

# Work Plan of the STH Coalition, 2016

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May 3, 2016

## Executive Summary

This document describes the 2016 workplan 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 or that look beyond 2020.

The workplan summarizes the planned activities for the six workstreams of the STH Coalition in 2016. These workstreams are focused on increasing drug coverage, developing financial resources and political will for STH control, and providing scientific and technical guidance for operational research and monitoring and evaluation.

Many of the activities in this workplan will be carried out at the global level. The workplan does not detail the numerous efforts at the national and local levels, led by national and state governments and supported by members of the STH Coalition and many other partners. Moving forward, a key challenge for the Coalition is to bring its resources and commitment to bear at the country level. Many activities outlined by the individual workstreams will help to catalyze this process, but more attention is needed on capacity-building, national-level advocacy, enhanced monitoring, and partnerships.

## Background: World Health Organization objectives and the STH Coalition

In 2001, the World Health Assembly called for elimination of soil-transmitted helminthiasis (STH) as a public health problem (WHA54.19) through targeted deworming of children and women of child-bearing age (WCBA) and improved access to water, sanitation, and hygiene (WASH). The World Health Organization (WHO) re-affirmed this goal in its 2012 strategic plan for STH and defined public health problem as >1% prevalence of moderate- and high-intensity infection in school-age children. WHO also articulated several objectives or targets for 2020 (Table 1).

In April 2014, the Coalition for the Control of Soil Transmitted Helminthiasis (STH Coalition) was established to catalyze progress toward the WHO goal of eliminating STH as a public health problem and achieving its associated objectives for 2020. Of the six primary WHO objectives (Table 1), four focus on scaling up deworming in preschool-age children (PSAC) and school-age children (SAC). The source of deworming drugs and drug delivery platforms for these two groups differ, as do the barriers to increasing drug coverage. In addition, enhanced monitoring and evaluation (M&E), operational research, and advocacy will be required to reach the WHO goal for 2020, and sustained success will require improved WASH. The STH Coalition established six workstreams to identify barriers, develop solutions, and catalyze and coordinate action to reach the 2020 targets. The workstreams focus on PSAC, SAC, advocacy, WASH, M&E, and operational research. The latter two workstreams are expanded sub-committees of the STH Advisory Committee, established in 2006 to support J&J's mebendazole donation, and now providing technical advice and scientific guidance to the Coalition.

As a broad partnership representing the STH community, the STH Coalition also is committed to aspects of STH control that are not explicitly mentioned in the 2012 strategic plan, or that look beyond 2020 (Table 2). These

include greater programmatic coordination with the WASH sector as well as operational research to understand the feasibility of interrupting STH transmission in different settings. These activities are being addressed by the respective workstreams, as well as by groups of Coalition partners outside of specific workstream activities. Thus, while the annual workplans of individual workstreams address the major WHO 2020 objectives, they do not capture the entirety of work being done to advance or go beyond specific WHO objectives for 2020.

As of this writing, the STH Coalition has 56 member organizations from multiple sectors. The Coalition structure includes a Steering Committee, a 21-member Action Group, and six workstreams (see STH Coalition Bylaws at [www.sthcoalition.org](http://www.sthcoalition.org)). Children Without Worms (CWW) serves as the secretariat.

### **STH Coalition workplan for 2016: Objectives, activities and indicators**

During the last half of 2015, the workstream chairs convened their respective groups and developed workplans for 2016. These were presented at the December 2015 STH Coalition Action Group meeting, discussed, and subsequently revised. Most of the workstream activities for 2016 address specific barriers to reaching the WHO milestones for STH control by 2020, as shown in Table 1.

For PSAC, the drug delivery platform of child health days is fairly robust; the immediate priorities are ensuring the quality of deworming drugs purchased for this age group and improving reporting of drug treatments. For SAC, inadequate inter-sectoral (i.e., health and education) collaboration and lack of funding remain key challenges. In support of the WHO strategy emphasizing the scaling up of school-based deworming in the ten highest-burden countries, the SAC workstream is developing country profiles to inform Coalition partners about resource gaps and opportunities, while the Advocacy workstream is targeting advocacy efforts at several levels. Because inadequate monitoring threatens our ability to reach the WHO objectives for 2020, the M&E workstream has strengthened 2016 milestones on parasitologic monitoring for the London Declaration scorecard and is developing interim recommendations for parasitologic monitoring of PSAC and WCBA. The operational research workstream monitors, promotes, and disseminates information on STH research.

