

INCREASED COLLABORATION ON TRACKING STH SHOWS PROMISE ON PROGRESS

Soil-transmitted helminthiases (STH) infect over one billion people globally and are related to a high public health burden. WHO recommends the use of preventive chemotherapy (PCT) of high risk groups to control STH-related morbidities. Preschool-age children (pre-SAC) are an important target group for STH control with PCT in the WHO strategic plan on ‘Eliminating Soil-Transmitted Helminthiases as a Public Health Problem in Children.’ This plan defines the future global pre-SAC and school-age coverage targets of 40% by 2013, 50% by 2015 and 75% by 2020.

WHO tracks progress to global coverage targets through its Preventative Chemotherapy and Transmission Control databank that combines coverage information from numerous partners and delivery mechanisms. According to this databank, global pre-SAC PCT coverage progressively declined from 37% in 2010 to 31% in 2011 and 25% in 2012. Initial coverage estimates for 2013 indicated that 24% of children requiring PCT for STH were reached. WHO and its partners recognize that not all countries requiring preventative chemotherapy for STH reported data to the databank. In particular, data from Child Health Days, which are biannual events delivering a package of child health interventions to pre-SAC, appeared to be incompletely captured. In these events, vitamin A supplementation and deworming are among the most common interventions.

To address the reporting gap for deworming delivered through Child Health Days, UNICEF launched a global reporting exercise linked to UNICEF’s well established reporting system for global vitamin A coverage. The deworming coverage data obtained through this reporting mechanism was subsequently checked to avoid double counting and then merged with 2013 data already reported in the PCT databank.

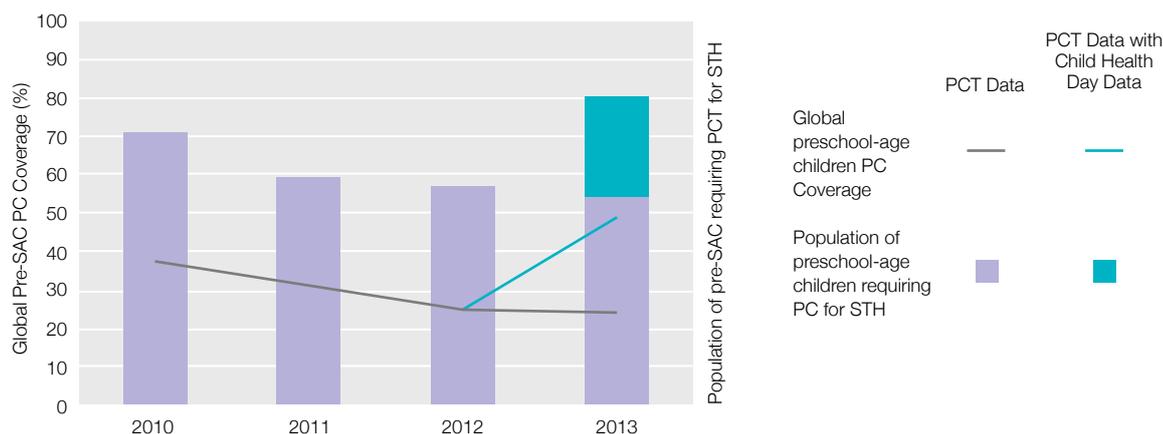
With this additional data, the global 2013 pre-SAC reported coverage increased from 24% to 49%, thus surpassing the 2013 coverage milestone and showing

that the coverage target for 2015 (50%) is achievable. Additional data from 8 countries are presently under evaluation, and the global coverage may therefore further increase. South-East Asia exhibited the highest regional pre-SAC PCT coverage in 2013 with 60%, followed by Africa (49%) and East Mediterranean (37%). Pre-SAC PCT coverage in Europe (12%) was the lowest. Coverage data are available from 80% of total pre-SAC population; however, there are still 57 countries where PCT is recommended but where no coverage data are reported. Given that Child Health Days (CHDs) delivered nearly half of all pre-SAC treatments in 2013, the strategic importance of this delivery mechanism for reaching this age group is clear. UNICEF plans to repeat and further extend the PCT coverage reporting for CHDs in subsequent years. With its partners, UNICEF also continues its support to governments to strengthen drug procurement and supply management, improve data systems, and reach the underserved. With the phase out of national poliomyelitis immunization days, efforts to institutionalize CHDs will require particular attention to maintain and further expand global pre-SAC PCT coverage levels.

