1. Introduction of Dr. Rubina Imtiaz, CWW Director (Bara)
Dr. Imtiaz joined CWW as the new director of CWW in December. Dr. Imtiaz is originally from Pakistan and has been involved in public health service since 1984. She was on the forefront of addressing HIV at the New Jersey state health department. She later joined The Carter Center as its first medical epidemiologist for the Guinea Worm eradication program. At The Carter Center, she led successful Guinea Worm eradication efforts and implemented those in Pakistan, Ghana, and Nigeria. She later directed the Expanded Program for Immunization for UNICEF in Nepal, was a Sr. Health & Nutrition Consultant to the Agha Khan Foundation in Tajikistan. She has worked at CDC for the past 20 years on environmental health, strengthening epidemiology training in multiple countries and leading the PEPFAR’s HIV/AIDS programs in India and West Africa. Dr. Imtiaz noted the recent action group meeting was “invigorating.” She emphasized the need for more measurement specifically in the areas of deworming and parasitologic monitoring. She note the major changes ahead: moving from a focus on drug distribution to measuring disease, and the huge role of the STH Coalition members to work together, especially engaging deeper at the country level. She noted she is looking forward to improving data quality, developing service and quality monitoring tools, improving deworming drug access for all risk groups and working in greater detail at the country level while staying engaged with global partners.

2. Update on key meetings to support the development and field testing of potential new diagnostics for parasitologic monitoring (Levecke)
Kato-Katz has been recommended to date but sometimes considered inadequate for assessing low intensity infection, so there are new assays under development that need to be field tested.
Two related and important STH Diagnostics meetings occurred in 2016.

**Ghent, Belgium, August 2016**

The first meeting was held in Ghent, with intent to reach agreement on candidate assays that were potentially ready for field testing. A group of subject matter experts were convened to assess both microscopic and molecular assays. Meeting participants discussed field testing these new assays to see how well the tests performed as well as the costs. Tests reviewed were mini-flotac and molecular assays including qPCR, multiplex and multiparallel PCR. Agreement was reached regarding candidate assays for field testing: mini-flotac and qPCR and elements of a related, multi-site study protocol were discussed including potential partner sites. Agreement on core elements included: the test be at least as sensitive as Kato-Katz, demonstrated evidence of field readiness, and testing capacity within country. LAMP will be ready in the near future but is not yet field-ready. qPCR was recommended for quality control and sample recommendations were made for its proficiency panel.

**Annecy, France, September 2016**

The objectives of the meeting in Annecy were to set a target for a diagnostic products market, review existing platforms to identify suitable evaluation design and identify partners. Five intended uses were identified: whether we should use in MDA, to monitor MDA effect and modify deworming strategy accordingly, transmission ends/stop MDA, in post-MDA survey, and post-elimination surveillance.

**Comments**

- The Ghent group is still eager to find additional partner sites. If you want to partner please email Bruno Levecke (bruno.levecke@ugent.be) and copy Lauren Abrams (labrams@taksforce.org).
- Steve Williams is field testing diagnostics in collaboration with the NTD Support Center in several sites including Bangladesh. CWW will provide a complete list of GSK-funded sites that are working on field testing diagnostics with Steve Williams.
- The proficiency panel is meeting the week of February 20, 2017 to identify potential partners with CWW assistance.

**3. STH Advisory Committee Meeting (Utzinger)**

The report from the two-day STH Advisory Committee meeting held in Basel, Switzerland in October is available on the CWW website [here](#); it provides a succinct summary and key recommendations. Highlights include the following:

- Measuring coverage alone is insufficient to meet the global STH goals. WHO has stated a goal of elimination as a public health problem, operationalized as moderate to heavy intensity infection below 1%. In order to measure this, the community must have a sound sampling scheme and protocol to measure whether we have reached these targets. This is of high priority for the STH Advisory Committee.
- The STH community is on track to meet WHO 2020 goals, particularly with the goal of 75% coverage among school-age children, but meeting coverage goals for women of childbearing age is a key challenge.
- Coverage data has issues; it is necessary to strengthen surveillance platforms.
- Quality assurance is an issue and the STH Advisory Committee is taking it up.
The Advisory Committee recognizes that communities were receiving treatment for STH through the Lymphatic Filariasis platform. There is a huge challenge as we transition away from LF programs as these platforms will not be available. How would we maintain risk group access?

- WASH components are important for comprehensive control of STH.
- Johnson & Johnson has produced a chewable mebendazole, which is going through the prequalification submission process to be part of J&J’s drug donation.
- The STARWORMS project is working on detecting anthelmintic resistance.
- The Advisory Committee discussed programmatic decision-making in the case of unexpected foci of transmission.

Comments

- WHO convened a meeting in Geneva in November to discuss the goals for 2020 and beyond, to 2030. WCBA was identified as an additional risk group that must be taken up more vigorously beyond 2020. STH control needs to meet the SDG 3.3 but there are challenges (By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases).
- During the CCC meeting in Geneva in January, Antonio Montresor presented data based on parasitologic surveys from Cambodia and Viet Nam showing that mass drug administration had significant impact on STH prevalence, especially Ascaris. WHO is developing post-MDA guidance based on parasitologic monitoring in countries with multiple years of MDAs.
- WHO acceptance of the urgent need for parasitologic monitoring is welcome. We need to understand our impact after many years of drug donation and engagement. This sets the tone for what we can achieve moving forward.

4. Highlights of the Action Group meeting (Bara)
The STH Coalition Action Group held its annual meeting the first week of February in London. One key takeaway was the need to be focused on a few, measurable priorities between now and 2020:

- There is a strategic need to pivot from measuring drug distribution to measuring people with disease. This entails investing in parasitologic monitoring.
- The STH Coalition has decided to delay implementing significant efforts focused on women of childbearing age until clear WHO guidelines to help countries implement strategies aimed at that target population are available.
- The Coalition will likely initiate a work group to specifically address data quality issues.
- The Action Group plans to refine the way the Coalition is structured in the next few months to be aligned with how we function.

At the meeting, the Action Group had a request from Partnerships for Child Development (PCD) to review products specific to engaging ministries of education in deworming efforts. PCD has developed some excellent materials and is inviting the STH Coalition to provide commentary on that and we want to support that effort. Please contact Laura Appleby (l.appleby@imperial.ac.uk) to review the documents and provide feedback.

Seven specific recommendations arose from the London meeting; they are currently under review by the Action Group. Once all Action Group members have reviewed the executive summary CWW will distribute it and put it on the STH Coalition website.
5. Information regarding STH specific sessions at the NTD Summit (Bara)
The NTD Summit will be held April 19-22 in Geneva. The purpose of the meeting is to highlight the success and important work in NTDs and to bring our work to the attention of new leaders at WHO, and governments. Nearly 50 coalition members have registered. STH is currently scheduled for joint sessions with the Global Schistosomiasis Alliance (GSA) and WASH as well as with the Global Alliance for the Elimination of Lymphatic Filariasis (GAELF) and Onchocerciasis. See more information including the link to the registration site for the NTD Summit here and the provisional agenda here. Please note that a previous version of the agenda listed an STH Coalition meeting on April 22, but there are no longer plans for meeting on that date, so make travel plans accordingly.

Comments
- One point of clarification: April 19 is a WHO day (invitation by WHO only) and they are launching the fourth report on NTDs. That will be held in the executive boardroom. It is a separate registration process from the NTD Summit registration. If you need Uniting to Combat NTDs to facilitate your registration for the WHO day contact Thoko Pooley.

6. Other notes
We will pursue options for improved phone connections for future STH Coalition calls based on comments from members about poor sound quality.