

## The reporting status of treatments for all children at-risk of infection

---

**Posted: May 2016**

The World Health Organization (WHO) aims to achieve 75% national treatment coverage of preschool-age children (PSAC: ages 1-4) and school-age children (SAC: ages 5-14) in all countries requiring preventive chemotherapy (PC; i.e. mass treatment) for STH by 2020. The WHO PCT Databank tracks annual treatments reported by national ministries of health; coverage data are reported annually in the WHO Weekly Epidemiological Record.

From 2006 to 2014, the number of countries requiring PC for STH decreased from 130 to 102 (-22%), while treatment coverage for all children (ages 1-14) requiring PC increased from 13% to 47%. According to the Databank, 49 (48%) countries requiring PC for STH reported treatments for both age groups (i.e. complete reporting) in 2014. To date, this is the highest proportion of countries with complete reporting in a given year. Yet, non-reporting and incomplete reporting remain substantial barriers to reaching 75% global coverage. Slightly more than half of the countries did not report or had incomplete reporting. Of these, 12 (12/53, 23%) countries reported SAC treatments (5 countries with  $\geq 75\%$  SAC coverage) but did not report treatments for PSAC. Similarly, 12 countries reported PSAC treatments (9 countries with  $\geq 75\%$  PSAC coverage) but did not report SAC treatments.

To better understand recent trends in STH treatment coverage, CWW analyzed 2014 data to categorize the 49 countries with complete reporting as: a) “scaled up” – reached  $\geq 75\%$  coverage for both SAC and PSAC; or b) “scaling up” – did not reach  $\geq 75\%$  coverage for both SAC and PSAC. Only 12 (12%) countries reached the WHO target of at least 75% coverage for both age groups in 2014. These countries represented 6% (53 million) of the global target population of 851 million children. While the majority (52%) of countries requiring PC did not report or incompletely reported in 2014, 78% (658 million) of the children requiring PC reside in “scaling up” or “scaled up” countries.

The relatively high proportion of children in scaling-up and scaled-up countries supports the WHO strategy of focusing efforts to scale-up treatment on countries with the highest number of children at-risk of STH infection. The 10 countries with the highest burden represent nearly a third (547 million) of all children globally requiring PC in 2014. Surprisingly, in that year, reporting was incomplete for two of these countries.

While political will, resources, and effective coordination are essential for scaling-up deworming, improved reporting is also needed to track progress and guide program decision-making.