

STH Coalition Framework for Action

November 2014

This document describes the case for action in STH control and outlines the aims and priorities of partners who are coming together in the STH Coalition. The Framework will be a “living” document, updated quarterly, as needed.

For more information, visit www.childrenwithoutworms.org
or contact STHCoalition@taskforce.org

Executive Summary

A 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 be healthy and 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 target of reaching 75% of all at-risk children (ages 1-14) by 2020; yet only 32% of children received deworming drugs in 2012.

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 GlaxoSmithKline have committed to donate 6 billion doses of deworming drugs through 2020, enough to treat all school-age children in need. However, the current trajectory of scaling up deworming remains insufficient to reach global coverage goals.

Barriers to effective control of STH include:

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

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

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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 coordinate and collaborate on efforts to:

- Catalyze demand for and scale up **deworming** programs
- Facilitate efforts to **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.

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.ⁱ 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 contribute to high levels of STH and undermine 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 the neglected tropical disease (NTD) area; 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.ⁱⁱ 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.

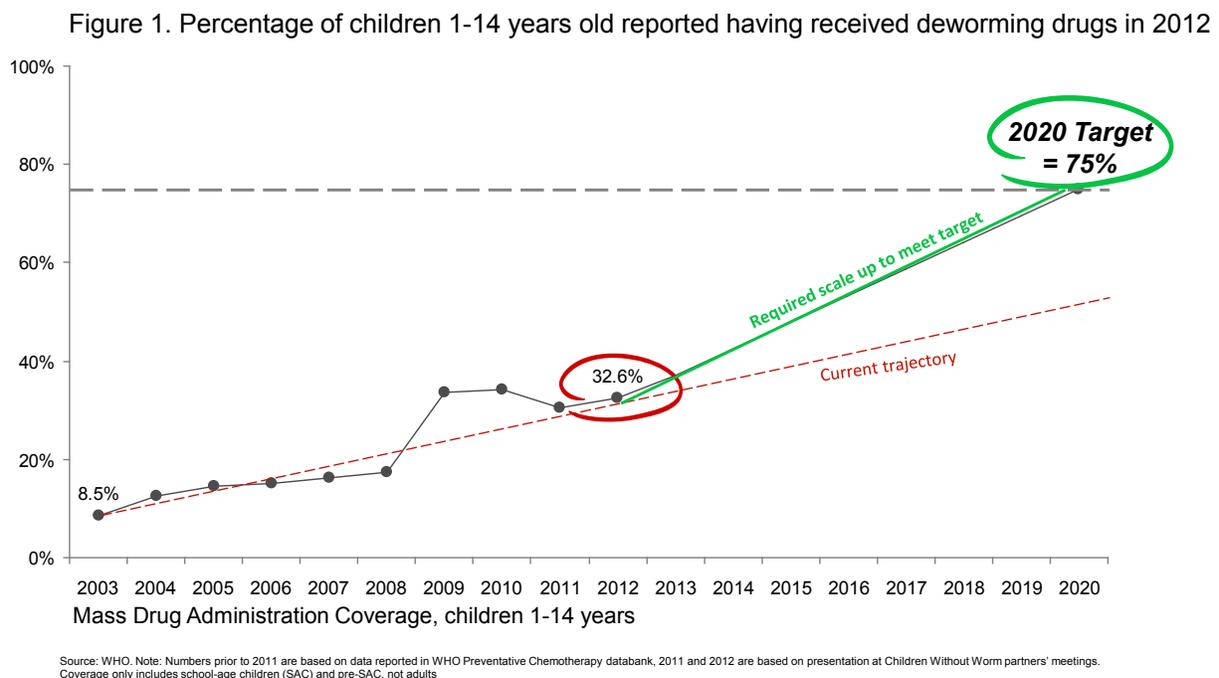
Long-term, sustainable progress on STH requires improvements in WASH. Increasing access to WASH through integrated programming will prevent STH transmission and reinfection and help sustain the gains made possible through deworming.

The current trajectory of scaling up deworming remains insufficient to reach global coverage goals. In 2012, the World Health Organization (WHO) published an NTD Roadmapⁱⁱⁱ to accelerate progress toward the global drug coverage goals for STH set by the World Health Assembly in 2001.^{iv} The Roadmap highlighted the importance and challenge of NTDs, including STH, and set new 2020 targets of reaching

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75% coverage for preschool-age children, ages 1-4, and school-age children, ages 5-14. In response, a broad set of partners signed the London Declaration on Neglected Tropical Diseases,^v committing themselves to supporting implementation of the NTD Roadmap. Among these commitments was a donation of 6 billion doses of safe, effective deworming drugs by Johnson & Johnson (J&J) and GlaxoSmithKline (GSK) through 2020, enough to treat all school-age children in need.

