

Timeliness of Treatment Reporting

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Timely, complete, and accurate monitoring of process indicators enables effective program management and provides evidence of programmatic progress. In STH control, preventive chemotherapy (PC) is the primary intervention for achieving the World Health Organization (WHO) goal of less than 1% of the world's at-risk population with moderate-to-high intensity infection. To measure progress toward the WHO goal at the national and global levels, PC treatment reports should be accurate, timely, and include all target populations.[1]

Challenges to accurate and timely PC reporting include lack of coordination among PC delivery 'platforms' targeting different risk groups, inadequate data-sharing between sectors (e.g., education and health ministries, non-governmental organizations and government ministries), and health emergencies. Assembling reliable and timely treatment figures at the global level is a complex undertaking. This article briefly reviews timeliness of global reporting on PC coverage for STH.

The WHO Weekly Epidemiological Record (WER) aims to provide rapid and accurate dissemination of programmatic and epidemiologic data. Annually, the WER summarizes the number of children reached with PC for STH. Treatment reports for 2009 to 2014 were, on average, published 15 months after the end of the calendar year (Table 1). A steady improvement in reporting timeliness occurred during the period. Nonetheless, because 2015 treatment data are still unreported, as of the publication of this newsletter, the most recent available PC data are over 20 months old. Of the 102 countries in need of PC for STH in 2014, 61 (61/102, 60%) and 56 (56/102, 55%) reported data in the WER report for SAC and PSAC, respectively (Table 2). (Note: WER also includes treatment reported from countries where PC for STH was not needed).

A comparison of 2014 PC coverage data in the WER and WHO PCT Databank suggests that five (5%) countries reported data on school-age children (SAC) after publication of the WER (Table 2). Furthermore, 2014 data on STH drug coverage were adjusted as late as March 2016 to accommodate newly available reports.

As noted above, timeliness of STH drug coverage reports has improved significantly since 2009. Continued improvement is needed, given the increased attention, resources, and scrutiny being given to STH control since the London Declaration in 2012. Partners rely on both WER and the PCT Databank for timely, accurate data on PC coverage. These data enable tracking of global

and national PC coverage. Ongoing improvement in data timeliness and quality is our collective responsibility.

Table 1. 2009-2015: Timeliness of Reporting in WHO Weekly Epidemiological Record (WER)

Treatment: End of Year	<i>time to</i> →	Reporting: Publication Date
2015	>9 months	TBD
2014	11 months	Dec. 18, 2015
2013	14 months	Mar. 6, 2015
2012	14 months	Mar. 28, 2014
2011	15 months	Apr. 5, 2013
2010	17 months	Jun. 8, 2012
2009	17 months	Jun. 17, 2011

Table 2. 2014: Comparison of the Number of Countries Reporting Data on PC Distribution (WER Published in 2015 vs. PCT Databank Updated in 2016)

Geographical Region	Requiring PC for STH	School-age (SAC)		Preschool-age (PSAC)	
		WER	PCT	WER	PCT
Africa	42	23	24 (+1)	29	28 (-1)
Americas	25	11	12 (+1)	10	10
South-East Asia	8	6	6	7	7
European	5	2	4 (+2)	0	1 (+1)
Eastern Mediterranean	7	2	2	4	4
Western Pacific	15	12	13 (+1)	11	11
Total	102	56	61 (+5)	61	61