Looking beyond the current WHO goals for 2020 (Table 2), the major focus for operational research is the Deworm<sup>3</sup> Initiative, funded by the Bill & Melinda Gates Foundation. In alignment with the recently published WHO Global Strategy for WASH and NTDs, the WASH workstream has prioritized the development of STH-related WASH indicators and case studies of successful integration of WASH and NTDs.

For the STH Coalition as a whole, primary objectives and performance indicators have been proposed and responsible workstreams and organizations identified (Table 3). For most of these objectives, success will require both activities explicitly mentioned in the workplans of the individual workstreams (Annex) as well as additional contributions from individual Coalition members, partners, and CWW, the Coalition secretariat. In some cases, proposed objectives are not fully funded or lead organizations have not been identified (Table 3). For the most part, the 2016 indicators reflect work that began in previous years.

With the establishment of the STH Coalition Action Group in December 2015, a structure now exists to monitor progress toward 2016 objectives, course-correct as needed, and harmonize activities across workstreams. The STH control landscape is dynamic and constantly evolving. This workplan defines overall objectives for 2016 and delineates specific activities for individual workstreams, but does not represent the totality of contributions of individual STH Coalition members and partners to the goal of elimination of STH as a public health problem.

**Table 1. 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
STH Goals for 2020 - from 2012 WHO Strategic Plan	PSAC	1. ≥75% of preschool-age children (PSAC) needing preventive chemotherapy (PC) for STH worldwide have been treated	<ul style="list-style-type: none"> <li>• Uncertain quality of available deworming drugs</li> <li>• Under-reporting of drug coverage</li> </ul>	PSAC	<ul style="list-style-type: none"> <li>• Support the WHO drug pre-qualification process for benzimidazoles</li> <li>• Actively pursue alternatives, including developing a finished product description for manufacturers of generic albendazole</li> <li>• Encourage reporting to MOH / WHO as well as through UNICEF and NGO Deworming Inventory</li> </ul>
		2. 100% of countries requiring PC for STH have reached 75% national coverage of PSAC			
	SAC	3. ≥75% of school-age children (SAC) needing PC for STH worldwide have been treated	<ul style="list-style-type: none"> <li>• Barriers to scale-up not well-understood</li> <li>• Multiple collaboration challenges across sectors (especially health and education)</li> <li>• Inadequate prioritization of PC by education sector and by national governments</li> </ul>	SAC	<ul style="list-style-type: none"> <li>• Develop STH situation profiles for 7 of 10 high-burden countries identified by WHO as strategic priorities</li> <li>• Use these profiles to identify national-level gaps and resources to fill them</li> <li>• Catalyze specific interventions and collaborations in high-burden countries</li> <li>• Identify and publish best-practices on: a) cross-sector policy / governance approaches; b) integrated programming; and c) domestic resource mobilization for PC in SAC</li> </ul>
		4. 100% of countries requiring PC for STH have reached 75% national coverage of SAC		Advocacy	
	M&E	5. 100% of countries requiring PC for STH regularly assess the intensity of the infections	<ul style="list-style-type: none"> <li>• Parasitologic M&amp;E under-prioritized relative to PC coverage</li> <li>• Irregular M&amp;E</li> <li>• Guidelines for SAC lack clarity - program decision-making not clearly linked to parasitologic results</li> <li>• Lack of monitoring guidelines for PSAC</li> <li>• Diagnostic tests have many limitations</li> </ul>	M&E and OR (STH Advisory Committee)	<ul style="list-style-type: none"> <li>• Establish annual milestones on STH infection intensity for the London Declaration scorecard</li> <li>• Support WHO-led revision of STH strategy for 2016-2020</li> <li>• Develop revised monitoring guidelines for PSAC, SAC, and WCBA</li> <li>• Identify best candidate assays under development for improved STH diagnostics and initiate multi-site field assessment</li> </ul>
		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	<ul style="list-style-type: none"> <li>• Plans of action lack detail; M&amp;E is largely limited to drug coverage</li> </ul>	Multiple orgs. (no workstreams)	<ul style="list-style-type: none"> <li>• Technical assistance to national programs to facilitate: situation analyses, revised plans of action, national STH partnerships, enhanced M&amp;E</li> </ul>

