

Sightsavers deworming programme, Guinea Bissau

GiveWell schistosomiasis (SCH) and soil transmitted helminths (STH) project

Year 2 annual report: April 2018 – March 2019

Project name: Guinea Bissau GiveWell SCH and STH project

Country: Guinea Bissau

Start date: January 2017

Project goal: The reduction in the prevalence and intensity of schistosomiasis (SCH) and soil transmitted helminths (STH) in school age children.

Project Summary

In project year 2, four regions were targeted for SCH/STH interventions with GiveWell funding; Oio and Bolama for SCH, Biombo for STH and Tombali for both.

| Output | Indicator | Year 1 target | Year 1 to date |
|--|---|---------------|----------------|
| Treat school-age children between 5-14 years for SCH and STH through MDA | No. of school-age children between 5-14 years treated for SCH | 79,739 | 85,762 |
| | No. of school-age children between 5-14 years treated for STH | 54,877 | *31,166 |

* Treatment number as of March 2019, see activity summary for full details

Total number of school aged children treated: 116,928

The regions that received STH treatment have prevalence's requiring intervention according to WHO guidelines.

As advised in 2018, Sightsavers agreed with the MoH to treat three regions for SCH. This is because, in the baseline reassessment survey, these regions had some positive cases of SCH, but not enough to bring the mean % prevalence above 1% (WHO intervention threshold). The MoH was concerned that there were cases present that would not receive treatment. Sightsavers and the MoH came to a compromise that Sightsavers would support a one-off MDA in these regions in project year 2, with spot-checks taking place in future years to monitor if further treatment will be required.

Activity Narrative

The GiveWell project continued to support the MoH in their national SCH/STH programme among school age children.

MDA took place in Bolama, Biombo and Tombali in December 2018, with MDA in Oio following in late March/early April 2019. However, Tombali only received treatment for SCH. Tombali was last treated for STH in April 2018, so when the MoH were in Tombali in December 2018 for praziquantal distribution, they were concerned (despite Sightsavers' assurances) that the 8 month gap between treatments was insufficient. This led them to only conduct SCH MDA.

As in previous years, MDA starts with microplanning sessions at the regional level, followed by health worker and CDD training respectively. Whilst both school and community based MDA approaches are generally used, teachers were not trained for this round of MDA due to a prolonged teachers strike forcing schools to close for many months. This meant all treatments in this round of SCH/STH MDA were delivered in the community.

Following on from the remapping survey in 2017/2018, the WHO sent a delegation to Guinea Bissau in early 2019. The terms of reference for the delegation were two-fold; firstly to ratify the results of the SCH/STH remapping survey conducted by the MoH and Sightsavers in 2017/2018; and secondly to train the national NTD team on the use of an Integrated NTD Database. The database will help with data management and analysis at the country level. Hugely productive discussions were held over the two weeks; below are some of the notable outputs produced and recommendations made for the future.

Outputs:

- Decision to change the implementation units (IUs) from 11 regions health regions to 38 administrative sectors. It is felt that smaller sectors will better reflect the realities of disease prevalence experienced by the respective communities, compared to when aggregated by regions. This will affect how treatments are administered in the future as new boundaries will require sampling strategies to be re-assessed. The MoH are leading in rolling out the new IUs and Sightsavers will follow instructions once available;
- The NTD database and WHO drug reporting forms (EPIREF, JRF, JRSM and JAP) were filled for all 5 preventative chemotherapy-NTDs and data from the recent SCH/STH survey was used to officially reclassify endemicity, using mean prevalence;
- Further analysis was done on the SCH/STH re-mapping data and minor corrections were made in a few clusters that were not aligned to the right EU.

Action Points/Recommendations:

- MoH to designate focal points for M&E and logistics;
- The national NTD team is to obtain up to date population figures from the national statistics institute prior to the 2019 campaign;
- MoH to submit a SCH/STH protocol for follow-up surveys envisaged in contentious regions with >0% and <1% SCH prevalence (Oio, Bolama, Tombali);
- MoH to officially endorse the results of the SCH/STH remapping report.

Results against targets to date (April 2018 – March 2019)

| Output | Indicator | Y2 milestone | Y2 to date |
|---|---|--------------|------------|
| 1. Train health staff, community members and teachers to deliver SCH/STH MDA to schools and endemic communities | No. of Teachers trained on SCH/STH MDA | 1,044 | - |
| | No. of health workers trained on SCH/STH MDA | 77 | 77 |
| | No. of CDDs trained on SCH/STH MDA | 431 | 717 |
| | No. of schools training at least one classroom teacher on school MDA. | 522 | - |

| | | | |
|--|--|--------|----------------------|
| 2. Treat school aged children between 5-14 years for STH and SCH through MDA | No. of school age children between 5-14 years treated for STH | 54,877 | 31,166 |
| | No. of school age children between 5-14 years treated for SCH | 79,739 | 85,762 |
| | No. of treatment coverage surveys conducted with data disaggregated by age group and gender and school attendance. | 1 | planned for May 2019 |
| 3. Ministry of Health coordinates and supports targeted regions/districts to implement the National NTD Plan with focus on SCH and STH | No. of advocacy meetings conducted with stakeholders on SCH/STH Interventions. | 1 | |

School vs community based treatments

100% of this round of MDA was delivered using the community based strategy, due to the aforementioned teachers strikes.

