Cover: Twelve-year-old Abay is one of the children who received treatment for schistosomiasis during a mass drug administration campaign in Ethiopia in 2020.

SCI Foundation/END Fund/Indrias Getachew
It is my pleasure to present to you the SCI Foundation annual report for the financial year 2020-21. This report provides an overview of all the activities implemented and supported by the organisation, and I hope you will find the content as inspiring as I do.

The excitement we felt last year following our formation as an independent organisation was quickly superseded by the events that began to unfold as we published our previous report. The past year has been like no other, for SCI Foundation as for everyone else.

The COVID-19 pandemic affected every single aspect of our operations; from the biggest impact – an instant delay to all in-country activities including treatments and surveys – to the predictable impacts of office closure and adapting our personal and professional lives to new ways of working. As we publish this report, we embark on the journey of returning to ‘normal’, or a ‘new normal’ of intensified safety protocols and hybrid working arrangements.

Despite the many challenges, this year included significant successes:

- 83.2 million treatments to 60.9 million people were supported and delivered by our ministry of health colleagues in 13 countries. We salute the healthcare workers who delivered this success under challenging conditions, adapting rapidly to new requirements, and balancing regular duties with additional ones imposed by pandemic response efforts.
- Silver linings are important in every crisis and this one allowed us to support the development of new Standard Operating Procedures (SOPs) and other processes that are likely to keep frontline health workers working in endemic country safer from many future threats. This has also given us a renewed focus on the importance of supporting the development of resilient health systems and taking a One Health approach.
- The new emphasis on digital working allowed us to host and participate in a range of virtual meetings and conference making our global health community more inclusive and allowing many important voices to be heard.

As we begin a new year of operations, we are heartened by the ambitious vision set out by the new NTD road map, released by the World Health Organization (WHO) (see page 4). Its pillars of programmatic action, cross-cutting approaches and country ownership lay a clear pathway for SCI Foundation and others for the next 10-year period, and we are ready to embark on the journey.

Dr Wendy Harrison
Chief Executive Officer
WHERE PATHS CONVERGE:  
OUR WORK & CONTRIBUTION TO DELIVERING GLOBAL GOALS

SCI Foundation’s current strategy includes the following goals:

1. Those affected by parasitic worm infections receive treatment and care.
2. Communities change their behaviours to reduce the risk of infection.
3. Environmental changes are put in place to reduce the transmission of infection.
4. Everyone has access to all services that can reduce the risk of – and alleviate the problems associated with – infection.

A focus on measuring the health impact of interventions, instead of the delivery of activities
Actions across sectors and health systems strengthening, instead of delivering disease specific programmes in isolation from overall health services
Putting country ownership and financing at the heart of NTD programmes, rather than reliance on external support and agendas

These paradigm shifts are already to a large extent reflected in the way in which we aim to deliver our goals.

Supporting stronger health systems:
The principle of health systems strengthening underpins everything we do, and we will continue to align with the plans and strategies of Ministry of Health (MoH) partners. We will contribute to capacity building and strengthening of systems and processes. The programmes we contribute to are country owned and led, aligned to national strategic plans and MoH goals and objectives. Rather than undertaking direct implementation and setting up country offices, we will continue to work in partnership with national governments, providing technical and financial support.

Improving environments and behaviours:
Prevention of infection is crucial to meeting the ambitious elimination targets set out by the road map, and we have already begun expanding our support to cross sectoral collaboration. This year, we began the process of piloting a new organisational approach to participatory planning for water, sanitation and behaviour change, guided by the companion document to the road map, the Global Strategy on WASH to combat NTDs 2021-2030.

We have been working to expand our focus to collaborating with the veterinary public health sector as part of a One Health approach to disease control and elimination in recognition that over 50% of NTDs have other species involved in their transmission. We are collaborating with the WHO to develop new guiding materials for operationalising One Health for the control and elimination of NTDs.