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

	<b>Situation / Challenge</b>	<b>Key barriers</b>	<b>Workstream</b>	<b>Activities for 2016</b>
<b>Beyond Specific WHO STH Objectives for 2020</b>	1. Inadequate coordination of WASH with deworming and other STH control efforts limits sustainability of gains made through deworming	<ul style="list-style-type: none"> <li>• Until recently, no WHO guidelines on WASH and NTDs, and few successful case studies documented</li> <li>• Inadequate knowledge of impact of WASH components on STH</li> <li>• Lack of WASH indicators for STH programs</li> </ul>	WASH	<ul style="list-style-type: none"> <li>• Collect and publicize successful NTD-WASH case studies</li> <li>• Initiate and continue WASH-STH operational research</li> <li>• Develop model school curriculum for STH and WASH</li> <li>• WASH-related milestones added to London Declaration scorecard for STH</li> <li>• Provide consultation on WASH to other STH Coalition members, partners, and workstreams, as requested</li> <li>• Finalize development of STH-related WASH indicator for NTDs</li> </ul>
	2. Women of child-bearing age (WCBA) are a WHO-recognized risk group for STH but few countries include them national deworming programs (outside of LF)	<ul style="list-style-type: none"> <li>• No PC targets or M&amp;E guidelines for WCBA</li> <li>• No drug donations for WCBA outside of LF program</li> <li>• Maternal-child health (MCH) groups unconvinced about benefits of deworming</li> </ul>	none	<ul style="list-style-type: none"> <li>• Support WHO NTD Department efforts to include deworming in WHO nutrition guidelines</li> <li>• Continue to explore the need and role for a workstream on WCBA</li> </ul>
	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 2020	<ul style="list-style-type: none"> <li>• Frequency and coverage of PC required to interrupt transmission in settings with varying levels of WASH interventions remain unclear</li> <li>• Parasitologic M&amp;E for STH in context of LF program is sub-optimal</li> <li>• Studies to answer these questions are expensive</li> </ul>	M&E and OR (STH Advisory Committee)	<ul style="list-style-type: none"> <li>• Initiate major studies on transmission break-points in post-LF MDA settings in at least two sites (Bill &amp; Melinda Gates Foundation, British Natural History Museum, KEMRI, London School of Tropical Medicine and Hygiene)</li> <li>• Support the enhancement of M&amp;E and STH interventions in several countries where STH prevalence and intensity are low</li> </ul>

