Access for Women of Reproductive Age to Deworming: Exploring Platforms

Session Date: Friday, November 3

Session Time: 1:00pm – 4:00pm

Session Location: Loch Raven II

Session Description: The goal of this session is to bring together members of the soil-transmitted helminthiasis, lymphatic filariasis, women's health and maternal health communities to discuss the ideal platforms and feasibility of reaching women of reproductive age (WRA) in hookworm-prevalent countries, such as Togo and India. The overall prevalence of hookworm is around 11% in school-age children in Togo, according to 2015 data from Togo's Neglected Tropical Disease Control Program (Prevalence is likely higher in WRA, who are not currently targeted for treatment). Additionally, antenatal care facilities are visited at least once by about 73% of pregnant women in Togo; the lifetime risk of maternal mortality is 1 in 58 (2015: UNICEF). Discussion will focus on the best platforms to reach WRA, including community-based deworming, maternal health facilities, and postpartum deworming. Discussants will also consider sustainability (resources, funding sources, cross-program efficiencies, etc.).India started national level deworming for WRA (almost ½ billion) in 2017 and will share platforms and strategies that they are using sustainability issues and resource requirements c/f school-based platform. WHO/NTD will present the validation protocol for a low-cost, screening tool for early pregnancy using antenatal clinics. More than 688 million Women of Reproductive Age are at risk for STH infections and carry an increased risk of maternal mortality from iron deficiency anemia due to hookworm and whipworm infection (WHO 2017).

Discussion will focus on issues of platforms to reach WRA (community-based, maternal health facilities, etc.), cross-program efficiencies and implementation-guided research and resource needs.

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Session Rapporteur: Lauren Abrams

KEY DISCUSSION POINTS

- The research questions regarding treatment of women of reproductive age (WRA) can be focused to the sub-groups (adolescents; pregnant women; lactating women; non-pregnant, non-lactating women) because the health seeking behaviors and needs of these groups are different.
- There are a number of safety and efficacy concerns related to targeting women of reproductive age for STH:

- o Lack of standard protocol for assessing adverse events
- o Lack of reporting system for adverse events
- o Identifying first trimester pregnancies
- o Drug quantity: country needs will exceed donated drugs
- In northern Togo there are foci of high hookworm prevalence despite years of treatment for LF; WASH coverage in these communities was poor. Intensity was generally light.
- Even light hookworm infection can result in anemia, especially during pregnancy.
- The questionnaire to detect early pregnancy should be modified to be culturally-appropriate for the different contexts in which it is administered. Costing and feasibility of adding the questionnaire to identify early pregnancy to MDA will be done before it is included. There are a number of ethical issues (girls reporting their first sexual experience being forced, informing women they're pregnant, requiring counseling, confidentiality issues) that might arise from administering the questionnaire. Communities rely on community health workers and community drug distributors for NTD MDA programs. Are these workers skilled enough to deliver this questionnaire? Questionnaire administrators would require extensive training.
- The LF program did not identify early pregnancies to exclude treating women in the first trimester, but because WRA (not entire communities) are being targeted for STH treatment this is now a concern. Program managers have expressed concerns with distributing benzimidazoles to women in the first trimester; these concerns must be addressed if the STH program undertakes a massive scale up to target WRA.
- The community-based approach has many advantages; in countries that take this approach, we would expect to see the prevalence decrease over time and then the country could transition from MDA to a case management approach (possible to do test & treat).
- The distribution of STH species differs within countries; programs should undertake mapping to identify what approaches will be most cost-effective in different areas (i.e. community-based MDA where hookworm prevalence is high, school-based deworming when transmission is mostly occurring in this risk group).
    - o While it's important to have as granular data as possible to make informed program decisions, WHO has signaled that new mapping for WRA is not required. Targeting WRA should be done based on known endemicity.
- Intersectoral collaboration to reach these groups through different platforms takes a lot of effort to come up with unified policies.
- Existing platforms that may be leveraged to reach these groups are very country specific. If we add to them, particularly non-NTD programs (HIV, TB, MCH), we need to have a clear ask and clear measurements. The data collection will be difficult.
- We need to be cognizant of not affecting the health system negatively. Community health workers are often already overworked and overburdened and might not be receptive to take on additional responsibilities.
- In some countries, deworming women at prenatal visits might be feasible; in other countries fewer women are attending prenatal appointments. Reaching WRA might call for varied approaches at the local level that use the systems in place in those communities.
- What metrics will we use for impact assessment? The discussions focused on anemia, but STH-specific indicators (like coverage, intensity of infections, etc.) should be added.
- What determinants influence attendance at antenatal clinics? How can we examine existing data to ensure equity in making deworming accessible to all WRA?

KNOWLEDGE GAPS IDENTIFIED
- What is the age distribution of anemia and STH-specific anemia? Are women anemic before they become pregnant the first time or is reflective of the fact they've had a child before? What is the effect of deworming on morbidity/mortality from postpartum hemorrhage?
- Would test and treat work in low prevalence areas?

RECOMMENDED NEXT STEPS
- Has Togo been able to effectively implement house to house MDA due to its size or due to the public health approach it took and lessons learned from other disease eradication programs? What characteristics or experiences of a health system need to be in place to undertake house to house MDA?
- What coverage level among WRA is sufficient to bring down transmission if we have high coverage among PSAC and SAC? Modeling should be done to answer this question. It should reflect the fact that women are not just pregnant once but are repeatedly treated during pregnancy and again in the early postpartum period.
- What is the coverage of the different platforms that may be used to reach WRA? Efficiency in terms of resources? Ease of use? Sustainability? When are child health days effective for reaching WRA?
- Anemia surveys in pregnant women at risk for STH.
- Social research on adolescent outreach and access preferences.

Research questions identified from the presentation on Togo's experience
- How would coverage of the target population vary across platforms?
- How would adolescent girls be reached?
- Impact of each platform on infection, anemia, and other measures of impact in WRA? On SAC and PSAC?
- How does a country conduct M&E to assess program coverage and impact?
    - Logistics of data collection?
    - M&E framework
- Costs and cost-effectiveness of different approaches

Priority research topics identified at the Bellagio meeting
- Determine the effectiveness of deworming programmes on reducing morbidity in adolescent girls and adult women of reproductive age
- Estimate the impact (added value) of deworming programmes targeting girls and women of reproductive age:
    - on the overall goal of eliminating STH disease burden
    - and also on other maternal and infant outcomes
- Update the global epidemiology of STH prevalence, intensity, morbidity and disease burden in girls and women of reproductive age
- Investigate practical and cost-effective ways in which first trimester pregnancies can be identified
- Explore ways in which social media and mobile technologies can contribute to optimizing programme coverage