

NEWSLETTER

SCI awarded grant to develop guidelines for elimination of schistosomiasis



At the Sixty-fifth World Health Assembly (May 2012) the feasibility of eliminating schistosomiasis from some countries was confirmed. Governments are being urged to strengthen their Schistosomiasis Control Programme's (SCPs) by including other on-going activities within their country to break transmission, making it feasible to initiate elimination campaigns. For elimination to be achieved SCPs need to:

- scale up the cost effective delivery of inexpensive or donated drugs to populations at risk of the disease
- strengthen health systems
- Improve the provision of clean water and sanitation
- provide hygiene education and
- implement control of snail populations by changing the environment or use of molluscicides where appropriate.

This exciting development means that SCI will now aim to target the elimination of schistosomiasis for good from some areas in some countries where we work. To ensure success, operational research needs to be carried out to establish the most effective and efficient strategies that need to be adopted, these being different from morbidity control.

SCI has been awarded an operational research grant from the Children's Investment Fund Foundation (CIFF) to conduct additional monitoring and evaluation in 3 selected countries, Liberia, Uganda and Malawi to answer some of the difficult questions surrounding appropriate forms of intervention to secure elimination. This research will require SCI to work with organisations and partners traditionally outside of the health sectors, such as water and sanitation and environmental agencies. Working with the World Health Organisation, SCI will then be able to further develop a set of evidence-based guidelines on how best for countries to achieve elimination of Schistosomiasis.

News in Brief

- [UK Coalition Members collaborating in Ethiopia](#)
- [World Health Assembly called Member States to move towards elimination of schistosomiasis.](#)
- DfID staff accompanied Prof Fenwick to Uganda for the 2nd Annual Evaluation of the ICOSA project.
- SCI hosted its second annual Open Day on 29 June 2012
- SCI has partnered with Edinburgh University to assist Zimbabwe.

www.sci-ntds.org/newsroom

Do your Christmas shopping online and raise money for SCI with Give as you Live

[Give as you Live](#) helps you raise money for 'Imperial College Trust Schistosomiasis Control Initiative' – at no cost to you – every time you shop online. Thousands of [brands](#) including Amazon, John Lewis, M&S and Sainsbury's will donate a percentage of every purchase you make to SCI. Start raising money today. To find out more [click here](#).



How do you know the pills really get there? Here's your answer.....

Upon completion of a mass drug administration (MDA) the country's Ministry of Health reports to the WHO coverage figures for how many adults and children received treatment. One of the key performance indicators for a MDA programme is to treat 75% or more of the targeted population. As part of the monitoring and evaluation component of SCI's working methodology, a drug coverage survey is undertaken to validate officially released treatment figures. Country reported treatment rates are considered accurate if they fall within the 95% confidence interval (CI) of the drug coverage rate obtained with the survey. Country reported treatment rates above the survey CI may be indicative of over-estimation of coverage due to various factors including issues with the estimation of the targeted population. Country reported data below the survey CI may indicate under-reporting, missing data from distributor registers or loss of information during data collection.

The purpose of conducting coverage surveys after a MDA is to establish coverage levels and trends that are used to:

- Quantify and validate the drug coverage in the national target group
- monitor the performance of health services locally and nationally
- identify areas of immunization and treatment systems that may require additional resources and focused attention;
- identify why people do not take part in mass drug administrations (MDAs)
- establish the link between treatment and disease occurrence;
- provide a framework for setting future coverage goals.
- Understand the reasons for areas with unusually high or low coverage

The analysis that is produced from the coverage survey plays an integral part in establishing where changes need to be made to the programme in order to increase coverage rates before treatment takes place the following year.

Burundi blazing the way

The population of Burundi received MDA during June 2012. In an effort to streamline costs, increase coverage and not overburden the population with interviews, the Institute of Statistics in Burundi (ISTEEBU) and the Expanded Immunization Programme (EPI - supported by UNICEF and GAVI) decided to join forces and conduct a joint survey to verify coverage figures for the immunization and vitamin supplementation programme and the schistosomiasis and soil-transmitted helminths MDA treatment that had recently taken place. This is the first example of an integrated coverage survey, in which vaccinations, vitamins and deworming drugs administration is validated simultaneously.

SCI was asked to assist in the development of the new protocol required to conduct the integrated coverage survey. The protocol was designed to include randomly selected communities in all districts, with a sample size that would provide significant coverage results at the national and district level. The total

cost of this survey was supported by EPI (=UNICEF and GAVI), WHO and SCI. We hope other countries will follow Burundi's lead and conduct integrated coverage surveys.

Eight supervisors at the national level, 45 team coordinators, and over 180 interviewers were hired to carryout this survey. Between 21 September and 1 October they were sent all over the country to interview mothers and children to verify whether they had received deworming drugs (albendazole and praziquantel), vitamins and vaccinations during the last mass drug administration performed in June 2012, and to compare their answers with the reported coverage data provided by the Ministry of Health in June 2012. We look forward to receiving the results by mid November for analysis and then provide feedback to the Ministry of Health in Burundi and the WHO.



