WHO DRAFT 2030 STH TARGETS: STH COALITION SURVEY ANALYSIS & REPORT

INTRODUCTION

Goal: The purpose of this survey, conducted in November of 2018, was to share and gather STH Coalition members' input on the 2030 STH targets, drafted by WHO and the STH Advisory Committee (STHAC) at their 2018 meeting in Basel. The draft targets will be shared with the WHO M&E Work Group in February 2019, then with the WHO Strategic and Technical Advisory Group (STAG) in April, and later with the WHO members States and Regional offices before finalization. CWW, as the secretariat to the STH Advisory Committee (STHAC) and Coalition, seeks to contribute to this process by giving the community an opportunity to review key global policy and strategy documents for input.

METHODS

Tools: anonymous, web-based survey using the Survey Monkey platform.

Electronic Survey sent: November 9, 2018

Survey Recipients: 202 STH Coalition members, donors and WHO representatives working in STH

*The full survey can be found here.

ANALYSIS PLAN:

1. **Respondent Information:** The survey begins with two questions about the nature of respondents' work

2. **Level of Agreement:** The possible responses for Questions 2.1 - 3.4 on "level of agreement" were: "Strongly Agree, Agree, Neutral, Disagree, or Strongly Disagree". For the purposes of this analysis, this has been simplified to Agree, Neutral, and Disagree for a clearer understanding of sentiment.

3. **Feedback on Draft Targets**: Questions (2.1-3.4) were asked of the respondents regarding the drafted targets. Each target was given a dedicated question. They were then asked to provide written feedback, which allowed them an opportunity to be specific about their thoughts and questions about each target. The analysis of qualitative comments is below:

4. **Text Responses:** These were grouped into four categories as described below:
    a. **Feasibility of Target**: reflects both the achievability of each target as well as questions concerning whether the target/indicator is measuring the appropriate program factor.
    b. **Needs more evidence**: Responses in this category indicated the need for a stronger evidence base for the targets and indicators.
    c. **Unclear definitions**: eludes to comments made about the absence of a universal definition of a term, asks for more clarity, or that more guidance is needed.
    d. **General Positive**: reflects positive sentiment in the comments supportive of the proposed target and measures

5. **Overall Satisfaction:** Questions 4.1-4.3 ask respondents to offer their feedback on the tools and resources that are provided to them. Respondents were asked to indicate their thoughts on needed revisions to each document/tool.
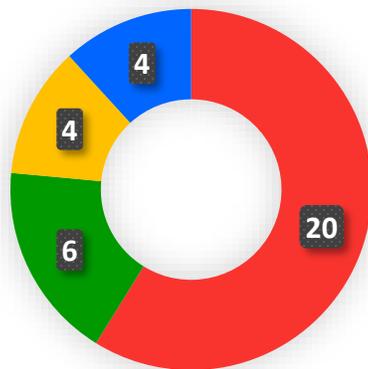
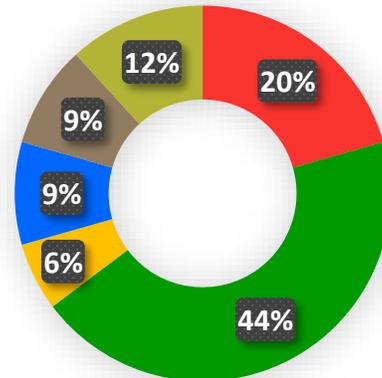## RESULTS

Response rate: 17% (34/202)

Total Comments: 73

RESPONDENTS' INFORMATION

Describe the level of your work

- 🟥 Global Level
- 🟩 National Level
- 🟨 Regional Level
- 🟦 Sub-national Level

(Global Level: 20, National Level: 6, Regional Level: 4, Sub-national Level: 4)

Describe your affiliated organization

- 🟥 Research — 20%
- 🟩 NGDO — 44%
- 🟨 MOH-National NTD/STH Program — 6%
- 🟦 NTD Program Implementing Partner — 9%
- ⬜ Donor — 9%
- (12%)

Q2.1: SDG TARGET (N=29)

The SDG 3.3.5 target goal is: Reducing "the number of people requiring interventions against neglected tropical diseases"

Proposed WHO target: progressive reduction in the number of people requiring treatment for STH.