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Figure 1: Global coverage of preventive chemotherapy among preschool-age children for soil-transmitted helminthiases and population covered in global preventive chemotherapy and transmission control databank, 2010-2013



Unprecedented collaboration by Non-Governmental Development Organizations (NGDOs) in the fight against NTDs

NGDOs support global and national NTDs programs by catalyzing action towards national ownership; connecting formal health systems with communities; undertaking and disseminating research; building technical capacity; brokering relationships across sectors; and supporting effective program delivery models at the community level that can be scaled up.

The Neglected Tropical Disease NGDO Network (NNN) is a forum for non-governmental development organizations (NGDOs) working to control or eliminate NTDs at the community level. The forum provided by NNN promotes coordination and collaboration for successful implementation of all the NTDs' activities.

Scale-up of MDA campaigns is vital to achieving elimination and control targets. Just as important is prevention (e.g., provision of water and sanitation facilities and hygiene education) to break the cycle of transmission. Equally important is morbidity management to mitigate the consequences of diseases that affect the poorest of the poor.

Recognizing that treatment, prevention, and morbidity management are all core components of successful NTD programs, NGDO members established the following cross-cutting working groups at the 2014 NNN annual meeting, where a record number of 70 organizations came together and as result, set up the following groups:

- **Morbidity management and disability** Working Group. This working group will collaborate with WHO on preparing comprehensive guidance on these issues and how to incorporate them as part of overall program strategies.
- **Water, Sanitation, and Hygiene (WASH)** Working Group. This working group will promote the inclusion of WASH activities in NTD programs and advocate to policy makers, planners and funding partners, the importance and impact of WASH on NTD outcomes.

At the 2015 annual meeting in September, the NNN will consider additional crosscutting issues: identifying strategies for effective vector control and measuring the impact of elimination and control of NTDs on the Sustainable Development Goals.

Morbidity Management and Disability: Ensuring no one is left behind

New tools are now available to ensure that those who suffer from the effects of NTDs can be reached with compassionate care. Millions of people live with the physical, psychological and social implications of Neglected Tropical Diseases and for many, disability is an everyday reality. Morbidity management and disability (MMD) interventions can have a clear and often immediate impact on the lives of the people affected by these diseases of poverty.

A central pillar of the post-2015 discussions has been the call to "leave no one behind". This means that **no international target or goal, including those linked to NTDs, can be considered met unless it is met for all social groups, including people with disabilities.** NTD programs are a way to translate the leave no one behind principle into practice.

Global collaborative efforts to eliminate NTDs have had a strong focus on preventive chemotherapy through mass drug administration. From the perspective of a person affected by NTDs however, a comprehensive response does not merely mean the absence of disease but functional recovery that allows a person to perform their everyday activities and ensures they can participate fully in their community. Effective NTD management of MMD preserves vision, promotes mobility and empowers, while assuring health, education, work, community life, water and sanitation are available and accessible.

Scaling up interventions for NTD-related morbidity and

An empowering approach

American Leprosy Mission developed a teaching guide and summary cards to address 10 cross-cutting issues common to many NTDs and other health conditions. The updated version is expected to be available in September 2015 and can be found at www.leprosy.org. Some module topics covered include: suspecting and treating disease and health conditions early; practicing good personal and household cleanliness, using footwear, caring for eyes, care to prevent movement limitations and adequate management of edema and wounds. As basic care at the community level is strikingly similar across diseases, these modules will enable people affected, communities and health workers to identify and address common problems early, know when and where to refer, and understand how to monitor results. It encourages ownership and a person-centered, problem-based approach to learning where the trainer/facilitator becomes a "coach".

disability will reduce the burden of many NTDs and fill critical gaps in disease management.

For the NTD community, the outcome of the post-2015 dialogues on what will replace the MDGs when they expire is critical. The NTD community hopes not only to see NTDs recognized as a health and development priority alongside other infectious diseases, but also to see increased recognition of disability within a new framework.