2030 targets for soil-transmitted helminthiases control programmes



2030 targets for soil-transmitted helminthiases control programmes

ISBN 978-92-4-000031-5

© World Health Organization 2020

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; https://creativecommons.org/licenses/by-nc-sa/3.0/igo).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

Suggested citation. 2030 targets for soil-transmitted helminthiases control programmes. Geneva: World Health Organization; 2019. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at http://apps.who.int/iris.

Sales, rights and licensing. To purchase WHO publications, see http://apps.who.int/bookorders. To submit requests for commercial use and queries on rights and licensing, see http://www.who.int/about/licensing.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

Printed in France.

Layout and design: Patrick Tissot WHO/NTE

Contents

Abbreviations and acronyms	2
1 Introduction	3
2 Expected PC situation in STH risk groups in 2020	
[and real situation in 2018]	7
2.1 Coverage	7
2.2 Drug availability	7
2.3 Morbidity	8
2.4 Ownership/self-financing	8
2.5 Drug resistance assessment	8
3. List of STH targets and indicators to be achieved by 2030	9
3.1 Achieve and maintain elimination of STH morbidity in pre-SAC	
and SAC	10
3.2 Reduce the number of tablets needed in PC for STH	11
3.3 Increase domestic financial support to PC for STH	12
3.4 Eliminate STH morbidity in adolescent, pregnant and lactating WRA	13
3.5 Control morbidity due to strongyloidiasis	14
3.6 Ensure universal access to at least basic sanitation and hygiene in	
STH-endemic areas	15
4 Conclusions	16
Annex. List of participants	17

Abbreviations and acronyms

DALY	disability-adjusted life year			
DHS	demographic health survey			
GPELF	Global Programme to Eliminate Lymphatic Filariasis			
HPV	human papillomavirus			
JAP	Joint Application Package			
LF	lymphatic filariasis			
MCH	maternal and child health			
M&E	monitoring and evaluation			
M&HI	moderate and heavy intensity			
NTDs	neglected tropical diseases			
SAC	school-age children			
PC	preventive chemotherapy			
pre-SAC	preschool-age children			
SDGs	Sustainable Development Goals			
STH	soil-transmitted helminthiases			
WHO	World Health Organization			
WRA	women of reproductive age			

1. Introduction

The "NTD Roadmap", published by the World Health Organization (WHO) in 2012,¹ set two targets for the control of soil-transmitted helminthiases (STH) by 2020, namely:

- 75% of preschool (pre-SAC) and school-age children (SAC) in need of treatment are regularly treated; and
- 75% coverage with preventive chemotherapy (PC) is achieved in pre-SAC and SAC in 100% of countries.

These process indicators were selected at a time when STH control programmes were few and global coverage was estimated to be only around 15%. In addition, the cost–effectiveness of school-based deworming programmes was beginning to be fully appreciated. Expansion of programme coverage was therefore identified as an immediate priority.

Although women of reproductive age (WRA) have always been considered an important risk group for STH, no 2020 coverage targets for WRA were proposed because the Roadmap included only targets that were regarded as being achievable. WRA, with four specific subgroups of adolescent girls, pregnant and lactating women and other adult women, were considered to be much more difficult to reach.

Between 2010 and 2017, coverage of PC in pre-SAC and SAC has steadily increased. Data collected from the 103 countries endemic for STH in 2017 show that the two Roadmap targets are well within reach by 2020 (see **Figure 1**).²

Figure 1. Number of pre-SAC and SAC treated and progress in PC coverage, 2003–2017



¹ Accelerating work to overcome the global impact of neglected tropical diseases: a roadmap for implementation. Geneva; World Health Organization; 2012 (https://www.who.int/neglected_diseases/NTD_RoadMap_2012_Fullversion.pdf, accessed July 2019).

² Schistosomiasis and soil-transmitted helminthiases: numbers of people treated in 2017. Wkly Epidemiol Rec. 2018;681–92 (https://apps.who.int/iris/bitstream/handle/10665/276933/WER9350.pdf, accessed July 2019).

In parallel with the increase in PC coverage, there have been additional important achievements. It is estimated that, in 2015, STH control programmes averted the loss of more than 500 000 disability-adjusted life years (DALYs) in pre-SAC and SAC, out of the total of 1 300 000 DALYs that would have been lost without such programmes.³ Several countries have already completely eliminated STH morbidity (that is, morbidity caused almost exclusively by STH infections of moderate and heavy intensity). Furthermore, a number of countries have conducted PC programmes for more than 5 years and are evaluating their epidemiological impact in terms of morbidity (see Table 1).