Proposed indicator: reduction by 50% in the number of treatments needed for STH control in 2030 compared to 2020.

Question: Indicate your level of support for the proposed target and indicator.

Level of Agreement
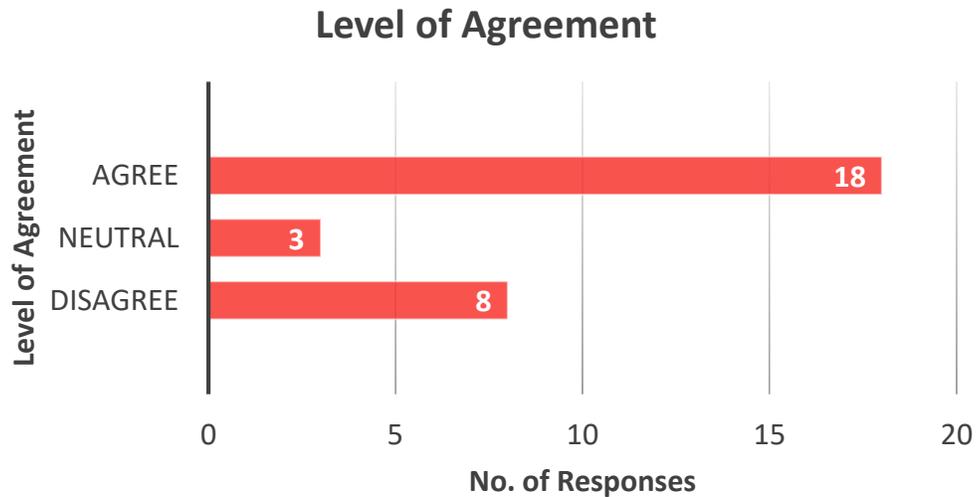
This target was drafted with the goal of aligning STH community's targets with the SDG targets. The mentioned target is to reduce the number of people who need interventions against any NTD, expressly STH. The proposed indicator for this target is the number of treatments requested by countries via WHO.

Result: 62% of respondents agree with this target and indicator, 20% disagree.

COMMENT CATEGORIZATION (N=17/29)

- Feasability of target
- Unclear definitions
- Need more evidence
- General positive

TOP CONCERN:
FEASIBILITY OF TARGET

SELECTED COMMENTS

"This indicator would mean that the number of treatments was reduced because the prevalence of under 20% has been met? I think that this proposed indicator

implies that we have information on the status of that population with respect to the prevalence of infection with STH."

"What is the target of reduction by 50% based on?"

"the indicator (number of treatments) is not on the same scale as the target (number of people requiring treatment); while the former is about population at risk the latter is about coverage. To me the indicator should be on the same scale"

Q2.2: THE CURRENT WHO THRESHOLD (N=29)

Proposed Target: The current WHO threshold for STH elimination as a public health problem

Proposed Indicator: defined as <1% prevalence of moderate to high intensity infections (MHII).

Question: This threshold is an appropriate indicator to guide the decision of a national control program.

Level of Agreement
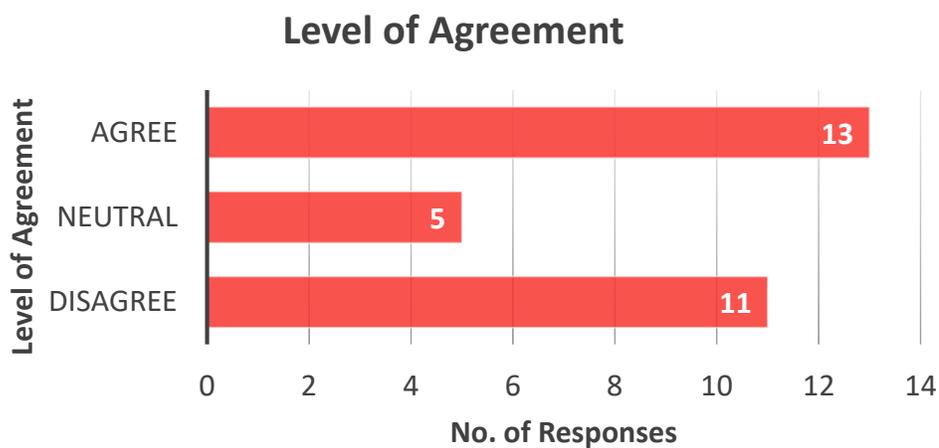
Result: 45% agree that the current threshold is an appropriate indicator to guide the decision of a national control program, while 38% disagree.

