

Introduction:

The World Health Organization (WHO) NTD roadmap aims to eliminate Schistosomiasis (SCH) and Soil-transmitted helminthiasis (STH) as public health problems by 2030. Evidence-based decision-making is a critical part of the M&E framework in the NTD roadmap, specifically highlighting the need for systematic data collection from baseline mapping to post-treatment impact assessment. For this purpose, the USAID-funded Act to End Neglected Tropical Diseases (NTDs) programs | West and East developed an Excel-based SCH-STH tracker to consolidate Disease-Specific Assessment (DSA) data for SCH and STH.

Methods:

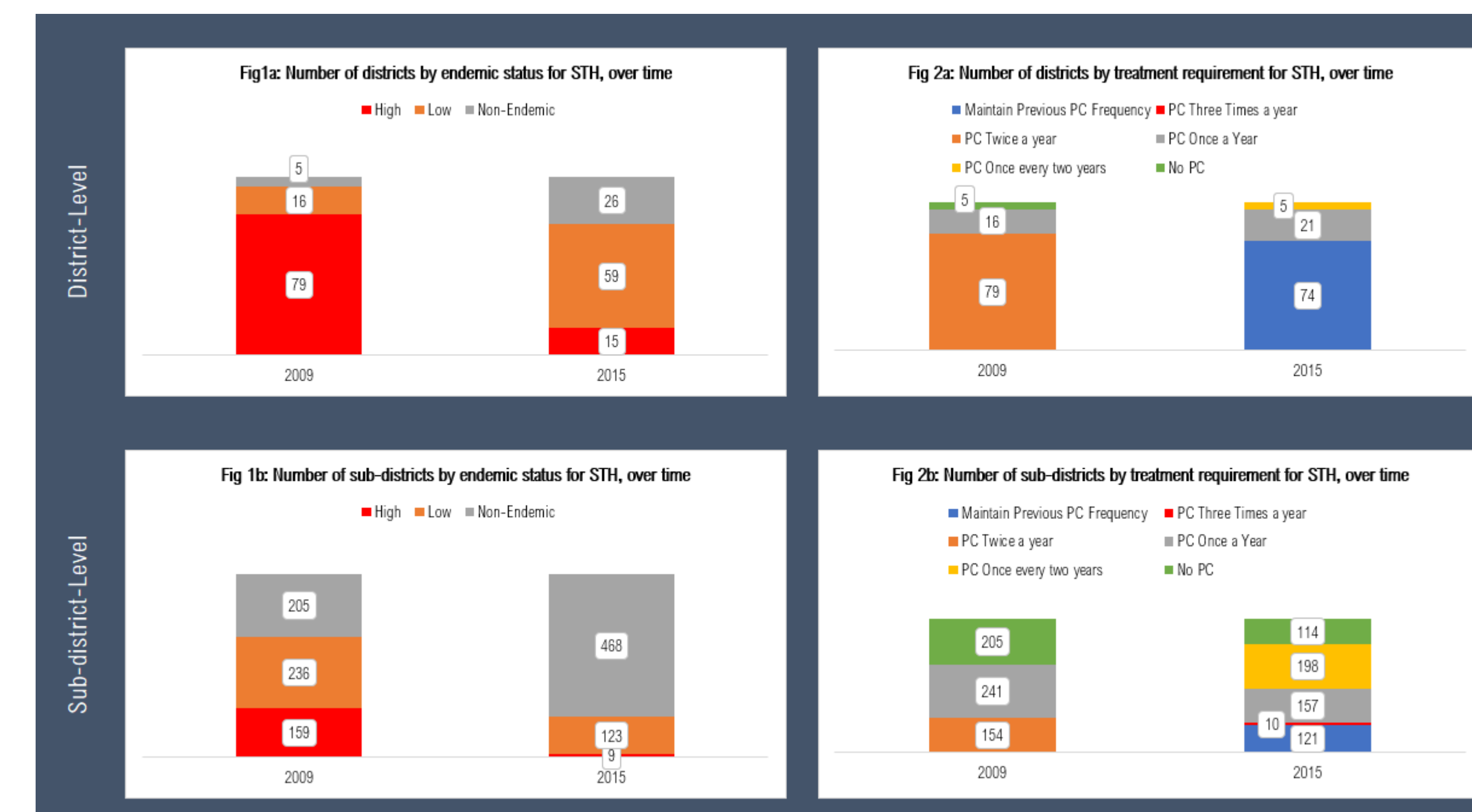
Data was first populated at the most granular level (site/community) and automatically aggregated at both the sub-district and/or district. Mass Drug Administration (MDA) related indicators, such as coverage and number of treatment rounds, were incorporated with the prevalence data in the dashboard to obtain the entire picture of SCH-STH control progress in the country. We created pivot tables using site-level information to identify the number of districts/sub-districts eligible for impact assessments (as per WHO guidelines, that is, implementation units that have conducted at least five rounds of effective MDA), which allowed chart updates seamlessly as new data was entered into the tracker.

Results:

To improve the use of data for decision-making and to communicate the results of surveys visually, we created an MS excel-based dashboard based on survey data in the SCH-STH tracker. In brief, the dashboard provides a visualization of the number of endemic districts/ sub-districts, the number of districts/sub-districts by recommended treatment strategy, and the proportion of districts/sub-districts meeting WHO treatment guidelines¹. It also enables countries to track the number of districts/sub-districts eligible for assessment.

