This report highlights the most recent data and outcomes from SCI-supported treatment programmes.

It includes a case study from Malawi where coverage of 75% has been achieved. We also detail how financial support is used to make the treatment programme possible.
DEFINITIONS USED IN THIS REPORT

**Activities:** The critical task categories that make up a national treatment programme.

**Baseline prevalence mapping:** The geographic evaluation of prevalence at the start of a programme to support the national treatment strategy (where, who, how often).

**Coverage:** The proportion of the target population reached by a treatment programme. The World Health Organization has set out that at least 75% of people targeted for treatment, should go on to receive it.

**DFID:** (UK Government’s) Department for International Development.

**ICOSA:** DFID-funded project to support Integrated Control of Schistosomiasis and Intestinal Helminths in sub-Saharan Africa.

**Impact survey:** Measures how well programmes are performing to reduce levels of infection and morbidity.

**Input:** Critical goods and services that are used to make up the national treatment programme.

**Morbidity:** Organ damage and disease caused by infection.

**Parasitic worm infections:** Include schistosomiasis and intestinal worm infections.

**Prevalence:** The proportion of people infected by a disease.

**Re-assessment survey:** The geographic evaluation of prevalence after 5 – 6 rounds of treatment. This survey supports decision making on ongoing treatment strategy (where, who, how often).

**SAC:** School-age children, between the ages of 5-14. Prevalence of schistosomiasis is highest among this age group – treatment through schools reduces costs and has the largest impact on reducing transmission.*

**SCH:** Schistosomiasis.

**STH:** Soil-transmitted helminthiasis (also called intestinal worm infections).

HOW MONEY WAS SPENT IN FY17/18

SUMMARY

- Most funds received were from unrestricted donations, which has enabled us to expand the reach of our supported programmes. These donations are therefore vital for our work to eliminate parasitic worm infections.

- 92% of donations can be attributed to GiveWell, an international charity evaluator which has named the SCI as one of its ‘top charities’ for seven consecutive years. In Q4 2017, GiveWell allocated 100% of its discretionary fund to the SCI, totalling $5.6 million. It allocated a further $0.89 million to the SCI in Q1 2018, which was 30% of its discretionary fund for that period. According to its recommendation, it asks that supporters donate 30% of a given donation to the SCI to maximise their impact.

- The SCI supports local governments with their treatment programmes. As such, the SCI does not pay for country offices, which keeps programme costs low.
**SCI INCOME & EXPENDITURES**

**SCI income**  
£15.7m

**How money was spent**  
£9.6m, 83%
£2m, 17%

**Programme Costs**  
£9.8m, 63%
£5.9m, 37%

**Programme Management**  
£2m, 17%

**Definitions**

**Donations:** These funds are unrestricted and used as per SCI allocation criteria. Funds raised in FY17/18 are allocated to FY17/18 and future years to ensure sustainability of the programmes.

**Grants:** These are funds from donors with attached terms and conditions. These could include funds that should only be used in a specific country or location, within a particular timeframe, and that need to adhere to specific reporting requirements.

**Programme costs:** Include supporting our partners with programme planning, social mobilisation, training, drug logistics and distribution, and monitoring and evaluation.

**Programme management:** Include SCI employee and travel costs, communications and audit.
THE TREATMENT PROGRAMMES
WE SUPPORT:*

Reach 76% of people targeted by the intervention.†

Can reduce parasitic worm infections by 60% after one round of treatment.

Provide equal treatment access regardless of wealth status.

Provide equal treatment access regardless of gender.

* Average results demonstrated for all country programmes where data are available.
† For every treatment provided against schistosomiasis, treatments are also offered against intestinal worm infections where both diseases are present. Treatment numbers are for schistosomiasis only and dating from 2010 when the current reporting system was established.
‡ The World Health Organization has set out that at least 75% of people targeted for treatment, should go on to receive it.
60% of global Schistosomiasis treatments in 2016 were SCI-supported*

Proportion of total global treatments by WHO Region

91.90% 6.36% 0.02% 0.01% 1.72%

Treatment coverage by organisations supporting endemic country governments

40% 60%

WHO Region

- Africa
- Americas
- South-East Asia
- Eastern Mediterranean
- Western Pacific

SCI

Other organisations

* Graphics developed with 2016 data from the WHO. Data from 2017 are currently being analysed by the WHO.
In financial year 16/17, the SCI supported treatment programmes against SCH in 15 sub-Saharan African countries†