COMMENT CATEGORIZATION (N=15/29)

- Feasability of target — 40%
- Unclear definitions — 33%
- Need more evidence — 27%

TOP CONCERN: FEASIBILITY OF TARGET

SELECTED COMMENTS

"MHII has been shown to be quite low in numerous places where prevalence can be very high (>80%). This must be accompanied with a prevalence indicator."

"What is lacking is the guidance on what decisions are appropriate when this benchmark is realized. Current WHO decision trees and the body of existing evidence are not robust enough to guide countries to practical next steps."

"This is a challenging indicator for programs to measure."

Q3.1: ELIMINATION OF MORBIDITY (N=27)

Proposed WHO target: elimination of STH morbidity by 2030 (to be confirmed by epidemiological studies).

Proposed indicator: ≤1% prevalence of moderate to high intensity STH infection (MHII) in 75% of endemic countries by 2030.

Question: Please indicate your level of agreement with the proposed target and indicator.

Level of Agreement
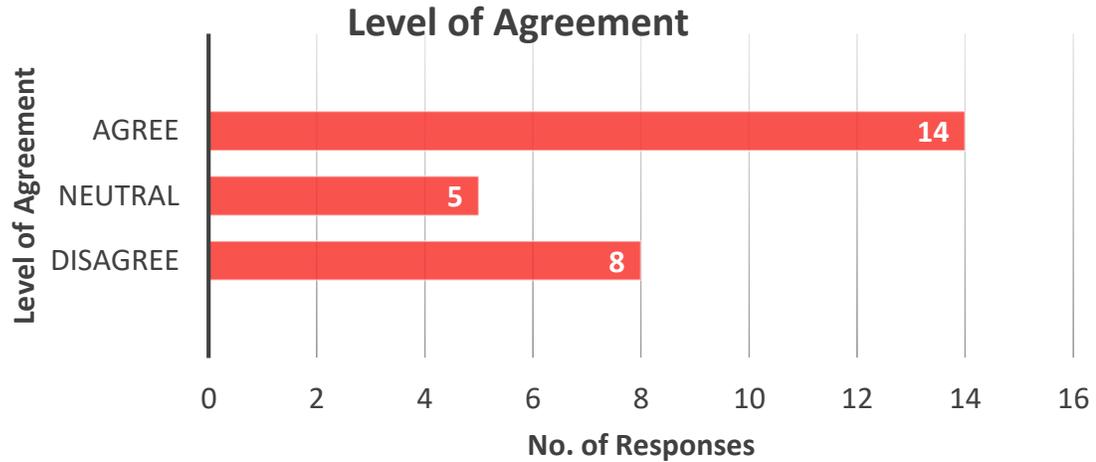
Result: 52% of respondents are in agreement with this target. 30% disagree or have concerns.

COMMENT CATEGORIZATION (N=12/27)

Legend:
- Feasability of target
- Unclear definitions
- Need more evidence

TOP CONCERN:
UNCLEAR DEFINITIONS

SELECTED COMMENTS

"There is currently no clear definition of STH morbidity to measure its reduction/ elimination."

"The target and indicator don't seem to align. How can you eliminate STH morbidity, but then only achieve <1% in 75% of endemic countries?"

"Impact of programs on STH-associated morbidity needs to be measured by changes in morbidity outcomes and not on prevalence of intensity of infection profiles."

Q3.2: FINANCIAL SUSTAINABILITY (N=27)

Proposed WHO target: Financial self-support in countries that eliminated morbidity.

