UGANDA, A STEP CLOSER TO ELIMINATION OF SCHISTOSOMIASIS

For 10 years SCI has assisted the Ministry of Health to treat children and at risk adults annually against schistosomiasis (Bilharzia) and soil transmitted helminths (intestinal worms). Historically, mass drug administration (MDA) in Uganda against schistosomiasis (SCH) was limited to endemic districts with over 20% prevalence, with the aim of controlling SCH morbidity. The focus on high endemic districts was due to a shortage of resources (funds and praziquantel tablets). By 2013 many of Uganda’s endemic districts had witnessed the level of infection fall below the 20% prevalence level, suggesting they should not receive mass treatment. In May 2012, the World’s Ministers of Health took the decision at the annual World Health Assembly to aim for “elimination of SCH as a public health problem”. Since 2013, SCI, with funding from DFID, is assisting the Uganda National NTD Control Programme to treat in areas with LOW prevalence of SCH (<20%), aiming for elimination. The first MDA to treat areas with LOW prevalence of SCH (<20%) started when schools across Uganda re-opened on 3 February 2014.

Between 2010 and 2013 detailed re-mapping of 70 districts across Uganda identified 127 sub counties within 30 districts as “low endemicity” and thus eligible for the application of the elimination strategy. A further 9 districts will be mapped shortly. Since 3 February, teams from the central level Ministry of Health (MoH) have delivered training to the respective district leaders and carried-out advocacy activities across their corresponding districts. The trained district trainers have proceeded to train sub county supervisors, who in turn have trained schoolteachers, the individuals who actually deliver treatment to school aged children (SAC). During February and March 2014, 2,825 million praziquantel (PZQ) tablets were delivered across 127 sub counties to treat 1.13 million SAC.

Yolisa Nalule, SCI’s Programme Manager for Uganda, accompanied Dr Edridah Muheki, the Uganda SCH programme manager and National NTD Coordinator, to the districts of Ngora, Mbane, Soroti and Kumi in Eastern Uganda to conduct these training and advocacy activities. They participated by transporting and distributing PZQ, dose poles and treatment registers across districts. They witnessed first-hand part of the social mobilization campaign that was rolled out across the 4 sub counties receiving treatment in Ngora district. A week after their visit, pupils in 109 schools were treated, as were non-enrolled children who responded to the call and came for treatment.

Upon completion of treatment and receipt of sub county reported coverage figures, an independent drug coverage survey will be carried out (start date 4 April) to validate the accuracy of the reported treatment coverage rates. This survey is essential to validate reporting and trigger prompt corrective action where sub-optimal coverage (<75% target population) is found.

Following the WHO recommendations the next round of MDA is scheduled to take place in 2016.
UPDATE: COMIC RELIEF supporting treatment in Malawi

Comic Relief 2013 awarded SCI a grant for £105,496 to increase the coverage of the national treatment programme to reach 616,962 Malawians (365,408 school-aged children and 251,554 adults) by integrating the treatment for three NTDs (schistosomiasis (SCH), lymphatic filariasis (LF) and soil-transmitted helminths (STH)) in Dedza and Salima districts (spotted area on map), and to evaluate how Malawi can improve knowledge and awareness of NTDs within its borders.

Knowledge attitude and practice (KAP) studies have been used in Malawi in the past to help plan, implement and evaluate advocacy, communication and social mobilization work. Information is gathered to establish knowledge gaps, cultural beliefs or behavioral patterns that may facilitate understanding or hinder treatment programmes. A national KAP survey forms part of the monitoring and evaluation component of the Malawi Neglected Tropical Disease (NTD) Schistosomiasis Control Programme as a means to improve sensitization and therapeutic coverage over time. In order to capture information about LF, STH and opinions on triple drug administration (TDA) as opposed to single disease mass drug administration (MDA), a second KAP survey is being carried out simultaneously.

The first stage of the two KAP surveys was completed in February 2014, pre MDA. Six thousand participants (adults and children) across 6 districts have been interviewed. The information gathered is being used to understand what influences treatment uptake, and design effective and targeted messaging in order to increase coverage of the annual MDA’s, which began in 3 districts in March with the remainder to be completed after school holidays and the elections in May.