Despite the availability of safe and effective donated drugs, drug coverage among at-risk children ages 1-14 was only 32.6%^{vi} in 2012. At the current trajectory, drug coverage will fall far short of the 75% target set by WHO for 2020 (Figure 1).



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 among 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.

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- **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 current STH drug coverage and impact of STH is often not recognized**
 - 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 coming together to address the challenges of STH.

Building on the momentum established by the WHO NTD Roadmap and the substantial commitments expressed in the 2012 London Declaration, on April 3, 2014, nine partners joined in an STH Coalition and pledged more than US\$120 million toward the control and prevention of STH.¹ These 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 group of organizations representing different sectors. Organizations participating in the STH Coalition as of October 15, 2014 are shown in Attachment 1. Each Coalition partner recognizes the value of STH control and is committed to accelerating progress and coalescing around a common vision:

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

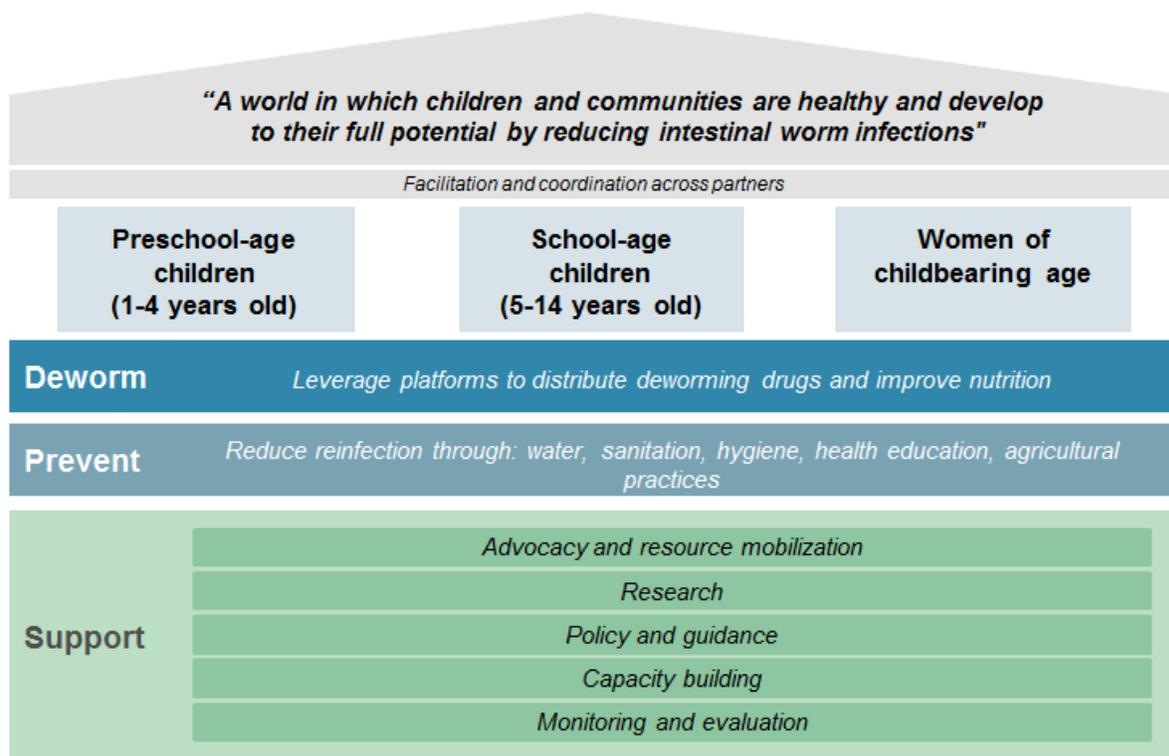
Coalition partners have adopted a broad, cross-sectoral approach. Coalition members are working to reduce STH by addressing the three major risk groups – preschool-age children (1-4 years old), school-age children (5-14 years old), and women of childbearing age ; by coordinating activities across three domains— deworming, prevention, and support; and by working at multiple levels— global and in-country. As shown in Figure 2, 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 efforts to 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 approach that emphasizes a multi-pronged approach that includes access to safe water, improved sanitation, and hygiene.
- ***Support effective programs to accelerate impact*** through advocacy and partnership, robust monitoring and evaluation, establishing policies and sharing best practices, development of training materials and job aids that support community and school-based health education, and research to determine the most effective approaches.