Proposed indicator: 75% of the countries that eliminated STH morbidity are independently supporting the preventive chemotherapy (PC) activities needed by 2030.
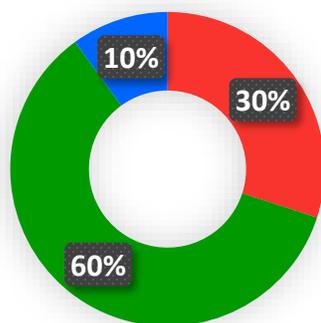
Question: Please indicate your level of agreement with the proposed target and

Level of Agreement

Level of Agreement	No. of Responses
AGREE	12
NEUTRAL	7
DISAGREE	8
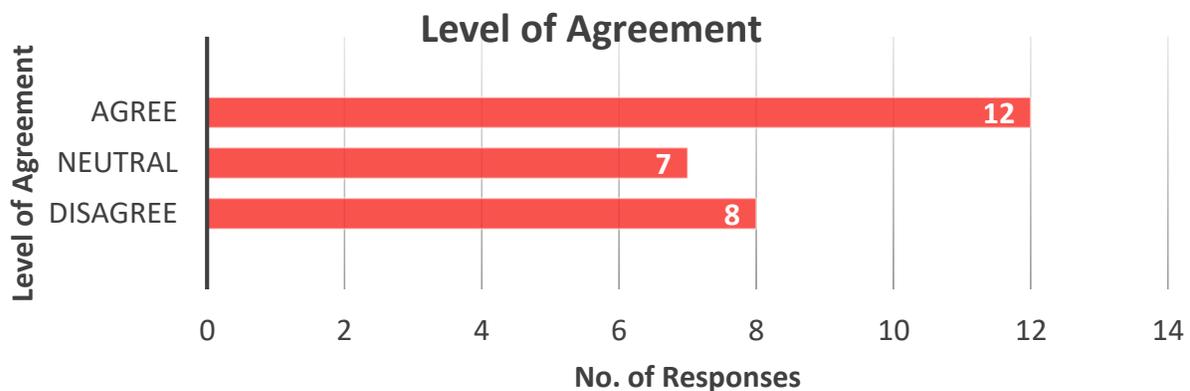
indicator.

Result: 44% agree with this target (50% of these were respondents from NDGOs). 30% disagree (50% of these were respondents from research institutions)

COMMENT CATEGORIZATION (N=10/27)

- Feasability of target — 30%
- Unclear definitions — 60%
- General positive — 10%

TOP CONCERN:

UNCLEAR DEFNITIONS

SELECTED COMMENTS

"What is "eliminated morbidity"? The concept of financial self-support is very important but there needs to be clear guidance and a more gradual work-up to this than trying to achieve 75%"

"I don't know what that means to be "independently supporting." Do they buy all the drugs? Are they supporting the program from taxes only, meaning no external support?"

"If this is specific and restricted to "PC activities" in these countries, closer to fine. It should be carefully described so as not be conflated with "STH control activities" on the whole"

Q3.3: WOMEN OF REPRODUCTIVE AGE (N=27)

**Proposed target**: elimination of STH morbidity by 2030 (to be confirmed by epidemiological studies).

Proposed indicator: ≤1% prevalence of moderate to high intensity STH infection (MHII) in 75% of endemic countries, by 2030.

Question: Please indicate your level of agreement with the proposed target and indicator.
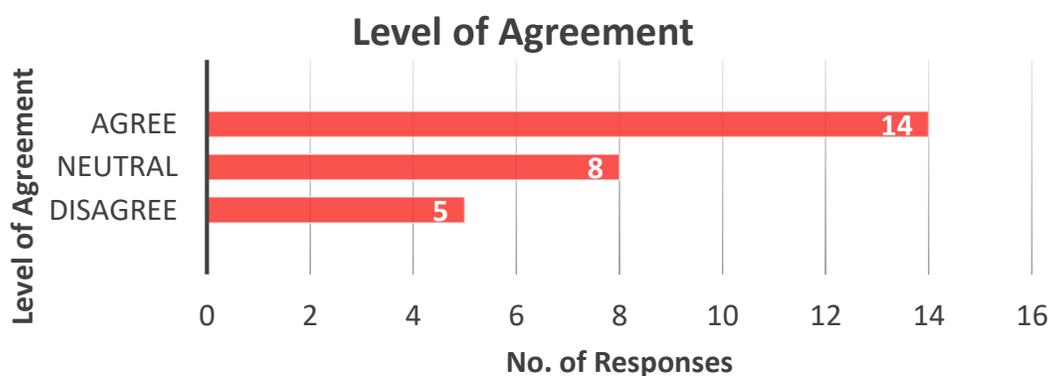
Result: 52% of respondents agree with this target, while 19% disagree. The top concern expressed was one of feasibility.