SCI Foundation/Yao Amed Kouassi


1 https://www.who.int/publications/i/item/9789240010352
2 https://www.who.int/publications/i/item/9789240022782
THE SCOPE OF SCI FOUNDATION SUPPORT

SCI Foundation also supported programmes affected by delays in:
1. LIBERIA
2. SUDAN
3. UGANDA

Burundi
- Schistosomiasis: 1,633,550
- Soil-transmitted helminthiasis: 5,040,155

Mauritania
- Schistosomiasis: 178,728
- Soil-transmitted helminthiasis: 178,728

Ethiopia
- Schistosomiasis: 11,520,607
- Soil-transmitted helminthiasis: 156,027

Madagascar
- Schistosomiasis: 3,174,547
- Soil-transmitted helminthiasis: 3,099,051

Malawi
- Schistosomiasis: 4,449,232
- Soil-transmitted helminthiasis: 9,007,260
- Lymphatic filariasis: 1,207,179

Mauritania
- Schistosomiasis: 4,245,060
- Soil-transmitted helminthiasis: 156,027

Niger
- Schistosomiasis: 3,657,152

Sudan
- Schistosomiasis: 178,728
- Soil-transmitted helminthiasis: 178,728

Tanzania
- Schistosomiasis: 5,417,198
- Soil-transmitted helminthiasis: 729,473

Zanzibar
- Schistosomiasis: 1,140,089
- Soil-transmitted helminthiasis: 1,207,179
- Lymphatic filariasis: 1,207,179

Democratic Republic of the Congo
- Schistosomiasis: 5,021,358
- Soil-transmitted helminthiasis: 4,639,106
- Onchocerciasis: 6,213,467
- Lymphatic filariasis: 11,318,140

Zanzibar
- Schistosomiasis: 4,245,060
- Soil-transmitted helminthiasis: 156,027

Schisto.org | 5
Tibeltalech Kifle has been working as a health extension worker in Ethiopia for 14 years. When the COVID-19 pandemic was declared in 2020, treatments for parasitic worms were suspended. In October, Tilbeltalech was one of many health extension workers re-starting the delivery of deworming treatment to children in schools.

“Our work as health extension workers is primarily to provide awareness regarding these diseases to the community and to refer patients for treatment when we come across people who have the signs and symptoms.”

“If students have intestinal parasites while going to school, it affects their ability to learn.”

“COVID-19 has had a big impact on our work. All our school-based activities were put on hold. All the work that we were doing in the schools had to stop. The fear of COVID restricted our ability to go to the community to do the outreach work that we used to do. There has been some disruption to our work, however the work does continue. But it is more intense – getting people to keep their distance and to wear masks when they come in.”

“COVID has not changed anything [with regards to healthcare seeking behavior]. Things were a bit challenging at first, until people understood what was going on. But until now we have not had anyone stay away from health care because they are afraid of coronavirus.”
The onset of the COVID-19 global pandemic brought immediate challenges to healthcare delivery globally, with NTD programme delivery no exception. The WHO issued interim guidance\(^3\) bringing the majority of community-based NTD activities, including mass drug administration, to a stop in early April 2020 as many countries across Africa took measures to limit the spread of infection. With uncertainty on how long suspension would remain in place but recognising that any delays could mean that the significant health improvements observed through ongoing sustained treatment for SCH and STH could start to be reversed, the NTD community rethought how to ensure effective programme delivery in light of COVID-19.

### TREATMENT DELIVERY DURING THE PANDEMIC

Working with our partners Sightsavers, the Liverpool School of Tropical Medicine and Mott McDonald under The UK Aid Ascend Programme, the Risk Assessment and Mitigation Action (RAMA) tool was developed. This Excel-based tool ensured Ministries of Health could assess their risk related to SARS-CoV-2 transmission when delivering services for NTDs and decide whether and how to safely proceed. This was further aligned to the additional guidance released by WHO in late July 2020\(^4\) on considerations for community-based NTD activities tailored to the specificities of each country context.

In addition to using the RAMA tool, SCIF also supported NTD programmes to update their SOPs by revisiting their tried-and-tested training, drug distribution and survey methods. This determined what adaptations were needed to minimise contact where possible and ensure appropriate preventive measures were in place, such as the now familiar use of Personal Protective Equipment (PPE), increased hand washing and social distancing. Mass drug administration timelines were also extended with distribution moved outdoors in community settings due to school closures. Similarly, the strategies to inform people that treatment delivery was happening were also opportunistically used to provide additional information on SARS-CoV-2 transmission prevention.

With the increased confidence in safely restarting NTD programme activity due to these revised procedures and practices, SCIF was able to support 10 countries to complete MDA which had either been paused due to the onset of the pandemic or scheduled to take place during the 2020/2021 financial year.

