
Overview:

Manual on criteria for Validation of Elimination of STH as a public health problem in children

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EPHP validation preparedness demand for SCH-STH

VALIDATION OF ELIMINATION OF
SOIL-TRANSMITTED HELMINTHIASES
AS A PUBLIC HEALTH PROBLEM IN CHILDREN

Criteria and procedures

WHO NTD Roadmap (2021–2030) calls for STH elimination as public health problems (EPHP) by 2030.

As of 2025, about a dozen countries in the WHO Africa region have met or are close to EPHP thresholds

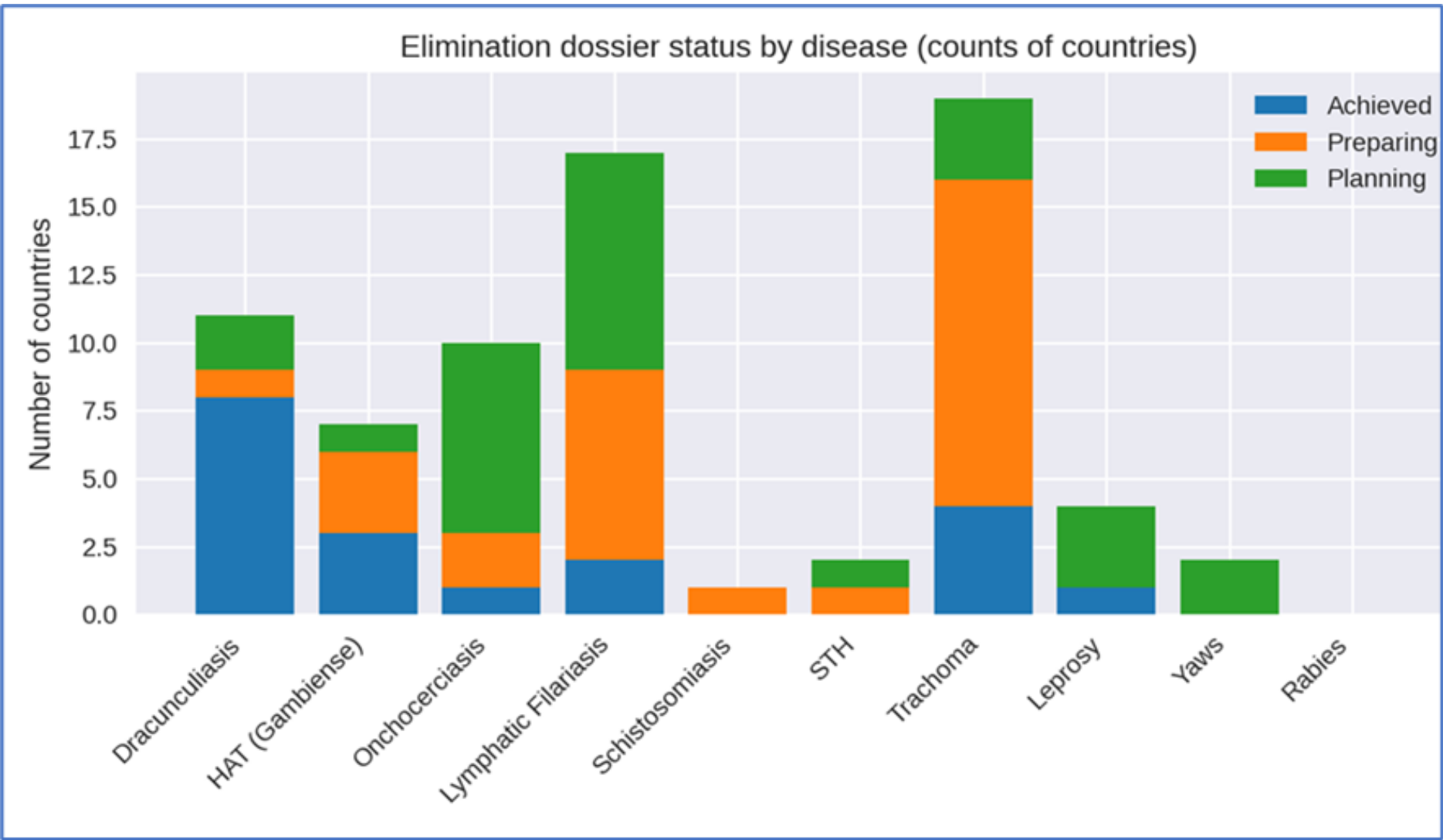
WHO guidance on the validation process is now available

Over a dozen countries require EPHP preparedness and require clarity on:

- Validation criteria and documentation steps.
- Establishment of National Expert Committees (NECs).
- Role of NECs.