¹ The initial nine partners were: The Children’s Investment Fund Foundation, Dubai Cares, The Bill and Melinda Gates Foundation, The Global Partnership for Education, Mundo Sano, Vitamin Angels, WaterAid, the World Bank Group, and the World Food Programme. A list of commitments, which comprise the US\$120 million, can be found in Attachment 2.

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Figure 2.



STH Coalition partners are committed to:

- Supporting government-led national STH control programs
- Realizing the aims and supporting the processes of the London Declaration²
- Aligning and coordinating activities at global and national levels
- Identifying bottlenecks and barriers, and working together to overcome them
- Encouraging participation and engagement of communities in STH control
- Establishing mechanisms to monitor, evaluate and report progress towards goals in order to strengthen accountability
- Broadening the Coalition and galvanizing all interested parties from a variety of sectors

In addition, STH Coalition partners have made specific commitments to advance global STH goals; these commitments, as of August 1, 2014, are summarized in Attachment 2.

The STH Coalition is organizing to advance progress. The Coalition will further its work by organizing into workstreams to accelerate action on global issues; supporting country-level STH control; and broadening partnership and collaboration through outreach.

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/uniting-combat-ntds-london-declaration>.

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- **Organizing into workstreams to accelerate action on global issues.** Based on the principal risk groups (preschool-age children, school-age children, and women of childbearing age) and the essential cross-cutting activities of deworming, prevention, and support identified above (Figure 2), STH Coalition partners are organizing into workstreams to accelerate progress at the global level.

Facilitated by a lead organization/s, participants in each workstream will:

- Identify barriers to successful STH control and propose solutions to overcome them
- Attract and engage interested partners
- Articulate how their work contributes to advancing progress toward WHO 2020 targets
- Identify and propose additional targets and indicators for annual reporting through the *Uniting to Combat NTD^{vii}* mechanism
- Align specific commitments toward these targets and foster accountability

Initially, the workstreams will focus on four key areas:

1. Scaling up deworming in preschool-age children;
2. Scaling up deworming in school-age children;
3. Coordinating with the WASH sector; and
4. Supporting advocacy and resource mobilization.

An initial view of the priorities of these workstreams is shown in Attachment 3. Plans are underway for additional workstreams to address scaling up deworming in at-risk women of childbearing age and to facilitate monitoring & evaluation and research.

- **Supporting country-level STH control.** Supporting national STH control programs is a primary purpose of and an integral part of the STH Coalition's work. Coalition partners intend to work closely with WHO and national governments to support STH control at the country level. They will support ongoing efforts to integrate STH control within NTD and other health and development programs. The 2020 WHO targets for STH include providing deworming drugs to at least 75% of at-risk children in *all* STH-endemic countries. Thus, a broad geographical approach is needed, with strong regional coordination.

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.

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.

- **Broadening partnership and collaboration through outreach.** The success of the STH Coalition will depend on engaging a broad set of partners at the global and country levels. Thus, ***the 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

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discussion; invite participation in workstreams, and improve coordination.³ An Infographic has been developed that details the challenges and potential opportunities related to STH, provides more information about the STH Coalition and explains how partners can get involved.

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

Next steps for the STH Coalition include:

- Revise the STH Coalition Framework for Action (this document) based on feedback from partners and broadly disseminate
- Catalyze the activities of the four initial workstreams by identifying a lead organization/s for each workstream, refining strategies and activities, and selecting key indicators
- Engage with WHO, national governments and country-level NTD focal points and other partners to clarify how best to support national STH control, particularly in the five highest-burden countries
- Recruit additional organizations and resources to STH control
- Refine current and proposed program targets (Attachment 4) to develop STH milestones for the *Uniting to Combat NTDs* (London Declaration) “scorecard”

³For 2014, these meetings include, among others: The NTD NGDO Network (NNN)(September); Coalition for Operational Research in NTDs (COR-NTD)(October); the American Society of Tropical Medicine and Hygiene (November); and *Uniting to Combat NTDs* (December).