Whilst COVID-19 made it necessary to suspend the delivery of treatments, eventually, programmes did resume in all the countries we support. There were however administrative delays in the delivery of treatment in Sudan and Uganda, with Liberia’s programme affected by the suspension and subsequent early exit of the UK Aid Ascend programme.


In early 2021, we were part of the launch of an implementation research programme that aims to introduce a new drug to treat schistosomiasis in infants and toddlers. Currently, no suitable treatment is available for this age group. The programme will be implemented in Kenya, Côte d’Ivoire and Uganda for a duration of five years. SCI Foundation is part of the Pediatric Praziquantel Consortium (PPC) that is working on the paediatric drug development programme, including preclinical and clinical development, registration and access.

This year, the Consortium was awarded two grants, from EDCTP (The European & Developing Countries Clinical Trials Partnership) and the GHIT Fund (Global Health Innovative Technology Fund) for the project titled Adoption of Levo-Praziquantel 150mg for paediatric schistosomiasis by endemic countries (ADOPT).

It combines a multidisciplinary effort based on the engagement of key partners and stakeholders bringing together pharmaceutical companies, academic institutions, NGOs, Governments, and communities from endemic countries.

SCIF alongside The Swiss Tropical and Public Health Institute are co-chairing a project, as part of the Consortium mission, focused on ensuring the new treatment will be made available on a not-for-profit basis once it is registered.

Together with the Ministries of Health in Côte d’Ivoire, Kenya and Uganda, Lygature, Merck, Astellas, Technical University of Munich, Université Felix-Houphouet-Boigny, The Kenya Medical Research Institute and Makerere University, the Consortium is exploring new procurement and business models, including local manufacturing, to ensure that the product is available free of charge to the young patients in need.
In 2020, a pilot study funded by UK Aid through the Coalition for Operational Research on NTDs (COR-NTD) was initiated to integrate preventive treatment for FGS into the national health system in Côte d’Ivoire. As women who suffer from FGS may face a greater risk of HIV infection, the project incorporated the delivery of schistosomiasis treatment within routine HIV/AIDS and reproductive health services in seven health centres within one district. This included providing the drug praziquantel, as well as health workers sharing key information on FGS to all at-risk women, regardless of diagnosis.

As part of the project, 56 health workers including doctors, nurses and midwives were trained and an awareness campaign was carried out by 30 community health workers, who also encouraged at-risk women to attend the selected health centres.

This study was conducted in partnership with the Programme National de Lutte Contre les Maladies Tropicales Négligées à Chimiothérapie Préventive (PNLMTN-CP), the NTD programme within the Ministry of Health of Côte d’Ivoire. Integral to the study was the use of a participatory approach to ensure that the design of the FGS services was appropriate and relevant to the context. The tools developed to support integration and awareness raising were validated using this approach and improved on an ongoing basis. Following ongoing analysis, the outcomes will provide evidence on how to optimally scale-up the intervention, ensuring it is embedded in the existing health system and reaching more women at-risk.

FGS is one of the most neglected reproductive health issues globally, affecting 56 million women and girls across Africa. Without treatment, FGS can lead to complications, such as bleeding during or after sexual intercourse, genital lesions, tumours, miscarriage or infertility. Despite this, awareness of FGS amongst the medical profession remains low because it is not usually included in medical textbooks or training programmes. Consequently, FGS is often misdiagnosed as a sexually transmitted infection.

A woman wades in the water to fill up a jerrycan, Ethiopia

1. A PILOT PROJECT TO TACKLE FGS IN CÔTE D’IVOIRE

Consultation training of health workers conducted as part of the SCIF and Ministry of Health Female Genital Schistosomiasis pilot project in Côte d’Ivoire
INFLUENCING POLICY TO MAKE A BIGGER DIFFERENCE

SCI Foundation is guided by an ambitious policy influencing agenda. We work to ensure that policy relevant evidence is generated and used to inform and develop elimination strategies for preventable infectious diseases, contribute to addressing health inequities, and provide thought leadership on the role of water, sanitation and behaviour change in the control and elimination of schistosomiasis and other NTDs. We support cross sector approaches through development of global guidance on, and influencing the prioritisation of One Health in policy and funding.

As a small organisation, we aim to punch above our weight when it comes to policy influencing, and therefore in addition to developing our own approaches and publications, we continue to work in close partnership with other key organisations in the NTD and global health policy space.

