

## Deworming Wish list – Guinea Conakry 2018 – 19, explanatory narrative

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### Endemicity of STH & schistosomiasis and PCT needs

Among the 38 health districts in Guinea Conakry, schisto and STH are endemic in 31 and 17 health districts respectively, and are co-endemic in 15 health districts (see Annex 1 and Figure 1).

Mass drug administration for schistosomiasis is currently supported by:

- Helen Keller International (HKI) / USAID through the ENVISION project in 21 districts
- Organisation pour la Mise en Valeur du Fleuve Sénégal (OMVS) in two districts
- Sightsavers (through Givewell) in 3 districts (N'Zérékoré, Lola and Yomou)

**Based on the above, 5 districts are in need of support** (see Annex 1).

Mass drug administration for STH is currently supported by:

- Helen Keller International (HKI) / USAID through the ENVISION project in 13 districts
- Organisation pour la Mise en Valeur du Fleuve Sénégal in two districts
- Sightsavers (through Givewell) in 3 districts (N'Zérékoré, Lola and Yomou)

**Based on the above, no additional districts need to be supported for STH** (see Annex 1).

The WHO recommended treatment schistosomiasis MDA schedules for health districts in Guinea Conakry are summarised in Table 1. In accordance with WHO guidelines, the number of districts needing schisto MDA can change from one year to another.

Table 1: WHO recommended schistosomiasis treatment schedules for health districts (HDs) in Guinea Conakry. The endemicity categories have been defined according to parasitological methods.

Endemicity	No. of health districts	PZQ treatment schedule				
		2016	2017	2018	2019	2020
High risk ( $\geq 50\%$ )	12	X	X	X	X	X
Moderate ( $\geq 10$ but $< 50\%$ )	2*					
	5			X		X
Low ( $\geq 0$ but $< 10\%$ )	5			X		X
	7		X			X
<b>Total HDs</b>	<b>31</b>	<b>14</b>	<b>21</b>	<b>24</b>	<b>14</b>	<b>31</b>

\*These two health districts have a moderate prevalence of 46% and 49%, so the PNLOC/MTN decided to follow the treatment protocol for high endemicity (because they are close to 50% high prevalence) and because they border high prevalence health districts.

Figure 1: Prevalence of Schistosomiasis and Soil Transmitted Helminths in Guinea Conakry