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Attachments:

1. Current partners (as of November 1, 2014)
2. Partner commitments (as of November 1, 2014)
3. Potential Workstream Priorities
4. Current targets and progress for STH control and proposed additional draft indicators

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Attachment 1. Current partners in the STH Coalition (as of November 1, 2014)



Attachment 2. Current Partner Commitments (as of November 1, 2014)

Organization	Provisional commitments	Workstream
Bill and Melinda Gates Foundation (BMGF)	<ul style="list-style-type: none"> Invest US\$50 million to explore the feasibility of interrupting transmission and mitigating the risks of drug resistance, as well as the most effective cross-sector approaches 	<ul style="list-style-type: none"> WASH Advocacy Research
CARE	<ul style="list-style-type: none"> Engage in effective coordination with key partners in the health, nutrition, agriculture, and education sectors to maximize collective impact on NTD control, and promote an NTD-sensitive WASH approach in schools, public institutions, communities, and water and sanitation services at scale, in endemic areas. Ensure its impact on STH control, where possible, by working with partners to: <ul style="list-style-type: none"> coordinate water+ programming in STH and NTD endemic areas measure impact of water+ programs on STH prevalence and risk of transmission measure the number and strength of partnerships that ensure holistic and effective NTD control, and Facilitate information exchange and joint monitoring towards STH and NTD control targets. Join partners at the global level to advocate for STH and NTD control, as well as for investment in increased water and sanitation access as a critical component of control. Provide technical assistance to country programs related to STH and NTD control and facilitate training for in-country staff related to WASH and the NTDs 	<ul style="list-style-type: none"> WASH Advocacy
Children's Investment Fund Foundation (CIFF)	<ul style="list-style-type: none"> Invest up to US\$50 million across range of operational, research, and coordination areas: <ul style="list-style-type: none"> Large-scale support for India national de-worming programme (>100 million children) Major support for national de-worming in 2-4 additional countries over next 5 years Smaller-scale, tactical funding to drive quality outcomes in other national programmes Investigate funding for Kenya-based operational research into MDA strategies Identify opportunity for second operational research initiative elsewhere Share data from CIFF-funded national programmes to support others' research efforts Investigate development of toolkit for light-touch national MDA technical assistance Develop and disseminate Kenya de-worming programme best practice Support engagement with additional sectors/platforms by STH collaboration Consider funding de-worming coordination resource within relevant multilateral(s) 	<ul style="list-style-type: none"> Preschool-age children School-age children
Children Without Worms (CWW)	<ul style="list-style-type: none"> Promote effective drug donation and scale-up of deworming in collaboration with pharma and WHO Foster partnerships and facilitate STH collaboration Develop an on-line tool for partners to share information about where they are working and in what aspects of STH they are engaged Integrate, disseminate, and share information to advance STH control Provide technical and scientific guidance to advance comprehensive STH control, in part through convening the STH Advisory Committee Facilitate the STH Coalition 	<ul style="list-style-type: none"> School-age children

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Department for International Development (DFID)	<ul style="list-style-type: none"> Build on existing commitments to the London Declaration and continue NTD programs aimed at helping control or eliminate 7 major neglected tropical diseases – improving the lives of 140 million people by 2015 (<i>Source: http://unitingtocombatntds.org/endorsement/uk-department-international-development-dfid</i>) 	<ul style="list-style-type: none"> School-age children WASH
Dubai Cares	<ul style="list-style-type: none"> Design programs that will integrate nutrition, WASH (water, sanitation and hygiene) and deworming interventions in schools to increase student enrollment and learning outcomes Look to promote school-based deworming at policy level as an efficient and effective way to tackle fundamental structural education challenges. School based deworming is a fundamental part of Dubai Cares' integrated school health and nutrition approach 	<ul style="list-style-type: none"> School-age children
The End Fund	<ul style="list-style-type: none"> Mobilize private philanthropic resources from individuals, corporations and foundations to invest in implementing partner organizations and scale-up of STH control programs. Raise awareness about STH and the network of organizations scaling up STH control through events, website, social media, etc. Share best practices about private philanthropic engagement in STH and NTD control with the broader STH community. 	<ul style="list-style-type: none"> Advocacy
Evidence Action	<ul style="list-style-type: none"> Share actionable lessons learned, materials, and technical expertise from the Kenyan and Indian national school-based deworming program with government officials from other endemic countries so that they can launch, strengthen and sustain school-based deworming programs of their own Provide technical assistance, with the support of funding partners, to the federal Government of India to further the goal of treating all at-risk children in India by 2020 Support NGO and government partners to launch high quality, mass school-based deworming programs to close the global treatment gap 	<ul style="list-style-type: none"> School-age children Preschool-age children
Global Network for Neglected Tropical Diseases (GNNTD)	<ul style="list-style-type: none"> Share STH papers on India and Latin America, and identify contacts in-country who can speak about their programs Share additional advocacy materials (e.g., policy briefs and multimedia material) Help create advocacy messages and in particular build social media campaigns Advocate directly with decision makers in select donor and endemic countries as part of GNNTD's broader NTD advocacy mission Share advocacy expertise 	<ul style="list-style-type: none"> Advocacy
Global Partnership for Education (GPE)	<ul style="list-style-type: none"> In collaboration with the World Bank Group, assist education sectors in developing countries to deliver donated deworming drugs to children; Report on number of countries that currently have school health and/or deworming as part of their education policy 	<ul style="list-style-type: none"> School-age children
GlaxoSmithKline (GSK)	<ul style="list-style-type: none"> Donate up to 400 million doses of albendazole per year for school age children MDA Albendazole donated for lymphatic filariasis contributes significantly to STH control Convene NTD drug supply chain forum Financial contributions to WHO and CWW to support key secretariat functions Financial contributions to London Centre for NTD Research and other organizations to support operational research 	<ul style="list-style-type: none"> School-age children
Health and Development International (HDI)	<ul style="list-style-type: none"> Mobilize resources for Togo's government-led NTD program, including STH treatment and information, education and communication for preventing STH infection Provide technical support to the program and helping increase local capacity for key activities Promote integration of WASH into NTD activities Collaborate with partners on operational research to advance knowledge about STH control 	<ul style="list-style-type: none"> WASH Research

