



# Global Schistosomiasis Alliance Update and Action Plan

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# Road Map, Resolutions, Drug Donations and the Action Plan

- ▶ Provided PZQ is available in the quantity needed schistosomiasis could be “eliminated as a public health problem” in multiple countries in Africa by 2020 and globally by 2025
- ▶ Merck donation increases to 250 million tablets of praziquantel annually
- ▶ 75% of SAC in need of PC will be regularly treated in 100% of endemic countries by 2020
- ▶ May 2012: Resolution 65.21 WHA calls on all countries endemic for schistosomiasis to attach importance to prevention and control of schistosomiasis, to analyse and develop applicable plans with progressive targets, to intensify control interventions and to strengthen surveillance.
- ▶ Action Plan introduced at 2017 GSA meeting



# Action Plan for Schistosomiasis

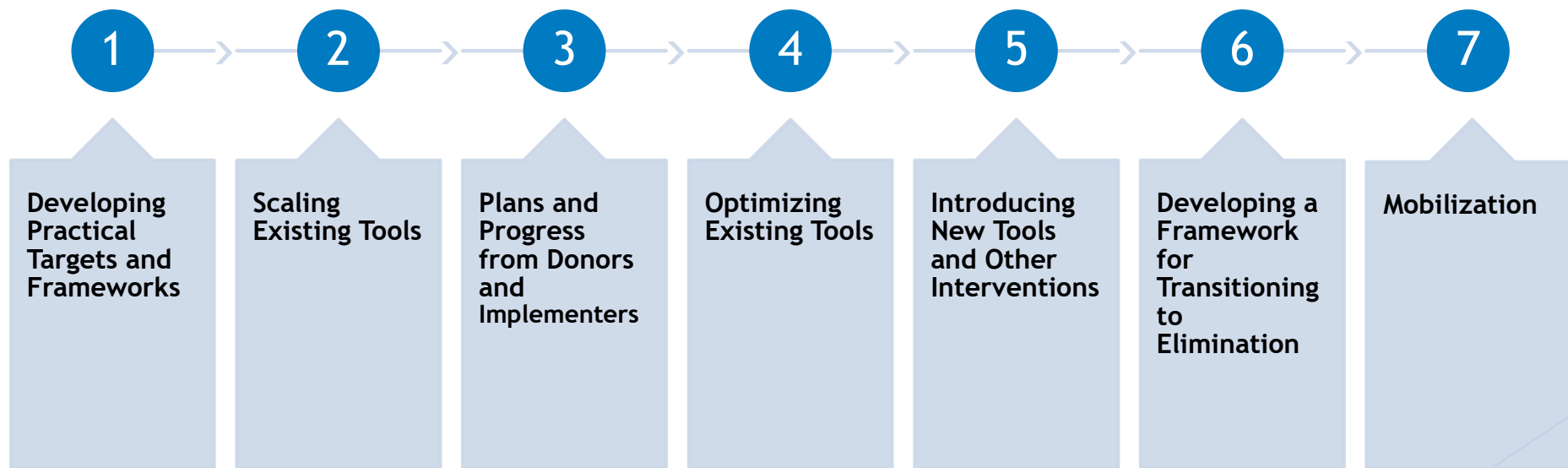
Category	Actions	17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	Specific risks
A Morbidity control and selective elimination	Scaling existing tools	1 Delivery – achieve full scale-up of treatment coverage among populations requiring intervention	Funding limitations, availability of drug
		i Ensure treatment 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
	Optimizing existing tools	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
		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 <sup>1</sup> to additional populations and/or increase frequency to reduce transmission	Research failure
B Global elimination	Introducing new tools	8 Develop/introduce alternative to Praziquantel or PZQ combination therapy	Research failure
		9 Develop/introduce revised diagnostic approach for elimination certification <sup>2</sup>	Research failure
		10 Develop/launch safer, cheaper and effective snail control technology	Research failure
	WASH/ Behavior change	11 Develop/launch effective vaccine	Research failure
		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