SCI Foundation contributed substantially to three WHO road map companion documents: The WHO Global Strategy on water, sanitation and hygiene (WASH) and NTDs, the WHO M&E framework and a One Health document to be released in late 2021.

As members of Action for Global Health, a network of UK organisations working on influencing official UK global health policy overseas, we have been able to input into reports on aid to global health, consultations on UK government health plans, and inquiries of the Parliamentary International Development Committee.

Similarly, as members of the UK Coalition against NTDs, we have engaged parliamentarians to raise the profile of NTDs through virtual events and written briefings. As members of the NTD NGO Network and through chairing several of the partnership’s working groups, we have engaged in and led key processes on sustainability, One Health and WASH.

In close collaboration with the Royal Society for Tropical Medicine and Hygiene and in partnership with Uniting to Combat NTDs we produced recommendations on One Health that later helped to inform the G7 leaders attending the G7 Summit’s health stream and are anticipated to be more widely published and promoted next year.

2. A PROJECT FOR AWARENESS, DETECTION AND TREATMENT OF FGS

The FGS Accelerated Scale Together (FAST) Package project, funded by the Canadian Government through Grand Challenges Canada, started in November 2020. It seeks to improve adolescent girls’ and women’s health by reducing the morbidity associated with FGS.

The two-year project aims to treat and prevent FGS in affected women and girls in Madagascar and Ghana. These two selected countries are endemic for schistosomiasis, both have a high female population under the age of 25 and the NTD programme managers in both countries are committed to tackling FGS in an integrated and sustainable manner.

The project will create a holistic pathway to a range of interventions that address the burden of FGS in girls and women in both countries. It will combine and scale up proven interventions that have been shown independently to improve diagnosis and clinical outcomes, while supporting the uptake and demand for treatment through MDA to prevent further infection and disease.

SCI Foundation sits on the project’s Technical Advisory Committee – providing expert technical advice for the development, implementation, and evaluation of the project, while also providing match funding support alongside other partners such as Merck Global Health Institute, COR-NTD and WHO’s Expanded Special Project for Elimination of NTDs (ESPEN).
RESEARCH

SCI Foundation successfully bid for funding in multiple novel and innovative research areas, providing evidence for more effective programme delivery.

SAPIENS, WORLDWIDE

A tool to conduct Small Area Population Evaluations
SCI Foundation with funding from UK Aid worked on SAPIENS to evaluate small area populations, and tackle the challenges encountered with population data within NTD programmes.

NTD programmes use population data to plan, implement and evaluate MDAs. A lack of access to accurate population data affects efficiency in all stages of an MDA campaign; for example, it can result in too many, or too few, drugs delivered to areas of need. Although inaccuracies in population data may be known by a programme, at the moment there are no standardised tools or guidance available for NTD programme managers to evaluate population data used by the programme.

The SAPIENs project involved the creation of a tool to allow NTD programme managers to analyse and address concerns with official population data. It has provided key evidence needed to address the problem of inaccurate population data used for NTD programmes and clear recommendations for next steps.

PORK TAPEWORM, UGANDA

This research project funded by Merck and Bayer uses mathematical modelling techniques to look at the impact of large-scale distribution of the drug praziquantel (PZQ) and its impact on the pork tapeworm (Taenia solium) in Uganda.

PZQ can be used to treat the adult T. solium tapeworm, which causes a parasitic infection called human taeniasis. T. solium also causes neurocysticercosis (NCC), which has been identified as the leading preventable cause of epilepsy in low- and middle-income countries; it is estimated that NCC may account for approximately one third of epilepsy cases in countries where T. solium is present, highlighting the human health burden associated with NCC.

The Ministry of Health in Uganda, with support from SCI Foundation, has been implementing a national schistosomiasis control programme, based on large-scale PZQ administration, since 2002. This long-term intervention enables a modelling-based assessment on the impact of such a programme on T. solium, with a detailed country focus. Further modelling will consider the additional PZQ treatments required to achieve "intensified control" for T. solium in hyper-endemic areas of Uganda, aligning this work with priority areas set out in the WHO NTD road map.

REASSESSMENT MAPPING SURVEY, ETHIOPIA

This survey efficiently collects prevalence and intensity data on schistosomiasis and soil-transmitted helminthiasis after multiple rounds of treatment and with geostatistical analysis to inform an intervention strategy across all regions of Ethiopia. The project was funded by END Fund.

