

Sightsavers Deworming Program – Democratic Republic of Congo (DRC) GiveWell Wishlist Schistosomiasis (SCH) / Soil Transmitted Helminth (STH) Project Narrative

Country: DRC

Location (regions): National scoping exercise – 26 provinces. 16 provinces proposed for GiveWell SCH/STH funding.

Duration of project: 3 years

Start date: April 2023¹

Goal

Reduction in the prevalence and intensity of SCH and STH amongst school age children.

Outcome

School aged children (SAC) between 5-14 years, and adults where prevalence dictates and drugs are available, within the intervention zone are effectively treated with mebendazole/ albendazole and praziquantel as required.

Program implementation areas

This DRC Wishlist 7 proposal looks to fill the funding gap left by the UK government's spending cuts to overseas aid. The reduction in funding impacted the Sightsavers led Ascend NTD program in West and central Africa. Proposed work will help to control SCH and STH in compliance with the National NTD Program policies and ensure recent progress in controlling SCH and STH is not lost.

At the request of GiveWell, Sightsavers carried out a scoping exercise in 2022. This exercise sourced information on SCH and STH in all 26 provinces, of which 16 have confirmed SCH/STH funding gaps from 2023. Where unfunded provinces reach GiveWell's cost effectiveness thresholds, Sightsavers will look more in depth at the feasibility of supporting these provinces, as well as the predicted dates of LF TAS1 surveys and how that might affect STH treatments.

DRC is split into 26 provinces, 518 districts (IUs), 9,144 Aire de santé (sub-districts); of which 6,094 have been classified as endemic for SCH. STH is endemic in 284 districts, though co-endemicity with LF and the overlap of drugs used for LF and STH MDA mean that only 155 require specific treatment for STH. 7 provinces were without funding for SCH/STH MDA in 2022, 16 provinces look to be without funding for 2023 - 2026 rounds of MDA. These provinces are; Bas Uele, Haut Katanga, Haut Lomami, Tanganyika, Haut Uele, Ituri, Kasai, Kasai Central, Kasai Oriental, Lomami, Kinshasa, Kongo Central, Sud Kivu, Nord Ubangi, Mai Ndombe and Tshopo.

Sightsavers has been delivering MDA for NTDs in DRC since 2011 and has used GiveWell funding to support deworming treatments in Ituri province since 2017. Sightsavers provides support for this work through the United Front Against River blindness (UFAR), which has been involved in the control and elimination of NTDs in DRC since 2006. As well as working with Sightsavers in Ituri, UFAR have been implementing partners for the END Fund and Schistosomiasis Control Initiative Foundation (SCIF), having supported NTD programs in a total

¹ If funding is secured for a large number of provinces in DRC, Sightsavers may decide to stagger project start times

of 19 provinces. If successful in this Wishlist proposal, Sightsavers would continue to support and expand its deworming work in DRC in partnership with UFAR.

Ascend West² the UK government Foreign Commonwealth and Development Office (FCDO) flagship NTD program in the region (until its early closure in March 2021) delivered its final round of SCH/STH MDA in July-August 2021. In 2021 treatment for SCH was delivered in 179 districts spread over 23 provinces³. Since then, Sightsavers has utilized GiveWell funding to deliver 1 round of MDA in Ituri province (Aug/Sept 2022).

In 2016, the World Health Organization (WHO) recommended the following in DRC;

- that DRC assesses the magnitude of NTDs and the activities of neglected tropical disease control programs;
- strengthening capacity to control NTDs by allocating resources and developing programs that are appropriately targeted, integrated and aligned with the National Health Development Plan (NHDP);
- development of action plans for scaling up the control of NTDs, considering current regional targets for control, elimination, or eradication of these diseases;
- and strengthening partnership at the national level, including the private sector, to harness the renewed interest and commitment to poverty reduction.

Total expenditure on health in DRC stands at 4.33% of GDP, amounting to approximately US\$12 per capita per year. 8% of the national health expenditure comes from international non-governmental organizations (NGOs)⁴.

