



## **Q9.2 Wish List highlighting capacity for additional funding for integration of deworming activities – notes to accompany spreadsheet.**

This document provides a narrative to accompany spreadsheet 9.1 and highlights particular opportunities to scale up de-worming in Sightsavers' integrated NTD programs in seven countries.

Given Sightsavers' desire to integrate NTD treatments based on mapping and country plans and given our presence in further countries, the potential to do more in the future is considerable. Sightsavers is currently scaling up treatment of lymphatic filariasis (LF) in countries where LF is co-endemic with Sightsavers' long-standing onchocerciasis (oncho) control programs in order to move towards integrated treatments. These seven countries are where we would see a best first approach for expansion of deworming within Sightsavers' integrated NTD programs.

### 1. Guinea-Bissau

As previously presented in Sightsavers' Phase 1 submission to GiveWell, Guinea-Bissau represents a country where Sightsavers is keen to expand its operations to include schistosomiasis (schisto) and soil-transmitted helminths (STH) integrated control. While we have secured new funding from UK Aid Match to expand our oncho and LF elimination work in Guinea Bissau between 2016-19, the situation as regards how we would like to expand STH and schisto activities remains similar to our submission to GiveWell in May 2015.

The UK Aid Match Project will support the treatment of LF in 8 of Guinea Bissau's 11 regions: Bafata, Gabu, Bijagos, Oio, Farim, Bissau, Biombo and Bolama. It should be noted that treatment used for LF will also treat STH during the MDA in the intervention regions. Five of the regions would need a second round of STH treatment, in accordance with WHO guidelines, should additional funding become available. Three further regions in the country - Quinara, Cacheu and Tombali are not covered by the UK Aid Match project - and full funding for these regions would be required. Full support for schisto remains a need that is not currently supported.

We have incorporated updated summary information from our 2015 submission in table 9.1.

### 2. Nigeria

As previously submitted during Sightsavers' Phase 1 submission to GiveWell, Nigeria represents a country where Sightsavers is keen to expand its operations to increase schisto and STH integrated control. Whilst we have secured new funding to expand our oncho and LF elimination work in Nigeria over the past year (detailed in document 16.1), the situation as regards how we would like to expand STH and schisto activities

remains similar to our submission to GiveWell in May 2015. We have incorporated summary information from our 2015 submission in the table.

### 3. Democratic Republic of the Congo

The Democratic Republic of the Congo (DRC) presents a unique opportunity to fill gaps in longstanding treatment programs, and expand integrated NTD control to much needed areas. The Ministry of Health (MoH) is keen to expand to all areas of the country and ensure fully integrated NTD control. The MoH has already launched a comprehensive review process of all partners and where needs are not met. Whilst challenging at times operationally, the DRC represents one of the countries most affected by NTDs.

Sightsavers has worked with the United Front Against River Blindness (UFAR) as its local partner since 2011. UFAR additionally receives funds from END Fund and Schistosomiasis Control Initiative (SCI). Currently, Sightsavers works with UFAR in Ituri Nord and Katanga Sud to implement the MoH integrated onchocerciasis (oncho) and lymphatic filariasis (LF) program in 17 health zones. In Katanga Sud, support for schisto and STH is provided by SCI. In Ituri Nord, no support is provided for schisto and STH deworming. Expansion into deworming in Ituri Nord is vital to maximize efficiency and provide essential deworming in an area already supported by Sightsavers.

Further, in the Kasongo area of Maniema Province, no support is provided for schisto and STH control. Support for schisto and STH in this area, with prevalence of 38.4 and 49.5 percent, respectively, is a critical need to ensure that the entire area has fully integrated NTD control.

Lastly, two areas that currently have no supporting partner and are highly endemic for all four NTDs mentioned herein are Ituri Sud and Uélé in Orientale Province. To date, there has been limited MDA for oncho and no treatment for LF, schisto, and STH. Expansion into these areas would move towards a comprehensive state level program in areas geographically contiguous in DRC and mitigate the external threat these areas may pose to the elimination efforts of neighboring programs in Uganda, principally, and South Sudan. If funds were available, Sightsavers would be keen to support a full programmatic expansion in these areas, noting that the area is highly endemic for LF and has lacked a partner for oncho since the closure of APOC.

### 4. South Sudan

The disease burden of NTDs in South Sudan is considered to be one of, if not, the highest in the world. While efforts to launch NTD control programs in the past have not succeeded due to inconsistent funding streams, the MoH remains deeply invested in encouraging support for NTD control. To date, large scale MDA for oncho has occurred in Western Equatoria under APOC and with support from Sightsavers; in Central Equatoria in 2011 for schisto and STH by Malaria Consortium with support from UNICEF/USAID; and, in Eastern Equatoria for trachoma control, supported by The Carter Center. Many areas of the country have been mapped and the disease burden known.