ESPEN and partners are available to support countries to prepare for validation through national elimination committees and dossier development.

Majority of countries already have experience in elimination dossier preparation for NTDs in WHO African Region



Disease	2030 Global Targets	Thresholds for declaring the infection eliminated as a public health problem
Soil-transmitted helminthiasis	<ul style="list-style-type: none"> • To eliminate the disease as a public health problem in children from 96 of the 101 presently endemic countries • To establish an efficient programme to reach WRA with deworming at opportune times when they encounter health services 	<2% prevalence of moderate and heavy intensity infections in all formerly endemic units

Validation of elimination of STH as PHP

- Process of documenting specific criteria to assess the elimination of STH as a public health problem which align with the M&E framework
- Achieving elimination DOES NOT mean the cessation of the programme
- Need for pre and post validation surveillance for any resurgence of STH above threshold
- All implementation units that are classified as needing PC should meet the criteria before initiation of validation

Validation of elimination of STH as PHP

Criteria	Steps Towards Validation
<p>The prevalence of any STH species is $\geq 20\%$ in ANY implementation unit (irrespective of the prevalence of MHI infections).</p>	<p>Programme activities, including PC, should be maintained per WHO M&E framework (12)*</p> <p>Validation process should not be initiated</p>
<p>The prevalence of all STH species is $< 20\%$ in ALL implementation units.</p> <p>AND</p> <p>The prevalence of STH infections of MHI infections is $\geq 2\%$ (with the lower bound of the 95% Confidence Interval (CI) less than 2%) in ANY implementation unit.</p>	<p>Programme activities, including PC, should be maintained per WHO M&E framework (12)*</p> <p>Validation process should not be initiated.</p>
<p>The prevalence of any STH species is $< 20\%$ in ALL implementation units.</p> <p>AND</p> <p>The prevalence of STH infections of MHI infections is $< 2\%$ (with the upper bound of the 95% CI less than 2%) in ALL implementation units</p>	<p><u>Enter pre-validation phase for 3 years after which the validation process can be initiated by MoH.</u></p> <p>Until validation is confirmed by WHO, programme activities, including PC drug distribution, should be maintained per WHO M&E framework*</p>

*See "The Monitoring and evaluation framework for soil-transmitted helminthiasis and schistosomiasis control programmes (12):