By continuing to support deworming MDA at scale in DRC, Sightsavers will be contributing to the strategic priorities of the National NTD program,⁵ Depending on funding levels, this proposed program could treat approximately 20 million school aged children⁶ over 3 years.

Prevalence

WHO have expressed concerns regarding the suitability of using district-based prevalence data to determine delivery of MDA for SCH. This is based on the argument that populations are either under treated or over treated with donated praziquantel (PZQ), as district data does not reflect the high focality of SCH⁷. As a result, there are growing concerns around the efficiency of the district approach to the targeting of donated PZQ, and sub-optimal utilization of site level epidemiological data⁸.

In collaboration with Sightsavers and other NGDO partners, WHO/ESPEN is supporting countries on better utilization of donated PZQ through subdistrict analysis of endemicity data to achieve treatment optimization. This requires review of subdistrict level datasets, to adjust MDA

² managed by a consortium led by Sightsavers

³ 1-Données traitement SCH-STH-LF 2017-2021

⁴ World Bank. The World Bank in DRC. <https://www.worldbank.org/en/country/drc/overview> [accessed April 2022].

⁵ République Démocratique Du Congo Ministère De La Sante Publique. Plan stratégique de lutte contre les maladies tropicales négligées à chimiothérapie préventive. 2016-2020

⁶ If funding is secured for a large number of provinces in DRC, Sightsavers may decide to stagger project start times.

⁷ <http://espen.afro.who.int/system/files/content/resources/Data%20Analysis%20Summary%20Report.pdf>

⁸ http://espen.afro.who.int/system/files/content/resources/Schistosomiasis%20Data%20analysis%20tool%20-%20Presentation%20%2820190724_English%29.pdf

delivery to smaller implementation units in endemic areas. This activity will require exploration and utilization of epidemiological, demographic, geographic and ecological datasets for MDA decision making and drug procurement⁹.

Ministries of Health across Africa have been trained by ESPEN in subdistrict analysis. Workshops were organized at the WHO Regional Office in Brazzaville, Congo for Francophone (July 2019) and Anglophone (August 2019) countries. New SCH/STH experts were inducted in Brazzaville from October 2019 to expand the WHO/ESPEN pool of consultants expected to support countries in rolling out this approach.

This has culminated in countries being asked to complete a subdistrict analysis workbook, where each subdistrict is assigned an endemicity category based on epidemiological, demographic, and geographic/environmental data. After completing quality check for datasets provided, entry and processing is done using a Microsoft Excel spreadsheet designed by ESPEN and other software like; ArcGIS, QGIS, R Programming language and MS Access, to deliver an analysis plan. Once the country has completed the analysis plan and outputs are ready, a final decision is made by the country to fill any data gaps (assign endemicity category at the sub-district level) and decide where MDA is required.

Prevalence categorization of sub-districts in DRC

SCH Category of final endemicity	Number of subdistricts in DRC
Low	3,102
High	406
Moderate	2,586
Non endemic	3,050
Grand Total	9,144

The scoping documents contain both data and narrative reports from the various SCH and STH mappings that have been done in DRC to date, as well as the SCH subdistrict workbook for DRC.

SCH treatment numbers in this proposal have been calculated based on subdistrict endemicity categories, as per the subdistrict analysis workbook, but are also shown in the traditional GiveWell format aggregated to district level against the district level point prevalence data.

STH treatments are only given at the district level. After 5 rounds of effective LF MDA, a transmission assessment survey (TAS1) is conducted to see if LF prevalence has reached the threshold below which annual LF MDA is not required. The STH targets in this proposal assume a donor is found to support the LF MDA and that LF MDA continues in endemic districts throughout the 3 years proposed. There are currently LF funding gaps in many provinces and the ESPEN forecast shows that 76 IUs are predicted to be eligible for TAS1 in 2022/23. If GiveWell are interested in funding deworming in any of the proposed SCH/STH provinces, more information will be gathered on LF funding status and potential timings of TAS1 to update STH targets in LF co-endemic IUs. Depending on TAS survey results and the availability of LF funding, the number of SAC needing STH treatments could increase substantially.