<http://eliminateschisto.org/resources.php>

<sup>1</sup> E.g. through social mobilization; <sup>2</sup> Applicable across species and risk settings; <sup>3</sup> E.g. abolish treatment holidays, expand adult treatment; <sup>4</sup> Prevalence among school-age children <10%, Socioeconomic progress and WASH with additional impact; <sup>5</sup> 10% ≤ prevalence among school-age children <50%; <sup>6</sup> Prevalence among school-age children ≥50%; <sup>7</sup> WHO estimates of population requiring PC (WER No 49/50, 2016)  
 Source: Schistosomiasis: Progress report 2001–2011 and Strategic plan 2012–2020, Anderson et al. (2016), Toor et al (2017), ESPEN, PCT, Team analysis

## Moving Schistosomiasis Out of the Red: Action Plan and Next Steps April 2018

The meeting agenda comprised a set of sessions covering previously identified key categories of the proposed action plan:



# Desired Outcome

**An endorsed Strategic Action Plan for schistosomiasis control and elimination and identification of key next steps in putting the plan into practice.**

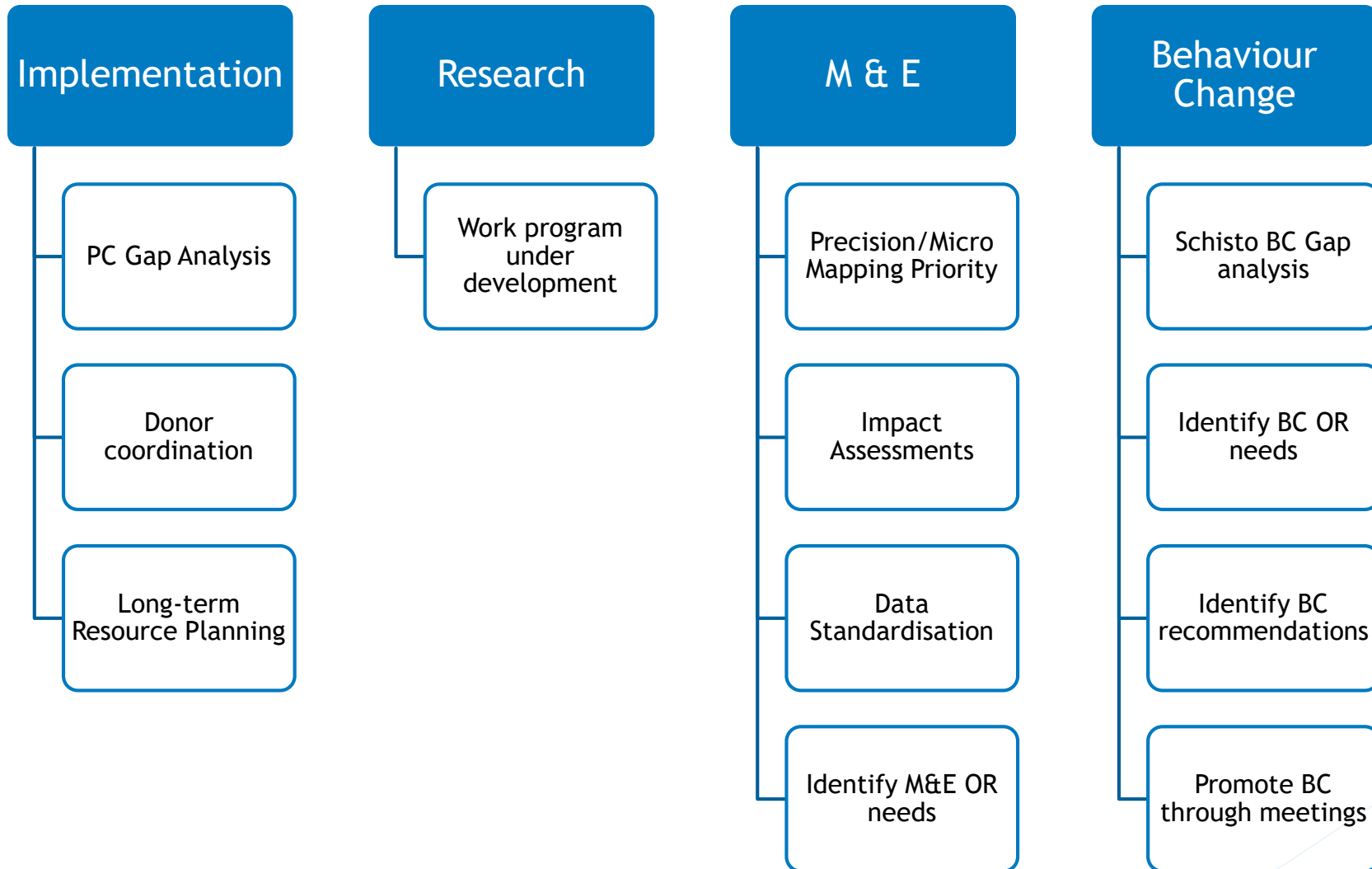
# Action Plan for Schistosomiasis

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

# Moving Schisto Out of the Red: Key Follow-up Actions

- ▶ Input into revised NTD Scorecard
- ▶ Revise the Action Plan
- ▶ Identify and prioritize topics of preferred Practices working through and building on efforts of ESPEN
- ▶ Morbidity study protocol
- ▶ Identify effective WASH interventions for schisto and how schisto data can help plan and deliver WASH programmes
- ▶ Work with WHO - strengthen the relationship
- ▶ GSA to house the Action Plan, with responsibility for updating, tracking progress and facilitating coordination

# Reconfiguring GSA Working Groups Activities





# Implementation Working Group

## Current Chairs



**Michael French**  
Senior Manager, Health Policy  
RTI, USA



**Alan Fenwick**  
GSA advisor and Founder of SCI  
UK

# Implementation Working Group

## Purpose



- ▶ To advance the agenda of the implementation of schistosomiasis control programs, in line with international targets on the control of schistosomiasis-related morbidity and, where appropriate, elimination.
- ▶ This is done through:
  - ▶ 1) being responsive to the needs of endemic countries;
  - ▶ 2) identifying ways to strengthen the implementation landscape
  - ▶ 3) coordinating the work of organisations supporting implementation of schistosomiasis programs

