National Policy Assessment for Soil Transmitted Helminth Control Programs

Discussion Guide

STH Coalition

Introduction

This discussion guide is intended to enable an assessment of policies that support effective national-level control of soil transmitted helminthiasis (STH).

Intended Users

The tool intends to inform and be used primarily by national, ministry of health-led NTD and STH programs. Partners to national STH programs, including NGOs which are part of the STH Coalition, may find the tool helpful to determine policy making or implementation needs to best support national control efforts. To use the National Policy Assessment Discussion Guide, the user must engage key stakeholders from the national government (Ministries of Health, Education, Finance, Sanitation, Environment and others) and potentially representatives from sub-national level (district) and communities that engage in STH program service delivery.

Purpose

The Discussion Guide is used to assess the degree to which relevant STH program policies exist at the national level, and are effectively utilized to achieve STH program goals throughout the service delivery system**.**

A companion document (National Policy Assessment Facilitators Guide) provides detailed steps to planning the administration of the STH Policy Assessment.

The assessment is designed to achieve the following:

- Guide participants to identify which specific polices exist and are effectively used to support STH program goals.
- Identify gaps between current and desired performance levels specific to the countries' implementation of the countries' STH policies.

STH Policy Assessment Scoring

The scoring scale describes the progressive stages a country advances through as it implements policies. Ideally, once baseline status is determined the STH Program will be enabled to ascend the levels to achieve greater capability to effectively improve program performance.

The term *maturity* relates to the degree of formality and optimization of processes. The intent of the assessment is to enable planning and priority setting to identify where the program falls on a continuum. Six levels are identified in the model; the levels are described in Table 1. These describe the progressive stages of improved policy implementation as moving from ad hoc practices, to formally defined, to measuring the intended outputs, to using those measures to improve the process. The results from the assessment are intended to highlight current strengths upon which you can build as well as areas that are candidates for improvement.

It is not uncommon for organizations, even successful ones, to be at relatively low levels of this model. This reflects the organizational challenges that are inevitable when formally establishing processes to implement policy and then rigorously evaluating that work.

Table 1. Capability Maturity Model (CMM®) Levels (adapted)[1]

CMM Level Name	*General Description*
0 - Absent	No awareness of the need for this policy. Unfamiliar with the idea, concept, or activity.
1 - Initial	No written policy exists.
2 - Managed	Written policy exists but has not been implemented.
3 - Defined	Policy exists, and has been implemented (i.e. activities in place).
4 - Measured	Compliance to the policy is monitored and reviewed to ensure intended outcomes are achieved.
5 - Optimized	Data from policy implementation is used to inform decision making and/or resource allocation or improve the process.

Definition of terms

Capability

The term *capability* describes the components that enable an organization to perform key tasks. This assessment aims to quantify the degree to which STH policies established by national governments are known, understood and used throughout every level of the program (national, subnational and site of administration i.e. schools or community) to meet the STH control program goals.

Capability Maturity

The term *capability maturity* is measured by assessing the extent to which processes are formalized, implemented, and used.

Capability Maturity Model

The levels (Table 1) included in the STH policy assessment framework are adapted from the Capability Maturity Model (CMM) developed by the Software Engineering Institute at Carnegie Mellon University.[2] The concept of the CMM is that each level represents an increase in capability based on the degree policies are known, implemented and utilized as programs conduct their work.

[1] Mark C. Paulk, Bill Curtis, Mary Beth Chrissis, Charles V. Weber, Capability Maturity Model Version 1.1, IEEE Software, Vol. 10 Pg 18-27, 1993

® CMM is a registered trademark of Carnegie Mellon University

Scoring

The intent and value of the exercise relies in part on the dialogue. This requires reaching consensus among respondents and developing a shared view of the program capabilities. When disagreement occurs, it may reflect variations in capability of different operational units or geographic locales. It is recommended the lowest level score be selected as it reflects an uneven capability for that particular activity.

Discussion Questions

Question 1: Comprehensive STH Control

Does policy exist that describes a comprehensive approach to STH control efforts?

☐ Level 0 No awareness of the need for this policy. Not familiar with the idea, concept or activity.

☐ Level 1 No written policy exists.

☐ Level 2 Written policy exists but has not been implemented.

☐ Level 3 Policy exists and has been implemented (activities are in place)

☐ Level 4 Compliance to the policy is monitored or reviewed to ensure intended outcomes are achieved.

☐ Level 5 Data from policy implementation is used to inform decision making and/or resource allocation or improve the process.

Key concepts

Elimination of STH as a public health problem requires effective delivery of a comprehensive package of interventions. Interventions that are comprehensive include deworming (preventative chemotherapy), social mobilization, health and hygiene education, advocacy for water, sanitation, and hygiene facilities, complete geographic and target population coverage, training and supervision, access to quality medicine, monitoring and evaluation activities, logistics management and guidance for managing adverse events. At risk populations include preschool-age children; school-age children, women of reproductive age, and migratory population or those with occupational risks, such as tea pickers.