⁹ http://www1.paho.org/english/gov/ce/ce128_25-e.pdf

Please see the attached spreadsheet, 'DRC treatment data GW format' for the full prevalence detail and treatment targets by district.

In February 2022, WHO published a new guideline¹⁰ on the control and elimination of human SCH. In this guideline, WHO recommended a new treatment strategy for MDA, amongst other non-MDA interventions. The new SCH subdistrict MDA guideline is summarized in the table below.

New WHO sub-district MDA guidance

SCH endemicity at sub-district level	New WHO strategy
High risk ($\geq 50\%$)	Treat SAC and adults every year
Moderate risk (≥ 10 but $< 50\%$)	Treat SAC and adults every year
Low risk (≥ 0 but $< 10\%$)	<i>If never treated before: do not treat with MDA</i> <i>If treated previously: may continue with old strategy (once every 3 years)</i>

According to WHO treatment guidelines, an impact survey should be conducted after 5-6 years of preventive chemotherapy for SCH and STH, to guide program adaptation to the new epidemiological status of each eligible district.

Without results from these surveys national programs are unable to determine where to scale-down or intensify MDA. Sightsavers would like to move toward a model where subdistricts are able to stop MDA and transition to a more sustainable test and treat approach through the primary health system depending on impact survey results¹¹. A test and treat strategy is not reflected in this Wishlist application, which is purely for MDA to SAC (and adults in consultation with GiveWell, should the drugs become available), in line with the WHO guidelines.

Although PZQ might now be more regularly donated for adult treatment, Sightsavers understands that GiveWell primarily seeks to deworm SAC. Should PZQ be available for adult treatment, we will calculate the number of adults that meet the new WHO criteria for treatment and, in consultation with GiveWell, we will consider the cost effectiveness/feasibility of adult treatments with GiveWell recommended funds. The same will be true for pre-SAC when the oral formula of PZQ becomes available.

Key output indicator targets (16 provinces)

	Year 7	Year 8	Year 9
No. of school aged children between 5-14 years treated for SCH	12,641,023*	7,389,762	7,604,065
No. of school aged children between 5-14 years treated for STH	5,930,379	6,102,360	6,279,328

*Assumption that low prevalence IUs that have previously received MDA will require treatment only in year 7.

As STH is targeted at the district and SCH at the subdistrict level, targets for SCH and STH in the same district may vary. In a district endemic to STH all subdistricts will be targeted, whereas in the same district, it is possible that not all subdistricts will require SCH and as such, the target will be lower.

¹⁰ <https://www.who.int/publications/i/item/9789240041608>

¹¹ Impact surveys are not included in this proposal.

Adult targets have been included in the treatment data spreadsheet to demonstrate scale if ESPEN allocate PZQ for adult use in DRC. There is currently provision for adult treatments in the budget.

Summary of planned budget (16 provinces)

	Year 7	Year 8	Year 9	Total
Planned program costs	\$7,461,839	\$5,601,603	\$5,747,242	\$18,810,658

Please see the attached **WL 7 Budget** updated with the DRC budget, for more detail.

Implementation

A hybrid platform has been used to date in DRC to treat SAC in schools and communities. Most treatments take place in school, with out of school children treated in the communities. It is expected that a hybrid platform will continue to be used in DRC with subdistrict level treatments. If in the future, PZQ is provided to treat a much higher proportion of adults, in addition to SAC, Sightsavers will work with the MoH and UFAR, and in consultation with GiveWell, to see if a solely community-based platform would be more efficient and cost effective.

At the end of this three-year grant, a total number of 18,312,067 treatments would be delivered for school aged children against STH and 27,634,850 against SCH, representing approximately 12 million SAC per year across the 16 provinces.