# Implementation Working Group Priorities and Next Steps



Identifying priority gaps in knowledge and operational approaches to achieving schistosomiasis control, and subsequently identifying ways to fill those gaps



Identifying current best-practice in implementation of MDA & relevant complementary strategies and sharing between partners



Working in partnership with WHO to guide and strengthen the development of treatment and survey guidelines and other documents



Linking with and supporting other working groups of GSA to strengthen implementation of surveys and other monitoring and evaluation



Identify synergies with STH coalition to advance shared agenda and goals



Providing an advocacy voice to groups working on schistosomiasis control and elimination

# Schistosomiasis in Africa: Improving strategies for long-term and sustainable morbidity control

Category of morbidity indicator	Urogenital schistosomiasis ( <i>S. haematobium</i> )	Intestinal schistosomiasis ( <i>S. mansoni</i> )
<b>Currently recommended primary measures [3]</b>	Prevalence of heavy infection ( $\geq 50$ eggs/10ml) measured via urine filtration	Prevalence of heavy infection ( $\geq 400$ eggs per gram of stool) via Kato–Katz thick smear testing
<b>Available alternatives:</b>		
<b>Point-of-care test prevalences</b>	Micro- and macrohematuria (blood in the urine)	Blood in the stool (including persistent bloody diarrhea)
	Proteinuria	Fecal occult blood
	Leukocyturia	Calprotectin in stool
	Anemia	Anemia
<b>Prevalence of chronic and/or anatomic findings</b>	Ultrasonography of bladder and ureters and genital organs	Ultrasonography of liver, spleen, portal branch, portal veins
	Palpation of bladder tenderness	Palpation of liver and spleen size
	FGS signs and symptoms score (vaginal discharge, bleeding after intercourse, genital itching, pelvic pain)	Ascites
	MGS signs and symptoms score (hemospermia, egg excretion in semen, prostatic enlargement)	
	Growth stunting (height for age)	Growth stunting (height for age)
	Abnormally low BMI (physical wasting)	Abnormally low BMI (physical wasting)
<b>Quantifiable functional morbidities among SAC</b>	Shuttle run test for exercise intolerance	Shuttle run test for exercise intolerance
	School attendance and behavior	School attendance and behavior
	Cognitive development	Cognitive development

**Abbreviations:** BMI, body mass index; FGS, female genital schistosomiasis; MGS, male genital schistosomiasis; SAC, school-aged children.

