

PROGRAMME TITLE: INTEGRATED CONTROL OF SCHISTOSOMIASIS AND INTESTINAL HELMINTHS IN SUB-SAHARAN AFRICA

Client	Department for International Development (DFID), UK
Partners	Schistosomiasis Control Initiative (SCI), Imperial College, UK Centre for Neglected Tropical Disease (CNTD), Liverpool School of Tropical Medicine, UK Crown Agents (CA), UK
Years	2010-2016

CONTEXT

The purpose of the DFID funded programme Integrated Control of Schistosomiasis and Intestinal Helminths in sub-Saharan Africa (ICOSA) is to reduce morbidity and mortality by delivering 75 million treatments for schistosomiasis and intestinal helminthes in eight African countries over six years. The focus of this project is the provision of chemotherapy through mass drug administration (MDA) to school aged children and high risk adults. The Schistosomiasis Control Initiative (SCI) and Centre for Neglected Tropical Disease (CNTD) provide technical assistance and other support to governments in the design and implementation of programmes. Key to achieving this is securing government commitment to neglected tropical disease (NTD) control in countries where this does not already exist and working effectively with governments, other donors and agencies where NTD programmes are already established. CNTD provides support to 3 countries (Zambia, Mozambique and Liberia), whilst SCI provides support to 5 countries (Uganda, Malawi, Niger, Tanzania and Cote D'Ivoire). CNTD also leads on monitoring and evaluation across the programme.

PROGRAMME OBJECTIVES

The objectives consist of the necessary steps to deliver treatments to recipients. These include:

1. Priority areas identified through mapping of infected populations
2. National Strategic Plans developed in selected countries
3. Drugs procured and delivered to countries
4. Project countries implementing MDA for schistosomiasis and intestinal helminths
5. Improved programme efficiency through comprehensive monitoring and evaluation.

APPROACH

SCI and CNTD will adopt a flexible and phased approach to implementation based on the requirements for each country and their extensive experience across diverse endemic settings. In general, the approach comprises three main phases:

1. Planning and inception: including comprehensive mapping of disease endemicity; funding gap analysis (to capture the inputs of all stakeholders and identify areas for priority investment); development of the national strategic plan.
2. Implementation phase: involving all activities relevant to MDA, including detailing procurement requirements; undertaking relevant capacity-building, implementing social mobilisation and health education strategies; and providing treatment.
3. Monitoring and evaluation: inclusive of all process and outcome indicators, including health, social and cost measures of the programme. The results will be used to modify, refine and strengthen programme delivery.

EXPECTED OUTCOMES

Seventy-five million treatments for schistosomiasis and intestinal helminths in eight African countries successfully delivered to recipients over six years. Countries without strategic plans for NTDs will be assisted in developing them. Baseline prevalence surveys will be conducted in countries, such as Liberia, that do not yet have good quality data on disease prevalence. Throughout the lifetime of the programme all countries will be assisted to undertake MDA of praziquantel and albendazole for school age children. Programme efficiency will be improved through the development and implementation of a comprehensive monitoring and evaluation strategy.

RESULTS TO DATE

The implementation plan has been agreed by DFID and procurement of equipment and drugs is underway.

MDA activities have been started working with the Government of Mozambique.

Mapping is planned to start soon in Liberia and Zambia.