Monitoring and evaluation

In addition to central and provincial level monitoring and supervision taking place during the MDA activities, we are currently exploring potential changes to our SCH/STH MDA monitoring process and use of CESs. Our new Epidemiological Investigation Unit is looking at targeting more efforts to strengthen support supervision and real-time monitoring of SCH/STH MDA coverage. This will allow for the more effective use of resources and ensure immediate remedial action of any issues identified, as MDA is on-going.

A Quality Standards Assessment Tool (QSAT), used to appraise the program's performance, will be scheduled between 2023-2026. The budget includes 1 QSAT in each province staggered over the 3 year period. The phasing of QSATs each year will be dependent on the total number of provinces funded and the availability of MoH, Sightsavers and UFAR staff to be involved.

Feedback will be collected during technical meetings after MDA campaigns and during NTDs steering committees, and coordination meetings.

Feedback from beneficiaries will be collected in the field through beneficiary feedback questions included in the CES and narrative reports and utilized to make programmatic improvements.

Other funding opportunities/fungibility

Our scoping exercise has been unable to identify funders for SCH/STH in 7 provinces for rounds of MDA due in 2022 and has been unable to identify funders for 16¹² provinces for 2023 - 2026 MDA.

Sightsavers, Schistosomiasis Control Initiative Foundation (SCIF), END Fund, Christian Blind Mission International (CBM), and the Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN) have working relationships with, and provide financial support to, the national NTD program and United Front Against River blindness (UFAR). **Annex 1** lists the activities supported (or previously supported but now without funding) by each partner as of April 2022. Activities not included in this table have no financial support.

See **Annex 2** for a summary of ESPEN's position. Since the withdrawal of FCDO and United States Agency for International Development (USAID) funding and closure of the Liverpool School of Tropical Medicine (LSTM) office in DRC, the combined financial capability is insufficient to achieve the country's elimination or control goals.

UFAR is an established NTD implementing partner in DRC, with a presence in 16 of the 26 provinces. Founded in 2004, UFAR has operational offices in Kinshasa and Kasongo. In 2011, UFAR and Sightsavers began to work together to implement OV/LF, SCH/STH MDA across Ituri. It has been important for Sightsavers to work through an organization with detailed knowledge of DRC and the technical knowledge and judgement needed to operate effectively. UFAR acts as an effective proxy Sightsavers office, through which Sightsavers communicates and works with the national NTD program. Sightsavers has been investing in UFAR's financial and technical capacity since the partnership began and will continue to do so. Regular calls between Sightsavers, UFAR and MoH, and monthly partner calls are valued. **Annex 3** demonstrates the extent of UFAR's geographic reach and technical capability to implement MDA at scale.

Sightsavers has supported OV/LF, SCH/STH in DRC since 2011, contributing about \$21 million over 9 years, including \$8.1m through Ascend and around \$600k from GiveWell. Prior to the UK government Ascend West, activities were funded through the UK government aid program, DFID AidMatch and GiveWell. Support to DRC through the Sightsavers led Ascend West program was significant, helping to deliver approximately 137 million treatments across 16 provinces, in collaboration with SCIF and LSTM. See '**Costs for treatment coverage by disease**'.

Between 2017 and September 2021, Tropical Data has provided technical support for trachoma baseline and impact surveys in 138 IUs. See **Annex 4** for details of Sightsavers' past support in DRC. 1.6. NTD Gaps

DRC has recently lost a significant amount of donor funding, leaving gaps in every province for each of the 5 PC NTDs. As of 2021, approximately 86 million people across 500 IUs require (PC) treatment for at least one PC NTD. A sizeable proportion of current gaps result from the withdrawal of FCDO funding. Refer to **Annex 1** for current funding commitments by each partner and current funding gaps for annual MDA, and surveys.

¹² The 7 provinces without funding in 2022 are also without funding in 2023 and included in the list of 16 provinces in need of support for MDA from 2023 – 2026.

