

ACTION AGAINST WORMS

JULY 2003 ISSUE 2



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Reading the first issue of 'Action Against Worms' at Chungkha Primary School, Bhutan © WHO/PVC/H. Allen

"BUT EVERYONE HAS WORMS!"

This issue of **Action Against Worms** explains why the PPC was launched, the success story that galvanized the world, and why the lament "But everyone has worms!" is no longer an acceptable excuse.

Controlling worms is one of the simplest and most cost-effective interventions for improving a child's health – and increasing that child's ability to learn in school – that any donor or government could dream of supporting. We have a proven and simple strategy, we have affordable survey tools, and we have cheap, effective drugs. What we need to do now is to persuade you – whether you work in a government, an NGO, or a donor agency – to become equally excited about worm control.

Why has it taken so long to tackle worms seriously? Considering that one-third of the world's population are infected, it is astonishing that it has taken until now for a concerted global effort to be made. In some countries almost everyone is infected – worms therefore seemed an inevitable part of life, and their control too great a challenge to contemplate. In 2001, that perspective changed. Nearly two hundred countries – in other words, every single Member State of WHO – endorsed a resolution¹ at the World Health Assembly that was to trigger a series of events.



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We very much hope that **'Action Against Worms'** is both enjoyable and informative. If you have any comments on existing issues or suggestions for areas you would like to be covered in the future, please do not hesitate to contact us by E-mail at wormcontrol@who.int

¹ <http://www.who.int/gb/EB-WHA/PDF/WHA54/ea54r19.pdf>

FIRST, THREE GOALS WERE SET FOR THE YEAR 2010:

- 1** to regularly treat at least 75% of all school-age children at risk of schistosomiasis and soil-transmitted helminth (STH) infections;
- 2** to ensure that people have access to deworming drugs at their local health facilities;
- 3** to provide regular treatment to other high-risk groups, for example fishermen who are at particular risk of schistosomiasis and miners who are especially prone to STH infection.



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Second, a simple and "do-able" control strategy² was put forward. The message was clear – the price of the drugs has dropped; screening each individual child is unnecessary and actually costs more than the treatment itself; large-scale control programmes are now completely realistic.

Third, a partnership was established, with the aim of bringing together all those involved in worm control and coordinating global control activities more effectively. The PPC was launched.

“Simply put, there are few global public health challenges where any single player has the funding, research, and delivery capabilities required to solve the problem on a worldwide scale.”

Developing Successful Global Health Alliances.
Bill and Melinda Gates Foundation:
April 2002.

LAUNCHING THE PPC

Over the past few years, partnerships and alliances have exploded into the public health arena, often uniting previously disparate groups and organizations with widely different mandates and goals. For the PPC, three factors made a partnership vital:

- ▶ No single organization can hope to achieve the global goals alone.
- ▶ Experience, knowledge and skills can be shared more quickly and effectively within a partnership.
- ▶ The momentum and enthusiasm of today need to be sustained for at least a decade.

• NO SINGLE ORGANIZATION CAN ACHIEVE THE GOAL ALONE

Quite clearly, the 2010 targets represent a massive challenge and can be achieved only by working together. Schistosomiasis and STH are a public health problem in over 100 countries. In many of those countries it will be necessary to treat all school-age children not once, but twice a year. Only a few countries currently have national programmes and the remainder are carrying out small-scale initiatives, which are often uncoordinated and piecemeal.

• SHARING KNOWLEDGE AND EXPERIENCES

Although our knowledge of schistosomiasis and STH infections is extensive, more research is always needed. For example, work has just begun to monitor drug efficacy, and ongoing research is quantifying the exact association between the blood loss caused by schistosomes and anaemia. Using the PPC platform, this information – as well as practical country experiences of what worked and what did not – can be easily communicated and shared.

² See Issue 1 of *Action Against Worms*, also available on the PPC web site at www.who.int/wormcontrol

PPC OBJECTIVES

1. To provide a platform for sharing the latest technical and scientific information as well as practical programmatic information on control programmes.
2. To use the different capacities and skills of each partner to “piggy-back” deworming on existing in-country programmes.
3. To provide tools (field, laboratory, and health education materials) and share training.
4. To track the progress being made by each endemic country towards the 2010 Goals.
5. To generate partnerships with a focus on parasite control at country level.
6. To step up international advocacy for parasite control.

• SUSTAINING THE MOMENTUM

Controlling worms is not a short-term undertaking – nor is it being promoted as such. At every opportunity, PPC presses home the point that deworming must become a regular feature of a child’s schooling and that control programmes must be embedded in the country’s infrastructure.