Discussion Prompts

Do policies address the range of topics addressed in the key concepts? Are all components included?

Resources

How to develop and implement and national drug policy, 2nd Edition.
http://www.who.int/medicines/areas/policy/emp_ndp2nd/en/

Question 2: School-age Children (SAC)

Does policy exist on preventive chemotherapy of STH among school-age children?

☐ Level 0 No awareness of the need for this policy. Not familiar with the idea, concept or activity.

☐ Level 1 No written policy exists.

☐ Level 2 Written policy exists but has not been implemented.

☐ Level 3 Policy exists and has been implemented (activities are in place)

☐ Level 4 Compliance to the policy is monitored or reviewed to ensure intended outcomes are achieved.

☐ Level 5 Data from policy implementation is used to inform decision making and/or resource allocation or improve the process.

Key concepts

At risk populations for STH infections include school-age children. For school-age children WHO recommends periodic treatment with anthelminthic (deworming) medicines, without previous individual diagnosis to all at-risk people living in endemic areas. Treatment is given once a year when the prevalence of soil-transmitted helminth infections in the community is over 20%, and twice a year when the prevalence of soil-transmitted helminth infections in the community exceeds 50%. In addition, the strategy recommends education on health and hygiene along with provision of adequate sanitation in schools.

Discussion Prompts

Does national policy reflect the main components of the WHO Strategy? What data is collected to monitor effective program implementation? Are coverage surveys routinely conducted?

Resources

http://www.who.int/intestinal_worms/resources/en/at_a_glance.pdf
http://www.who.int/intestinal_worms/strategy/en/

Question 3: Preschool-age Children (PSAC)

Does policy exist on preventive chemotherapy of STH among preschool-age children?

☐ Level 0 No awareness of the need for this policy. Not familiar with the idea, concept or activity.

☐ Level 1 No written policy exists.

☐ Level 2 Written policy exists but has not been implemented.

☐ Level 3 Policy exists and has been implemented (activities are in place)

☐ Level 4 Compliance to the policy is monitored or reviewed to ensure intended outcomes are achieved.

☐ Level 5 Data from policy implementation is used to inform decision making and/or resource allocation or improve the process.

Key concepts

WHO guidance suggests that periodic deworming for pre-school age children can be integrated with child health days or vitamin A supplementation programs for preschool-age children, or integrated with school-based health programs

Discussion Prompts

Does policy address the pre-school age children? What guides treatment for this group? Are platforms recommended? Does the policy define what ages are included? Preschool-age children may be a risk for choking following treatment. Does policy include guidance for safe administration for this population? Who provides treatment? Is training provided specific to treatment of this population? Does policy address data collected specific to preschool-age children (PSAC) to determine coverage?

Resources

Question 4: Out of School Children

Does policy exist on preventive chemotherapy of STH among non-enrolled school-age children?

☐ Level 0 No awareness of the need for this policy. Not familiar with the idea, concept or activity.

☐ Level 1 No written policy exists.

☐ Level 2 Written policy exists but has not been implemented.

☐ Level 3 Policy exists and has been implemented (activities are in place)

☐ Level 4 Compliance to the policy is monitored or reviewed to ensure intended outcomes are achieved.

☐ Level 5 Data from policy implementation is used to inform decision making and/or resource allocation or improve the process.

Key concepts:

Platforms that exclude special populations could fail to reach those with higher prevalence rates and intensity of infection. The systematic under treatment of special population could potentially ignore an important transmission reservoir, and thus, undermine global control efforts.

Discussion prompts

Does the country's policy provide guidance for the provision of preventative chemotherapy for out of school children? Does the policy address hygiene education, access to improved sanitation and other relevant components of control? Do these children typically receive treatment? If so, are these treatments included in data reports for coverage figures?

Resources

Question 5: Migratory Populations

Does policy exist on preventive chemotherapy of STH among migratory populations?

☐ Level 0 No awareness of the need for this policy. Not familiar with the idea, concept or activity.

☐ Level 1 No written policy exists.

☐ Level 2 Written policy exists but has not been implemented.

☐ Level 3 Policy exists and has been implemented (activities are in place)

☐ Level 4 Compliance to the policy is monitored or reviewed to ensure intended outcomes are achieved.

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Key concepts: Platforms that exclude special populations could fail to reach those with higher prevalence rates and intensity of infection. The systematic under treatment of special population could potentially ignore an important transmission reservoir, and thus, undermine global control efforts

Discussion prompts

Does the country's policy provide guidance for populations at risk for which there is no donation? What guidance exists to enable the treatment of special populations?