The prevalence of STH infection of

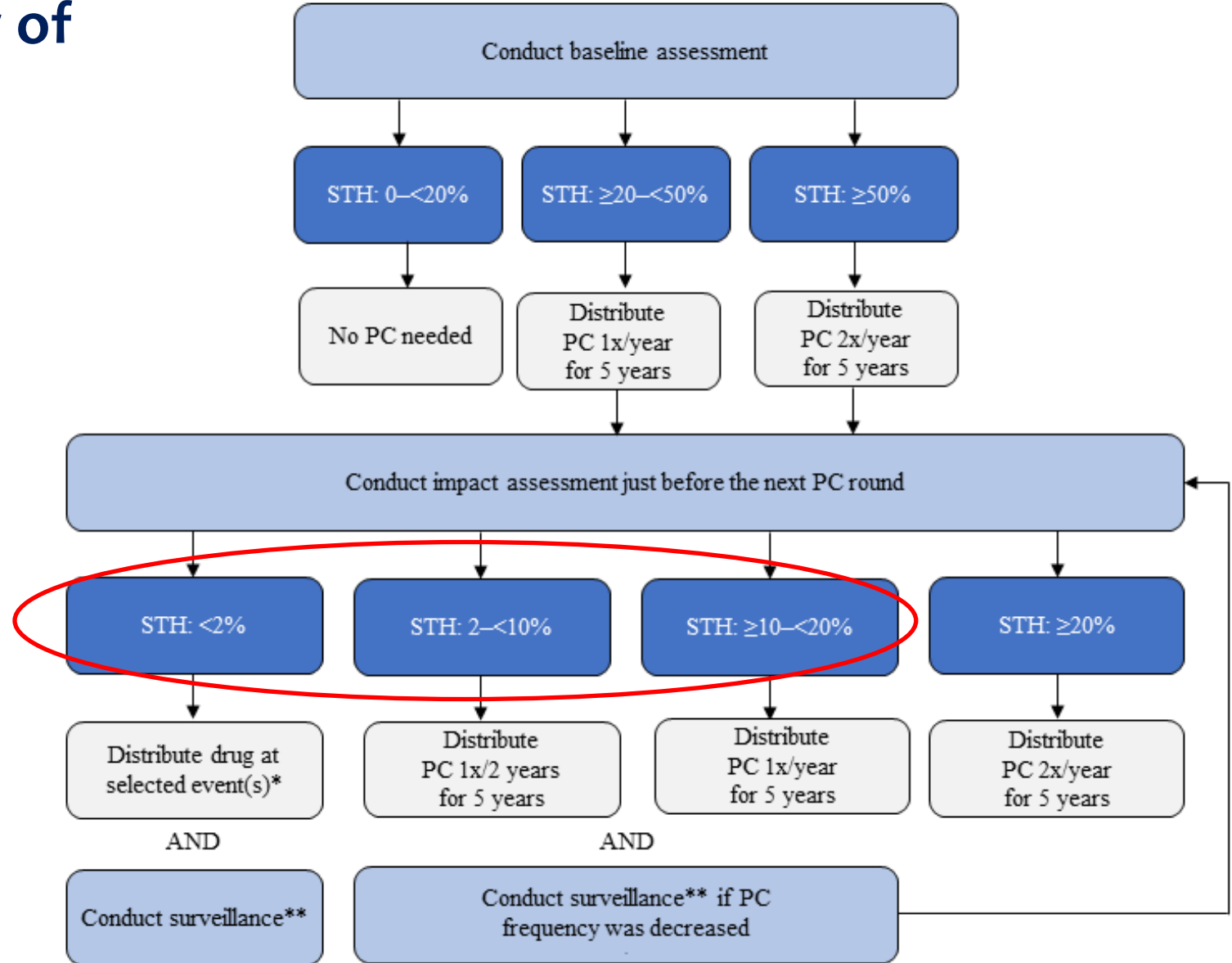
- $< 2\%$: Suspend PC or distribute at qualifying events (e.g., age, school year, antenatal care)
- ≥ 2 and $< 10\%$: PC once/2 years targeting all groups at risk for five years.
- ≥ 10 and $< 20\%$: PC once/year targeting all groups at risk for five years.
- $\geq 20\%$: 2 times/year targeting all groups at risk for five years.