Sightsavers currently supports oncho MDA in Western Equatoria with MDA currently underway. Recent security concerns have slowed progress in this program but it remains active. Sightsavers would like to assist the MoH in expanding its NTD control program if the security situation allows.

There are many challenges to working in South Sudan. Presently, security concerns are paramount. In the event that a lasting peace is attained, Sightsavers presents these data to GiveWell to demonstrate the need and magnitude of the NTD burden for future programming in states that have historically had NTD control programs. Sightsavers is recipient of END Fund grants for our existing programme operations in South Sudan and Sudan and maintains an excellent partnership with the MoH.

### 5. Cameroon

The Cameroon MoH implements an integrated NTD elimination program nationwide in collaboration with partners including Sightsavers. The MoH and partners focus elimination efforts on the five priority NTDs (oncho, LF, schisto, STH, and trachoma). Sightsavers supports the MoH for the implementation of NTD elimination in the South West, North West and West regions for oncho, LF, STH and Schisto, and in the North and Far North regions for trachoma. Please see Sightsavers submission to Givewell Q.16.1, for full details of this program.

STH is endemic in all the 57 health districts of the South West (18), North West (19) and West (20) regions with a total population of 4,925,681 people across 5,330 communities. Schisto is endemic in 13 health districts across the South West (5), North West (3) and West (5) regions.

There are currently MDA campaigns ongoing for the treatment of the STH and schisto. The MDA programmes are confronted with the problem of low compliance by the target groups, which may be due to a low level of awareness amongst the population, and poor attitudes and practices as regards the transmission of the diseases.

In order to ensure effective elimination of STH and schisto, a behavior change communication (BCC) strategy needs to be developed and implemented in order to improve treatment compliance and promote healthy attitudes and behaviors amongst the population.

Accordingly, if funds from GiveWell were available Sightsavers could launch a BCC initiative in partnership with the MoH to focus on five key objectives:

1. To carry out a formative research to identify the knowledge, attitudinal and behavioral barriers and possible solutions.
2. To develop a comprehensive evidence based BCC strategic document.
3. To develop and produce BCC materials.
4. To implement BCC activities.
5. To ensure effective learning management and knowledge sharing.

Ultimately, behavior change is essential to reducing the likelihood of reinfection with STH and schisto in the event individuals are unable or unwilling to participate in MDA. This initiative is important in the context of Cameroon, which has had years of MDA yet still frustratingly high prevalence rates.

## 6. Guinea

Guinea was overwhelmed by a devastating outbreak of the Ebola virus in 2014 and 2015. To date, Ebola has claimed over 2,512 lives across the country and has overwhelmed the health sector. The World Health Organization (WHO) declared Guinea was experiencing a health emergency and for a time, the health system collapsed as nearly all health facilities closed down. It is now vital that health programs re-start where possible, and following readiness assessment, mass drug distribution activities for NTD prevention restarted in 2015 in partnership with the MoH.

Sightsavers has three active programmes focused on MDA for oncho and LF in Guinea.

STH and schisto are endemic in 17 and 31 health districts respectively, and are co-endemic in 15 health districts. Mass drug administration for both diseases is supported in most areas in need by Helen Keller International (HKI) / ENVISION. A gap has been identified for the expansion of support for schisto and STH MDA in three districts; N'Zérékoré, Lola and Yomou, districts which have amongst the highest prevalence in the country.

## 7. Cote d'Ivoire

Sightsavers operates in fragile environments and has developed a deep understanding of the potential security risks associated with our programs and as a result, created a strong operating capability. We currently have a program in Cote d'Ivoire to reduce the prevalence of oncho and LF. Sightsavers supports the distribution of Mectizan® to 6.2 million people living in endemic areas. This includes 2.8 million people who reside in 14 LF endemic districts and 3.4 million treatments in 13 districts which are co-endemic with oncho and LF. Sightsavers is engaging with stakeholders in government to facilitate the approval of a national NTD masterplan plan and is working in collaboration with other partners including WHO, HKI, FHI 360 and SCI.

The majority of districts have MDA programs for schisto and STH supported by SCI. However, a review of districts indicates that Mankono district has a gap for schisto and STH MDA. Sightsavers would like to fill this gap if funding allows in order to ensure that all qualified districts are receiving MDA.