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

	<b>Objective</b>	<b>Indicators for 2016</b>	<b>Primary Organizations or Workstreams</b>	
<b>Objectives toward WHO STH Goals for 2020</b>	<b>PSAC</b>	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	<ul style="list-style-type: none"> <li>• PSAC workstream</li> </ul>
			2. At least two generic benzimidazole manufacturers prequalified by WHO by December 2016	<ul style="list-style-type: none"> <li>• WHO</li> </ul>
			3. Improved and actively-used reporting systems in place to track PC coverage in PSAC by December 2016	<ul style="list-style-type: none"> <li>• UNICEF</li> <li>• CWW (NGO Deworming Inventory)</li> <li>• WHO (PCT Databank)</li> <li>• PSAC workstream</li> </ul>
	<b>SAC</b>	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	<ul style="list-style-type: none"> <li>• Evidence Action - Deworm the World</li> <li>• SAC workstream</li> </ul>
			2. PC coverage in SAC increased by 20% in the WHO-listed high-burden countries from 2013 to 2015	<ul style="list-style-type: none"> <li>• WHO</li> <li>• SAC workstream</li> <li>• Advocacy workstream</li> <li>• Many other partners</li> </ul>
			3. At least two national governments request World Bank/IPA/GPE funds for school-based deworming in 2016	<ul style="list-style-type: none"> <li>• Lead organization not designated, resources required</li> </ul>
	<b>M&amp;E</b>	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	<ul style="list-style-type: none"> <li>• STH Advisory Committee</li> <li>• WHO</li> <li>• CWW</li> </ul>
			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	<ul style="list-style-type: none"> <li>• STH Coalition</li> <li>• STH Advisory Committee (M&amp;E)</li> <li>• CWW</li> <li>• WHO</li> </ul>
			3. Interim recommendations for transition from LF programs to STH programs drafted by December 2016	<ul style="list-style-type: none"> <li>• WHO</li> <li>• STH Advisory Committee (M&amp;E)</li> <li>• CWW</li> </ul>
	<b>OR</b>	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	<ul style="list-style-type: none"> <li>• NTD Support Center</li> <li>• STH Advisory Committee</li> <li>• WHO Collaborating Center</li> <li>• Investigators</li> </ul>
			2. At least 3 studies on unprogrammed or unreported deworming or on motivation for deworming underway by December 2016	<ul style="list-style-type: none"> <li>• NTD Support Center</li> <li>• CWW</li> <li>• Evidence Action (TakeUp study)</li> <li>• Other investigators</li> </ul>

**TABLE 3. - continued from previous page**

	<b>Objective</b>	<b>Indicators for 2016</b>	<b>Primary Organizations or Workstreams</b>
<b>Objectives toward WHO STH Goals for 2020</b>	<b>Advocacy</b>	1. Adequate resources raised to achieve 75% drug coverage in 7 of 10 high-burden countries by December 2016	<ul style="list-style-type: none"> <li>Resources not designated; requires action on part of many individuals and organizations</li> <li>See activities of Advocacy workstream (Annex)</li> </ul>
		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	<ul style="list-style-type: none"> <li>Advocacy workstream</li> <li>USAID</li> <li>DFID</li> <li>GNNTD</li> <li>Other partners</li> </ul>
		3. Private sector giving for STH (corporate, individual, philanthropic) increases by 25% over 2014	<ul style="list-style-type: none"> <li>Resources not yet designated; requires action on part of many individuals and organizations</li> <li>Note: data to measure indicator are not collected centrally</li> </ul>
		4. Private sector fundraising strategy and plan developed for STH	<ul style="list-style-type: none"> <li>Advocacy workstream</li> <li>CWW</li> <li>Resources not yet designated; requires action on part of many individuals and organizations</li> </ul>
	<b>Support</b>	1. Coordinated technical assistance and capacity-building support provided to at least 5 of 10 high-burden countries by December 2016	<ul style="list-style-type: none"> <li>Multiple organizations, including WHO, Evidence Action, SCI, CWW, PCD, CIFF, RTI, and others</li> </ul>
	<b>Strategy</b>	1. Revised strategic plan finalized by December 2016, supported by STH Coalition, and approved for presentation to 2017 WHO STAG	<ul style="list-style-type: none"> <li>WHO</li> <li>STH Coalition</li> <li>CWW</li> </ul>
<b>Beyond Specific WHO STH Objectives for 2020</b>	<b>WASH</b>	1. WASH-related indicators included in the 4 <sup>th</sup> London Declaration scorecard for STH (April, 2016)	<ul style="list-style-type: none"> <li>WASH workstream</li> <li>STH Coalition</li> </ul>
		2. STH-related indicator included in recommended panel for monitoring WASH and NTDs	<ul style="list-style-type: none"> <li>WASH workstream</li> <li>NNN WASH working group</li> </ul>
		3. Two successful NTD-WASH case studies released by December 2016	<ul style="list-style-type: none"> <li>WASH workstream</li> <li>Advocacy workstream</li> </ul>
		4. At least three operational research studies underway to assess the effectiveness of deworming and WASH on STH	<ul style="list-style-type: none"> <li>Emory University</li> <li>UC Berkeley</li> <li>Other investigators</li> </ul>
	<b>OR</b>	1. Operational research required to assess the feasibility and potential for interrupting transmission is completed by 2020	<ul style="list-style-type: none"> <li>Three sites selected for Deworm3 studies to determine break points for STH transmission by December 2016</li> </ul>

