and leverage multiple “platforms” such as school health, school feeding, and vitamin A supplementation to expand access to deworming.
- **Facilitate efforts to prevent reinfection and reduce STH transmission** through a collaborative and coordinated effort that emphasizes a multi-pronged approach that includes access to safe water, improved sanitation, and tools to practice good hygiene.
- **Support effective programs to accelerate impact** through advocacy and partnership, robust monitoring and evaluation, establishing and implementing policies, sharing best practices, engaging communities and raising awareness, and investments in research to determine the most effective approaches.

**FIGURE 1: The STH Coalition brings partners from multiple sectors together “under one roof.”**



The STH Coalition targets three primary risk groups through deworming, prevention and support. While individual partners may focus on specific activities, through the STH Coalition they can align and coordinate their work and leverage resources to realize a shared vision.

3. The nine partners were The Children’s Investment Fund Foundation, Dubai Cares, The Bill & Melinda Gates Foundation, The Global Partnership for Education, Mundo Sano, Vitamin Angels, WaterAid, the World Bank Group, and the World Food Programme.

## STH Coalition partners are collaborating to:

- Support government-led national STH control programs
- Realize the aims and support the processes of the London Declaration
- Align and coordinate activities at global and national levels
- Identify bottlenecks and barriers and work together to overcome them
- Encourage participation and engagement of communities in STH control
- Establish mechanisms to monitor, evaluate and report progress towards goals in order to strengthen accountability
- Broaden the STH Coalition and galvanize all interested parties from a variety of sectors

## The STH Coalition is organizing to advance progress.

The STH Coalition furthers its work through its workstreams, which accelerate action on global issues and by supporting country-level STH control efforts and broadening partnership and collaboration through outreach across multiple sectors.

- **Organizing into workstreams to accelerate action on global issues.** Much of the STH Coalition's work is conducted through seven workstreams, which serve as platforms for coordination, collaboration, action and accountability. The roles of the workstreams are to:
  - Identify barriers to STH control and develop strategies to overcome them
  - Attract and engage interested partners
  - Foster and ensure accountability of the STH Coalition to meeting its objectives

Based on the principal risk groups and the essential cross-cutting activities of deworming, prevention, and support identified above (Figure 1), workstreams will focus on the following key areas:

1. Scaling up deworming in preschool-age children;
2. Scaling up deworming in school-age children;
3. Coordinating prevention with the WASH sector;

4. Supporting advocacy and resource mobilization;
5. Supporting monitoring and evaluation (facilitated by the STH Advisory Committee<sup>4</sup>);
6. Supporting operational research (facilitated by the STH Advisory Committee); and
7. Scaling up deworming in at-risk women of childbearing age (to be launched).

An overview of initial workstream objectives and priorities is provided in Attachment 2. Additional information on the workstreams and how to get involved can be found at [STHCoalition.org](http://STHCoalition.org).

- **Supporting country-level STH control.** Country programs are at the center of this collaborative effort; therefore supporting national STH control programs is a primary purpose of and an integral part of the STH Coalition's work. The STH Coalition seeks to partner with national governments, in close collaboration with WHO, to further STH control at the country level and to promote ongoing efforts to integrate STH control within NTD and other health and development programs. To reach WHO 2020 targets for STH, including providing deworming drugs to at least 75% of at-risk children in all STH-endemic countries, a broad geographical approach, with strong regional coordination, is needed.

Initial steps to support national STH control efforts include determining which partners are working where and, in close collaboration with governments, exploring areas of convergence and synergy among these partners. This information will help partners align with country-level priorities, promote information-sharing, and provide coordinated support to national programs as they implement and refine STH control strategies. For more details on what STH Coalition partners are doing and where, visit the NTD Partners Map at [PartnersMap.org](http://PartnersMap.org).

An estimated 30% of at-risk children live in five countries with the highest STH burden (India, Nigeria, Ethiopia, Indonesia, and the Democratic Republic of Congo). STH Coalition partners will work closely with WHO and national governments to accelerate STH control in these countries.

4. The STH Advisory Committee is a group of independent experts who provide scientific and technical advice on STH prevention and control to donors, STH researchers, pharmaceutical companies, and the broader STH community. CWW serves as the secretariat for the STH Advisory Committee.