# Monitoring and Evaluation Working Group

## Current Chairs



**Fiona Fleming**  
Director of Monitoring, Evaluation  
and Research, SCI, UK



**Louis-Albert Tchuem Tchuente**  
National Coordinator for the Control  
of Schistosomiasis & Intestinal  
Helminthiasis  
Director of the Centre for  
Schistosomiasis and Parasitology  
Cameroon

# M&E Working Group

## Purpose

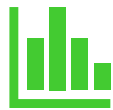


- ▶ To provide evidence-based M&E strategies and operational frameworks to guide the implementation of programmes to control and eliminate schistosomiasis.
- ▶ This is done through:
  - ▶ Action 2. Improve data quality and mapping to support targeting and tracking progress
  - ▶ Action 4.
    - ▶ Optimize MDA through operational research and adjustments based on existing research &
    - ▶ Introduce micro-targeting of MDA and other interventions at the community level
- ▶ Support partners and work on:
  - ▶ Action 6. Develop/introduce revised diagnostic (assay & method) for implementation
  - ▶ Action 9. Develop/introduce revised diagnostic approach for elimination certification

# M&E Working Group Priorities and Next Steps



Develop preferred practice/ operational framework for precision/micro mapping



Develop preferred practice/ operational framework for impact assessments



Identify appropriate diagnostics and sampling strategy tailored to epidemiological and programmatic setting



Identify operational research needed for precision/micro mapping and impact assessments



Promote data sharing with ESPEN and standardization of data by setting and goal



Advocate for research into practical measurable indicators and monitoring for complicated morbidity e.g. for FGS and severe schistosomiasis

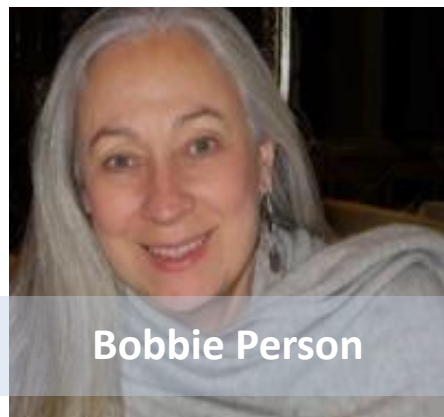
# GSA Behaviour Change Working Group

## Current Chairs



Willemijn Zaardnoordijk

**Willemijn Zaardnoordijk**  
Program Manager of the Praziquantel  
Merck, Switzerland



Bobbie Person

**Bobbie Person**  
Consultant-Experienced Behavioral  
Scientist, Qualitative Researcher,  
and Community Intervention  
Specialist,  
Namibia

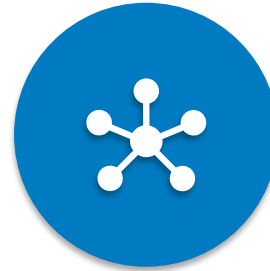


# Behaviour Change Working Group

## Purpose



To advocate and drive the integration of education and behaviour change into existing and new schistosomiasis control and elimination programmes.



To become the referenced convening platform for practitioners of schistosomiasis-related education and behaviour change projects and programmes.



To assemble existing materials, protocols and processes and identify operational gaps.



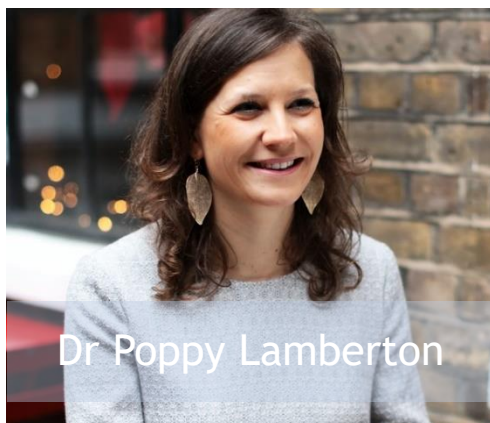
To deliver new tools and guidance for education and behaviour change practitioners.