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<p>Helen Keller International (HKI)</p>	<ul style="list-style-type: none"> • Continue to support deworming for school-aged children and women of childbearing age through integrated NTD programs in 8 African countries • Work in partnership with UNICEF and other Coalition partners to continue to support deworming for preschool-aged children through Child Health Days in 13 African countries • Continue to advocate and mobilize resources to support national deworming programs and to provide technical assistance to the national governments • Advocate and mobilize resources to support the scaling up of School Health Curriculum Project for STH control and prevention • Collaborate with WASH partners to improve STH control and prevention through the School Health Curriculum Project 	<ul style="list-style-type: none"> • Preschool-age children • School-age children • WASH • Advocacy
<p>Johnson & Johnson (J&J)</p>	<ul style="list-style-type: none"> • Up to 200 million doses donated per year for school age children MDA • Leverage drug donations and influence in global health to bring together partners and players who can engage in STH prevention 	<ul style="list-style-type: none"> • School-age children
<p>London Centre for Neglected Tropical Disease Research (LCNTDR)</p>	<ul style="list-style-type: none"> • Continue to perform research in order to build the evidence base around the design, implementation, and evaluation of STH control programmes in order to inform policy and future control efforts • Provide expertise in the areas of STH data analysis, mathematical modelling, spatial epidemiology, parasite biology, programme implementation, mass drug administration, and operational research for use in future STH research activities • Evaluate diagnostics for STH and SCH and the impact of potential partially efficacious trial vaccines • Coordinate LCNTDR member institutions in collaborative STH research efforts (including Imperial College London, the Partnership for Child Development, the Schistosomiasis Control Initiative, the London School of Hygiene and Tropical Medicine, the Natural History Museum, and the Royal Veterinary College) 	<ul style="list-style-type: none"> • Research
<p>Micronutrient Initiative</p>	<ul style="list-style-type: none"> • Continue to build on existing Vitamin A and deworming programs to help reach pre-school age children through Child Health Days • Contribute to the global forecasting of supplies, planning, and reporting where co-delivered with vitamin A supplementation • Optimize opportunities to further catalyze demands for drugs by increasing awareness of impact and helping ensure deworming stays at the forefront of pre-school interventions • Raise resources/advocate for preschool-age children deworming supply 	<ul style="list-style-type: none"> • Preschool-age children • Advocacy
<p>Mundo Sano</p>	<ul style="list-style-type: none"> • Invest US\$8 million over five years to test strategies in partnership with local governments for deworming, and to develop combination treatments in partnership with Chemo Group <ul style="list-style-type: none"> ○ Create scientific-based evidence to fill the gaps that National NTD Plans may have, so they can be developed in a more effective and sustainable way ○ Work with agencies on the ground on operational research ○ Share best practice with partners 	<ul style="list-style-type: none"> • School-age children
<p>Partnership for Child Development (PCD)</p>	<ul style="list-style-type: none"> • Continue advocating for school based deworming at national and international levels • Supporting governments to implement evidence-based deworming programmes that adopt an integrated approach within the wider construct of comprehensive school health and nutrition • Provision of technical assistance, including capacity building, in endemic countries • Continue ongoing research aimed at informing the implementation of national and international deworming programmes 	<ul style="list-style-type: none"> • School-age children • WASH • Advocacy