## Annex – Workplans of the Individual Workstreams

### 1.1 ADVOCACY WORKSTREAM

#### Supporting Advocacy and Resource Mobilization

**Objective:** 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

**Areas of focus:**

- Generate country-level demand for STH control through advocacy with national governments
- Increase prioritization of STH through advocacy at global, regional, and national levels
- Facilitate country, regional, and global-level meetings with key stakeholders
- Help build and fund sustainable program and country capacity
- Encourage donors to fund national-level advocacy and capacity-building
- Raise new funds for STH programs (donor country)

**Workstream lead:** Dr. Neeraj Mistry, Managing Director, Global Network for NTDs

#### GOAL 1: Agree upon consistent data and communication messages to promote deworming

Activity	Indicator	Deliverables	Responsible	Time-frame	
1	Regularly share new and relevant advocacy materials through a shared Dropbox folder. Review on an ongoing basis.	Number of documents uploaded onto the Advocacy Workstream Dropbox	One set of talking points, data points, and messages agreed-upon for use by the STH Coalition.	All workstream members	Ongoing
	Number of documents opened or downloaded from Dropbox by coalition members				Ongoing
2	Advise on advocacy messaging with the other STH Coalition workstreams and dissemination. Attend Coalition workstream teleconference or hold calls with their chairs.	Number of calls held, number of messages identified, number of actions taken to disseminate messaging, number of recipients of the message.			Ongoing
3	Develop and disseminate talking points advocating for comprehensive package of care for poorest communities, including control of STH, other NTDs, WASH, and nutrition	Number of organizations who have received the talking points.	20 organizations engaged.	Advocacy workstream in collaboration with WASH workstream	Ongoing
4	As needed, guide and advise the overall STH Coalition on global, cross-cutting STH advocacy needs and opportunities.	Number of new STH Coalition advocacy opportunities identified.	10 new advocacy opportunities shared with the STH Coalition.	Advocacy workstream	Ongoing
5	Coordinate and link STH advocacy in the context of NTD advocacy.	Number of NTD advocacy activities that include the STH Coalition.	STH Coalition included in 5 NTD structures/entities		Ongoing

## GOAL 2: Support advocacy across the STH Coalition and in other workstreams

Activity	Indicator	Deliverables	Responsible	Timeframe	
6	In Nigeria and India, map out partners with the capacity to increase political will for support towards STH control at country level and promote country level discussion to strengthen and broaden deworming coverage through schools and other channels.	Number of partners mapped and engaged. Number of strategies and plans containing STH control.	Meetings held with 5 key identified country-level stakeholders during country delegation visits.	Advocacy workstream in collaboration with SAC workstream	3 months
7	Advocate in high burden countries (China, DRC, Ethiopia, India, Indonesia, Nigeria, Pakistan, Philippines, Sudan, and Tanzania) and in countries that will be left with large deworming gaps as LF programs scale down.	Number of partners mapped and engaged. Number of strategies and plans containing STH control.	Meetings held with 5 key identified country-level stakeholders during country delegation visits.	Advocacy workstream	3 months
8	Advocate with potential funders in Germany, the UK, and the US (first priority) and UAE, Canada, and Japan (second priority).	Number of partners engaged. Number of strategies and plans containing STH control.	Meetings held with 5 key identified global level stakeholders; strategy shared. STH included 5 strategies.		3 months

## 1.2 PRESCHOOL-AGE CHILDREN (PSAC) WORKSTREAM

### Preschool-Age Children Workstream (PSAC)

**Objective:** Support national governments and NGOs to double the drug coverage in preschool-age children by 2016 by leveraging existing platforms

#### Areas of focus:

- Identify partners to contribute to increasing preschool-age children drug coverage and detail their commitments
- Improve supply chain: quality drug supply, coordination, and delivery
- Clarify mechanisms for, and ensure accurate reporting and monitoring of, deworming programs

#### Workstream leads:

- Clayton Ajello, Senior Technical Advisor, Vitamin Angels
- Carol Wylie, Vice President of Corporate Engagement, World Vision