# Behaviour Change Working Group Priorities and Next Steps

- ▶ Identify Gaps in schistosomiasis Behaviour Change
- ▶ Consolidate best-practices, strategies, research, implementation and evaluation in Behaviour Change and Health Education
- ▶ Identifying existing measurable, specific indicators and tools for schistosomiasis behavioural change for M&E
- ▶ Advocate for value of integrating behaviour change and health education strategies in schistosomiasis & NTD control and elimination programmes.
- ▶ Cooperating with other disease-specific groups (STH Coalition, Trachoma) and cross-cutting groups (NNN, WASH Working Group)
- ▶ Investigating technology-based solutions to improve sensitization or promote behavioural change.

# GSA Research Working Group

## Current Chairs



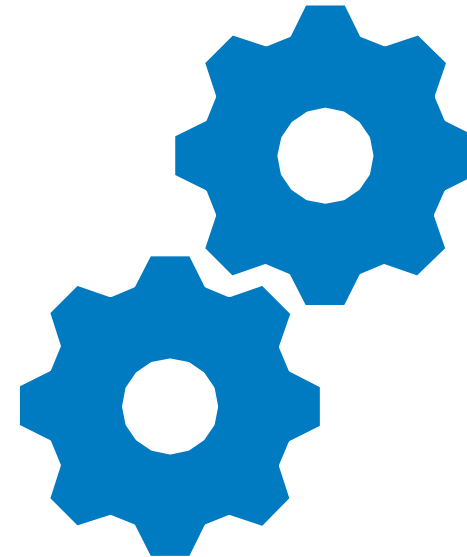
**Dr Poppy Lamberton**  
Senior Lecturer and Lord Kelvin  
Adam Smith Leadership Fellow  
Institute of Biodiversity Animal  
Health and Comparative Medicine,  
University of Glasgow, UK



**Dr Jutta Reinhard-Rupp**  
Head of Merck Global Health  
Institute  
Merck Group, Germany

# Research Working Group Priorities and Next Steps

- ▶ Identify Operation Research needs:
  - ▶ Diagnostics, surveillance and vector control
  - ▶ Schistosomiasis in pre-school-aged children, morbidity and treatment
  - ▶ Female Genital Schistosomiasis morbidity, diagnosis and treatment
  - ▶ Other
- ▶ Discussion welcome!



# 2018 Advocacy

## Multi-lateral organisations & Networks

- Work with WHO AFRO and ESPEN
- Work with international networks including Uniting to Combat NTDs and NTD NGO Network

## Topical Issues

- Advocate for a focus on FGS, Behaviour Change, Snail Control & WASH

## Resource mobilisation

- Interact and encourage non-conventional partners
- Liaise with End Fund, DFID & USAID & Gates Foundation

## Tools, Kits & Resources

- Promote the use of NTD Deliver, Donor Coordination Tool & FGS Pocket Atlas, Envision tool kit & upcoming WASH-NTD toolkit



Wormzilla makes re-appearance at G20 Health Ministers' Meeting in Berlin 2017



2017 "The people #MakingSchistory" report is published and shared



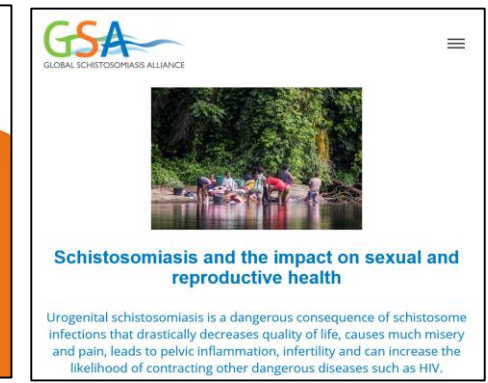
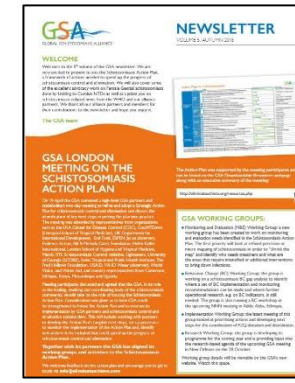
Worked with Uniting to Combat NTDs with development of material on FGS for EDD & AIDS conference