### SITUATION DU SCHISTOSOMIASE EN GUINEE

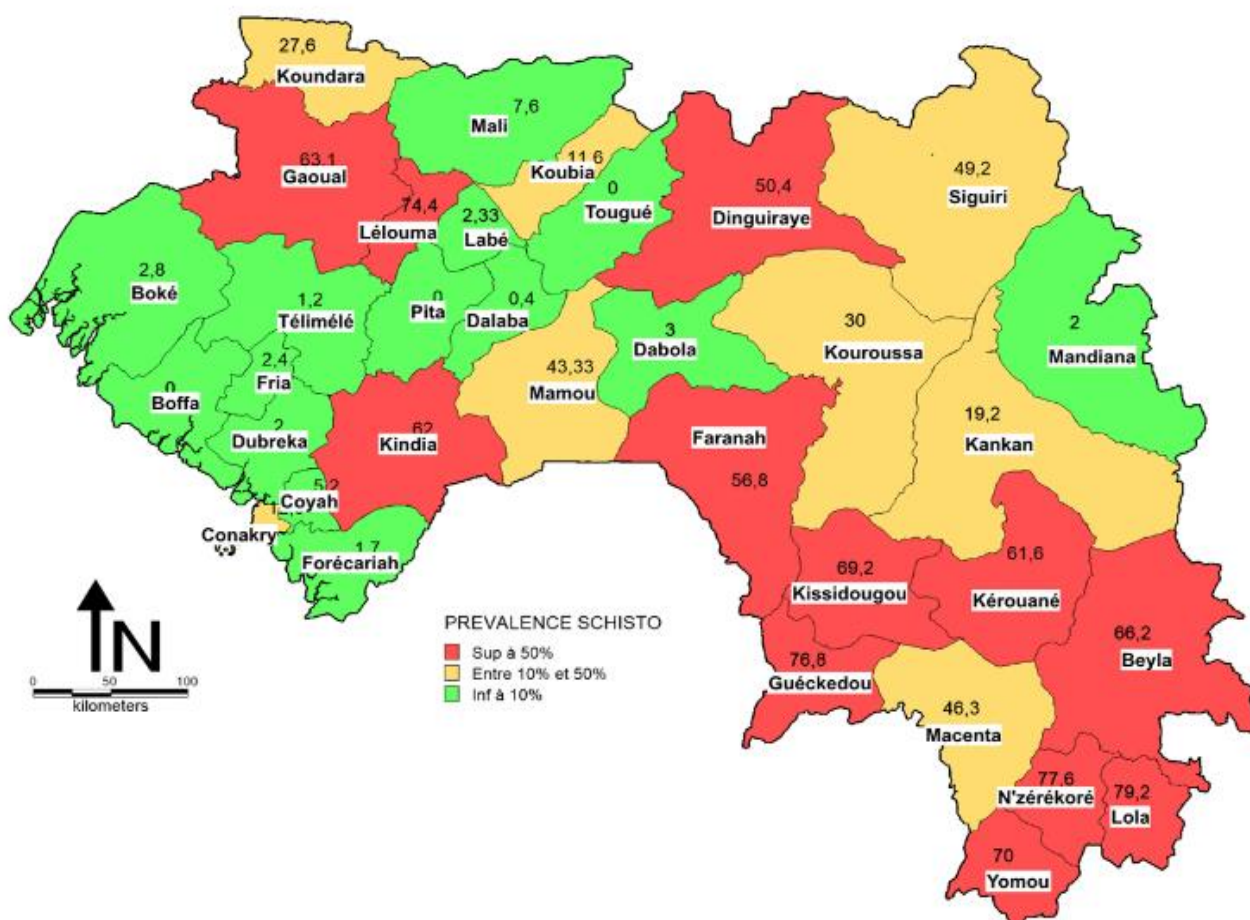
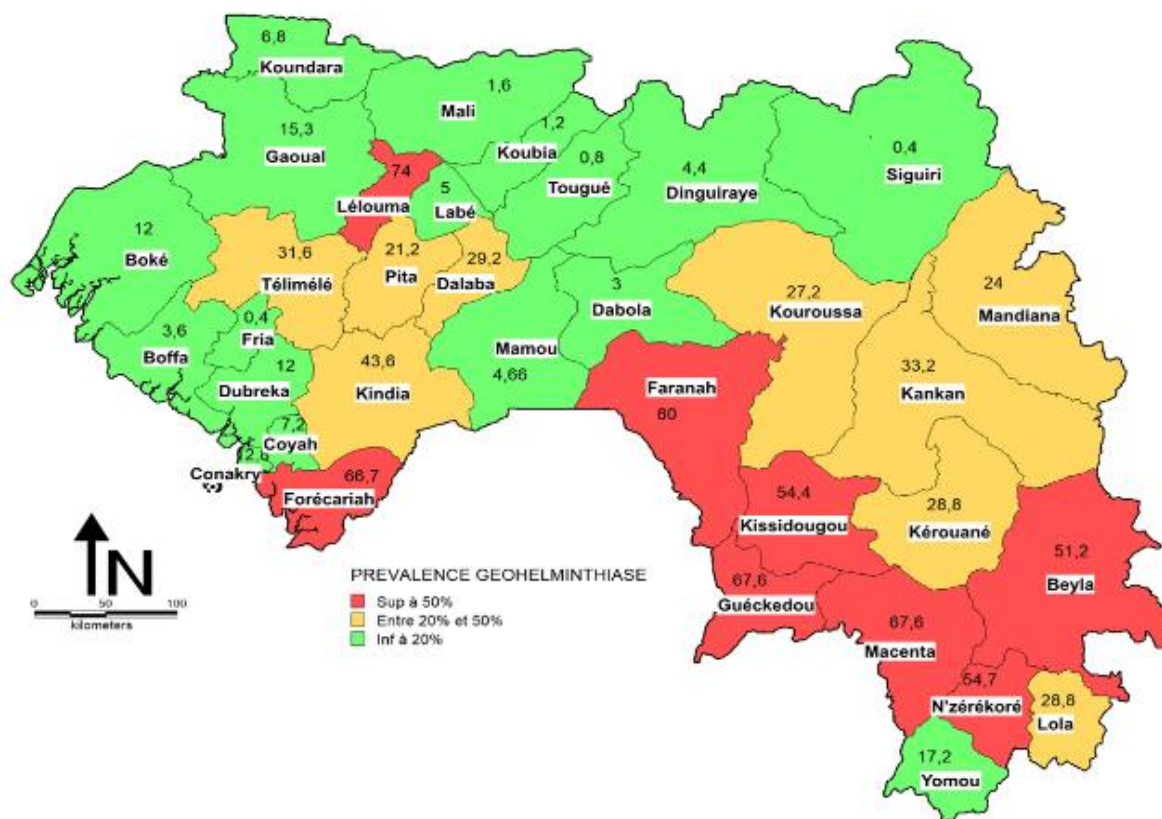