**GOAL 1: Improve supply chain: Quality drug supply, coordination, and delivery.**

Activity	Indicator	Deliverables	Responsible	
1	Encourage WHO's Pre-qualification and ERP processes	Periodic reporting to PSAC Workstream members on WHO's progress	Report during quarterly workstream calls	WV, VA, CWW
2	Form a small committee to identify and assess options for obtaining a high quality product in the absence of a WHO pre-qualified manufacturer; and if required and deemed feasible, draft a generic albendazole product description that for a product that conforms to an assured quality standard	a. Product Description Committee decides on need for and feasibility of creating a product description; and assembles existing materials and information that could be useful for inclusion in a product description.	Deliverables include: i) assembly of materials and information needed to make a decision on creating a product description, ii) a draft product description if deemed appropriate, iii) a final product description if deemed appropriate, iv) a list of manufacturers with a commitment to manufacture to the product description, and v) manufactured product that conforms to the product description.	WV, VA, MI, CWW and others with interest or experience
		b. Solicit GSK (or other manufacturers') assistance in formulation of a product description		CWW
		c. Identify prospective manufacturers to respond to a request for proposal for procurement members of the workstream		VA, WV, CWW and interested others
		d. Complete a final working version of the product description to: i) provide to selected manufacturers to produce the product, ii) submit to the WHO ERP process and then the WHO pre-qualification process (or submit to just the pre-qualification process), and iii) enlist them to do test manufacturing.		WV, VA, MI and CWW
3	Solicit plans and progress reports from PSAC workstream members on their contributions for reaching PSAC with de-worming medication	Bi-annual progress reporting	Report of all plans and progress reports on contributions for deworming of PSAC workstream members.	VA, WV and CWW

**GOAL 2: Clarify mechanisms for and ensure accurate reporting and monitoring of deworming programs.**

Activity	Indicator	Deliverables	Responsible	
4	Contribute to the NGO deworming inventory	Periodic reporting of beneficiaries reached	All workstream members involved in deworming activities submit activities to the NGO Deworming Inventory.	All NGOs who are members of the PSAC workstream
5	Report on drug treatments	Reporting of beneficiaries reached	UNICEF reporting on deworming activities	UNICEF

**GOAL 3: Identify partners to contribute to increasing preschool-age children drug coverage and detail their commitments.**

Activity	Indicator	Deliverables	Responsible	
6	Identify and solicit participation by new partners in the PSAC workstream	Periodic count of PSAC workstream membership	30% increase in PSAC membership	All NGOs who are members of the PSAC workstream

### 1.3 SCHOOL-AGE CHILDREN (SAC) WORKSTREAM

#### School-Age Children Workstream (SAC)

**Objective:** Increase drug coverage of school-age children

**Areas of Focus:**

- Scale up deworming of school-age children
- Work with ministries of health and education to foster linkages and develop national STH control plans
- Connect with other health and education programs (e.g., nutrition) to increase the impact of school-based deworming
- Generate greater demand for deworming

**Workstream lead:** Grace Hollister, Director, Deworm the World Initiative, Evidence Action

**GOAL 1: Support the scale up of high coverage, cost-effective national treatment programs, particularly through school-based deworming, to achieve the NTD Roadmap target of 75% coverage by 2020**

Activity	Indicator	Deliverables/ Target	Responsible	Time-frame	
1	Determine current barriers and specific tactics that could be funded to scale up treatment for school-age children nationally in the 7 highest at-risk SAC population countries	At least 7 country snapshots completed (current state of deworming at scale, barriers, funding gap analysis, and tactics) completed	7 snapshots complete by end of 2015	Evidence Action / Deworm the World	4 months*  *see below table for details
		Point-persons / organizations identified to support the tactics in each of the 7 countries		All WG members	
2	Identify best-practice cross-sector policy / governance approaches to treat school-age children at scale	At least one case study of highly effective cross-sector policies / governance structures overseeing deworming completed, with lessons documented.		TBD	
		Plan for dissemination completed			
3	Identify best practices in integrating mass deworming for SAC with other health, education, or social welfare programming	At least one case study of successful integration of mass deworming program(s) completed, with lessons documented.		TBD	
		Plan for dissemination completed			
4	Identify best practices in domestic resource mobilization for treating SAC at scale	At least one case study of significant domestic resource mobilization for mass deworming completed, with lessons documented.		Evidence Action / Deworm the World	
		Plan for dissemination completed			