## Action Plan for Schistosomiasis

Category	Actions
Disease control and elimination	<ol style="list-style-type: none"> <li>1 Delivery – achieve full scale-up of treatment coverage among populations</li> <li>1 Ensure treatment is reaching all populations at risk, particularly preschool children and women at risk of female genital schistosomiasis</li> <li>ii Achieve better donor coordination</li> <li>iii Improve support for supply chain (with a focus on ensuring full utilization)</li> <li>iv Improve reporting on distribution, leveraging new tools</li> </ol>
	<ol style="list-style-type: none"> <li>2 Improve data quality and mapping to support targeting and tracking program</li> <li>3 Improve compliance by strengthening social mobilization, improved Behavior Change Communication</li> </ol>
	<ol style="list-style-type: none"> <li>4 Optimize MDA through operational research and adjustments based on evidence</li> <li>4 Introduce micro-targeting of MDA and other interventions at the community level</li> <li>4 Broaden MDA<sup>1</sup> to additional populations and/or increase frequency to increase coverage</li> </ol>
	<ol style="list-style-type: none"> <li>5 Sustain drug efficacy by identifying markers of resistance and establishing surveillance systems</li> </ol>
	<ol style="list-style-type: none"> <li>6 Develop/introduce revised diagnostic (assay and method) for implementation</li> </ol>
	<ol style="list-style-type: none"> <li>7 Develop/introduce evidence-based risk reduction strategies</li> </ol>
	<ol style="list-style-type: none"> <li>7 Develop/introduce evidence-based risk reduction strategies</li> </ol>

Engaged stakeholders for coordinated Schistosomiasis Action Plan

# Communications



## NEW GSA WEBSITE LAUNCHED!

TO CATER TO STAKEHOLDER NEEDS AND PROMOTE SCHISTO NEWS AND INFORMATION SHARING.



## USE COMMUNICATION TOOLS TO STREAMLINE INTERNAL AND EXTERNAL COMMS FOR STAKEHOLDER ENGAGEMENT



## USE SOCIAL MEDIA, PRINTED MEDIA TO PROMOTE SCHISTO NEWS, RESOURCES AND TOOLS FROM GSA PARTNERS AND STAKEHOLDERS

## Other recent meetings promoting GSA activities and the Action Plan

- ▶ ESPEN programme Managers Meeting - side meeting with ESPEN/WHO “When Where and How can Schistosomiasis be eliminated”. Rwanda 20 July
- ▶ International Schistosomiasis Meeting Brazil
- ▶ Regional Network for Asian Schistosomiasis / Surveillance -Response Systems leading to Tropical Diseases Elimination. Shanghai June 25-26
- ▶ NNN 2018 Addis Ababa, Ethiopia 24-26 September
- ▶ Strengthening the evidence base on schistosomiasis micro-mapping. Oxford 29 and 30<sup>th</sup> August 2108



# Next steps

- ▶ Promote and further develop the Schistosomiasis Action Plan. Meeting for stakeholders
- ▶ Develop a future focused road-map and plan for GSA to enable the housing and collective execution of the Action Plan
- ▶ Maintain and build on the momentum within each of the Working Groups ensuring outputs are achieved.
- ▶ Explore subject areas that may benefit from a Working Group/Task Force e.g. snail control
- ▶ Prioritize greater involvement from partners in endemic regions
- ▶ Increase opportunities for training and capacity building
- ▶ Promote and assist countries transitioning from morbidity control to elimination
- ▶ Work with and support ESPEN, WHO and all GSA Partners to achieve our common goals





# Thank You!

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