The momentum that exists today must be sustained. Historically, and for a variety of reasons, worm control has rarely been a priority:

- ▶ Worm infections rarely kill – although the annual death toll from schistosomiasis in Africa is estimated to be 200 000 simply because so many people are infected.
- ▶ Worm infections are diseases of poverty and affect people with the least ability to demand services.
- ▶ Worm infections are overshadowed by other health concerns, which take the lion’s share of the budget and attention.

It is now the role of the PPC to make sure that worms are on the agenda of governments, donors, and the international agencies, and remain a high priority.

Every time a child is reached with a school meal, a vaccination, a supplement, or any other service, the chance to deworm that child at the same moment should be seized. In the long term, deworming must be institutionalized into the primary health and education system.

WHO ARE THE PPC?

The PPC is made up of WHO’s Member States, United Nations agencies, research institutes, universities, the pharmaceutical industry, and a multitude of NGOs. Each brings unique skills to the partnership: some excel at providing training, others are better positioned to raise funds or produce advocacy materials; the provision of drugs falls under the remit of some agencies, and outreach is one of the most valuable resources of the NGOs.

Unlike many global partnerships, the PPC has a loose structure with no formal membership. There is no board of directors and no global financial fund to manage or oversee. As a relatively small-scale global partnership, it therefore enjoys a flexibility that enables it to react rapidly to country requests for assistance. The table on the following pages outlines in broad terms some of the partners’ activities:



WHO ARE THE PPC?

<p>LEAD TECHNICAL AGENCY</p>	<p>WHO</p>	<p>In line with its mandate as the United Nations health agency responsible for providing scientifically sound technical expertise and guidance, WHO is the lead technical agency within PPC. WHO will continue to:</p> <ul style="list-style-type: none"> • provide clear technical guidelines and advice to countries on appropriate strategies, drug doses, and target groups for deworming; • promote research to fill any gaps in the current knowledge or to provide more evidence where needed; • coordinate in-country training, assessment and evaluation; • assist in ensuring access to good-quality, low-cost drugs and competitive drug procurement where necessary.
<p>PPC SECRETARIAT</p>		<p>As PPC's Secretariat, WHO's responsibilities are to:</p> <ul style="list-style-type: none"> • track the distribution and severity of schistosomiasis and STH, what programmes are in place, and their coverage in each endemic country; • using these data, monitor and report globally on the progress towards the 2010 goals; • highlight, share, and learn from success stories; • facilitate meetings between interested parties and, using this newsletter, a dedicated web site, and annual or biannual meetings, keep all PPC partners informed of the latest research and developments; • Convince all partners that they should make deworming a formal part of any health strategy or programme they are involved with in endemic areas.
<p>NGOS</p>	<p>SCI</p>	<p>The Schistosomiasis Control Initiative received a grant from the Bill and Melinda Gates Foundation for worm control in Africa with a focus on the countries worst affected by schistosomiasis. In less than 2 years, SCI has been the driving force behind the launch of Uganda's National Bilharzia and Intestinal Worm Control Programme (see the next issue of <i>Action Against Worms</i>). In addition SCI recently reviewed proposals from another 10 countries in Africa and has committed to supporting them, with other PPC partners, according to their priority needs.</p>
	<p>CARE</p>	<p>CARE has added deworming to its regular operations in Cambodia and Nepal, and is planning to follow suit in 3 more countries – Mozambique, Nicaragua, and Sudan.</p>
	<p>PCD</p>	<p>The Partnership for Child Development is an organization committed to improving the education, health and nutrition of school-age children and youth in low-income countries. It does so in collaboration with numerous agencies and organizations, primarily through the provision of technical assistance towards the implementation of all four components of the FRESH Framework: health-related school policies, skills-based health education (particularly in HIV/AIDS), water and sanitation, and delivery of school-based services. Through the assistance it provides to the FRESH initiative, PCD is involved in deworming programmes in Chad, China, Eritrea, Gambia, Ghana, Guinea, India, Indonesia, Senegal, Sri Lanka, Tajikistan, the United Republic of Tanzania, Viet Nam and Zambia. In addition, PCD acts as a centre for the dissemination of information related to a variety of school health and nutrition topics through web sites, a mailing list, and distribution of hard copy documents.</p>
<p>BILATERAL AGENCIES</p>	<p>JAPAN</p>	<p>Japan was one of the first countries to successfully control worms after the Second World War, and the government continues to invest in and actively support overseas work in this area through the Hashimoto Initiative. Three Regional Training Centres, based in Ghana, Kenya, and Thailand, run technical training courses, create parasite control models, and support regional information networks. WHO and the HI have recently had high-level discussions on greater collaboration in this field, particularly in Africa.</p>
	<p>CANADA</p>	<p>Through CIDA, Canada provides the funding for the World Food Programme to add deworming to its school feeding programmes and has recently renewed this commitment with a second tranche (see WFP section).</p>
	<p>BELGIUM, ITALY, JAPAN, UNITED KINGDOM</p>	<p>These four bilaterals support WHO in both its regular work and its work specific to the PPC. This includes development of training materials and survey tools, support to countries to assess the magnitude of their worm problem, and assistance in the design of national control strategies.</p>