A group of representatives from STH-endemic countries, together with partners from other institutions supporting STH control activities, met in Basel in October 2018 to identify new targets to guide PC and other control activities after the achievement of the 2020 targets (see list of participants annexed to this document).

The group stressed the need to identify attainable targets that will:

- maintain the achievements obtained by on-going STH control programmes in the first decade;
- further expand the benefit to other groups at risk (i.e. WRA);
- promote the control of strongyloidiasis within STH control programmes, where warranted;
- align with the targets of other NTDs and with the Sustainable Development Goals (SDGs);
- take advantage of recent changes in the public health landscape reflecting the increased visibility of NTDs in the health arena; the familiarity of endemic countries with the principles of PC; and the engagement of pharmaceutical donors in covering the drug needs of additional groups at risk;
- highlight collaboration with WASH experts to reduce re-infection and the need for PC; and
- progressively promote sustainability of the STH control programmes by endemic countries by adapting the intervention to the new epidemiological situation resulting from the successful implementation of the control measures (see Figure 2).

² Montresor A, Trouleau W, Mupfasoni D, Bangert M, Joseph SA, Mikhailov A, Fitzpatrick C.. Preventive chemotherapy to control soil transmitted helminthiasis averted more than 500 000 DALYs in 2015. Transactions of the Royal Society of Tropical Medicine and Hygiene 2017 Oct 1;111(10):457-463.

Table 1. Country categorization according to implementation of PC programmes for STH, in terms of coverage and morbidity (as determined by moderate and heavy intensity infection [MHI]), as of 2017

PC STH not started	PC STH coverage < 75%	PC STH coverage ≥ 75% (less than 5 years)	PC STH coverage ≥ 75% (5 years and more)	MHI < 1%
Antigua and Barbuda	Angola	Afghanistan	Bangladesh	Benin
Bahamas	Armenia	Azerbaijan	Belize	Bhutan
Botswana	Bolivia (Plurinational State of)	Brazil	Burundi	Burkina Faso
Dominica	Central African Republic	Cabo Verde	Cambodia	Mali
Nauru	Chad	Congo	Cameroon	Niger
Saint Lucia	China	Côte d'Ivoire	Dominican Republic	Paraguay
Suriname	Colombia	Cuba	Democratic People's Republic of Korea	Senegal
	Comoros	Ecuador	Ghana	
	Democratic Republic of the Congo	El Salvador	Haiti	
	Djibouti	Fiji	Kiribati	
	Equatorial Guinea	Gambia	Kyrgyzstan	
	Ethiopia	Guatemala	Lao People's	
	Gabon	Guinea	Democratic Republic	
	Georgia	Guyana	Malawi	
	Guinea-Bissau	Honduras	Mexico	
	Indonesia	India	Myanmar	
	Jamaica	Iraq	Nicaragua	
	Kenya	Liberia	Rwanda	
	Micronesia (Federated States of)	Lesotho	Sierra Leone	
	Namibia	Madagascar	Tajikistan	
	Pakistan	Marshall	Тодо	
	Papua New Guinea	Islands	Tuvalu	
	Sao Tome and Principe	Mozambique		
	Solomon Islands	Nepal		-
	Somalia	Nigeria		
	South Sudan	Panama		
	Sudan	Peru		
	Trinidad and Tobago	Philippines		
		South Africa		
		Swaziland		
		Timor-Leste		
		Tonga		
		Uganda		
		United Republic of Tanzania		
		Uzbekistan		
		Vanuatu		
		Venezuela (Bolivarian Republic of)		
		Viet Nam		-
		Yemen		-
		Zambia		
		Zimbabwe		
7	28	40	21	7

The indicators identified by this group and presented in this document can be viewed as expert recommendations to the WHO Department of Control of Neglected Tropical Diseases, to be shared with WHO regional and country offices, health ministry officials and programme managers in endemic countries, in order to inform the final list of STH indicators to be achieved by 2030.

Figure 2. Decision tree showing changes in frequency of PC intervention with progression of a control programme



预览已结束, 完整报告链接和二维码如下:



https://www.yunbaogao.cn/report/index/report?reportId=5_24839