# Quarterly STH Coalition Call March 3, 2015, 12pm EST

# **Opportunities to engage**

- Join a workstream(s) and participate on workstream calls
- Become an STH Coalition Partner
- Share information with colleagues and invite their organizations to join the Coalition
- Provide feedback on topics covered during Quarterly Call (See requests below)
  - \*\* Email STHCoalition@taskforce.org \*\*

# **Participants**

Organization	Individual
Banka BioLoo	Sanjay Banka
BMGF	Aryc Mosher
BMGF	Julie Jacobson
CARE	Stephanie Ogden
CIFF	Chris Bodimeade
CIFF	Faith Rose
CIFF	Peter Colenso
CIFF	Sasha Zoueva
CWW	Akudo Anyanwu
CWW	Alexander Jones
CWW	David Addiss
CWW	Eric Strunz
CWW	Jodi Keyserling
CWW	Lauren Labovitz
End Fund	Ellen Agler
End Fund	Karen Palacio
End Fund	Warren Lancaster
Evidence Action	Jessica Harrison
Evidence Action	Katherine Williams
GlaxoSmithKline	Mark Bradley
GNNTD	Neeraj Mistry
GSA	Johannes Waltz
INMED	Francesca Larson
Johnson & Johnson	Steven Silber

Organization	Individual				
LCNTDR	Alison A Bettis				
Micronutrient Initiative	Alison Greig				
Mitosath	Franca Olamiju				
Mundo Sano	Victoria Periago				
PAHO	Ana Lucianez				
Path	Helen Storey				
Path	Jason Cantera				
PCD	Laura Appleby				
Porridge and Rice	Ken Surridge				
RTI	Molly Brady				
SCI	Alan Fenwick				
Sightsavers	Susan Walker				
UBS Optimus	AnnMarie Sevcsik				
Foundation					
UNICEF	Richard Kumapley				
USAID	Emily Wainwright				
Vitamin Angels	Ada Lauren				
Vitamin Angels	Amy Steets				
WFP	Vanja Karanovic				
World Concern	W. Meredith Long				
World Concern	Susan Talbot				
World Vision	Carol Wylie				
World Vision	Dan Irvine				
	Chandrakant Revankar				

# 1. Welcome

• Welcome new members- The MENTOR Initiative, World Concern, LCNTDR, Evidence Action, Porridge and Rice, MITOSATH, Banka BioLoo, INMED, PATH. Read their commitments <a href="here">here</a>.

## 2. Recent meetings and events

- STH Advisory Committee meeting, October 30-31, 2014, New Orleans, Louisiana
  - The minutes from the 2014 STH Advisory Committee meeting are on the CWW website and are linked on the agenda for this call.
  - There were several recommendations at that meeting to move the monitoring and evaluation and operational research agendas forward. Two new workstreams one on operational research and one on monitoring and evaluation were created within the Coalition. These workstreams will function as workstreams of the coalition and as sub-committees within the STH Advisory Committee. The M&E workstream is chaired by Dr. Vicente Belizario of the University of the Philippines and the operational research workstream is chaired by Dr. Charles Mwandawiro of KEMRI.
- 1<sup>st</sup> Global meeting of the STH Coalition and Global Schistosomiasis Alliance, December 12, 2014, Addis Ababa
  - This NTD partners meeting saw the emergence of a new Global Schistosomiasis Alliance (GSA). The message came through loud and clear from the country program managers that we need to work very closely with the GSA in areas where STH and schistosomiasis are co-endemic. We see close links with disease-specific alliances as a very exciting development in the NTD control and elimination spaces.

## 3. Workstream updates

Workstreams have been working enthusiastically on priorities and objectives for 2015.

- Advocacy (chaired by Neeraj Mistry, GNNTD)
  - Effective communication: STH Coalition partners need to be consistent about data. It's important to share the data and any available advocacy materials, case studies, country reports, etc. The advocacy workstream created a <u>Dropbox</u> to which partners have access and can contribute.
    - We're looking into knowledge management of this information: how can we create some tools that will empower the STH partners to go out and do advocacy? How can we synthesize data points into crisp messages for donor outreach? CWW is helping to analyze the information in the Dropbox for patterns or trends that will allude to the creation of a tool.
  - Country level models: The advocacy workstream has made it a priority to document country and cross-sectoral examples. It was encouraging during the most recent advocacy workstream call to have people volunteer information from Ethiopia and India two really good country examples of collaboration. In India there was collaboration across ministries of health and education for school based delivery; in Ethiopia, there was coordination amongst various donors with the Ministry of Health and ensuring more efficient collaboration at the country level.
  - Priority countries: The advocacy workstream will now drill deeper into specific advocacy action by prioritizing 4-5 countries around which the advocacy workstream can mobilize partners and do country-specific advocacy.
- Preschool-age children (chaired by Clayton Ajello, Vitamin Angels, and Carol Wylie, World Vision)
  - The first teleconference of the preschool-age children workstream will be on March 10 at 3pm EST.
     We've sent a "save the date" calendar invitation to those of you who have indicated interest in this

