

Action Plan for Schistosomiasis

Category	Actions	17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	Specific risks	
A Morbidity control and selective elimination	Scaling existing tools	1 Delivery – achieve full scale-up of treatment coverage among populations requiring intervention	█	█ Funding limitations, availability of drug
		i Ensure treatment is reaching all populations at risk, particularly preschool and school age children and women at risk of female genital schistosomiasis	█▲	█ Funding limitations, availability of drug
		ii Achieve better donor coordination	█▲	█ Political risk
		iii Improve support for supply chain (with a focus on ensuring full utilization of donated drug)	█▲	█ Funding limitations, implementation
		iv Improve reporting on distribution, leveraging new tools	█▲	█ Funding limitations, implementation
	2 Improve data quality and mapping to support targeting and tracking progress	█▲	█ Funding limitations	
	3 Improve compliance by strengthening social mobilization, improved Behaviour Change	█▲	█ Systematic non-compliance	
	Optimizing existing tools	4 Optimize MDA through operational research and adjustments based on existing research	█	
		i Introduce micro-targeting of MDA and other interventions at the community level	█▲	█ Research failure, implementation challenges
		ii Broaden MDA ¹ to additional populations and/or increase frequency to reduce transmission	█▲	█ Research failure
5 Sustain drug efficacy by identifying markers of resistance and establishing monitoring system		█▲	█ Research failure	
B Global elimination	Introducing new tools	6 Develop/introduce revised diagnostic (assay and method) for implementation ²	█▲	█ Development failure
		7 Develop/introduce pediatric Praziquantel	█▲	█ Research failure
		8 Develop/introduce alternative to Praziquantel or PZQ combination therapy	█▲	█ Research failure
		9 Develop/introduce revised diagnostic approach for elimination certification ²	█▲	█ Research failure
	10 Develop/launch safer, cheaper and effective snail control technology	█▲	█ Research failure	
	11 Develop/launch effective vaccine	█▲	█ Research failure	
	WASH/ Behavior change	12 Develop/introduce effective WASH & Behaviour Change interventions for schistosomiasis	█▲	█ Research failure
13 Use endemicity data to target WASH investment & WASH data to track progress towards elimination		█	█ Implementation challenges	
14 Develop multisectoral schistosomiasis action plans including WASH & Behavioral Change		█	█ Political risk	
C Sustainability and Ownership	Mobilization	15 Revise WHO guidelines to reflect new evidence and tools available	█▲	█ Political risk
		16 Develop a coherent governance structure with a coordinating lead actor	█	█ Political risk
		17 Advocate and raise funds for scale-up of interventions, based on global business plan	█	█ Political risk
		18 Coordinate with local health system and other sectors to strengthen program ownership, effectiveness	█▲	█ Political risk
		19 Adopt strategy for long-term sustainability, including shifting to greater country ownership	█▲	█ Political risk

¹ E.g. through social mobilization; ² Applicable across species and risk settings; ³ E.g. abolish treatment holidays, expand adult treatment; ⁴ Prevalence among school-age children <10%, Socioeconomic progress and WASH with additional impact; ⁵ 10% ≤ prevalence among school-age children <50%; ⁶ Prevalence among school-age children ≥50%; ⁷ WHO estimates of population requiring PC (WER No 49/50, 2016)