Annex 1: Activities supported by each partner in 2022

Partner	Funding source	Province	# IUs	Activities supported
UFAR	Sightsavers	Ituri	21	MDA (Oncho, LF, SCH, STH)
UFAR	Sightsavers	Ituri	12	MDA (Oncho, LF, SCH, STH)
UFAR	END Fund	Kwango	14	MDA (Oncho, LF, SCH, STH, TRA), M&E (Pre-TAS, TAS, DQA)
UFAR	END Fund	Kwilu	20	MDA (Oncho, LF, SCH, STH, TRA), M&E (Pre-TAS, TAS, DQA)
UFAR	END Fund	Lualaba	5	MDA (Oncho, LF, SCH, STH, TRA), M&E (Pre-TAS, TAS, DQA)
UFAR	END Fund	Maniema	18	MDA (Oncho, LF, SCH, STH, TRA), M&E (Pre-TAS, TAS, DQA)
UFAR	END Fund	Sankuru	16	MDA (Oncho, LF, SCH, STH, TRA), M&E (Pre-TAS, TAS, DQA)
UFAR	END Fund & SCIF	Kongo Central	29	MDA (Oncho, LF, SCH, STH, TRA), M&E (Pre-TAS, TAS, DQA)
UFAR	END Fund & SCIF	Kinshasa	12	MDA (Oncho, LF, SCH, STH), M&E (Pre-TAS, TAS, DQA)
UFAR	SCIF	Sud Kivu	28	MDA (Oncho, LF, SCH, STH)
UFAR	Without funding in 2022	Sud Kivu	4	MDA (LF 2XALB)
UFAR	SCIF	Tshopo	23	MDA (Oncho, LF, SCH, STH, TRA), M&E (Pre-TAS, TAS, DQA)
UFAR	SCIF	Maindombe	13	MDA (Oncho, LF, SCH, STH, TRA), M&E (Pre-TAS, TAS, DQA)
UFAR	Without funding in 2022	Maindombe	1	MDA (Oncho), M&E (DQA)
UFAR	SCIF	Haut Katanga	6	MDA (Oncho, LF, SCH, STH), M&E (Pre-TAS, TAS, DQA)
UFAR	Without funding in 2022	Haut Katanga	12	MDA (Oncho, LF, SCH), M&E (Pre-TAS, TAS, DQA)
UFAR	SCIF	Lualaba	1	MDA (Oncho, LF, SCH), M&E (Pre-TAS, TAS, DQA)
UFAR	Without funding in 2022	Lualaba	5	MDA (Oncho, LF, SCH, STH), M&E (Pre-TAS, TAS, DQA)
UFAR	SCIF	Haut Lomami	5	MDA (Oncho, LF, SCH, STH), M&E (Pre-TAS, TAS, DQA)
UFAR	Without funding in 2022	Haut Lomami	3	MDA (Oncho, LF), M&E (DQA, Pre-TAS, TAS)
UFAR	SCIF	Tanganyika	3	MDA (Oncho, LF, SCH, STH), M&E (Pre-TAS, TAS, DQA)
UFAR	Without funding in 2022	Tanganyika	6	MDA (Oncho, LF), M&E (DQA, Pre-TAS, TAS)
UFAR	SCIF	Bas-Uele	11	MDA (Oncho, LF, SCH, STH), M&E (Pre-TAS, TAS, DQA)
UFAR	Without funding in 2022	Haut Uele	13	MDA (Oncho, LF, SCH, STH), M&E (Pre-TAS, TAS, DQA)
CBM	CBM	Ubangi Nord	11	MDA (Oncho, LF, SCH, STH, TRA), M&E (Pre-TAS, TAS, DQA)