RESEARCH INSTITUTES	CDC	In Kenya CDC is carrying out research to determine whether parasitic infection affects the transmission or the progression of HIV/AIDS.
	SABIN INSTITUTE	The Sabin Institute, working in collaboration with George Washington University (Washington, DC, USA), with funding from the Bill and Melinda Gates Foundation, is carrying out research to develop a hookworm vaccine.
	CORNELL AND JOHNS HOPKINS UNIVERSITIES, LSHTM, IVO DE CARNERI FOUNDATION	Cornell and Johns Hopkins Universities in USA, the London School of Hygiene and Tropical Medicine in England, and the Ivo de Carneri Foundation in Italy, in collaboration with the MoH of Zanzibar, are studying the morbidity caused by worm infections in children of preschool age. The work is funded by the Wellcome Trust. Much of the previous research in this area, which focused on school-age children, was done by the same group.
	CONCERTED ACTION GROUP	Funded by the European Union, the Concerted Action Group is closely monitoring praziquantel resistance.
	DBL	In Uganda, the Danish Bilharzia Laboratory was instrumental in providing training for all District Health Teams on key aspects of worm control.
UN AGENCIES	UNICEF	In Nepal, the United Nations Children's Fund added deworming to its ongoing vitamin A supplement campaign. In Zambia, UNICEF works with the Red Cross to deliver deworming drugs at the same time as mosquito nets. UNICEF focuses on preschool children and thus reaches a key group that is missed by the school system.
	WFP	The World Food Programme provides an excellent example of how deworming can be "piggy-backed" on regular school feeding activities. In 2002, WFP provided food to over 15 million school children in 57 countries through its school feeding programmes. To date, deworming has been integrated into these programmes in 21 African countries, 3 in Asia (Cambodia, Lao People's Democratic Republic, Nepal), 4 in South America (Bolivia, Colombia, Ecuador, Guatemala,) and 1 in the Middle East (Afghanistan). In this way WFP has reached over 2 million children with deworming drugs and plans to gradually integrate deworming into all of its school feeding programmes worldwide in partnership with WHO, UNICEF, SCI and the World Bank.
	UNHCR	UNHCR illustrates the potentially enormous outreach of the PPC. This organization works in 150 countries worldwide and reaches 11 million children through its refugee camp schools. Deworming is being progressively added to these programmes.
	WORLD BANK	The World Bank funds the worm control programme in Guinea and also supports programmes in Mali and Senegal. Work is under way to integrate deworming into all FRESH (Focusing Resources on Effective School Health) school health programmes. Currently, about 25 such country projects are in different stages of planning or implementation in sub-Saharan Africa.
FOUNDATIONS	THE BILL AND MELINDA GATES FOUNDATION	The Bill and Melinda Gates Foundation has funded WHO to carry out its responsibilities as the PPC Secretariat, SCI to support and launch deworming programmes in Africa (see SCI), the Sabin Institute in its work to develop a hookworm vaccine, and a programme to evaluate the feasibility of cysticercosis control in Peru.
	PAHEF	The Pan American Health and Education Foundation has provided funding for deworming work to be carried out in Ecuador by WHO's Regional Office for the Americas.

WHO ARE THE PPC?

WHAT CAN YOU EXPECT TO RECEIVE FROM THE PPC ?

Anyone who is committed to worm control and who can actively contribute – in training, capacity building, fundraising, provision of drugs, or implementation – can join the PPC. The table below broadly outlines what partners can contribute and what they can expect to receive from the PPC.