The survey will be repeated post MDA to evaluate whether the sensitization and training that has been implemented across the country pre MDA has been enough to improve knowledge of NTDs and uptake of treatment, and if not, what areas need to improve in Malawi.

WASH AND NTDS

Adding simple messages to hygiene education programmes can have a big impact on NTDs. SCI is proud of the contribution we have made to a series of country specific practical guides for WASH practitioners working to implement, support, and sustain WASH interventions at the country level. The new educational tool is designed to promote increased collaboration to combat NTDs.

SCI is proud to have played a part in http://www.washntds.org/
YEMEN: UPDATING ITS APPROACH TO CONTROL OF SCHISTOSOMIASIS

At a technical review meeting of the Yemen Schistosomiasis Control Project held at WHO’s headquarters at the end of 2013, it was announced that independently certified results from 2000 samples, collected post treatment from sentinel sites, showed that schistosomiasis (SCH) infection levels have fallen by more than 50% since the project began in 2010. With such encouraging news and following 3 years of MDA, The Yemen Schistosomiasis Control Programme (with technical assistance provided by SCI) has targeted 333 districts (within 22 governorates) for re-assessment of the prevalence of schistosomiasis (SCH), soil-transmitted helminths (STH) and anaemia, during the first half of 2014.

In collaboration with SCI’s in-country programme manager, Dr Dhekra Annuzaili, the team at Sana’a University recruited 125 parasitological technicians, forming 25 teams, to carry out the prevalence mapping survey (PMS). Blood, urine and stool samples were collected from more than 2,500 schools and approximately 100,000 school-aged children. The results of the PMS will be used to re-classify districts according to prevalence and assist in updating the approach to control of SCH for the remaining years of the World Bank funded programme.

Available information indicates that the Yemen is endemic for STH (MOPHP Yemen, unpublished data). With limited extra cost additional data was collected during the PMS to enable the classification of districts according to prevalence of STH. For the first time national information on anaemia is also being collected. At present school-age children living in areas endemic for SCH are periodically treated for STH as distribution of albendazole is integrated with praziquantel. However, in areas where SCH is not endemic no periodical treatment for STH is provided. WHO has recommended extending the geographical coverage of treatment for STH to these areas.

Deworming is being integrated into the health education programme in 18 districts in two governorates from April 2014. The programme aims to routinely treat 670,000 (6-18 year old) enrolled school-aged children, while trying to reach non-enrolled children to the maximum extent possible.

WORLD HEALTH ORGANIZATION APPOINTS NEW DIRECTOR FOR THE DEPARTMENT OF CONTROL OF NTDs

Director of the Department of Control of Neglected Tropical Diseases of the World Health Organization (WHO), Dr Lorenzo Savioli, is retiring at the end of April 2014. His successor has been named as Dr Dirk Engels.

Under Dr Savioli’s 9 year leadership the WHO has exponentially expanded support for prevention, control, elimination and eradication programmes, and developed norms and standards on a number of key public health issues, including a global strategy on Preventive Anthelmintic Chemotherapy that is the base of large scale interventions that annually target over 700 million children and adults in endemic areas. During Dr Savioli’s tenure the Department published the WHO’s first report on NTDs in October 2010, a roadmap for implementation in January 2012, and its second report on NTDs in January 2013. A major landmark event overseen by Dr Savioli was the World Health Assembly’s adoption of a comprehensive resolution on all 17 NTDs in May 2013.

Dr Dirk Engels will take up the position of Director on 1 May 2014 and lead the department to achieving the WHO Roadmap’s targets. “Dr Engels is fully aware of the challenges in overcoming neglected tropical diseases” said Dr Lorenzo Savioli. “His appointment as Director means a continuation of the excellent work accomplished over the past decade and an expansion of the global community of partners and stakeholders.”

Both Dr Savioli and Dr Engels have been involved with SCI since it was established and we all look forward to working with Dr Engels in the years to come.
SCI’S PLANS AND ACTIVITIES (APRIL–DECEMBER 2014)

Thanks to the enormous generosity of so many people across the world, SCI has made the following plans for the remainder of this year. These plans are not set in stone and will be adapted to reflect changes in funding during the course of the year.