COMMENT CATEGORIZATION (N=11/27)

9%
36%
55%

- ■ Feasability of target
- ■ Unclear definitions
- ■ Need more evidence
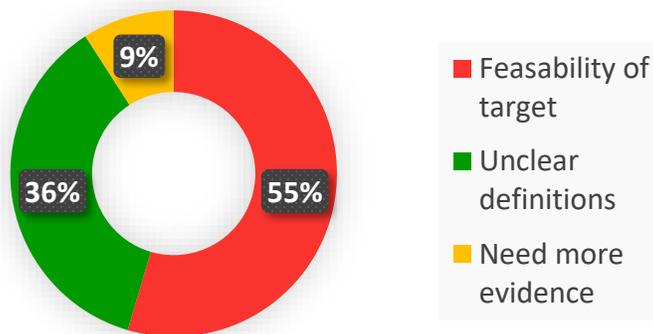
TOP CONCERN:

FEASIBILITY OF TARGET

SELECTED COMMENTS

"I don't know if 75% is realistic. Who would need to pay for the baseline mapping? The countries? Would it require some time to change the drug donations to allow treating pregnant women too?"

I don't think as yet there is clear guidance on whether SAC can be a proxy for measuring STH in [Women of Reproductive Age] WRA - this target sounds as though it is surveying the WRA. This may be unaffordable for many countries. Also, without evidence for cost-effective platforms there may be insufficient donor interest in reaching this cohort. There may be some intermediary OR steps first to demonstrate how this can be done at scale."

"If you said the target was elimination in 75% of countries and the indicator was <1% MHII, that would make more sense."

Q3.4: STRONGYLOIDIASIS (N=27)

Proposed target:

1. Availability of generic Ivermectin at affordable price for the treatment of Strongyloidiasis by 2020 Proposed target

2. Combination of Ivermectin and a benzimidazole for preventive chemotherapy for STH in 50% of the *S. Stercoralis*-endemic countries by 2030

Proposed Activities:

1. identification of *Strongyloides stercoralis*-endemic areas worldwide

2. Definition of the need of treatment (including treatment thresholds)

3. Quantification of global Ivermectin need (including for scabies)

4. Support on pre-qualification or registration from generic producers.

Question: Please indicate your level of agreement with the proposed target and

Level of Agreement

Level of Agreement	No. of Responses
AGREE	20
NEUTRAL	6
DISAGREE	1
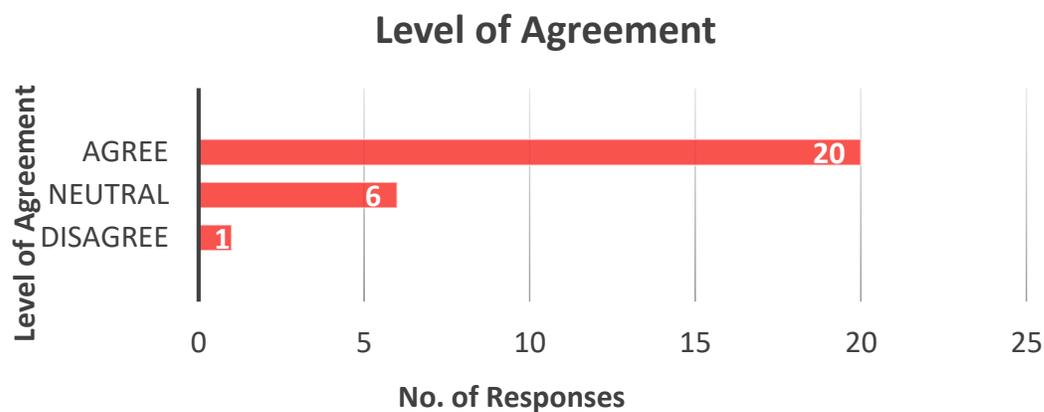
surrounding activities.

Result: 74% of respondents agree on the inclusion of *S. stercoralis* in STH programming, and that generic Ivermectin should be made available for countries to purchase in endemic areas.