Since 2015, Ethiopia’s national control programme for schistosomiasis (SCH) and soil-transmitted helminthiasis (STH), led by the Federal Ministry of Health (FMoH), has followed WHO guidelines to treat target populations following a national baseline mapping of infection. Through its national programme, the FMoH’s overall goal has been to achieve control of morbidity of SCH and STH, and now, the elimination of both NTDs as a public health problem. In order to do this, the FMoH intends to ‘shrink the map’ of SCH by mapping at a sub-district level, allowing for accurate and effective intervention planning. However, with limited funding, time and resources available, the previous statistical methods used to map these diseases were not feasible at this more focal level.
A novel geostatical approach has therefore been developed and implemented for the FMoH’s National Reassessment Mapping survey, which reduces the number of school-age children required to be sampled nationwide, making the task feasible and resource-efficient.

Ultimately, the survey will support progress towards the interruption of transmission by providing a detailed epidemiological understanding of the distribution of these species, and factors which contribute to their transmission.

**ACCESS TO TREATMENT FOR NTDs AMONG REFUGEES, NIGER**

This project outlines recommendations for the implementation of preventive treatment campaigns for NTDs among refugees in Niger.

Displaced populations, such as refugees, are at significant risk of contracting NTDs, but the implementation of control measures for NTDs in refugee settings is challenging.

Niger has limited information and coordination concerning the reach of awareness-raising on prevention measures and benefits of taking treatment, drug-delivery, and monitoring activities among displaced populations, hindering local capacity to tackle NTDs among refugees. This project, funded by UK Aid through the Ascend Innovation Fund, aimed to support coordination efforts to mainstream treatment activities aimed at refugees.

The research involved a consultation with national-level stakeholders operating in Niger, as well as with frontline officers working with refugees, to outline the accessibility and provision of health services in refugee settings and to develop a set of recommendations to streamline the introduction and scale-up of treatment in such settings.

As a result of this research, it is recommended that NTD programmes should include humanitarian agencies in local level planning activities, and provide detailed guidance to drug distributors which focuses specifically on how to address the participation of refugees during MDAs.

**WORKING TOGETHER WITH MINISTRIES OF HEALTH**

Country ownership is fundamental to the sustainability and success of neglected tropical disease programmes.

The programmes we contribute to are country owned and led, and are aligned with national strategic plans and Ministry of Health goals and objectives. Rather than undertaking direct implementation and setting up country offices, we work in partnership with national governments, providing technical and financial support.

We are humbled by these testimonies from the ministries and other public health institutions about our joint work.
NIGER

Transparency has always been paramount in the relations between SCIF and the National Programme against schistosomiasis and soil transmitted helminthiasis, and this has helped a lot to establish good collaboration and good understanding between both parties. During the last 12 months there has been a good flow of information between SCIF and the National Programme Against Bilharzia and Soil-transmitted helminthiasis. This helped to build trust between the actors of the two structures and find consensus on most of the difficulties caused by COVID-19.

Dr Gnandou Issa, Niger Programme Coordinator, National Programme against SCH and STH

BURUNDI

Support to the functioning of the NTD programme, to the planning and monitoring and evaluation of activities against schistosomiasis and other NTDs including soil transmitted helminthiasis has been regularly provided to Burundi by SCIF in a climate of frank collaboration.

Dr Victor Bucumi, NTD Programme Director, Ministry of Public Health and the Fight Against AIDS, Burundi

MALAWI

Malawi is in transition from morbidity control to elimination of schistosomiasis to a level of no public health importance; and that is possible due to the continuous support from SCIF; without it, it is like a house without foundations.

Lazarus Juziwelo, National SCH and STH Control Programme Manager, Ministry of Health for Malawi

ZANZIBAR

SCIF not only shares the great vision of seeing Zanzibar without schistosomiasis but seeing this debilitating disease eliminated in the islands. What makes this partnership work so well is “that shared vision” hence the passion to see this through together. This has been possible through financial support, providing on-going capacity building and mentorship support. A recent great example was the mapping exercise – it was the first time this was done here in Zanzibar – it would have not been possible without the mentorship, coaching and constant support provided by the superheroes of SCIF. We are ever grateful for this support.