10 counties were able to target all SAC at risk of infection in the country‡

The SCI is supporting 5 countries to scale up to reach all at-risk SAC

* The SCI financial year uses the UK government Tax Year (1st April – 31st March).
† Data for STH treatment numbers are not always available for all countries as some do not provide treatment for both sets of diseases.
‡ We support the programme in-line with the country’s strategic plan. As such, individuals other than school-age children may be treated.
Treatment is cost effective:

Every £1 donated can treat up to three people

We have been consistently ranked as one of the MOST COST-EFFECTIVE NON-PROFIT INITIATIVES in the world by GiveWell, an international charity evaluator

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§ Data from FY17/18 treatment figures as of August 2018. Some countries are expected to receive further treatments which are to be confirmed.

ǁ For every treatment provided against schistosomiasis, treatments are also offered against intestinal worm infections where both diseases are present. Treatment numbers are for schistosomiasis only and dating from 2010 when the current reporting system was established.

¶ DRC: Democratic Republic of the Congo.
VARIATIONS ON COST PER TREATMENT DELIVERED (CPTD) FOR SCI-SUPPORTED PROGRAMMES*

Many factors contribute to the difference in CPTD between countries, including:
- cost of key inputs (e.g. labour)
- currency values over time (e.g. inflation)
- geographic dispersion of targeted population
- the numbers targeted and treated at school and in the community
- the composition of the population treated
- the cost and frequency of training teachers and community distributors

The range of CPTDs shown are well within the internationally validated benchmark of 38p§ (US$0.50) for treatment programmes

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* For every treatment provided against schistosomiasis, treatments are also offered against intestinal worm infections where both diseases are present. Treatment numbers are for schistosomiasis only and dating from 2010 when the current reporting system was established.

† DRC: Democratic Republic of the Congo.

‡ CDI: Côte d’Ivoire.

§ Converted to GBP from USD in July 2018.

‖ Fitzpatrick C, Fleming FM, Schneider T et. al. (2016).
MORE FUNDING IS NEEDED TO EXPAND GLOBAL REACH

Schistosomiasis

- Only 63% of school-age children needing treatment globally were treated in 2016
- 41 million have never received treatment

STH

- Only 48% of school-age children needing treatment globally were treated in 2016
- 719 million have never received treatment

¹ WHO treatment figures 2016.
Programme started in 2011

Baseline prevalence mapping was conducted in 2012

The country expanded to reach all at-risk enrolled SAC in 2012

All 28 districts are being targeted

Re-assessments are in progress to assist in the development of an improved treatment strategy from 2019 onwards
The proportion of school-age children infected with different types of SCH and STH was surveyed.

Results were then averaged over all pupils from all treatment sites for each year.

Observations:

- A significant reduction in urogenital SCH infection prevalence over time.

- Overall reductions in prevalence of intestinal SCH and STH are observed between 2012 and 2016. Fluctuations over the years are characteristic of lower levels of infection, which are more sensitive to changes in treatment coverage and environment (e.g. flooding in 2015).

- (Separate) survey results demonstrated that girls are less infected with urogenital SCH than boys, however there were no gender differences in the overall impact of treatment.
Average cost per treatment delivered £0.28*

The majority of in-country spending goes towards daily stipends (daily allowances) for drug distributors and government staff

Significant funds are spent on transportation of drugs, drug distribution materials and survey teams, ensuring even the most remote areas are reached

* For every treatment provided against schistosomiasis, treatments are also offered against intestinal worm infections where both diseases are present. Treatment numbers are for schistosomiasis only and dating from 2010 when the current reporting system was established.
The majority of funds are spent delivering and administering treatments.

Other important cost categories are the training of community drug distributors and government staff, as well as country management.

- Drug Distribution (48%)
- Drug Distribution Supervision (2%)
- Drug Distribution Registration (6%)
- Drug logistics (1%)
- Strategic Planning (6%)
- Social Mobilisation (2%)
- Country Management (15%)
- Monitoring and Evaluation (6%)
- Drug and Distribution Training (14%)
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