Interviewers being trained in the new protocol

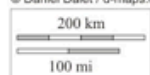


SCI's Dr Ortu observed 7 teams while performing their interviews in rural areas in a number of districts to provide feedback and improve interviewing techniques.

COUNTRY FOCUS: Ethiopia

SCI works in collaboration with other organisations wherever possible in an effort to ensure that funding is most effectively utilised and duplication is prevented. The map below summarises the different projects which SCI is involved with across Ethiopia.

© Daniel Dalet / d-maps.com



OneHealth Foundation and Mamokacha Foundation - addressing symptoms & transmission of schistosomiasis in the Zege Peninsula

SCI has provided 35,000 PZQ tablets to treat 3 coffee growing communities for schistosomiasis

The Comprehensive School Health and Nutrition Programme

Collaboration between **Partnership for Child Development, SCI, World Food Programme and SNV-Netherlands.**

A proof of concept pilot project will be carried out in 30 schools which will receive 'home grown school feeding', deworming and 50% will receive improved water and sanitation facilities.

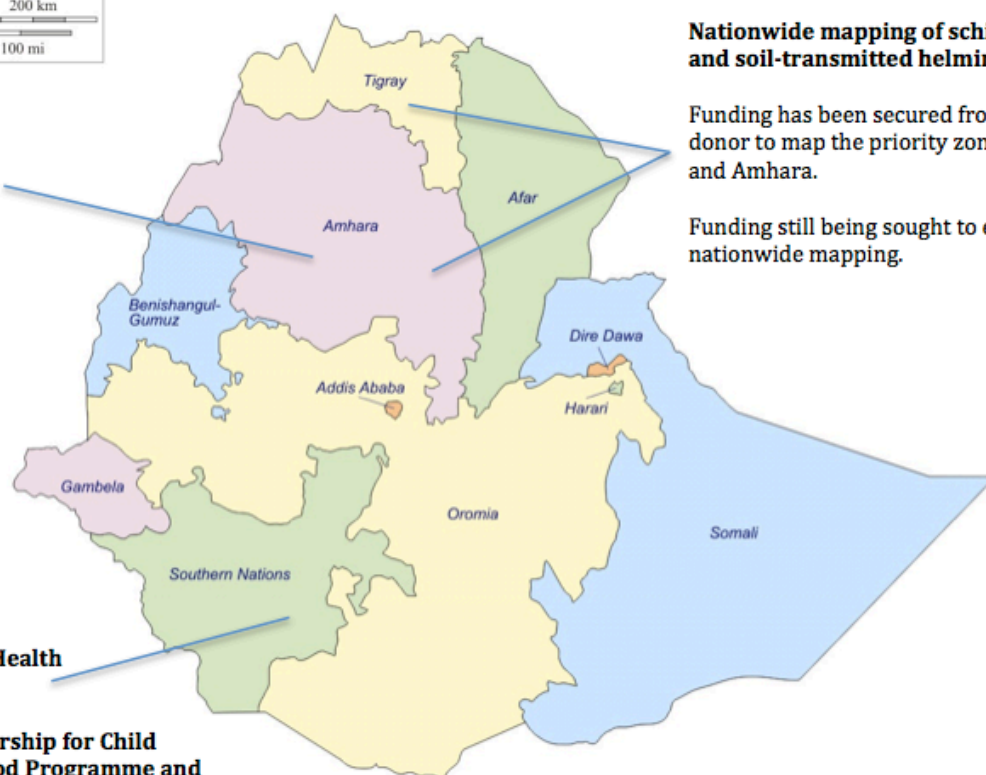
The pilot project will establish the feasibility of deworming, WASH and school feeding in the region in order to secure government and donor buy-in to roll out a regional programme.

In parallel, a sample of 380 schools will be visited in order to establish the need for the programme across the SNNPR region.

Nationwide mapping of schistosomiasis and soil-transmitted helminthes

Funding has been secured from a private donor to map the priority zones in Tigray and Amhara.

Funding still being sought to enable nationwide mapping.



Across all regions

WHO/Merck Serono Drug Donation Programme – 3.5 million tablets of praziquantel to treat schistosomiasis & 6.8 million tablets of mebendazole to treat STH. High-risk areas will be targeted.

DFID/ICOSA – We hope to add Ethiopia to the SCI's ICOSA Project from March 2013.



THE LIFE YOU CAN SAVE LAUNCHES STUDENT GROUPS WORLDWIDE

The Life You Can Save (TLYCS) is an organisation founded by Peter Singer that encourages people to donate to GiveWell- and Giving What We Can-recommended charities, including SCI (see <http://thelifyoucansave.com/organizations>). Now they are looking for students to start TLYCS groups at universities around the world. For more information, and to apply to be a founder of a TLYCS group at your university,

SCI'S PLANS AND NEW ACTIVITIES (OCTOBER 2012 - MARCH 2013)

As a result of the enormous generosity of so many people across the world SCI has planned the following expenditure from our unrestricted funds:



Ethiopia: SCI has committed to assist Ethiopia to initiate a national deworming programme where 20% of the 80 million population may receive treatment for the first time ever for schistosomiasis and soil-transmitted helminths.