COMMENT CATEGORIZATION (N=10/27)

- Feasability of target
- Unclear definitions
- General positive

40% · 30% · 30%
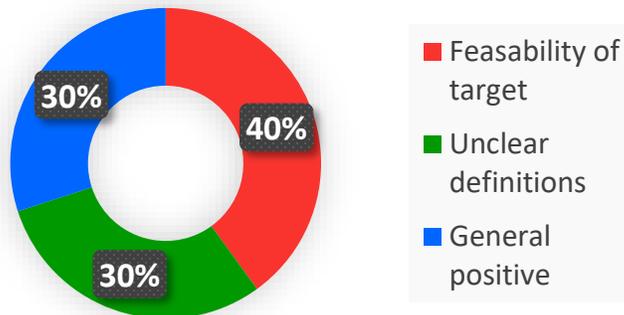
TOP CONCERN:

FEASIBILITY OF TARGET

SELECTED COMMENTS

"I don't see how the activities align with the target."

"This target is not clear; does it mean that the combination is available / an option in those countries? actually used in those countries? administered to a certain proportion of people at risk?"
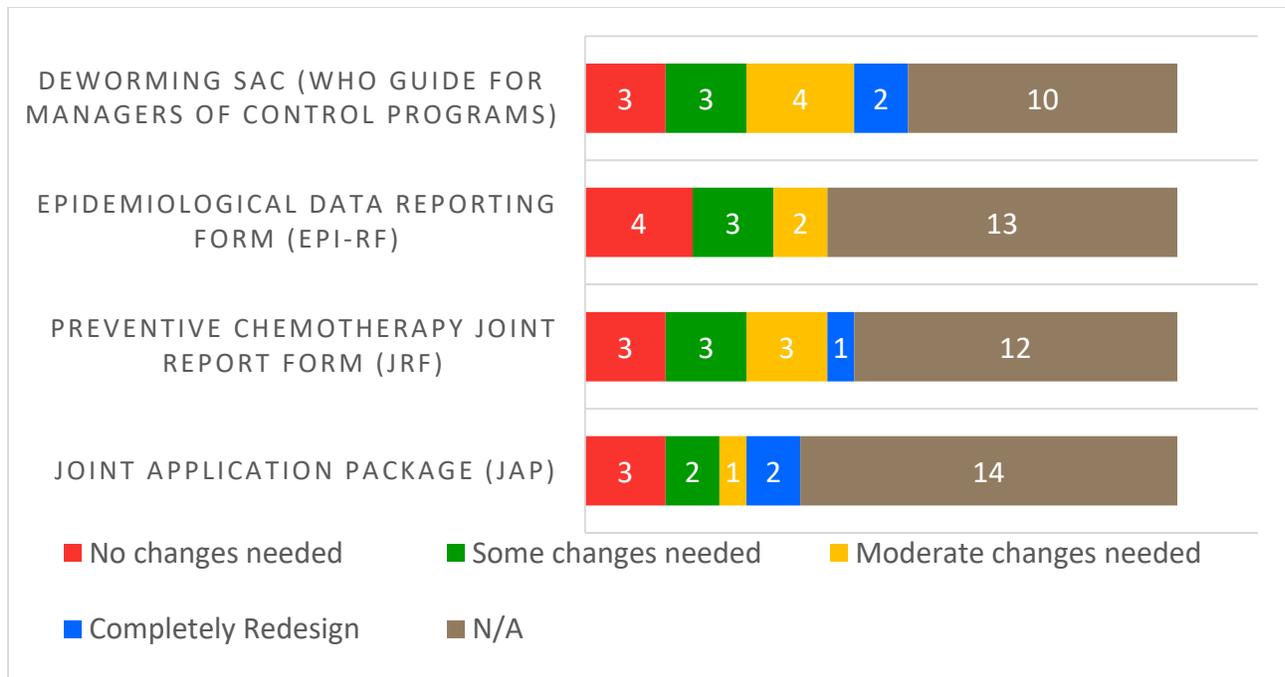
"How will the market be assured for these generic manufacturers? Are we going to emphasize local manufacture?"

QUESTION 4.1 – 4.2: OVERALL SATISFACTION

The following two questions allowed survey respondents to provide feedback on their satisfaction regarding the tools, forms, and guidance that they receive for their STH programming.