- **Broadening partnership and collaboration through outreach across multiple sectors.** The success of the STH Coalition depends on engaging a broad range of partners at the global and country levels. Thus, **the STH Coalition welcomes the involvement of all persons and organizations with an interest and stake in STH control.** Efforts to broaden the partnership will take advantage of meetings where potential partners are gathered to promote awareness of STH and the STH Coalition, facilitate discussion, invite participation in workstreams, and improve coordination. An infographic details the challenges and potential opportunities related to STH, provides more information about the STH Coalition and explains how partners can get involved. The infographic is available in English, French and Spanish at [STHCoalition.org](http://STHCoalition.org).

**Children Without Worms (CWW) is facilitating the STH Coalition.** CWW will continue to engage existing STH Coalition partners, reach out to new partners, identify opportunities to foster collaboration, and develop platforms to support knowledge management and information sharing.

**Ongoing work for the STH Coalition includes:**

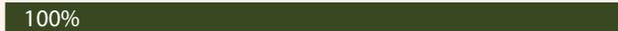
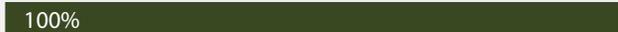
- Updating and disseminating the STH Coalition Framework for Action and related materials
- Catalyzing the activities of workstreams by refining the areas of focus, identifying specific targets and activities, and selecting key indicators to monitor progress and ensure accountability
- Engaging with WHO, national governments and country-level NTD focal points and other partners to determine how best to support national STH control, particularly in the highest-burden countries
- Recruiting additional organizations and resources to STH control
- Continued refinement and tracking of STH milestones for the *Uniting to Combat NTDs* (London Declaration) scorecard in collaboration with WHO and the STH Advisory Committee

**WORKS CITED:**

- WHO, "Soil-Transmitted Helminthiases: Number of Children Treated in 2012," *Weekly Epidemiological Record / Health Section of the Secretariat of the League of Nations* 89, no. 13 (March 28, 2014): 133–40.
- WHO, *Accelerating Work to Overcome the Global Impact of Neglected Tropical Diseases: A Roadmap for Implementation*. (Geneva: World Health Organization, 2012).
- "World Health Assembly Resolutions and Decisions – WHA\_54.19\_Eng.pdf," accessed August 21, 2014, [http://www.who.int/neglected\\_diseases/media-centre/WHA\\_54.19\\_Eng.pdf](http://www.who.int/neglected_diseases/media-centre/WHA_54.19_Eng.pdf).
- 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).
- WHO, "Soil-Transmitted Helminthiases: Number of Children Treated in 2012," *Weekly Epidemiological Record / Health Section of the Secretariat of the League of Nations* 89, no. 13 (March 28, 2014): 133–40.

## Attachment 1. WHO 2020 Targets and Progress for STH Control

In its 2011-2020 strategic plan for STH, WHO established targets for measuring progress on STH control.<sup>i</sup> The STH Coalition, in collaboration with WHO and the STH Advisory Committee, has worked to develop milestones for reporting to the *Uniting to Combat NTDs* (London Declaration) scorecard.

	WHO TARGETS	PROGRESS
DEWORM	<b>2020:</b> Less than 1% of children in countries requiring deworming have infection of high or moderate intensity	Data still required.
	<b>2020:</b> More than 75% of preschool-age (PSAC) children and school-age children (SAC) needing deworming worldwide have been dewormed	2012 PSAC <sup>ii</sup>  28% 2012 SAC <sup>iii</sup>  38% 2020 Target  75%
	<b>2020:</b> 100% of countries requiring deworming <sup>iv</sup> have achieved 75% national coverage of preschool-age children (PSAC) and school-age children (SAC)	2012 PSAC <sup>v</sup>  23% 2012 SAC <sup>vi</sup>  25% 2020 Target  100%
	<b>2015:</b> 100% of countries have started deworming <sup>vii</sup>	2014 <sup>viii</sup>  74% 2020 Target  100%
PREVENT	<b>2015:</b> National policies for STH control involving intersectoral collaboration exist in 100% of countries requiring deworming	Data still required.
SUPPORT	<b>2015:</b> National plans of action on NTD control developed by 100% of countries requiring deworming	2014 <sup>ix</sup>  70% 2020 Target  100%
	<b>2013:</b> Mapping to identify areas requiring deworming completed in 100% of endemic countries	Data still required.