- workstream; if you'd like to be invited and have not indicated your interest previously, email sthcoalition@taskforce.org.
- A major emphasis will be on the availability of high-quality deworming drugs that can be purchased.
   There are concerns about drug quality of the drugs on the market. No manufacturers of deworming drugs have been prequalified by WHO, and few products meet the standards of WHO's International Pharmacopeia.
  - Gates commissioned a report on a drugs market assessment. It is being sent with these meeting minutes.
- School-age children (chaired by Grace Hollister, Evidence Action)
  - The school-age children workstream has outlined a number of priority countries for which they've agreed to focus on a gap analysis with the intention of deploying resources to help fill those gaps.
- Monitoring and Evaluation (chaired by Dr. Vicente Belizario, University of the Philippines)
  - The M&E workstream met in late February and developed the <u>memorandum on STH milestones for</u> the <u>London Declaration scorecard</u>. They'll be meeting later this month to make recommendations on the scorecard for this year, taking into consideration comments from today's call.
- Operational Research (chaired by Dr. Charles Mwandawiro, KEMRI)
  - o This workstream will convene on March 12. Email <a href="mailto:sthcoalition@taskforce.org">sthcoalition@taskforce.org</a> if you want to join.
- WASH (chaired by Lisa Schechtman, WaterAid)
  - o The WASH workstream held their call last week.
  - o Right now the priority is to figure out the workstream's priority areas of work.
    - One of the points of action for this workstream is a matrix that will allow the workstream to identify where different work is happening at different levels (local, national, regional, global) and where we can see where there is synergy across members of the WASH workstream in order to find places to collaborate.
- Action requested: Email sthcoalition@taskforce.org if you'd like to join a workstream.

## 4. NTD Partners Map

• The NTD Partners map is our online platform to see who is doing what, where for greater collaboration. The primary development is complete. You can see the live map in beta form at <u>partnersmap.org</u>. We'll be reaching out to assist with importing your data into the map in the coming months. Email estrunz@taskforce.org if you have specific questions, comments, feedback, or to get a jump start on data submission.

#### 5. London Declaration Indicators and milestones

- Dr. Belizario provided to you a memo that lays out the process for the London Declaration scorecard.
   Last year the STH community, as you can see in <u>Figure 1</u>, didn't perform as well as some of the other disease-specific groups, in part because the STH Coalition didn't exist and we didn't have milestones against which the STH community could be scored.
- The deadline for the milestones is the end of the month. We will also be engaging in a larger process to develop a more complete list of indicators over the next year.

- The M&E subcommittee has conferred with WHO to begin to establish milestones for 2014; see <u>Table 1</u>. In Table 1, the yellow-highlighted boxes indicate indicators for which we need milestones for 2014. Note that for some of these indicators, there are 2020 milestones, but none for 2014. In addition, there are also indicators for which we don't have a datacollection mechanism established.
- There's also a part reserved for the STH Coalition members to suggest additional milestones and indicators; these are shown in draft form in Table 2.
  - Are there additional milestones we should be tracking that are not already proposed by WHO? For example, the WASH workstream may want to include the WASH milestones reported by the Joint Monitoring Program (JMP) on the STH control agenda.
  - We must make sure that there's already a pathway for measuring that milestone.

## Discussion on Table 2:

- An impact indicator around prevalence or intensity should be included. (Note: these are already included in Table 1).
- An indicator that captures non-pharmaceutical donors and donations that do not go through WHO should be included.
- In addition to the WASH indicators, an indicator that around population awareness should be included.
- The percentage of countries that have started deworming can be determined from data reported to WHO for table 1 (indicators 2 and 4).
- Program support indicator 5 (Percentage of STH-endemic countries with no open defecation)
   will be difficult to track. (Note: this is being assessed by the JMP).
- Indicators 6 (STH Coalition established and functioning at the global level) and 7 (London Declaration milestones endorsed by the STH Coalition) are one-time indicators that are not tracked on annual basis. They can be deleted.
- Action requested: We welcome any comments on the indicators and milestones by email at sthcoalition@taskforce.org. Please send comments by 12n EDT on March 13.

### 6. STH Coalition Governance structure

- CWW is working with Coalition members to establish a governance process and structure for the STH
  Coalition. A consultant is reaching out to coalitions across the globe to understand how others have
  done this and to advise us for the STH Coalition.
  - Key underlying principles include that it remains light and flexible and not be burdensome and bureaucratic. We will share preliminary suggestions before the end of March.
  - Action Requested: If anyone has any ideas or suggestions of what works and doesn't work for coalitions you can email jkeyserling@taskforce.org or sthcoalition@taskforce.org.

## 7. Upcoming events

- We'd like to provide useful information on upcoming events to the partners of the Coalition.
  - Action Requested: If you have any relevant meetings please share that information with us so we can share that with the members of the coalition.