Soil-transmitted helminth (STH) charts

Endemicity and Treatment Requirement



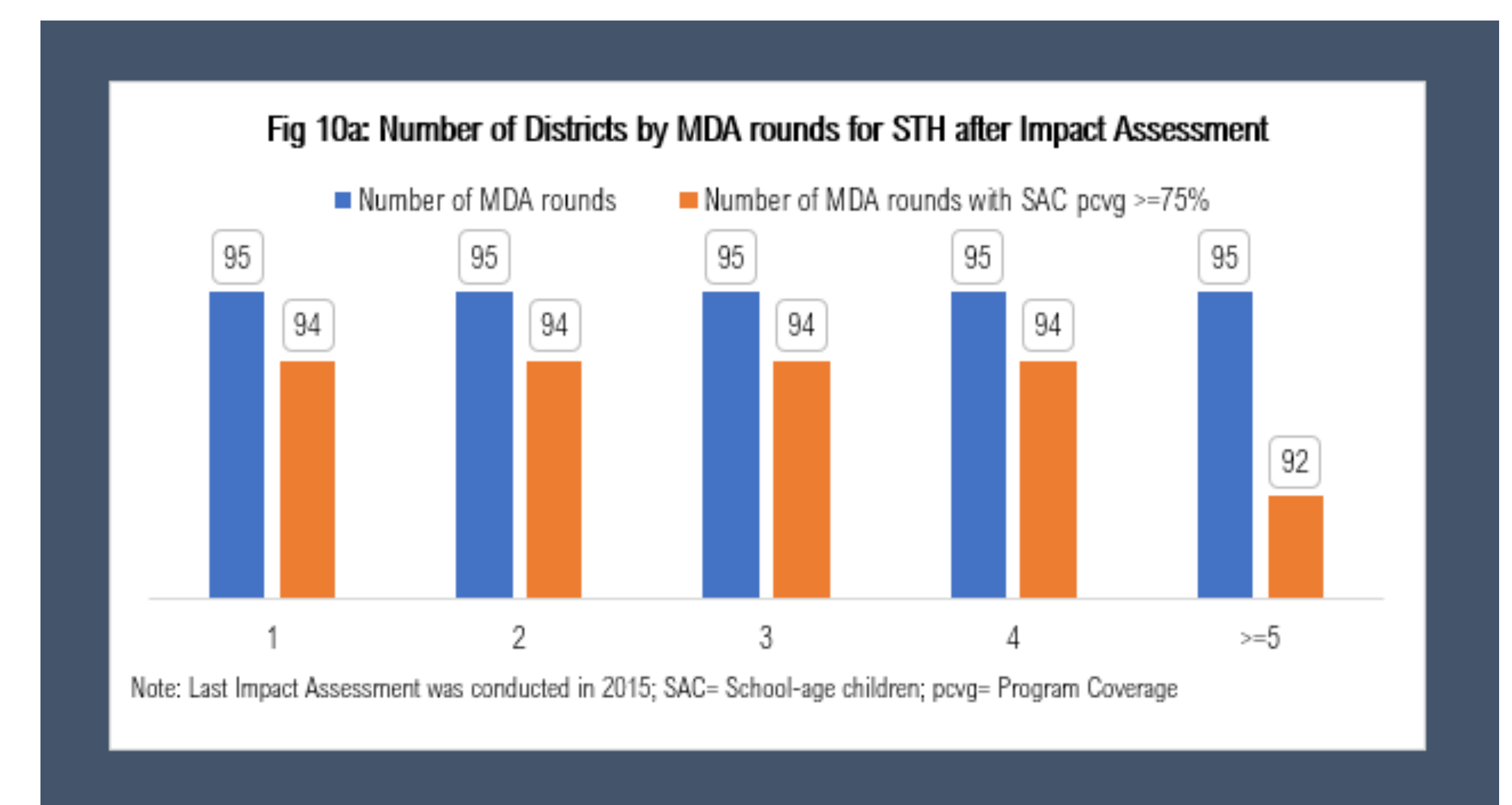
Note: Fig 1a and 1b show the difference in endemicity between district and sub-district levels using data from a dummy country at two different time points that is years 2009 and 2015. While fig 2a and 2b show treatment requirements according to WHO guidelines at district and sub-district levels during the same period

Programmatic Treatment Decision in comparison with WHO treatment guideline



Note: Fig 4a and 4b show the difference in programmatic treatment decisions between district and sub-district levels using data from a dummy country at two different time points that is years 2009 and 2015. While fig 5a and 5b show whether programmatic treatment conclusions meet treatment requirements according to WHO guidelines at district and sub-district levels during the same period

MDA Rounds with Sufficient Coverage



Note: Fig 10a shows the total number of MDA rounds conducted after the last assessment (the year 2015) and how many of them had sufficient coverage (SAC pcvg >= 75%). The data is from a dummy country. This shows districts getting qualified to conduct the following assessment. The current data system doesn't support sub-district-level MDA rounds.

Discussion:

The Act | West/East SCH-STH tracker and dashboard complement the ESPEN Schistosomiasis Community Tool for evidence-based decision-making and advocacy both for in-country sustainability planning and donor data requests.

References:

1. World Health Organization. (2011). Helminth control in school-age children: a guide for managers of control programmes, 2nd ed. World Health Organization. <https://apps.who.int/iris/handle/10665/44671>

Acknowledgments:

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