Resources

Question 6: Women of Reproductive Age

Does policy exist on preventive chemotherapy of STH among women of reproductive age (WRA)?

☐ Level 0 No awareness of the need for this policy. Not familiar with the idea, concept or activity.

☐ Level 1 No written policy exists.

☐ Level 2 Written policy exists but has not been implemented.

☐ Level 3 Policy exists and has been implemented (activities are in place)

☐ Level 4 Compliance to the policy is monitored or reviewed to ensure intended outcomes are achieved.

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Key concepts

For areas in which hookworm is present, treating women of reproductive age (WRA) becomes important. Platforms that exclude special populations could fail to reach those with sufficiently high prevalence rates and intensity of infection. The systematic under treatment of special population could potentially ignore an important at-risk population, and thus, undermine morbidity control efforts

Discussion prompts

Does the country's policy provide guidance for treatment of women of reproductive age for which there is no donation? Does the guidance address hygiene education specific to hookworm, and shoe wearing, risks for anemia? Are indicators developed and data collected to inform monitoring and decision making?

Resources

Question 7: Comprehensive Approach

Does policy exist on hygiene education among all at-risk populations in STH endemic areas?

☐ Level 0 No awareness of the need for this policy. Not familiar with the idea, concept or activity.

☐ Level 1 No written policy exists.

☐ Level 2 Written policy exists but has not been implemented.

☐ Level 3 Policy exists and has been implemented (activities are in place)

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Key concepts

Hygiene education ideally would be targeted to reach children (including out of school children), their parents, and adults in other high risk groups. This could include women of reproductive age, individuals that work in environments where they may be at risk of infection due to their jobs, and migrants. Materials should include topics related to the lifecycle of worms, effectiveness of treatment, sanitation including the consistent use of improved latrines and toilets (both at home and school), handwashing, proper preparation of uncooked food and the safe disposal of feces for young children.

Discussion prompts

Does existing policy address hygiene education? Are indicators developed and used to measure effectiveness? If so, how is the information used?

Resources

Question 8: Comprehensive Program

Does policy exist on sanitation among all at-risk populations in STH endemic areas?

☐ Level 0 No awareness of the need for this policy. Not familiar with the idea, concept or activity.

☐ Level 1 No written policy exists.

☐ Level 2 Written policy exists but has not been implemented.

☐ Level 3 Policy exists and has been implemented (activities are in place)

☐ Level 4 Compliance to the policy is monitored or reviewed to ensure intended outcomes are achieved.

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Key concepts

Sustainable STH control requires access to sanitation. As of June 2017, the Joint Monitoring Program (JMP) established new targets and definitions using revised service ladders for Sustainable Development Goal (SDG) 6.1 (WASH) and 6.2 (Sanitation). The definition for the highest level of safely managed sanitation is "private improved facility where fecal wastes are safely disposed on site or transported and treated off-site, plus a hand washing facility with soap and water.

Discussion prompts

Does current policy align and support current SDG for sanitation and WASH? If so, does existing policy include language to define access to sanitation? Are partnerships established between the appropriate ministries to foster action to support achievement of both health and sanitation goals?

Resources

JMP guidelines and definitions

Question 9: Government Ownership

Does policy exist on government ownership and coordination of STH control efforts?

☐ Level 0 No awareness of the need for this policy. Not familiar with the idea, concept or activity.

☐ Level 1 No written policy exists.

☐ Level 2 Written policy exists but has not been implemented.

☐ Level 3 Policy exists and has been implemented (activities are in place)

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Key Concepts

National level policies should describe a rational approach and process for prioritization of activities and resources dedicated to STH control efforts. Relevant policy should include a description of indicators (thresholds for treatment decisions) or how they are determined and provide guidance for monitoring efforts, when to initiate or stop treatment, what populations are treated, what platforms are prioritized, and sources of funding.

Discussion prompts

Does the current policy describe the roles, responsibilities and what populations are treated? How are populations that receive no donated treatment addressed in policy? Is there a written plan which describes who participates in decision making about resources? Is guidance provided which describes priorities for the government for treatment and resources allocation?

Resources

Question 10: Resource Allocation

Does policy exist on resource mobilization and financial sustainability of STH control efforts?

☐ Level 0 No awareness of the need for this policy. Not familiar with the idea, concept or activity.

☐ Level 1 No written policy exists.

☐ Level 2 Written policy exists but has not been implemented.

☐ Level 3 Policy exists and has been implemented (activities are in place)

☐ Level 4 Compliance to the policy is monitored or reviewed to ensure intended outcomes are achieved.

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Key concepts

Sustainable STH control efforts require the willingness of ministries to commit financial resources for full program implementation.