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<p style="text-align: center;">RTI</p>	<ul style="list-style-type: none"> • Work in partnership with NTD-endemic countries to help integrate and scale up their national NTD control programs, including support for STH control, along with lymphatic filariasis, onchocerciasis, schistosomiasis, and trachoma, following the WHO-endorsed “NTD Roll-out Package” for well-designed, government-led, cost-effective, efficient national NTD control programs. • Work with partners to implement the USAID-funded ENVISION project (www.ntdenvision.org). Activities include supporting NTD program implementation led by Ministries of Health; drug and diagnostics procurement where donation programs are unavailable; capacity building, disease mapping, NTD policy development, and NTD monitoring and evaluation in coordination with WHO, USAID and global partners; and management and implementation of the Technical Assistance Facility. • Contribute to the global policy dialogue on integrated NTD control through participation in multiple World Health Organization (WHO) Advisory and Working Groups on NTDs. 	<ul style="list-style-type: none"> • Advocacy
<p style="text-align: center;">Save the Children</p>	<ul style="list-style-type: none"> • Continue to support deworming as a key element in Save’s comprehensive School Health and Nutrition (SHN) programming • Continue to support government partners to include deworming in its SHN programming through the MOE and MOH • Continue to support WHO efforts to strengthen national MOH capacity to deworm. • Continue to support school health coalitions (such as FRESH, UNAIDS Interagency Task Team for Education, WinS) to include deworming and to coordinate with other partners • Continue to include deworming for children under 5 in Save’s ongoing Nutrition, Child Survival and WASH programs, when appropriate • Continue to share Save’s experience in conducting deworming as a part of SHN since 1998 • Continue to coordinate efforts on the ground and globally (including contributing into mapping efforts) 	<ul style="list-style-type: none"> • Preschool-age children • School-age children
<p style="text-align: center;">Schistosomiasis Control Initiative (SCI)</p>	<p>As part of its efforts to control and eliminate schistosomiasis and STH, SCI will:</p> <ul style="list-style-type: none"> • Provide mapping data in countries where the data are insufficient to develop a treatment strategy according to WHO guidelines • Support the delivery of donated albendazole and mebendazole in endemic countries including Burundi, Cote D’Ivoire, Democratic Republic of Congo, Ethiopia, Liberia, Malawi, Madagascar, Mozambique, Niger, Rwanda, Sudan, Tanzania, Uganda, Yemen, Zambia, Zanzibar until at least 2018 – for the most part STH treatments will be given at the same time as a praziquantel treatment against schistosomiasis • Measure the impact of these treatments on prevalence and intensity of infection • Join partners at the global level to advocate for STH and NTD control • Provide technical assistance to country programs related to STH and NTD control and facilitate training for in-country staff related to NTDs • Engage with the WASH sector to promote a greater collaboration between WASH and NTD implementation of MDA. 	<ul style="list-style-type: none"> • Preschool-age children • School-age children • WASH • Advocacy

