Soil-transmitted helminthiasis (STH, or intestinal worms) is caused by a group of intestinal parasites that thrive in places where the soil is warm and humid, and sanitation is poor. The most common STH-causing parasites are roundworm, whipworm, and hookworm. People become infected after they come in contact with soil contaminated with the parasites’ eggs. STH reduces the body’s ability to absorb nutrients and vitamins, which exacerbates malnutrition, and leads to anemia, increased susceptibility to other infectious diseases, stunted growth, and impaired intellectual development. Symptoms of STH become more evident as the worm load in an infected person increases. STH is a poverty-related disease, linked to broader community development challenges, which severely limits the ability of those infected to live full and productive lives.

**How many people are affected and where?**

STH affects the most vulnerable communities in tropical and subtropical countries where sanitation is inadequate. As many as 1.5-2 billion people living in the poorest communities of Africa, Asia, the Americas, and the Pacific are at risk of STH.

> 876 million at-risk children worldwide

Of those at risk of STH, over 876 million are children, who are more susceptible due to their frequent exposure to contaminated environments, such as during play. More than 65% of the children needing treatment live in the 10 highest-burden countries, in Africa and Asia.

**Can it be prevented and/or treated?**

STH can be effectively treated with the drugs albendazole or mebendazole.⁴ As reinfection occurs frequently in settings where access to water and sanitation is limited, these deworming drugs must be provided regularly to at-risk populations, particularly preschool-age and school-age children. Preventive measures in at-risk communities include improving access to sanitation facilities and clean water, as well as educating people in personal hygiene (known collectively as Water, Sanitation, and Hygiene, or WASH).

**What strategies are in place to achieve the WHO Roadmap targets for STH?**

Regular mass drug administration (MDA) to children of donated or purchased mebendazole and albendazole is a key component of STH control programs. Since 2013, global efforts have increased to begin MDA, and – where it has already commenced – to expand its scope, especially in the 10 highest-burden countries, in an effort to reach the 75% coverage target by 2020.

**Did you know?**

STH is the most common parasitic disease affecting humans worldwide, and is one of the leading global causes of stunted growth in children

Read more about STH at [www.unitingtocombatntds.org](http://www.unitingtocombatntds.org)

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⁴ Generously donated for deworming of school-age children as follows: albendazole by GSK, and mebendazole (under the brand name Vermox®) by Johnson & Johnson.
**Global MDA coverage on track to meet 2015 WHO Roadmap target**

The achievements in combating STH globally have been enormous, with increases in drug supplies and delivery — along with improved collaboration amongst partners — ensuring that efforts are on target to reach 50% treatment coverage for all at-risk children by 2015. In the coming years, STH programs will need to focus on building on this momentum and boosting coordination to scale up treatments even further, in order for the 2020 target of 75% coverage to be met.

**Mass drug administration**

Drug treatments are the cornerstone of STH programs, and the number of treatments supplied and delivered annually has increased rapidly in recent years. Since 2010, pharmaceutical donors have donated nearly 700 million treatments of albendazole and mebendazole to support deworming of school-age children, and are committed to continuing to provide a significant proportion of the drugs needed to help meet global targets.

**396 million at-risk children treated worldwide in 2013**

From 2008 to 2013, the number of children treated annually for STH nearly doubled. In 2013, 396 million children were treated. Of these, 254.3 million were school-age children, for a coverage of nearly 40% in this age group.

Based on this achievement, global MDA efforts are on track to meet the WHO Roadmap target of regular treatment of 50% of the world’s at-risk school-age children by 2015.

In terms of preschool-age children, improved collaboration and reporting between UNICEF and the WHO saw an impressive increase in treatment coverage.

**Global coordination of partners**

In 2013, 141.7 million preschool-age children were reported to have been treated, representing around 50% of the world’s at-risk population in this age bracket – a significant increase from 2012, when only 28% were reported treated, bringing coverage in line with the WHO Roadmap target for 2015.

As at 2013, nearly three-quarters of all countries where treatment is needed, including 7 of the 10 highest-burden countries, were actively carrying out deworming programs.

**Key challenges:** Despite the success in reaching greater numbers of at-risk children worldwide, MDA needs to be scaled up in the coming years to meet the WHO Roadmap target of regularly treating 75% of all at-risk children in 100% of endemic countries by 2020, with only 27% of endemic countries currently reaching this level of coverage. More coordinated processes for reporting drug coverage across different drug delivery platforms are also required to support monitoring of progress towards these targets.

**Priority for progress**

- MDA for at-risk children needs to be significantly and urgently scaled up.
- The impact achieved by MDA needs to be sustained through WASH interventions.
- Scale-up of all STH control activities requires increased collaboration with relevant sectors to harness the resources, commitment, goodwill, and skills of all partners.

**Global MDA coverage on track to meet 2015 WHO Roadmap target**

The achievements in combating STH globally have been enormous, with increases in drug supplies and delivery — along with improved collaboration amongst partners — ensuring that efforts are on target to reach 50% treatment coverage for all at-risk children by 2015. In the coming years, STH programs will need to focus on building on this momentum and boosting coordination to scale up treatments even further, in order for the 2020 target of 75% coverage to be met.