STH Coalition Charter

I. Purpose of the Coalition

The STH Coalition is a global platform that brings together partners across the soil-transmitted helminthiasis (STH) community to support collective decision-making and coordinated action as programs navigate a period of significant transition.

As STH programs move from a model of externally supported scale-up toward greater country ownership and long-term sustainability, the Coalition provides a space for partners to align on priorities, interpret emerging challenges, and move forward together. In doing so, the Coalition supports shared understanding across stakeholders, strengthens coordination across actors, and helps translate complexity into practical, program-relevant action.

Unlike existing coordination mechanisms that are often anchored within specific stakeholder groups or institutional mandates, the Coalition provides a cross-cutting, STH-focused platform that connects countries, implementers, technical and academic actors, donors, pharmaceutical partners, and multilateral actors around shared challenges and practical priorities. In doing so, it helps ensure that STH perspectives are clearly articulated, better aligned across forums, and not lost within broader conversations.

Through this role, the Coalition supports the transition to sustainable, country-owned STH programs by 2030 and beyond.

II. Context

Over the past two decades, coordinated global efforts, supported by pharmaceutical donations, donor financing, and strong alignment with WHO guidance, enabled rapid expansion of preventive chemotherapy programs and significant progress toward achieving coverage targets.

In many settings, these targets have now been reached. As a result, programs are increasingly shifting from an expansion phase to one focused on sustaining morbidity control. In this new context, programs are increasingly expected to:

- transition toward country ownership and domestic financing; and
- integrate within broader health, education, and nutrition systems.

At the same time, the broader global health landscape is becoming more complex. Funding is less predictable, program priorities are shifting, and long-standing delivery platforms are evolving or, in some cases, are being phased out.

In this context, the STH community is navigating a period of transition that requires greater alignment across stakeholders. While many actors are working toward shared goals, coordination across the full

ecosystem is not anchored in a single institutional mandate. As a result, partners often address similar challenges in parallel, missing opportunities to consistently align approaches, share emerging experience, or collectively respond to cross-cutting risks.

These dynamics underscore the need for a platform designed specifically for this phase, one that supports strategic collaboration, practical problem-solving, and sustained progress over time.

III. Vision

By 2030, the STH community will be more aligned, more coordinated, and better equipped to sustain progress than it is today.

Programs will be increasingly country-owned, integrated within national systems, and supported by more sustainable financing and delivery models. Stakeholders across global, regional, and country levels will work in a stronger partnership, with clearer priorities and more effective coordination around shared objectives.

Global guidance will be consistently translated into operational practice, supported by practical exchange and shared learning across countries facing similar challenges. Country leadership will play a central and visible role in shaping priorities and approaches, ensuring that global dialogue reflects real-world program needs.

The Coalition recognizes that pathways to sustainability will differ across countries depending on epidemiological context, program maturity, health system capacity, and national priorities. For some countries, this may include progress toward elimination of STH as a public health problem; for others, it may involve sustained control through integrated, country-led systems.

Collectively, these shifts will contribute to more resilient programs and sustained improvements in the health and well-being of children and at-risk populations in endemic communities.

IV. Core Objectives

The Coalition is designed to support the STH community in navigating transition in a coordinated, practical, and forward-looking manner. Its core objectives are to:

1. Strengthen collaboration and alignment across the STH community

Serve as a platform to align stakeholders around shared priorities and practical actions. Facilitate structured, inclusive dialogue among countries, implementers, donors, pharmaceutical partners, academicians (researchers) and multilateral organizations. Enable timely convening in response to emerging challenges, global shocks, or cross-cutting risks.

2. Elevate country and implementer perspectives in global dialogue

Ensure that the experiences and priorities of national programs meaningfully inform global discussions, priority-setting, and collective action. Strengthen mechanisms for country engagement and support more balanced and structured representation in shaping the future direction of STH programming, including across different program contexts and stages of transition.

3. Support the transition to sustainable, more equitable, country-owned programs
Facilitate the translation of global guidance into implementable strategies and support the institutionalization of STH programming within national systems. Promote shared approaches to long-term program design beyond campaign-based models, including integration into universal health coverage (UHC), domestic financing, surveillance in low-endemic settings, and sustainability planning.

4. Translate knowledge into practical application
Support the exchange of experience, lessons learned, research insights, and emerging approaches across countries and partners. Help stakeholders interpret evolving guidance and evidence and apply it effectively in diverse programmatic contexts.

V. Operating Principles

The Coalition operates according to the following principles:

1. Transparency and openness: The Coalition promotes transparency in its activities, decisions, and outputs, ensuring that information is accessible to the broader STH community.

