Deworming Wish list – Cameroon 2018 – 19, explanatory narrative

Contents

Background

Sightsavers has partnered with the Ministry of Public Health (MoH) in Cameroon since 1996, with early work focused on the fight against onchocerciasis. In 2010, with the support of the USAID ENVISION program (led in Cameroon by Helen Keller International (HKI)[1]), Sightsavers expanded its support to lymphatics filariasis (LF), soil-transmitted helminthiasis (STH) and schistosomiasis (SCH) in the North-West (NW), South-West (SW) and West (W) regions of Cameroon. Over the past five years, Sightsavers has supplemented the ENVISION budget by 10% each year[2].

During the 2018 ENVISION planning session[3] in Cameroon, it was announced that the ENVISION programme will end in 2019 with a significant reduction of the budget in 2018. The draft of the 2018 budget received by Sightsavers has no budget for school deworming activities. Given the current level of uncertainty over the continuation of funds and operational priorities the Cameroon wish list provides for support in the three regions currently supported by Sightsavers, for:

- All deworming MDAs (2018)
- All STH, SCH, onchocerciasis and LF MDAs (2019)
- The expansion / strengthening of PZQ access to adults and non- enrolled school age children (SAC) (both 2018 and 2019)

Endemicity of STH and schistosomiasis and PCT needs

Nationally, among the 181 health districts:

- 80 and 181 districts are receiving SCH / STH MDA, respectively for SAC.
- More districts are treated for STH than expected by baseline prevalence data since the school based deworming programme (with mebendazole) is national.
- In districts with LF MDA, SAC receive a second round of deworming through the community based distribution of ivermectin and albendazole for LF.

[1] http://www.ntdenvision.org/where_we_work/africa/cameroon

[2] This is our official counterpart funding within the ENVISION agreement.

[3] This meeting had participation of USAID staff, RTI, HKI and other stakeholders

- SAC in districts with SCH prevalence ≥10% receive MDA with praziquantel annually.
- SCH MDA does not extend to those districts that are categorised as low risk districts (where baseline prevalence <10%) nor adults in high risk (>50%) districts.
- The above differs from WHO recommendation to treat: SAC twice during their primary schooling years where prevalence ≥0 but < 10%; SAC every two years where prevalence ≥10 but <50%; SAC and adults annually where prevalence ≥50%.
- MoH treatment policy is currently under revision. This will likely mean availability of praziquantel in health centres in low risk SCH districts and expanded access of praziquantel to adults in high risk districts.
- The strategic position to include adults forms part of the recommendation 'To expand general access to praziquantel treatment' arising from a recent international SCH conference in Cameroon (Towards Elimination of Schistosomiasis (TES) CONFERENCE 22-23/03/2017).

In the North-West (NW), South-West (SW) and West (W) project areas (57 health districts) supported by Sightsavers:

- SCH MDA is supported in 14 health districts (where baseline prevalence exceeds 10% or other surveys / haematuria outbreaks have identified need - see Annex 1).
- SCH MDA is not supported in 20 low risk districts (where prevalence < 10% but >0%)[4].
- SCH MDA does not extend to adults in the three high risk districts (where prevalence ≥50%)[5].
- STH MDA with mebendazole is supported in all 57 health districts of the three regions through the school based platform. This includes treatment in 28 districts that are below the WHO 20% prevalence thresholds for treatment.
- SAC in 51 districts receive a second round of deworming through the ivermectin and albendazole package for LF.
- There are 12 health districts endemic to LF with ≥50% STH prevalence. Given the WHO recommended strategy of providing albendazole to SAC twice a year where prevalence ≥50%, discussions on the impact of stopping the distribution of albendazole through LF MDA in these STH endemic districts is ongoing. The way forward will be determined by the MOH in collaboration with other NGDOs in the year(s) ahead[6].
- School MDA includes non-enrolled children through community mobilization which is aimed at bringing non-enrolled SAC to the school premises during MDA. Effectiveness is however limited.

[4] SCH MDA in these low risk districts has not been included in this wish list as this is not yet part of the national strategy and the MoH hasn't requested support here.

[5] Ako (86%) in the NW, Mbongue (86%) & Ekondo Titi (54%) in SW region

[6] Our wish list to GiveWell may be revised in accordance with this e.g. if support is needed for the distribution of a second round of albendazole

District level SCH and STH prevalence data for the Sightsavers supported districts is provided in Annex 1.

Tentative treatment targets are indicated in Table 1. The SCH/STH SAC targets will be revised and in the case of SCH, extended to adults, following: the completion of SCH/STH epidemiological surveys planned for February 2018; and the finalisation of MoH treatment policy.

Table 1. Indication of programme treatment targets in the SW, NW and W districts

	2018		2019			
	SCH	STH	SCH	STH	LF*	Oncho
Target	254,020	886,710	260,624	909,765	4,069,957	4,374,828

Note: Targets for SCH/STH are calculated as 75% of at risk school age children only

*Preliminary results from recent LF Treatment Assessment Surveys (TAS) are indicative of there being no active transmission of LF in the country and discussions are on the table on when distribution of ivermectin and albendazole will stop.

Framework for M & E

New epidemiological surveys for schistosomiasis and STH are planned for February 2018. It is anticipated these surveys will be partially supported by USAID/HKI ENVISION (in districts exceeding WHO thresholds for MDA and under MDA) and partially by GiveWell/Sightsavers (see GiveWell SBCC project document 1.2). The results from these surveys, combined with high level deliberations on treatment strategy will be used to revise treatment targets.

Strengthening social mobilisation to improve coverage of non-enrolled school aged children

Although the school enrolment rate in Cameroon is 80.9% (EESI 2, Phase 1, INS) it has been recognised that not all school age children are treated through the school based MDA platform. A total of 7,054 schools are targeted in our three supported regions, however our monitoring activities reveal that many unofficial schools are not treated. In addition, reaching non-enrolled children during the deworming campaign is challenging as the community mobilization to date has not been very effective. As a consequence, many non-enrolled children are not treated.

In 2017, due to the strike action in schools, the community strategy was used for deworming SAC in the South West and North West regions. This new approach entailed the full implementation of all community based MDA activities beginning with regional trainings, then district and finally health area training of Community Directed Distributors (CDDs) and social mobilisers. Intensive social mobilisation was carried out to inform and raise awareness of the alternative strategy. The resulting therapeutic coverage was 86.02% - far higher than previous years. Social mobilisers played a key role during the campaign by door to door sensitization of the community and supported the CDDs during administration of the medications and data recording.

In 2018 there will be a possible resumption at schools in both regions. With this, the school based platform will be used as usual for deworming of SAC; however social mobilisation will be strengthened in order to reach non-enrolled children in all the endemic communities.

In addition to refining SCH/STH MDA strategies, activities related to water, sanitation and hygiene practices (WASH) will be conducted in endemic communities and schools in the framework of the GiveWell project for SBCC. An impact survey will be conducted in 2018 to ascertain the scope of this project and will help to determine areas where social behaviour change communication will be implemented.