Treatment coverage rates

| Outcome Indicator | Year 2 April 2018 - Mar 2019 | |
|--|------------------------------|----------------------|
| | Milestone year two | Achievements to date |
| % of all targeted people in targeted health zones treated with praziquantel for SCH (ultimate threshold at least 75%). | 75% | 100% |
| % of all targeted people in targeted health zones treated with at least one round of albendazole/ mebendazole against STH (ultimate threshold at least 75%). | 75% | 112% |
| % of existing schools in targeted health zones participating in the school deworming programme. | 95% | NA |

Key Successes:

- The WHO mission to Guinea Bissau allowed the MoH and Sightsavers to evaluate the data behind the SCH/STH programme, identify where there were issues and put in place mechanisms to help avoid different interpretations of guidance in the future;
- Agreement of a time-bound action plan resulting from the findings of the TCS and QSAT;
- The MoH, with support from Sightsavers, was able to export unused praziquantel nearing its expiry, to be used in neighbouring Guinea; where the deworming programme was being held-up by a delayed drug shipment;
- As a teachers strike made school-based MDA impossible, the team had to re-plan for community based MDA. They successfully recruited additional CDDs and exceeded treatment targets in the districts that were covered.

Key Challenges:

- As flagged in the results of the last TCS, the population figures used to create targets for the deworming programme are often underestimated and are changed frequently. This can produce

unrealistic coverage rate of over 100% and also affects programme planning, as training and treatment targets vary based on population updates;

- Guinea Bissau continues to be an expensive country in which to run a deworming programme. This is due in part to comparatively high costs for infrastructure, transportation and personnel, but mainly the lower number of treatments required, which is positive in Guinea Bissau's journey to controlling SCH and STH.

Project monitoring and coverage survey activity

As part of the project monitoring, a QSAT and TCS were conducted in May 2018, after the year 1 MDAs were completed. The QSAT led to the development of a 3-year action plan, which was signed-off by the MoH in August 2018; with 14 improvement actions, graded by priority, to be achieved over the next 3 years.

Overall, 94.6% of the TCS respondents reported being treated with either praziquantel or albendazole according to the treatment programme in each region. There is a pattern of over reporting by the national programme compared with the TCS, as in both regions the reported MDA treatment coverage exceeded 118% (population denominator issues mentioned above). The results from the treatment coverage still exceed the WHO target threshold of 75% coverage for school-aged children and are therefore considered effective in controlling SCH and STH.

Project activities continue to be monitored/supervised at a number of different levels throughout the MDA cycle, as described in the year 1 annual report. Supervisory visits are documented through supervision checklists that are escalated to a national level for review.

Lessons learned

- Based on the lessons learned regarding population figures during the TCS, the MoH is placing further emphasis on determining the most accurate target population for MDA planning and routine reporting, so as to ensure more accurate treatment coverage rates based on a more realistic denominator;
- Remaining drug stocks should be confirmed immediately after the MDA - including quantities expiry dates - and all drugs should be returned to the regional medical store. Ensuring accurate recording and reporting of drug stocks enables the timely approval of drug requests by WHO;
- There were different interpretations of the remapping survey protocol and associated WHO guidelines, which led to a difference in opinion on how best to analyse the data collected. In future, more time will be taken to make sure all parties have the same understanding of the survey protocol before it is signed-off.

Looking ahead to 2019

As mentioned in the outputs from the WHO mission, the MoH will be working on re-defining the implementation units (IUs) used for the mapping and reporting of NTD programmes. Once these geographic areas have been defined, Sightsavers will work with the MoH to implement any changes required in NTD programming to better support these new IUs, including defining new sentinel sites for parasitological surveys if required.

Sightsavers will also continue to work with the MoH to help achieve the improvement actions laid out within the QSAT and TCS action plans. A TCS covering the project year 2 MDAs is scheduled for May 2019.

As discussed above, Tombali is due for STH MDA, a year after it was treated in 2018. This MDA is planned within the next few months using budget rolled-over from efficiencies made in year 2.

GiveWell Wishlist 3 funding has extended the national deworming programme up until March 2022, taking Guinea Bissau closer to their goal of controlling SCH and STH.