**Burundi:** After 6 years of consecutive treatment for schistosomiasis (SCH) and soil-transmitted helminthes (STH), SCI and the SCORE Project are re-mapping the entire country in order to reassess the burden of these diseases. Mass drug administration (MDA) with praziquantel (PZQ) and albendazole (ALB) will take place during June, as in previous years.

**Côte d’Ivoire:** The entire mapping of SCH in Côte d’Ivoire has now been completed. Two rounds of treatment (MDA) are scheduled for this financial year. Thanks to the financial support of private donors, 1.7 million children will be treated in 17 districts in May. A further 1 million school aged children (SAC) will receive treatment funded by DFID in November.

**DRC:** The first treatment round for SCH and STH should commence in summer 2014 in 4 provinces. This is a cost-sharing activity with CNTD and APOC. SCI is providing technical support and training to national staff on conducting MDA, and financial support for MDA in one province, bringing treatment to 1.5 million SAC.

**Ethiopia:** The mapping of SCH, STH, and water and sanitation indicators across the country has been completed and the data are currently being analysed. Completed maps are expected in April 2014 and will inform where large-scale MDA will be conducted in 2014 and beyond. SCI is also offering technical assistance on deworming approaches on a Partnership for Child Development-led school health and nutrition programme.

**Liberia:** All currently known SCH endemic counties (6 out of 10) in Liberia will receive treatment in November 2014. The remaining five counties are scheduled to finish mapping SCH and STH during the next 6 months. Once completed the national prevalence map will direct SCH treatment across the entire country. The END Fund will be adding to the DFID funding, ensuring all SAC are treated for SCH for the next 5 years.

**Madagascar:** Two MDA’s will be conducted during 2014 with the aim of treating 1.7 million children. The first round of MDA will be carried out across 5 districts during May 2014, using the existing stock of half a million PZQ tablets. A larger second MDA is planned for the end of the year.

**Malawi:** The National SCH control programme in Malawi only treats SAC for SCH. In recent months a number of cases of adults with late stages of SCH have been reported. Surveys are going to be carried out to identify the location of these pockets of high infection and determine areas where triple drug administration (TDA) can be administered to adults.

**Mozambique:** MDA will reach national coverage this year when annual treatment takes place around August time. The incredible generosity of individual donors has significantly supplemented DFID funding and enabled national coverage to be achieved!

**Niger:** Following completion of remapping SCH and STH in 14 districts, work is currently underway fine-tuning the treatment strategy in highly endemic focal areas. MDA will be carried out in May 2014 targeting around 1 million SAC. A further 1.2 million children will receive treatment for a second time in the same year in highly endemic focal areas.

**Rwanda:** SCI, with funding from the END Fund and assistance from the SCORE Project, is currently re-mapping the entire country for SCH and STH infections. After 6 years of treatment it is necessary to reassess the current burden of these diseases. MDA is scheduled to take place in late summer 2014.
Senegal: At the request of Senegal’s Ministry of Health SCI is assisting with the monitoring and evaluation element of the SCH control programme. With the collaboration of other country partners SCI is assessing the impact of MDA. SCI’s activities complements the work of other partners and overall the SCH programme is a very good example of coordination and integration of resources.

Tanzania: SCI will treat around 630,000 SAC across 7 districts in the Mwanza region during June/July 2014. Six untreated regions around Lake Victoria (Mara, Kagera, Geita, Shinyanga, Kigoma, Simiyu) are scheduled to receive MDA in 2015. In preparation, high-level sensitization and advocacy meetings are planned for this year in all six regions. Expanding to these 6 regions means that Tanzania will have treated all areas of highest burden of disease.

Uganda: Following Uganda’s bi-ennial treatment plan for low endemic areas, no further MDA will take place in areas that received treatment during Feb/March 2014 until 2016. Between treatment rounds on-going impact evaluation activities will take place in the sentinel sites. During July 2015, a further 3 districts will be mapped and 6 districts re-mapped to determine treatment strategies for any sub-counties found to be endemic for SCH.