CBM	CBM	Ubangi Nord	2	TT surgeries
CBM	END Fund	Ubangi Sud	16	MDA (Oncho, LF, SCH, STH, TRA), M&E (Pre-TAS, TAS, DQA)
CBM	END Fund	Nord Kivu	34	MDA (Oncho, LF, SCH, STH, TRA), M&E (Pre-TAS, TAS, DQA)
CBM	END Fund	Mongala	11	MDA (Oncho, LF, SCH, STH, TRA), M&E (Pre-TAS, TAS, DQA)
CBM	END Fund	Equateur	17	MDA (Oncho, LF, SCH, STH, TRA), M&E (Pre-TAS, TAS, DQA)
CBM	END Fund	Tsuapa	12	MDA (Oncho, LF, SCH, STH, TRA), M&E (Pre-TAS, TAS, DQA)
CBM	END Fund	Kasai	18	MDA (Oncho, LF, SCH, STH, TRA), M&E (Pre-TAS, TAS, DQA)
CBM	END Fund	Kasai Central	26	MDA (Oncho, LF, SCH, STH, TRA), M&E (Pre-TAS, TAS, DQA)
CBM	END Fund	Lomami	16	MDA (Oncho, LF, SCH, STH, TRA), M&E (Pre-TAS, TAS, DQA)
CBM	END Fund	Kasai Oriental	19	MDA (Oncho, LF, SCH, STH, TRA), M&E (Pre-TAS, TAS, DQA)

Annex 2: ESPEN's position – 2022

ESPEN's positioning will become clearer once the national program has signed contracts with its traditional partners, after which ESPEN will decide on its level of capacity to fill the gaps highlighted below. For now, it is likely that they will support:

- Oncho Elimination Mapping (OEM) and oncho stop surveys.
- The MDA in Haut Uele
- The biannual round of Ivermectin in Ituri.
- Pre-TAS and TAS surveys in the whole country, except for the areas supported by END Fund.
- All trachoma MDA, except for the areas supported by END Fund.
- ESPEN have made no announcement on capacity to support TT and MMDP surgeries, or trachoma mapping.

Annex 3 - UFAR's current geographic reach and funding gaps

Province	Number of IUs covered by UFAR	2023 SCH/STH funding gap
Bas Uele	11	Yes
Equateur	-	-
Haut Katanga	12	Yes
Haut Lomani	5	Yes
Haut Uele	13	Yes
Ituri	24	Yes
Kasai	-	Yes
Kasai Central	-	Yes
Kasai Oriental	-	Yes
Kinshasa	3	Yes
Kongo Central	29	Yes
Kwango	14	-
Kwilu	20	-
Lomami	-	Yes
Lualaba	8	-
Maniema	18	-
Mayi Ndombe	13	Yes
Mongala	-	-
Nord Kivu	-	-
Nord Ubangi	-	Yes
Sankuru	16	-
Sud Kivu	32	Yes
Sud Ubangi	-	-
Tanganika	5	Yes
Tshopo	23	Yes
Tshuapa	-	-

Annex 4: Sightsavers support for NTDs in DRC

Sightsavers has supported MDA interventions in DRC since 2011. Prior to Ascend, activities were funded through AidMatch and GiveWell.