Dr Fatma Kabole, Head of NTD Unit, Ministry of Health, Social Welfare, Elderly, Gender and Children (MOHSWEGC), Zanzibar

DEMOCRATIC REPUBLIC OF THE CONGO

SCIF has been a major partner of the Ministry of Health in the fight against Neglected Tropical Diseases with Preventive Chemotherapy since 2014. Among the key achievements of this partnership, we note the downward trend in the prevalence of schistosomiasis and soil-transmitted helminthiasis in several sentinel sites following the annual mass treatment of the population. The alignment of SCI’s assistance with the country’s policies and priorities was a major asset to the effectiveness of the aid and the success of the partnership.

Dr Naomi Awaca Uvon, MA Public Health, Director of the National Programme for the Control of Neglected Tropical Diseases with Preventive Chemotherapy

MAURITANIA

Since 2015, Mauritania’s National NTD Programme has received technical and financial support from SCIF in the fight against schistosomiasis. This commendable support has made it possible to significantly reduce the morbidity and complications associated with this parasitic disease among the vulnerable populations of our country living in poverty stricken areas. We extend our sincere thanks to SCIF for this support and hope this essential contribution will continue in order to achieve the elimination of schistosomiasis in our country.

Dr Baro Abbass, Epidemiologist and Head of the NTD Programme, Mauritania
SCI Foundation measures the outcomes of its supported programmes to understand the impact they are having on people’s lives. Additionally, programmes are routinely monitored in order to validate progress, improve processes, and sustain gains.

**WHAT WE DO**

In line with WHO guidelines for process, performance, and impact monitoring, the Monitoring, Evaluation, and Research (MER) team supports national programmes to plan, implement, and analyse several types of programmatic surveys to answer fundamental questions, including:

**Who received treatment?**

Coverage evaluation surveys are conducted by interviewing households to measure what proportion of the target population was offered and received treatment during the most recent MDA in selected areas. These surveys provide information about whether treatments were equitably distributed – to girls and boys, to children unable to attend school, and to the economically disadvantaged. This allows the MoH to evaluate success against targets and gauge the quality of the country’s reporting processes.
After continued treatment, where does the disease persist geographically?

Reassessment mapping surveys collect biological samples from participants to analyse the number of people infected and the severity of those infections across a population. These surveys allow a broad and robust appraisal of the impact of a programme following several rounds of treatment and generate focalised epidemiological information which the MoH uses to inform tailored intervention strategies.

How results are shared

Key findings to support decision-making, clean datasets, and detailed analysis reports are developed in collaboration with the MoH and final copies are disseminated after each survey.

SCI Foundation works with the country programmes to interpret the data and produce actionable recommendations, embedding lessons to create a cycle of continuous improvement. We encourage countries to submit data to the publicly available ESPEN Portal so that this information is accessible for use in international collaborations and research initiatives.

Additional activities to promote programme effectiveness

Social assessments

SCI Foundation works to understand people’s knowledge and attitudes towards schistosomiasis and MDA and to understand the cultural, social, and political barriers and facilitators to MDA participation. This work is contributing to the development of a rapid social assessment tool that will complement coverage evaluation surveys to give a more comprehensive picture of what impact programmes are having in communities affected by NTDs.

Value for Money

SCI Foundation tracks indicators to monitor national programmes’ value for money, ensuring that each pound invested is maximised to improve the lives of the people served. Programmes are evaluated in terms of their economy, efficiency, and effectiveness, exploring the relationship between the resources invested and the benefits they produce.

Water, Sanitation, and Hygiene (WASH)

SCI Foundation supports collaboration between MoH and public health and WASH stakeholders, where requested. The MER team contributes to the development of decision-making, data collection, and data visualisation tools for use in strategic planning.
Research led by SCI Foundation together with present and past MoH partners, Schistosomiasis – Assessing Progress toward the 2020 and 2025 Goals, was published in the New England Medical Journal, the world’s highest ranking general medical journal. Multi-year, multi-country trend analyses of schistosomiasis prevalence and infection intensity are scarce, and few organisations can compile and analyse these data and significantly contribute to global evidence of progress towards disease control targets. Importantly, the study showed that countries often achieve schistosomiasis control after very few treatment rounds, and that a universal timeline is not appropriate for all control programmes, as they are affected by baseline infection levels, schistosome species and other factors. The study provides country evidence complementing WHO projections that achieving schistosomiasis control is possible in areas with low or moderate prevalence, and that elimination may be possible in areas with low prevalence. Findings from the study were used to inform recommendations in the forthcoming WHO guidance for schistosomiasis control and elimination.