Yemen: Following the third year of MDA, national re-mapping is underway to establish the distribution of SCH, STH, and anaemia. The results will be used to determine the treatment approach for the next three years. SCI’s in-country programme manager, Dr. Dhekra Annuzaili, is working with partners to explore opportunities to co-ordinate other health promotion activities such as routine deworming and onchocerciasis control.

Zambia: Due to delays during 2013, treatment scheduled across 6 provinces only took place between January-March 2014. The remaining 4 provinces will receive MDA during July, the school health month. Other interventions that take place during school health month include hygiene education (including promotion of water and sanitation), health information programmes including dental and eye care, and nutrition programmes. Ensuring MDA takes places during school health month will provide a more holistic approach to combatting SCH and STH.

LOOKING FOR A CHALLENGE, LIVE BELOW THE LINE AND HELP THOSE LIVING IN EXTREME POVERTY

Last year 50 fantastic SCI supporters lived on a budget of £1 a day for all their food and drink for 5 consecutive days and raised £28,360 for SCI. This year help us make ‘Live Below The Line 2014’ even BIGGGER and BETTER!!

Stephanie Crampin has taken the challenge for the last two years. She explains why she is taking part for a third year running and raising money for SCI.

“The fact that I am used to spending so much on food and other luxuries has helped me to realize that this week is only really about dipping my toe into the ocean of poverty. I hope that by doing this challenge for a third year running I can continue to raise awareness of the work of the Schistosomiasis Control Initiative, so they can continue to do great and effective work to help people for whom poverty is a reality and give them a chance of a better life.” (https://www.livebelowtheline.com/me/stephcrampin)

Join the movement and take the challenge for SCI
https://www.livebelowtheline.com/uk/partner/sci-imperial
FUNDRAISING

Terry Smith ran a personal best and raised £255 for SCI
Battling wind, light rain and rather a lot of mud, Terry finished the Hampton Court Half Marathon (23 February 2014) an impressive 69th out of 2,300 runners, with a personal best of 1hr 26mins. Congratulations Terry! - http://www.justgiving.com/terry-smith10

Peter Edwards invites colleagues to mark his retirement by donating to SCI. On 21 March 2014, Peter officially retired from Suffolk County Council. He chose to use the opportunity to introduce his colleagues to NTDs and raise money for SCI, whom he has personally been generously supporting for the last 3 years. Peter has raised £175 so far! http://www.justgiving.com/edwardspg

Pippa & Paul's wedding 3 May 2014
Pippa Bird and Paul are getting’ hitched on 3 May. Thank you for choosing SCI to benefit from your happiness! https://mydonate.bt.com/fundraisers/pipandpaulwedding

Michael Sills is running his first ever marathon and raising money for SCI!
Michael Sills will be running the ‘Prague Marathon’ on 10 May 2014. This will be Michael’s first attempt at running a marathon. As if that wasn’t a significant enough challenge, he has set himself a fundraising target of £20,000!!! Go Michael! Good luck! https://mydonate.bt.com/fundraisers/michaelsills1

Rhys and Rachel are walking from London to Brighton non-stop, 24-25 May 2014
Team Shamblers (husband and wife, Dr Rhys Morgan and Dr Rachel Pechey) are facing their greatest fundraising challenge yet: walking together for 24 hours! The London2Brighton Challenge is one of the exciting challenges offered by www.actionchallenge.com. Be inspired and take part in an Action Challenge. They offer something for everyone.

6 brave SCI staff members taking part in the London Triathlon
Six members of SCI, split into two relay teams, have less than 4 months to get in tip top condition. Dr Fiona Fleming, Dr Michael French, Dr Sarah Knowles, Chris Monroe, Yolisa Nalule, and Janet Stansfield will be taking part in the ‘Olympic’ distance event on 2 August. The event entails 1500m swim, 40km cycle and 10km run! Come down to ExCel London (Royal Victoria Dock) and cheer us on!

For more details about the event and to sponsor ‘TEAM SCI’ - click here.