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/NTD staff, personal communication, November, 2014.

iii. WHO/NTD staff, 2014.

iv. Currently, there are 112 countries that require deworming.

v. WHO, "Soil-Transmitted Helminthiases: Number of Children Treated in 2012," *Weekly Epidemiological Record / Health Section of the Secretariat of the League of Nations* 89, no. 13 (March 28, 2014): 133-40.

vi. WHO, 2014.

vii. Countries are considered to have started deworming if they have requested albendazole (for STH or lymphatic filariasis) or mebendazole (for STH) for 2013, 2014 or 2015. It is estimated that less than 10 million children at risk live in the 29 countries that have not started deworming. Of these 29 countries, two have serious security concerns and 16 have populations of less than 50,000 children at risk (WHO/NTD staff, personal communication, November, 2014).

viii. WHO/NTD staff, 2014.

ix. WHO/NTD staff, 2014.

## Attachment 2. Workstream Priorities

This table summarizes initial thinking on the objectives and areas of focus for each workstream. A priority for all workstreams is to foster cross-sectoral engagement. While workstreams function independently, the work is inherently linked and mechanisms promote collaboration and information sharing. The most current information related to workstreams can be found at [STHCoalition.org](http://STHCoalition.org).

WORKSTREAM	OBJECTIVE	AREAS OF FOCUS
1. <b>Preschool-age children</b> (Ages 1 – 4)	Support national governments and NGOs to double the drug coverage in preschool-age children by 2016 by leveraging existing platforms	<ul style="list-style-type: none"> <li>■ Identify partners to contribute to increasing preschool-age children drug coverage and detail their commitments</li> <li>■ Improve supply chain: Quality drug supply, coordination, and delivery</li> <li>■ Clarify mechanisms for and ensure accurate reporting and monitoring of deworming programs</li> </ul>
2. <b>School-age children</b> (Ages 5 – 14)	Increase drug coverage of and impact on school-age children primarily through school-based deworming programs	<ul style="list-style-type: none"> <li>■ Scale-up school-based deworming and increase coverage of current programs</li> <li>■ Work with Ministries of Health (MoH) and Education (MoE) to foster linkages and develop national STH control plans</li> <li>■ Connect with other health and education programs (e.g., nutrition) to increase the impact of school-based deworming</li> <li>■ Generate greater demand for deworming</li> </ul>
3. <b>WASH</b>	Align STH control and the water, sanitation and hygiene sectors	<ul style="list-style-type: none"> <li>■ Identify and engage key partners to coordinate and collaborate on strategies for improved sanitation, water, and hygiene</li> <li>■ Review the geographic overlap between STH control and WASH programs to align efforts in specific areas</li> <li>■ Demonstrate and publicize the impact of WASH on STH</li> <li>■ Strengthen messaging regarding the preventive elements of the approach to STH</li> <li>■ Develop outcomes-based indicators to monitor integrated approaches to STH control</li> <li>■ Coordinate with the relevant governmental ministries to help establish cross-sector programs</li> <li>■ Prioritize an equitable approach to scaling up integrated STH control programs</li> </ul>
4. <b>Advocacy and resource mobilization</b>	Leverage a diverse set of partners to help increase awareness of STH at the global, regional and national levels, and raise additional funds for on-the-ground programs	<ul style="list-style-type: none"> <li>■ Generate country-level demand for STH control through advocacy with national governments</li> <li>■ Increase prioritization of STH through advocacy at global, regional and national levels</li> <li>■ Facilitate country, regional and global-level meetings with key stakeholders</li> <li>■ Help build and fund sustainable program and country capacity</li> <li>■ Encourage donors to fund national-level advocacy and capacity-building</li> <li>■ Raise new funds for STH programs (donor country)</li> </ul>
5. <b>Monitoring and evaluation<sup>i</sup></b>	TBD	<ul style="list-style-type: none"> <li>■ TBD</li> </ul>
6. <b>Operational research<sup>i</sup></b>	TBD	<ul style="list-style-type: none"> <li>■ TBD</li> </ul>
7. <b>At-risk women of childbearing age<sup>ii</sup></b>	TBD	<ul style="list-style-type: none"> <li>■ TBD</li> </ul>

i. Facilitated by STH Advisory Committee

ii. To be launched in 2015