Other related targets

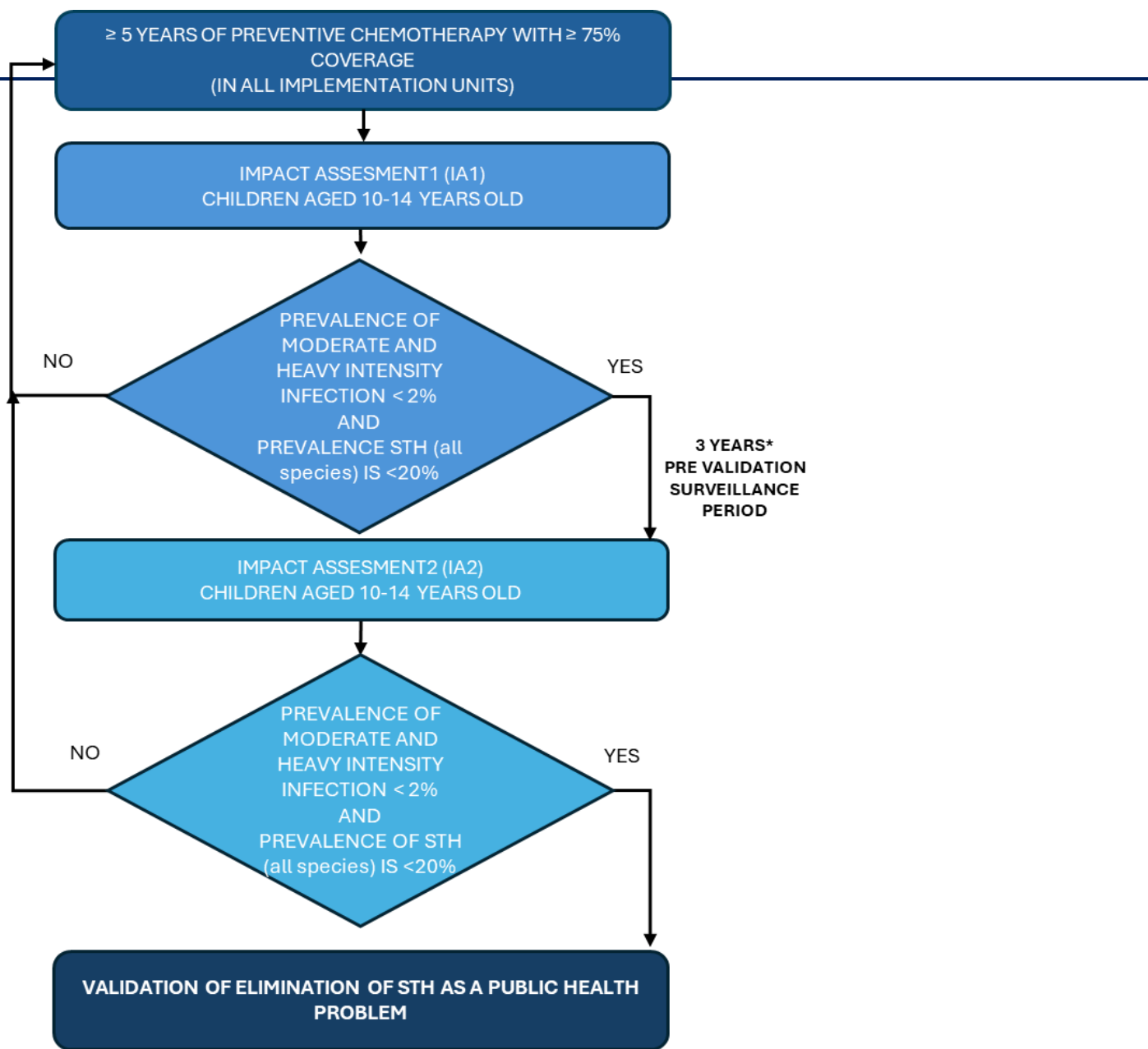
Indicator	Definition	Global target
Water Supply	Proportion of population using basic drinking water from an improved source, provided collection time is not more than 30 minutes for a roundtrip, including queuing	100%
Sanitation	Proportion of population using improved facilities that are not shared with other households	100%
	Proportion of population practicing open defecation	0%
Hygiene	Proportion of population using hand washing facilities with soap and water at home	100%

Decision tree for frequency of PC distribution for STH

If a country has a prevalence of MHI less than 2% and prevalence of STH that is within these three categories in all endemic IU, it will be qualified to submit the dossier



STH EPHP dossier preparation decision tree



List of items required in the dossier

1. All the data used to classify the IUs as endemic and no-endemic (Baseline data)
2. All interventions implemented for STH control and elimination (PC, coverage, targeted pop.)
3. All historical and current data for all PC diseases interventions for a period at least 10 years for each IUs
4. All STH epidemiology monitoring data : baseline, impact, STH evaluation during TAS survey for LF
5. Data on national progress of WASH indicators in the country (WHO/UNICEF) and behavioural changes activities
6. Commitment for post-validation surveillance.

Post validation interventions

- PC according to the epidemiological status
- Integration of PC in the existing routine health programmes in MOH-MOE (school health, ANC,PNC, Immunization, etc...) for sustainability
- Policy and Integration of deworming of women of reproductive age
- Epidemiological surveillance integrated in the routine disease surveillance at health facility level

Multi-sectoral integrated approach is needed to maximize and sustain the benefit of a decreased worm burden of STH

Steps for the validation of STH elimination as a public health problem



Technical support from ESPEN



- Establishment or activation of NECs
- Dossier templates
- Generic TOR for NECs
- Regional dossier review experts
- Annual Dossier preparation workshops for priority countries: Second one in May 2026

Thank you!