Discussion prompts

Are STH control activities sufficiently funded to achieve the operational goals and objectives? How stable are the identified funding sources? How diversified? Are methods in-place (for example, parasitological monitoring of disease intensity and prevalence) to estimate the level of need for comprehensive control efforts, such as economic modeling or forecasting? Are any activities undertaken by key officials to advocate for resources?

Resources

Question 11: Access to quality medications

Does policy exist on pharmaceutical management of medicines for STH control efforts?

☐ Level 0 No awareness of the need for this policy. Not familiar with the idea, concept or activity.

☐ Level 1 No written policy exists.

☐ Level 2 Written policy exists but has not been implemented.

☐ Level 3 Policy exists and has been implemented (activities are in place)

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Key concepts

Access to quality medicines and treatment refers to policies and associated practices that ensure the medication used for treatment has been verified and meet WHO Good Manufacturing Practices and Inspection standards. Generic products for treatment of STH are widely available, but not all are effective. Distribution of medication of uncertain quality poses risks to the populations served as the may not be effective enough to kill the parasites or other infectious agent.

Discussion prompts

What policies guide practices to ensure drug product, procurement and treatment adhere to quality standards? Does policy establish what quality standards are used? Who within the country is responsible to ensure the quality of medicines? Does policy exist for timing of ordering and receipt of medicines?

Resources

Good Manufacturing
http://www.who.int/medicines/areas/quality_safety/quality_assurance/QualityAssurancePharmVol2.pdf

Question 12: Supply Chain

Does policy exist on management of expired medicines for STH control efforts?

☐ Level 0 No awareness of the need for this policy. Not familiar with the idea, concept or activity.

☐ Level 1 No written policy exists.

☐ Level 2 Written policy exists but has not been implemented.

☐ Level 3 Policy exists and has been implemented (activities are in place)

☐ Level 4 Compliance to the policy is monitored or reviewed to ensure intended outcomes are achieved.

☐ Level 5 Data from policy implementation is used to inform decision making and/or resource allocation or improve the process.

Key concepts

A core competency for any drug distribution effort is tracking the processes associated with supply chain management. Does policy exist which provides guidance and the rationale for ordering and receipt of medicines? Are shipments routinely tracked and reported? Does the policy provide guidance regarding processes associated with the disposal of expired medications and waste during mass drug administration?

Discussion prompts

What policies guide practices to ensure drug product, procurement and treatment adhere to quality standards? Does policy establish what quality standards are used?

Resources

http://apps.who.int/medicinedocs/en/d/Js20211en/
http://apps.who.int/medicinedocs/documents/s20211en/s20211en.pdf

Question 13: Human resources, qualifications, training and supervision

Does policy exist on training and qualification of drug distributors during STH control efforts?

☐ Level 0 No awareness of the need for this policy. Not familiar with the idea, concept or activity.

☐ Level 1 No written policy exists.

☐ Level 2 Written policy exists but has not been implemented.

☐ Level 3 Policy exists and has been implemented (activities are in place)

☐ Level 4 Compliance to the policy is monitored or reviewed to ensure intended outcomes are achieved.

☐ Level 5 Data from policy implementation is used to inform decision-making and/or resource allocation or improve the process.

Key concepts

Although treatment for STH control is considered safe for non-medical personnel to administer, policies should include guidance specific to roles and responsibilities. This may include descriptions regarding how qualifications are determined for administering treatment, training requirements and reporting requirements, including process for addressing adverse events. This may reference WHO guidelines, or relevant professional standards.

Discussion prompts

Does existing policy include a description of which populations to treat and qualifications or training for administration of care? Are policies and requirements in place to guide on-going monitoring of Mass Drug Administration that includes reporting adverse events?

Resources

Question 14: Evidence-based interventions

Does policy exist on monitoring, evaluation, surveillance and research for STH control interventions?

☐ Level 0 No awareness of the need for this policy. Not familiar with the idea, concept or activity.

☐ Level 1 No written policy exists.

☐ Level 2 Written policy exists but has not been implemented.

☐ Level 3 Policy exists and has been implemented (activities are in place)

☐ Level 4 Compliance to the policy is monitored or reviewed to ensure intended outcomes are achieved.

☐ Level 5 Data from policy implementation is used to inform decision making and/or resource allocation or improve the process.

Key concepts

Evidence based practices may include conducting periodic parasitological monitoring to guide decisions about treatment (how often, which species, what geographic areas) and promoting specific interventions, such as the built environment (sanitation, flooring), efficacious treatment by species and behavioral practices such as wearing shoes to prevent hookworm.

Discussion prompts

Do policies exist that support the implementation of surveillance and epidemiology activities by trained and qualified individuals? Is evidence based practice mentioned in policy, guidance documents or training materials? Does policy stipulate how data are collected and reviewed?

Resources