Q4.1: WHO REPORTING FORMS FOR NATIONAL STH PROGRAMS (N=22)

Question: Please indicate the level of change you recommend to each resource, if any.

	No changes needed	Some changes needed	Moderate changes needed	Completely Redesign	N/A
DEWORMING SAC (WHO GUIDE FOR MANAGERS OF CONTROL PROGRAMS)	3	3	4	2	10
EPIDEMIOLOGICAL DATA REPORTING FORM (EPI-RF)	4	3	2		13
PREVENTIVE CHEMOTHERAPY JOINT REPORT FORM (JRF)	3	3	3	1	12
JOINT APPLICATION PACKAGE (JAP)	3	2	1	2	14

Deworming SAC (WHO Guide for Managers of Control Programs): 41% of respondents advocate some change to the resource

Epidemiological Data Reporting Form (EPI-RF): 22% of respondents advocate some change to the form

Preventive Chemotherapy Joint Reporting Form (PC-JRF): 32% of respondents advocate some change to the form

Joint Application Form (JAP): 23% of respondents advocate some change to the form

SELECTED COMMENTS

Deworming Guide SAC

"Needs to be updated, and to reflect treatment of PSAC and WRA"

"Clear guidance on behavior change and WASH."

"The current guide needs to be updated in the framework of the new recommendations, new challenges, new SDG, etc."

EPI-RF

"If an online platform is not available, the EPI-RF needs to be modified to include the information required to include WRA data."

JAP

"allowing sub-district level data entry into the form"

"Flexibility of the age group during reporting."

"It is time to move to an online application system. The current information must be modified to include target population for WRA, other drugs such as Ivermectin for Strongyloides."

PC-JRF

"It is difficult to calculate treatment numbers according to the packages of drugs delivered. The overlap is difficult to calculate when sub-districts within a district have different treatment targets."

"JRF needs to be modified to include the information required to include WRA"

Q4.2: OVERALL SATISFATION (N=22)

Question: Are you satisfied with the timeliness and content of policy guidance and other updates issued by WHO, and how they reach you/ your organization?
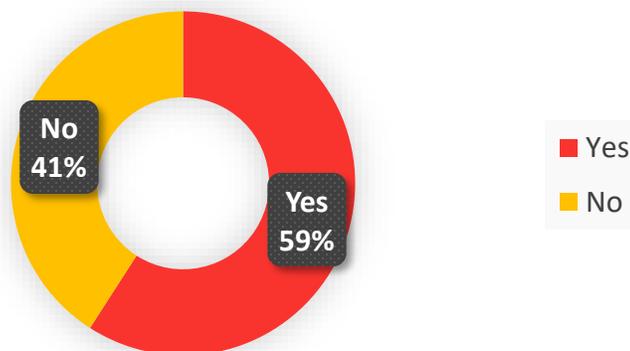
SELECTED COMMENTS

"There needs to be consistency between different WHO documents on issues such as SAC being proxy or not for surveys in other cohorts, number of years or rounds of MDA before conducting an impact evaluation, implementation guidance for reaching the expanded at risk cohorts, and strong focus on underlying evidence in targets towards defined STH goals."

"Be more inclusive of research evidence and researchers generating the evidence"

"WHO needs to produce some other documents to guide better countries mainly on monitoring and evaluation. There is a need to have a guide for designing and implementing surveys (baseline, impact), clear guidelines for monitoring MDA coverage, guidelines for managers of programs, guidelines for sentinel surveillance, guidelines for lab tests."

ADDITIONAL FEEDBACK

Each respondent was asked to provide additional comments and feedback at the close of the survey.

SELECTED COMMENTS

"The M&E framework should be strengthened to provide greater clarity on the frequency of surveys."

"Establish comparative records of prevalence and standardizing diagnostic techniques"

"There is an urgent need to review the several stages of a programmatic cycle of a program for controlling and eliminating STH as a public health problem. Each stage of the cycle requires tools for managers to use them. Several programmatic components require tools: planning, data management, supply chain, M&E. Without a clear toolbox, it is very difficult to standardize the way actions are implemented worldwide. There are several experiences with other NTD that should be looked at to learn from them"

"Feasibility at scale needs to be a key concept for STH control activities such as reaching the broader group of WHO-recommended at-risk cohorts, including cost-effectiveness of different platforms; M&E needs to then carefully balance control program activities at realistic expense. If this is not considered, then at a time when we are asking countries to increase their domestic investments, we are also piling more and more resource requirements upon them: refinements and expansions are going to be more, not less, expensive."