Figure 1 cont: Prevalence of Schistosomiasis and Soil Transmitted Helminths in Guinea Conakry

## SITUATION DES GEOHELMINTHIASES EN GUINEE



### Geographic expansion of support in Guinea Conakry

In order to achieve 100% geographic coverage for schistosomiasis MDA the Ministry of Health (MoH) has requested that Sightsavers provide support for **the first year of schistosomiasis MDA** with praziquantel in the five health districts<sup>1</sup> of:

- **Conakry region:** Ratoma (schisto 10.4%, STH 9.6%) and Matoto (schisto 12.9%, STH 7.6%)
- **Kindia region;** Coyah (schisto 5.2%, STH 7.2%) and Dubréka (schisto 2.0%, STH 12%)
- **Boké region:** Fria (schisto 2.4%, STH 0.4%)

The prevalence of STH in these five health districts is below the WHO threshold for MDA.

In these five districts, the estimated population of school age children (SAC) and targeted number of schools to be reached in 2018 is 548,346 and 1,541 respectively (see Annexes 1 and 2). None of these districts are included in 2019 schistosomiasis

<sup>1</sup> Please note these districts were not included in Sightsavers' previous 2017 request to GiveWell as the MoH makes requests based on annual plans and these districts were not due for treatment in 2017.

MDA targets due to the low prevalence of schistosomiasis in these districts (2.4-12.9%). See Table 1 for WHO recommended PZQ treatment schedules.

To achieve the above, the following number of people will be trained:

- 3,082 teachers (based on two teachers in each of the 1,541 schools)
- 68 health workers (based on two health workers in each of 43 health centres)
- 1,097 community drug distributors (based on each CDD being able to reach 200 persons per day, for a period of 5 days)

See Annex 2 for full details.

Since the Guinea forest is a post Ebola affected region, particular emphasis will be placed on social mobilisation and sensitisation efforts.

As with the existing districts supported by GiveWell, treatment coverage surveys will be used to assess programme performance.

Since this is a new programme area, sentinel sites will be established prior to the commencement of any MDA activities.

### **Programme Management**

Support for programme management will be leveraged from existing GiveWell / Sightsavers' supported activities.

In this current submission, budget lines have been included to extend the Monitoring and Evaluation Officer and short-term finance positions (currently supported by GiveWell) to the end of 2018 and into 2019. These roles are considered critical to ensure the necessary support for implementation and reporting.

### **Sightsavers strategic logic for expansion**

Sightsavers is committed to supporting the Government of Guinea Conakry to reach full geographic coverage for the PCT NTDs.

In the newly proposed regions, Sightsavers is already supporting:

- Trichiasis interventions in Boke region;
- Onchocerciasis interventions in Kindia region (Forécariah and Kindia districts);
- National level coordination activities in Conakry region.

As such, the proposed work will benefit from existing relationships with government officials and infrastructure / other support structures already in place.