Malawi & Tanzania: Additional funds to increase coverage of the national programme which is partially funded by the United Kingdom's Department for International Development (DfID).

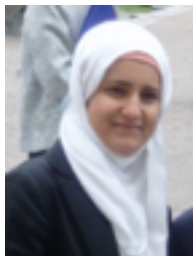
Mauritania: SCI has committed \$64,000 for mass drug administration (MDA) in areas where prevalence is 30% and above. This will include training of health workers, mobilisation and sensitisation of the population, monitoring & evaluation.

Rwanda & Burundi: continue the twice yearly deworming of school-aged children and treatment of schistosomiasis in focal endemic districts.

Senegal: Following on from the successful delivery of 400,000 treatments in April 2012 of donated drugs that were about to expire, SCI has committed \$60,000 over the next 6 months to support the development of a national programme.

Zimbabwe: SCI has expended \$100,000 to support the national deworming programme in collaboration with Edinburgh University.

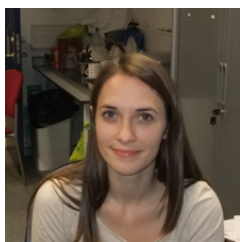
SCI FACES



Dr Dhekra Annuzaili

Dhekra Annuzaili joined the Schistosomiasis Control Initiative as the in-country Programme Technical Advisor for Yemen in June 2012 to provide technical expertise to assist and advise the Ministry of Health in Yemen on all areas of programme planning. She is working to ensure the continued success of the programme, to document and refine the processes involved, and to comply with the World Bank reporting guidelines.

If you wish to read in more detail about the work Dr Annuzaili is carrying out [click here](#).



Dr Sarah Knowles

Dr. Sarah Knowles joined the SCI in October 2012, as a Biostatistician. Having come from a background of infectious disease research in wildlife disease systems (most recently at the University of Edinburgh), Sarah now embraces the challenge of applying her epidemiological and statistical background to the applied goals of the SCI. She aims to further SCI's goals by ensuring treatments reach those most in need (via accurate disease mapping), and through continuous monitoring and evaluation studies proving that treatments are having the desired impact on health.



Dr Wendy Harrison

The managing director of SCI, Dr Wendy Harrison, has been elected Chair of the UK Coalition against Neglected Tropical diseases (UKCNTD). The UKCNTD, formed in 2011, is a collaborative partnership between UK organisations actively engaged in implementation, capacity building and research of neglected tropical disease control at scale.

To read more about UKCNTD [click here](#).

FUNDRAISING

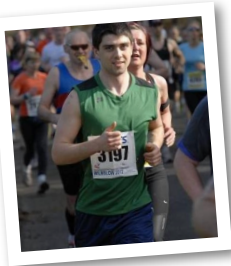


Kemp Little employees run the City 5K

10 brave solicitors from Kemp Little LLP ran the City 5K on 12 July 2012 in aid of SCI. The conditions were far from ideal. Torrential rain pounded the brave bunch from start to finish, but no one gave up. Thanks to Andy, James, Adam, Leanna, Talin, Nye, Suzy (and her husband Jeremy), Paul, Andrew and Kathryn who raised a £2,310!

Rebecca swam the Solent for SCI

On 6 September, Rebecca Howett pulled on her wetsuit and swam 1.3 miles across the Solent from Hurst Castle to Colwell Bay on the Isle of Wight. She was one of twenty swimmers to take part in this years "Swim 2 Bestival" event. Rebecca raised £240 (plus gift aid) for SCI with her feat of bravery! Rebecca has asked us to say a huge thank you to everyone who sponsored her (<http://www.imperial.ac.uk/click/1511>)!



Lee Bishop completed the Edinburgh Marathon

Back in April we wrote about Lee Bishop's upcoming marathon. Lee completed the Edinburgh Marathon on 27 May 2012 in 4:48:21 and raised £1,570.14 for SCI! Having not run more than 13 consecutive miles before setting off on 27 May, Lee was astonished by his time (<http://www.charitygiving.co.uk/leebishop>).



The Christmas Challenge 2012 - Double your donation!

SCI is hoping to raise £50,000 for NTD control in Ethiopia. From 6-8 December, online donations to SCI through our theBigGive page could be matched £1 for £1. Starting at 10am every morning (for 3 days) a certain amount of match funding will be released by theBigGive. Once it has run out for the day online donations will not be matched. Speed is key!

Visit SCI's Ethiopia fundraising page on theBigGive.org.uk and help raise £50,000 to fund the delivery of medication to treat 1.5 million children in Ethiopia <http://new.thebiggive.org.uk/projects/view/17131>

For a more detailed explanation of how The Christmas Challenge works <http://content.thebiggive.org.uk/challenge-explained/>



Fundraiser - Quiz Night 22 November 2012

Kemp Little LLP are hosting a Quiz Night to raise funds for SCI. The event will be taking place at Imperial College South Kensington Campus and tickets are £20 (£15 for students) which includes a buffet dinner.

Put a team together and come and join us! [Click here to see the flier](#)