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<p>United Nations Children's Fund (UNICEF)</p>	<ul style="list-style-type: none"> • UNICEF (Health): Support deworming programs and STH prevention through 'child friendly schools' • UNICEF (WASH): Potential ways to get involved at the country level: <ul style="list-style-type: none"> ○ Contribute to building of evidence base for WASH ○ Support monitoring efforts ○ Serve as a focal point to convene relevant stakeholders ○ Support training / knowledge management ○ Identify opportunities to work through the Sanitation and Water for All partnership • UNICEF (Nutrition) <ul style="list-style-type: none"> ○ Overall UNICEF coordination ○ Support governments to implement deworming in Child Health Days ○ Improve coverage monitoring for Child Health Days • UNICEF (Supply Division) <ul style="list-style-type: none"> ○ Improve forecasting of deworming needs for Child Health Days (in collaboration with Nutrition) ○ Help delivers over 280M deworming tablets annually both for integrated campaigns and for nutrition and primary health programs in over 50 countries ○ Maintain stocks of deworming tablets and serve both UNICEF programmes and partners through Procurement Services • Work with partners to establish mechanisms to ensure timely availability of medicines and assist countries in planning and logistic implementation 	<ul style="list-style-type: none"> • Preschool-age children • School-age children • WASH
<p>United States Agency for International Development (USAID)</p>	<ul style="list-style-type: none"> • Pursue ongoing deworming activities in the context of existing integrated NTD efforts (http://www.neglecteddiseases.gov/) 	<ul style="list-style-type: none"> • Preschool-age children • School-age children
<p>Vitamin Angels</p>	<ul style="list-style-type: none"> • Commit US\$4.5 million to scale up deworming with Vitamin A distributions and to provide implementation support through local partners to eligible preschool-age children 	<ul style="list-style-type: none"> • Preschool-age children
<p>WaterAid</p>	<ul style="list-style-type: none"> • Deliver WASH programs in NTD-endemic areas and foster collaboration between WASH stakeholders and agencies working on NTDs, education, nutrition and health <ul style="list-style-type: none"> ○ Offer our expertise in understanding current access to WASH and WASH behaviors and how to collect data and monitor / evaluate interventions ○ Ensure that co-located services are measuring the right indicators and taking right technical approaches together • Mutual capacity-building: Receive technical assistance from deworming experts in setting up right partnerships while sharing information on good hygiene promotion messages 	<ul style="list-style-type: none"> • WASH • Advocacy
<p>World Food Programme (WFP)</p>	<ul style="list-style-type: none"> • Work to ensure deworming is provided to millions of children as part of WFP's current School Feeding Programme • Additional potential areas to explore include: <ul style="list-style-type: none"> • Integrate deworming into work done with refugees / displaced populations • Build on existing nutrition programs targeting specific populations (e.g. people affected by HIV) • Identify opportunities to do more preventive work (e.g., WASH) through school feeding programs • Contribute to M&E - currently already have corporate and country-specific M&E reporting that could be further leveraged 	<ul style="list-style-type: none"> • School-age children • Advocacy
<p>World Health Organization (WHO)</p>	<ul style="list-style-type: none"> • Focusing on scaling up coverage for preschool-age children and school-age children. Work in partnership with other organizations to help define deworming guidelines for maternal, newborn and child health 	<ul style="list-style-type: none"> • Preschool-age children • School-age children

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<p>World Bank</p>	<ul style="list-style-type: none"> • Work closely with Ministries of Education and Health in 15 countries on deworming • Work with GPE and other Partner organizations, scaling up support for deworming programs in schools <ul style="list-style-type: none"> • Strengthen school health plans and make resources available to build school-based-deworming in more than 60 partner countries • Play a greater role in advocacy with Ministries of Education and Health. Discuss deworming as part of policy and as a way to use GPE funds (ultimately decision comes from countries) • Make international development resources available to country governments 	<ul style="list-style-type: none"> • School-age children
<p>World Vision</p>	<ul style="list-style-type: none"> • Continue to partner with WHO and the STH Coalition to optimally target pre-school age children and women of child-bearing age for preventative chemotherapy. • Contribute quality- assured deworming medicines at approximately 60 million doses in FY15 (based on FY14 contribution level). • Integrate deworming focus into current (FY11-FY16) 22 African country Water, Sanitation and Hygiene promotion initiative (\$520M). • Continue to promote deworming as a critical intervention within the World Vision programming at the community level. 	<ul style="list-style-type: none"> • Preschool-age children • WASH

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Attachment 3. Potential Workstream Priorities