### **Proposed expansion of target groups (in existing districts)**

In the three districts already supported by Sightsavers/GiveWell the prevalence of schistosomiasis (N'Zérékoré (77.7%), Lola (79.2%), Yomou (70%)) is above the WHO prevalence threshold for the treatment of adults. As such, the MoH has requested Sightsavers to extend support to adults.

WHO has already approved the use of praziquantel for adults if the necessary funding can be sourced. The 2018 estimated population of adults in the three districts is 409,743 (see Annex 1).

### Strengthening capacity and M & E and supervision in existing project area

In the N'Zérékoré region, following the recent TCS support is being requested to implement the review meeting recommendation for the use of independent supervisors (one per district) during the MDA. Given the high prevalence of schistosomiasis in these three districts, and moreover the proposed inclusion of adults from 2018, this intervention is considered absolutely critical. Furthermore, in Yomou district the estimated school enrolment rate is only 47.7%<sup>2</sup>. These independent supervisors will be responsible for both the monitoring and strengthening of drug delivery and supervision structures. See Box 1 for explanation of government supervision structures.

The performance and impact of the programme in the N'Zérékoré region will be assessed through support for:

- additional treatment coverage surveys (likely one in N'Zérékoré district to do follow up from 2017 TCS and one in Lola or Yomou);
- an impact assessment (please note, third round MDA is scheduled for Feb 2019)

#### **Box 1: Government supervision structures**

At the national level, PNLOC/MTN supervisors from a team of certified personnel and Sightsavers staff are deployed in each health district where a campaign is planned. These national supervisors oversee preparation meetings, training for health centre workers, drug distributions, and the prefectural summary at the end of the campaign.

At the regional level, a team of regional supervisors (with support from national supervisors) oversee the training, distributions, and make recommendations to their health district.

At the health district level, the district's team members supervise the heads of the health centres, who in turn supervise the CDDs. The supervision of MDA conducted by the CDDs may be done jointly with the national, regional, and health district level supervisors. The distribution team's role is, first, to measure the height of the person to be treated, administer the drug, and, last, record the cases.

The PNLOC/MTN team and Sightsavers will ensure that supervision is performed in a rigorous manner. The team will support this supervision by helping the health districts prepare action plans and updating the monitoring tools for the supervision visits. We will support the incorporation of the lessons learned in prior years so that the most relevant aspects of the MDA are monitored and reported on and, in particular, the appropriate corrective measures are taken.

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<sup>2</sup> In N'Zérékoré and Lola districts school enrolment rate is estimated at 94.8% and 74.2% respectively.

### Proposed support for WASH (in existing districts)

Hygiene and access to, and use of, water and sanitation facilities are vital for the control of schisto/STH morbidity and transition to interruption of transmission<sup>3</sup>.

As a key part of this project, WASH activities will be undertaken in the Forest region where Guinea Conakry has the highest prevalence of Schisto (over 70%) and potable water access is poor (33%-N'Zérékoré, 30%-Yomou and 40%-Lola (2016)). Details on the proposed intervention are provided in document 19.1, Table 2. The WASH project outcome is defined as 'Measurable positive change in hygiene and sanitation behaviour related to the risk factors associated with Schisto/STH within the timeframe of the project'.

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<sup>3</sup> King CH (2017) The evolving schistosomiasis agenda 2007-2017—Why we are moving beyond morbidity control toward elimination of transmission. *PLoS Negl Trop Dis* 11(4): e0005517; Gurarie D, Yoon N, Li E, Ndeffo-Mbah M, Durham D, Phillips AE, et al. Modelling control of *Schistosoma haematobium* infection: predictions of the long-term impact of mass drug administration in Africa. *Parasite Vectors*. 2015;8(1):529; Grimes JET, Croll D, Harrison WE, Utzinger J, Freeman MC, et al. (2014) The relationship between water, sanitation and schistosomiasis: a systematic review and meta-analysis. *PLoS Negl Trop Dis* 8: e3296. pmid:25474705; Anderson RM, Truscott JE, Hollingsworth TD. The coverage and frequency of mass drug administration required to eliminate persistent transmission of soil-transmitted helminths. *Philos Trans R Soc Lond Ser B Biol Sci*. 2014;369(1645):20130435.