#### ACTIVITY 4: Country Level Interventions - GATHER MISSING DATA AT COUNTRY LEVEL

Country	Sub-Activities	Deliverables/ Target	Responsible	Timeframe
Nigeria	Liaise with Carter Center and Sightsavers to understand the gaps and gather data	Complete as part of Nigeria snapshot	Evidence Action / Deworm the World	Complete
Pakistan	Liaise with Save the Children to gather country-level information	In process as part of Pakistan snapshot	Evidence Action / Deworm the World	Complete
	Link up and coordinate with NGO polio network			
DRC	Follow up with DFID, USAID, and END Fund regarding planned delegation visits to help smooth out APOC transition issues			
	Help with coordination around future delegation visits			
Ethiopia	Liaise with ENVISION	Complete as part of Ethiopia snapshot		Complete
	Create a directory of individuals working in STH			
Philippines	Liaise and coordinate with ENVISION to gather more country data	Complete as part of Philippines snapshot		Complete

## 1.4 WATER, SANITATION, AND HYGIENE (WASH) WORKSTREAM

### Coordinating Prevention with the WASH Sector

**Objective:** Align STH control and the water, sanitation, and hygiene (WASH) sectors

#### Areas of Focus:

- Identify and engage key partners to coordinate and collaborate on strategies for improved WASH
  - Review the geographic overlap between STH control and WASH programs to align efforts in specific areas
  - Demonstrate and publicize the impact of WASH on STH
  - Strengthen messaging regarding the preventive elements of the approach to STH
  - Develop outcomes-based indicators to monitor integrated approaches to STH control
  - Coordinate with the relevant governmental ministries to help establish cross-sector programs
  - Prioritize an equitable approach to scaling up integrated STH control programs

#### Workstream lead:

- Lisa Schechtman, Director of Policy and Advocacy, WaterAid America
- Geordie Woods, Neglected Tropical Diseases Technical Adviser, Sightsavers

**GOAL 1: Support the SAC, PSAC and WCBA workstreams by building their capacities to integrate WASH advocacy in their work and messaging**

Activity	Indicator	Deliverables	Responsible	Timeframe	
1	Serve as technical support and capacity building resource for all STH Partnership workstreams	Number of requests for support fulfilled by WASH workstream measures	Increased capacity across STH partnership to incorporate WASH into each workstream and workplan, including overall partnership messaging	Co-Chairs	Ongoing
2	Share new and relevant WASH materials and resources through dropbox; review on quarterly basis.	Number of documents uploaded to general STH partnership dropbox.	Increased capacity across STH partnership to incorporate WASH into each workstream and workplan, including overall partnership messaging	Co-chairs	Ongoing

**GOAL 2: Identify and engage key partners to increase coordination on strategies for improved sanitation, water, and hygiene**

Activity	Indicator	Deliverables	Responsible	Timeframe	
3	Support in-country joint planning, including facilitation of inter-ministerial dialogue on strategies for improved sanitation, water and hygiene and national and regional links between CSOs and WHO for joint planning.	Facilitation efforts undertaken to convene government ministers and NGO partners in-country to include WASH in STH interventions and programs.	Joint planning strategies/work plans/convenings	SAC, PSAC and WCBA co-chairs alongside WASH co-chairs	Ongoing and as relevant
4	Map countries in which partners have WASH programs underway and overlay with STH endemicity and programs to identify potential geographies for collaboration/focus.	Mapping completed.	Database of WASH expertise by region/country	Co-chairs/CWW	December 2016

**GOAL 3: Contribute to development of joint indicators for WASH to monitor progress on WASH**

Activity	Indicator	Deliverables	Responsible	Timeframe	
5	Participate in the DELPHI process of the NNN WASH working group	Number of WASH workstream members who participate in and contribute to the third (and final) round of the DELPHI process. Number of WASH-NTD indicators developed	Joint WASH-NTD indicators	NNN WASH working group	By November 2016