This analysis prompts important questions, including what decisions need to be made and what strategies should be adopted in programmes where the baseline prevalence of heavy-intensity infection has met threshold targets. We are now capitalising on the strength of this retrospective analysis of routinely collected M&E data and framing forward-looking assessments, including the potential to refine goals, in line with our longer-term aim of helping countries achieve their 2030 NTD road map targets.

SCI Foundation strives to deliver expert assistance to schistosomiasis and STH control programmes in diverse countries. We contribute extensively to global research and implementation, and extend our thinking beyond current implementation needs to strategically plan and help countries to achieve the 2030 road map targets. Over the past year, we are proud to have demonstrated the following technical achievements.

- Recognising difficulties countries faced in updating monitoring and evaluation (M&E) towards refined disease control goals over

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time, SCI Foundation led the development of a **Global Schistosomiasis M&E Framework**. Over 18 months we convened an international expert working group, researched and developed use-case scenarios, and generated the framework. This proposed framework was presented at the 2020 CORNTD meeting. We are now, through collaborations with MoH and academic partners, field-validating the use-cases, by developing schistosomiasis oversampling surveys to determine resource-optimal and precise reassessment survey methodologies. These surveys will be resourced and implemented ensuring country leadership and, where required, support will be provided by African technical experts.

- Demonstrating versatility during the COVID-19 pandemic, we have set up a **Task Team** to determine how to optimise remote support to trainers, and training of surveyors. Standardised tools for all surveys are being revised and developed, with advice on remote training, including format, platforms, and ancillary resources (e.g. facilitator manuals). We are sharing experiences and expertise on this with Tropical Data8, continue to test approaches with upcoming surveys, ensure feedback from in-country trainers and trainees and share findings with the Global Schistosomiasis Alliance M&E Working Group which includes the participation of WHO’s ESPEN.

The below diagram illustrates the process of planning surveys with the MoH to conducting surveys, capturing the data electronically and analysing the data for decision-making.

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**SCIF SURVEY DATA FLOW**

*Epidemiological Data Reporting Form (EPIRF) – designed to standardize national reporting of epidemiological data on lymphatic filariasis, onchocerciasis, soil-transmitted helminthiasis and schistosomiasis. National authorities are encouraged to complete this form and submit it to WHO on a yearly basis, together with the Joint Reporting Form.

8 https://www.tropicaldata.org
This is the first full financial year that SCI Foundation has operated on its own following the organisation’s transition out of Imperial College London. The previous financial reporting (2019/20) covered a period of 15 months, from registration to the end of March 2020.

In this financial year, we had an operational deficit of £0.35m, which is slightly better than SCIF performance in 2020 (£0.5m deficit). These deficits were all in line with the planned drawdown of designated funds set up when SCIF became an independent entity.

The COVID-19 pandemic has had an impact on the delivery of SCIF’s work programme due to travel restrictions and increased costs of PPE.

The financial year has ended with a strong balance sheet. The recent announcement by the UK Foreign, Commonwealth and Development Office (FCDO) to close the Ascend Programme early (in September 2021 instead of March 2022) means that SCIF is supporting the Ministries of Health in countries where we have partnerships to finance some project activities that were previously funded by FCDO.

SCIF does not have ongoing contractual commitments to these projects beyond those agreed by FCDO; however, SCIF is committed to ensuring support for communities at risk of infection.

At the year end, free reserves were £5,582,941 (compared with £3,152,728 in 2019/2020) and designated funds were £14,871,379 (compared with £17,367,180 in 2019/2020). There were no restricted fund balances 2019/2020.

These figures have been extracted from the SCI Foundation Annual Report and Financial Statements for the Period 20-21, audited by Haysmacintyre, which received a clean audit. Please refer to the Audited Accounts for a full picture of the SCIF’s Financial Performance.
EXPENDITURE 2020–21

EXPENDITURE BY TYPE

- Transfers to partners £6.58m
- Other* £2.19m
- Fundraising and publicity £0.23m

ADMINISTRATIVE VS PROGRAMME SPEND

- Programme costs £7.71m
- Support costs £1.29m

14% 86%

*Other expenditure includes UK staff costs, office expenses and property costs

TRANSFERS TO PARTNERS

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<td>Madagascar</td>
<td>£144,237</td>
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<td>Zanzibar</td>
<td>£177,361</td>
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<tr>
<td>Niger</td>
<td>£87,160</td>
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