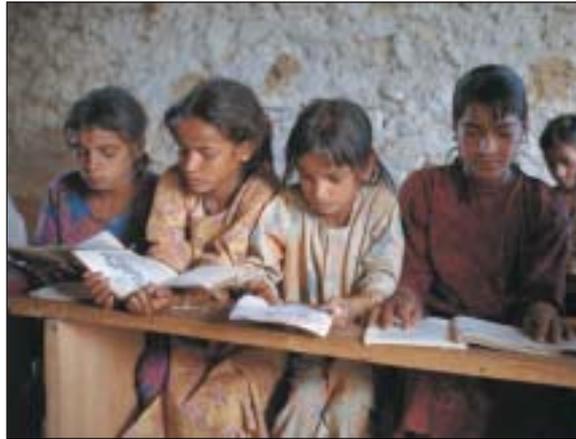
© WHO/PPC/H. Allen

THE PPC – WORKING TOGETHER	
WHAT CAN EACH PARTNER GIVE TO THE PARTNERSHIP?	WHAT CAN EACH PARTNER EXPECT TO RECEIVE FROM THE PARTNERSHIP?
<p><i>Endemic countries need to work to create:</i></p> <ul style="list-style-type: none"> • political commitment in support of national worm control programmes • strategic plans for funding so that programmes are stable and long-lasting • regular and effective coverage in endemic areas with sound reporting systems • shared responsibilities and working partnerships to increase the coverage. <p><i>NGOs can work to:</i></p> <ul style="list-style-type: none"> • use their extensive outreach and networks to reach high risk groups • integrate deworming into their regular work • make deworming a regular and standard part of any health packages offered under their responsibility (e.g. Integrated Management of Childhood Illness). <p><i>Scientific and academic institutions can:</i></p> <ul style="list-style-type: none"> • share with the PPC their expertise in training and research • create practical responses in answer to programme needs • assist in strengthening the research capabilities of endemic countries. <p><i>United Nations agencies should:</i></p> <ul style="list-style-type: none"> • add deworming to their large-scale programmes, for example vitamin A supplementation campaigns, and school and refugee feeding programmes • can use their position to leverage funding and international support to make deworming a mainstream activity • encourage the inclusion of deworming in the work of all their partners. <p><i>Bilaterals, foundations and other donors need to:</i></p> <ul style="list-style-type: none"> • invest funding in diseases like these which cause as much suffering as some of the bigger killers — a few extra cents can make all the difference in worm control! • invest funding in countries with a long-term commitment in the understanding that this is the only way programmes will truly succeed. 	<p><i>Endemic countries, NGOs, scientific and academic institutions and United Nations agencies will receive:</i></p> <ul style="list-style-type: none"> • technical support and guidance to establish, implement and maintain sound worm control programmes • training support at different levels – from community health workers and teachers to government policy-makers • training materials and tools • regular information and updates • assistance, if necessary, to purchase drugs at low cost • support in fundraising for worm control programmes • invitations to share and discuss their work at PPC meetings and advocacy for any deworming work which they are carrying out which can be written up in the PPC documents. <p><i>Bilaterals, foundations and other donors will receive:</i></p> <ul style="list-style-type: none"> • relevant and timely information on which to base their decisions, for example, country profiles that summarize the situation in each endemic country • convincing evidence that investing in worm control is one of the simplest and most cost-effective programmes a donor can support with satisfying returns • the technical support mentioned above to ensure that their investments are sound and implemented well.

THE SUCCESS STORY OF NEPAL AND THE WORK OF WFP

“Providing food and an education to a poor child is the single most important thing we can do for the development of that individual and his or her nation.”

– James T. Morris, Executive Director,
World Food Programme



© WFP school feeding in Nepal. WFP/Mani Lama

How can you get children to come to school? How can you get them to stay? If they have walked 4 hours to get there and have the same journey home, will they really be able to concentrate? These are questions that WFP had in mind when they launched a pilot project in Nepal. Every day each child was given a hot meal; the girls were given a gift of food to take back to their parents, and every 6 months all the children were dewormed.

What motivated WFP to add deworming to their school feeding programme? First and foremost was the recognition of the massive health impact of this intervention and the improvement in a child's ability to learn; second was the knowledge that providing deworming increases school attendance, and third was the observation that feeding a child who is full of worms means you are feeding the worms, not the child!

The results have been striking. The Nepal story has been so successful that WFP has now made deworming a standard part of its school feeding programmes in a total of 29 countries globally, 21

FIRST STEPS IN NEPAL

It took just 6 years from the first assessment of the size of the problem to establish a fully fledged national worm control programme. In 1996, WFP and WHO joined forces to carry out a baseline survey among school-age children. The results rang immediate alarm bells, – 74.2% of the children were infected with at least one type of STH, and 9.3% were heavily infected.

TRAINING

In 1998, the WFP/WHO team, working with Nepal's health and education ministries, launched a training course specifically for schoolteachers. The course taught how to organize a deworming day at a school, how to give deworming drugs, and how to engage children in talking and learning about healthy behaviours. Teachers from some 2000 schools in 12 districts attended. Shortly thereafter, deworming was piggy-backed onto WFP's school feeding programme and reached an astonishing

ESS IN NEPAL

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https://www.yunbaogao.cn/report/index/report?reportId=5_30180