● Lymphatic Filariasis ● Onchocerciasis ● Schistosomiasis ● STH

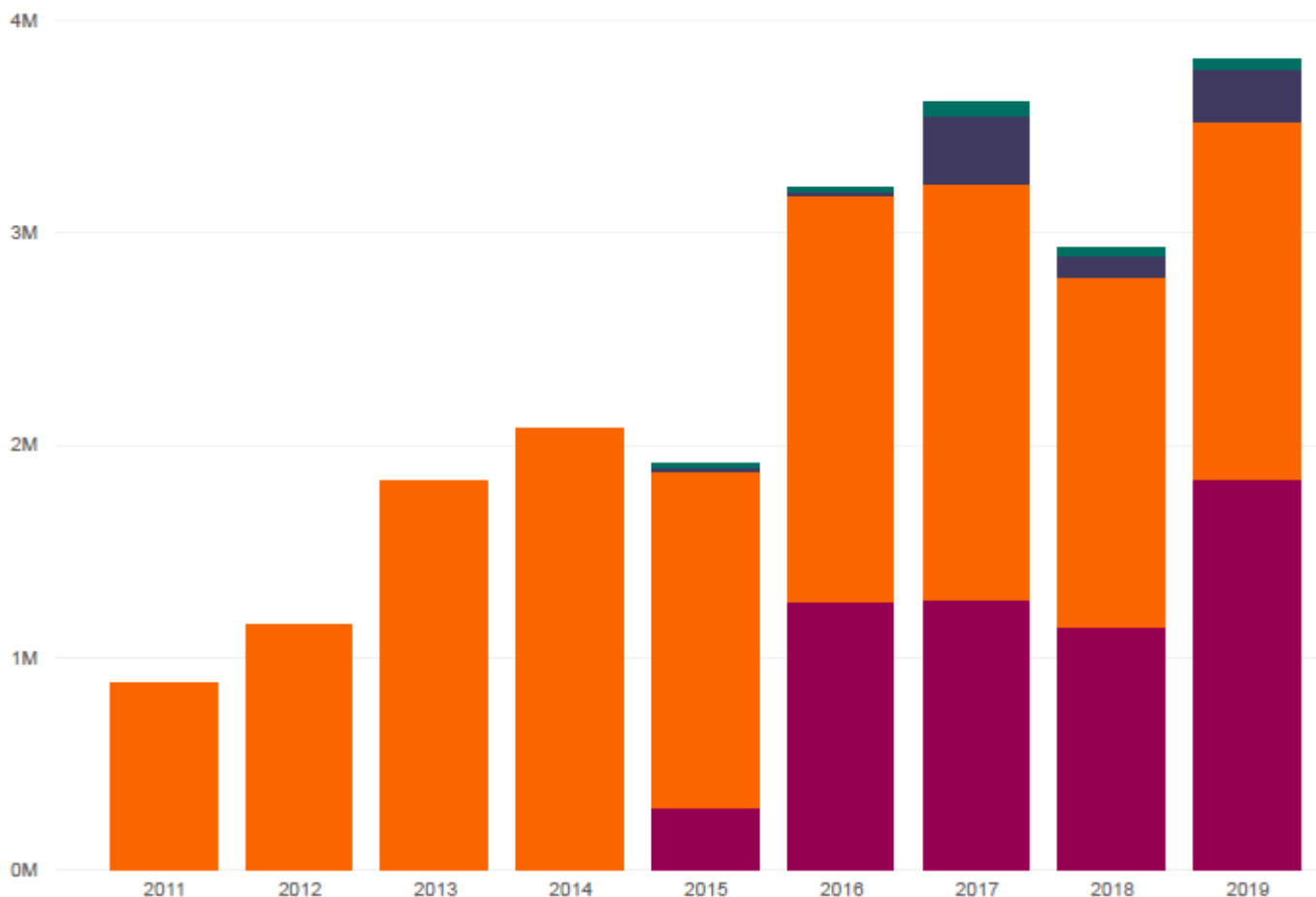


Figure 1 - Count of MDA interventions to date, DRC

Ascend

Sightsavers-supported treatments delivered under Ascend are indicated in the table below.

Sightsavers directly supported treatments (in partnership with UFAR and MoH), in 2020, were delivered across 27 IUs in Ituri Sud, Ituri Nord, Lualaba and Haut Katanga provinces. In 2021, Sightsavers-supported Oncho/LF treatments were delivered in 19 IUs in Ituri Nord and Ituri Sud. Under the Ascend project, during MDA, the national program made gains in identifying cases of LF hydrocele for surgical referral. While approximately 1,228 individuals had their hydroceles surgically corrected, approximately 2,476 of the identified individuals are awaiting surgical support.

	2020	2021
Oncho	2,181,485	1,201,702
LF	2,421,608	1,864,905
Total	4,768,519	3,066,607

Tropical Data

From 2017 to September 2021, Tropical Data has provided technical support for trachoma baseline and impact surveys in 138 IUs. RTI was the primary funder of these surveys, with Tropical Data providing technical support.