# • Upcoming meetings:

- Liverpool School of Tropical Medicine (LSTM) NTDs The First Decade and Onwards, Liverpool, April 15
- o British Society of Parasitology Spring Meeting 2015, Liverpool, April 16-18
- o World Health Assembly, Geneva, May 18-26
- o Mundo Sano's 5th Symposium on Neglected Diseases, Buenos Aires, August 24-25
- o NTD NDGO Network (NNN), Abu Dhabi, September 13-16
- o UN General Assembly, September 15-28
- o American Society of Tropical Medicine and Hygiene (ASTMH), Philadelphia, October 25-29

## **Annex: London Declaration scorecard figures and tables**

Figure 1. London Declaration "Scorecard", Second Uniting to Combat NTDs Report, 2014

**INDICATORS** 

LONDON DECLARATION NTDs	COVERAGE AND IMPACT MILESTONES (2012)	DRUG REQUESTS FULFILLED (2013)	PROGRAM SUPPORT MILESTONES (2012)	CURRENT STATUS
Lymphatic Filariasis				472 million (M) cases treated in 28 of 60 countries in need of PCT <sup>1</sup> 33.6% global coverage <sup>1</sup> 72.8% therapeutic coverage (coverage in planned PCT areas) <sup>1</sup> 187M fewer people treated than 2011 <sup>2</sup>
Trachoma				48.8M cases treated in 28 of 51 countries in need of PCT¹     20.2% global coverage¹     73.3% therapeutic coverage (ITI planned PCT areas)³     Major increase in funding for mapping and implementation
Soil-Transmitted Helminths				321M cases treated in 65 of 112 countries in need of PCT <sup>1</sup> 32.6% global coverage <sup>1</sup> New partnerships and planned investments in 2014

Table 1. WHO Coverage and Impact Milestones'

**PERFORMANCE** (below) 2012 2013 2014 2015 2020 1. Percentage of STH-endemic countries in which STH 100% 100% 100% 100% Map mapping to identify areas requiring PCT has been 100% competed 50%\* 2. Percentage of preschool-age children needing 40% 45% <sup>v</sup> ≥75%\* Preschool-age treatment worldwide who have been treated 24%<sup>viii</sup> **28**%<sup>ii</sup> 3. Percentage of countries requiring PCT for STH<sup>iii</sup> that 40% <sup>v</sup> 45% V 50% 100%\* have reached 75% national coverage of preschool-age WHO 23%<sup>iv</sup> **DEWORM** children Coverage and Impact Milestones 45% <sup>v</sup> 4. Percentage of school-age children needing treatment 40% <sup>v</sup> 50%\* ≥75%\* worldwide who have been treated School-age 39% viii 38%<sup>ii</sup> 5. Percentage of countries requiring PCT for STH that 40% <sup>v</sup> 45% <sup>v</sup> 50% 100%\* have reached 75% national coverage of school-age WHO **25**%<sup>iv</sup> children Percentage of children in countries requiring PCT who <1% have infection of high or moderate intensity Impact 7. Percentage of countries requiring PCT for STH that 100% regularly assess the intensity of the infections in sentinel sites 8. Percentage of countries requiring PCT for STH whose 50% 75% 100% 100% **PREVENT** national policies for STH control involve intersectoral collaboration (for example, in education and water and sanitation sectors) 9. Percentage of countries requiring PCT for STH that 80% 100%\* 100% 50% 75%

MILESTONES (above) and

**70%**<sup>V</sup>

SUPPORT

have developed national plans of action

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/NTD staff, personal communication, November 2014

Currently, there are 112 countries that require deworming.

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/NTD Staff, 2014 – "national plans of action" defined as general NTD Master Plans

will WHO – Soil-transmitted helminthiases: number of children treated in 2013. WER, 2015, in press.

<sup>\*</sup> Also included in WHO, Accelerating Work to Overcome the Global Impact of Neglected Tropical Diseases: A Roadmap for Implementation. (Geneva: World Health Organization, 2012).

**Table 2: Draft Program Support Milestones** 

**INDICATORS** 

# **MILESTONES and PERFORMANCE**

2013 2014 2015 2020 2012

STH Coalition Milestones	DEWORM	<ol> <li>Number of deworming tablets donated by pharmaceutical companies through WHO shipped for distribution in a specific calendar year (millions)</li> <li>Percentage of countries that have started deworming</li> </ol>			316 <sup>viii</sup> 70% 74% <sup>vi</sup>	370 viii 80%	100%
	PREVENT	<ul> <li>3. Percentage of population of STH-endemic countries with access to improved sanitation facilities</li> <li>4. Percentage of population of STH-endemic countries with access to an improved drinking</li> </ul>	64% 			88%	
		water source  5. Percentage of STH-endemic countries achieving zero open defecation	89% <sup>vii</sup>				
	ORT	6. STH Coalition established and functioning at the global level	No	No	Yes Yes	Yes	Yes
	SUPPORT	7. London Declaration milestones endorsed by STH Coalition	No	No	Yes Yes	Yes	Yes

 $<sup>^{</sup>m vi}$  WHO/NTD Staff, 2014  $^{
m vii}$  WHO/UNICEF JMP, *Progress on Drinking Water and Sanitation, 2014 update* (Geneva 2014)