DISCUSSION OF RESULTS

Overall Comment Categorization (N=73)

- Feasability of target
- Unclear definitions
- Need more evidence
- General positive
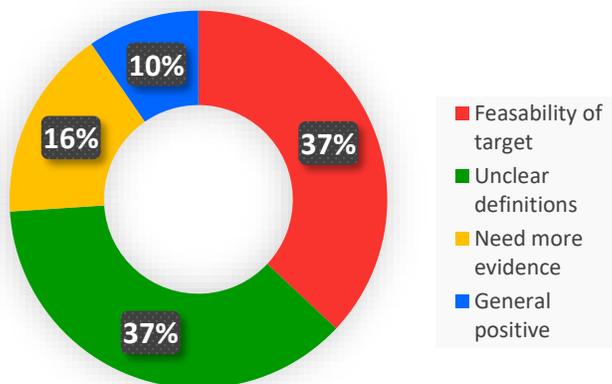
TOP CONCERNS:

FEASIBILITY OF TARGET / UNCLEAR DEFINITIONS

Overall, 37% of the comments provided by the respondents were on the feasibility of the targets, 37% on concerns over unclear definitions and need for clarity, 16% on the need for stronger evidence for each target. About 10% of the comments categorized are generally positive

LIMITATIONS OF SURVEY

A limited response rate of 17%

Targets and indicators shared in the survey were an early draft version, and do not reflect changes that have been made in the interim. This causes some inconsistency when presenting feedback on targets that may have been changed.

THEMATIC DISCUSSION

GENERAL POSITIVE

There is a clear positive stance from much of the community on adding *Strongyloides stercolis* to the STH program. Many respondents acknowledge that is will be an activity that requires more robust planning and data gathering.

CLEAR, CONSISTENT GUIDENCE NEEDED

Comments throughout the survey indicate the need for a clear and measurable definition of "elimination of morbidity" for STH. Since the elimination of morbidity is cited as the overall indicator of successful programs in question 3.1, the basis on which sustainability will be measured (question 3.2), and the indicator of progress in the treatment of women of reproductive age (question 3.3), this definition should be made as clear and easy to follow as possible for national programs and partners. There is concern over the meaning of "elimination" when the indicator proposed requires that morbidity be eliminated in only 75% of endemic countries. This requires more clarity.

 "Elimination of Morbidity" and "Financially self-supported" need clear, universal definitions. Respondents indicate that clearer, evidence-based guidance on halting treatment is needed. Without which it is very difficult to accurately estimate the long-term financial needs of a national STH control program. Many countries' unwillingness to stop treatment stems from the need for sufficient evidence that STH will not come back.

Respondents indicate that current deworming guidance should be updated to reflect new risk-group specific guidance. Additionally, respondents commented on the need for WRA to be included specifically on each of the available tools and forms in question 4.1.

More guidance from WHO is requested in the comments of this survey regarding how best to proceed once each of the targets has been measured and reached. More guidance is needed to direct national programs and implementers on next steps once major targets have been reached.

RECOMMENDED FOLLOW UP ACTIVITIES FROM REPONDENTS' COMMENTS

Responses indicate a need for evidence to back up decisional thresholds and targets. The respondents indicate that clearly identified research gaps to support these targets and thresholds are necessary to make informed progress.

Respondents' comments indicate a lack of guidance from WHO on the number of women who are at risk. Additional operational research is desired from respondents on WRA, morbidity indicators, and adding to a more robust evidence base for targets.

Comments indicate that clear guidance on platforms and the availability of drug for women is needed following the inclusion of WRA in deworming guidelines. Guidance should address the lack of a preventive chemotherapy delivery platform, donation program, or widespread availability of high quality generic drug.

A follow up survey focused on the national program managers is indicated by responses. It is recommended to send a similar survey to a group of national program managers as a focus group to gain further understanding of the usefulness and changes needed in existing data collection tools, forms and existing guidance. Over 50% of respondents to this survey do not engage with any of the forms in question 4.1.