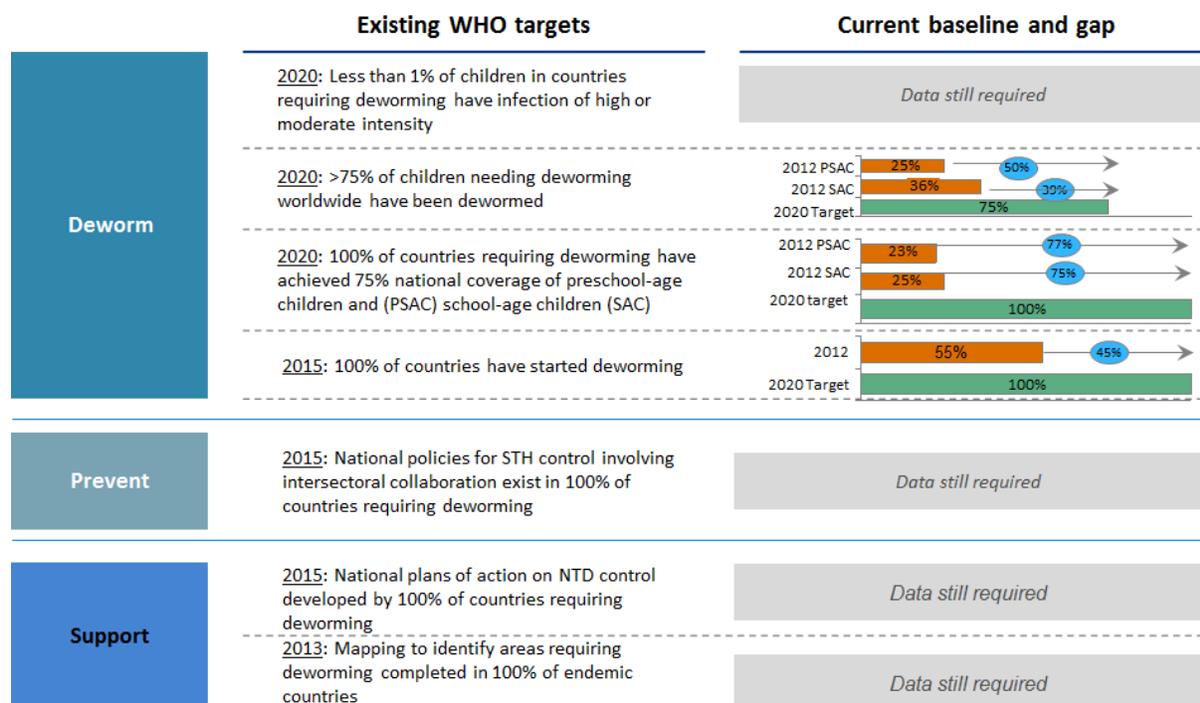
This table summarizes initial thinking on the objectives and potential focus areas for each workstream, based on a brainstorming session with STH Coalition partners. While each workstream will function independently, the work is inherently linked and mechanisms are being established to promote collaboration and ensure cross-fertilization among workstreams. A key priority for all workstreams is to increase and stimulate cross-sectoral engagement. This chart will be updated as workplans are developed for each workstream.

Workstream	Objective	Potential areas of focus
1. Scaling up deworming in preschool-age children <i>(Ages 1 – 4)</i>	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"> 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.
2. Scaling up deworming in school-age children <i>(Ages 5 – 14)</i>	Increase drug coverage of and impact on school-age children primarily through school-based deworming programs	<ul style="list-style-type: none"> Scale-up school-based deworming and increase coverage of current programs Work with Ministries of Health (MoH) and Education (MoE) 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
3. Coordinating Prevention with WASH	Align STH control and the water, sanitation and hygiene sectors	<ul style="list-style-type: none"> Identify and engage key partners to coordinate and collaborate on strategies for improved sanitation, water, and hygiene 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
4. Supporting advocacy and resource mobilization	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"> 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)

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Attachment 4. Current targets and progress for STH control and proposed additional draft indicators

In its strategic plan for STH control, WHO has established targets for drug coverage, intersectoral policies, national plans of action, and STH mapping^{viii}. The STH Coalition has the opportunity to develop additional multi-sectoral indicators as well as reporting metrics for the *Uniting to Combat NTDs* (London Declaration) scorecard.



Sources: WHO (References i, vii)

	Initial indicators suggested by STH Coalition Partners
Deworm	<ul style="list-style-type: none"> • Every STH-endemic country has requested and received STH drug donations • Deworming and school health included and costed in education and water development sector plans • Increased school attendance • Routine monitoring of prevalence and intensity
Prevent	<ul style="list-style-type: none"> • Increase access to WASH interventions, particularly in areas of high burden of STH
Support	<ul style="list-style-type: none"> • Feasible strategies for STH elimination with existing tools • Increased resources available

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ⁱ 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.

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

ⁱⁱⁱ WHO, *Accelerating Work to Overcome the Global Impact of Neglected Tropical Diseases: A Roadmap for Implementation*. (Geneva: World Health Organization, 2012).

^{iv} "World Health Assembly Resolutions and Decisions - WHA_54.19_Eng.pdf," accessed August 21, 2014, http://www.who.int/neglected_diseases/mediacentre/WHA_54.19_Eng.pdf?ua=1.

^v "London Declaration on Neglected Tropical Diseases," accessed September 12, 2014, http://www.who.int/neglected_diseases/London_Declaration_NTDs.pdf

^{vi} 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.

^{vii} <http://unitingtocombatntds.org>

^{viii} 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).