**GOAL 4: Contribute to the evidence for the impact of joint WASH-STH programs**

Activity	Indicator	Deliverables	Responsible	Timeframe	
6	Provide guidance and advice to the Operational Research Workstream and the STH operational research agenda to build the evidence for the impact of WASH on STH	Number of WASH-NTD research projects recommended to the OR Workstream and the NTD community	Inclusion of impact of WASH in studies of STH control	OR and WASH Co-Chairs	Ongoing as relevant
7	Collect case studies/lessons learned from successful integration of WASH and NTDs	Number of case studies of integrated WASH-STH programs (following template to be provided by WHO) contributed by WASH workstream members.	Case studies and lessons learned collected and then disseminated to relevant parties	Co-chairs/CWW	October 2016.

The above work plan will be executed in consideration of and alignment with the 2015 WHO Global Strategy on WASH and NTDs.

**1.5 OPERATIONAL RESEARCH WORKSTREAM**

**Supporting Operational Research**

**Workstream lead:** Dr. Charles Mwandawiro, Chief Research Officer and Assistant Director of Partnership and Collaboration, Kenya Medical Research Institute

**GOAL 1: Provide a forum for sharing information on STH operational research and for tracking and monitoring progress in this field**

Activity	Indicator	Target	Responsible	
1	Convene workstream to discuss and track operational research at least quarterly, focusing on recommendations from previous STH Advisory Committee meeting	Teleconference held	Quarterly	Workstream chair

**GOAL 2: Identify, discuss, and highlight STH research priorities and issues.**

Activity	Indicator	Target	Responsible	
2	Convene workstream to discuss and track operational research at least quarterly, focusing on recommendations from previous STH Advisory Committee meeting	Teleconference held; recommendations made	Quarterly	Workstream chair

**GOAL 3: Respond to requests to provide technical advice and guidance regarding STH operational research.**

Activity	Indicator	Target	Responsible
3	Meet and discuss in response to requests	Teleconference held; recommendations made	Quarterly Workstream chair

**1.6 MONITORING AND EVALUATION WORKSTREAM**

**Supporting Monitoring and Evaluation**

**Workstream lead:** Dr. Vicente (Jun) Belizario, National Institutes of Health, University of the Philippines, Manila

**GOAL 1: Monitoring and evaluation of STH control programs will be adequate to achieve WHO targets for 2020 and the programmatic goals of the STH Coalition.**

Activity	Indicator	Deliverables	Responsible	Timeframe	
1	Enhance monitoring and reporting of STH drug treatment	Percentage of UNICEF-supported treatments incorporated into PCT Databank	UNICEF-supported drug treatments incorporated into PCT Databank	UNICEF/ WHO	December 2016
2	Complete NGO Deworming Inventory	Deworming Inventory completed and report available	NGO Deworming Inventory completed	CWW, WHO, and partners	Manuscript submitted by August 2016
3	Develop recommendations for crushing tablets for deworming in young children	Number of recommendations drafted. Number of recipients of the recommendations.	Recommendations drafted	CWW, WHO, and M&E subcommittee	December 2016
4	Develop approach to assessing unprogrammed deworming	Number of recipients of report	Approach developed and disseminated to relevant stakeholders. Implementation plans by stakeholders.	NTD Support Center; CWW	December 2016
5	Develop recommendations for transition from community-based deworming to school-based deworming.	Number of recommendations drafted. Number of recipients of the recommendations.	Approach developed and disseminated to relevant stakeholders. Implementation plans agreed by stakeholders.	CWW	December 2016

**GOAL 2: Robust, measurable, practical indicators and annual milestones will be developed and used by the London Declaration “scorecard,” a tool to track progress toward the WHO 2020 targets.**

Activity	Indicator	Deliverables	Responsible	Timeframe	
6	By the fourth annual London Declaration report, clarify and recommend milestones	Number of indicators clarified and recommended as milestones.	Recommendations made for each milestone and disseminated to the LD coordinating entity.	CWW and Workstream	April 2016