2. Inclusive and representative engagement: The Coalition reflects geographic, institutional, and stakeholder diversity, with particular emphasis on ensuring meaningful participation from endemic countries, while also engaging with the broader NTD and global health communities where relevant.

3. Focus on practical action: The Coalition prioritizes actionable progress and real-world applicability, supporting approaches that can be implemented in diverse programmatic contexts, with clear timeframes, targets, and progress monitoring.

4. Outcome-oriented and time-bound engagement: Coalition activities are designed to be focused and time-bound where appropriate, supporting progress toward clearly defined objectives and addressing priority challenges.

5. Commitment to sustainability and country ownership: The Coalition promotes a stewardship mindset that supports the transition to sustainable, country-led STH programming.

6. Alignment with global roles and mandates: The Coalition operates within the broader global health architecture, complementing the roles of existing institutions, including the World Health Organization, which retains normative and guideline-setting authority. Coalition activities and outputs are intended to

support country-led decision-making and voluntary uptake in alignment with national priorities and WHO guidance.

VI. Governance Structure

A. Coalition Participation

Participation in the Coalition is open to organizations and individuals engaged in or supporting STH-related work. The Coalition aims to function as an inclusive platform, enabling broad engagement while maintaining a focused and representative governance structure through the Steering Committee. Coalition structures will be supported by additional guiding documentation (e.g., Terms of Reference), as appropriate.

B. Steering Committee

The Steering Committee serves as the primary strategic and decision-making body of the STH Coalition. It is responsible for setting overall priorities, guiding the direction of Coalition activities, and ensuring alignment with the Coalition's core objectives.

Composition

The Steering Committee comprises representatives from across the STH community, ensuring a balance of geographic perspectives, institutional roles, and areas of expertise.

Membership includes:

- Endemic country representatives (Voting Members): Representatives from ministries of health or national STH programs, selected to reflect geographic diversity and expected to contribute both national and regional perspectives.
- Implementing partner representatives (Voting Members): Organizations actively supporting STH programming at country or regional levels.
- Pharmaceutical partner representatives (Voting Members): Companies engaged in STH-related drug donation, supply, or technical collaboration.
- Donor representatives (Voting Members; maximum two seats): Bilateral, multilateral, or philanthropic funders.
- Civil society and advocacy representatives (Voting Members): Organizations representing community, civil society, or advocacy perspectives.
- Technical and academic representatives (Voting Members): Individuals providing technical expertise relevant to Coalition priorities. The number of representatives may vary depending on the Coalition's evolving needs.
- World Health Organization (Observer; non-voting): WHO may participate as a standing observer, contributing technical perspective and supporting alignment with global guidance.

The Steering Committee will aim to maintain balanced geographic representation and diversity of institutional perspectives, with particular attention to ensuring meaningful participation from endemic countries.

Terms of Service
Steering Committee representatives serve two-year terms and may be renewed once.

Steering Committee representatives are selected through a transparent process that includes self-nomination and submission of an application to the Secretariat. Applications are reviewed and endorsed by the Steering Committee, with attention to geographic balance, stakeholder representation, and relevant expertise.

The Steering Committee will aim to make decisions by consensus. Where consensus cannot be reached, decisions may be made by a simple majority of voting members, with a quorum defined as at least 50% of voting members.

Steering Committee representatives are expected to act as active connectors to their constituencies, facilitating two-way communication between the Coalition and the broader STH community. Participation is intended to be both representative and contributory, supporting collaboration, information flow, and collective progress.

Interim Steering Committee
To support the establishment of the Coalition, an Interim Steering Committee may be convened for a 12-month period during the initial phase of implementation.

The Interim Steering Committee will provide strategic guidance, support the finalization of governance structures, and help initiate early Coalition activities, including the formation of Communities of Practice and Task Teams. Members of the Interim Steering Committee will be identified and invited by the Secretariat based on their expertise and leadership within the STH community.

The Interim Steering Committee will operate on a time-bound basis. At the conclusion of the interim period, a fully constituted Steering Committee will be selected through the process outlined in this Charter.

C. Secretariat

The Coalition Secretariat is hosted by The Task Force for Global Health. It brings dedicated technical and operational expertise to support the Coalition in translating strategic priorities into coordinated action.

The Secretariat is responsible for facilitating Coalition activities, supporting the implementation of strategic priorities set by the Steering Committee, and ensuring continuity and follow-through across

workstreams. Its functions include facilitation of meetings and collaboration processes, documentation and knowledge management, communications, and support to the development and execution of Coalition initiatives.

The Task Force for Global Health serves as the fiduciary body for the Coalition and manages Coalition funds and financial processes in accordance with donor requirements and organizational policies. The Steering Committee will provide input on strategic priorities that inform the allocation and use of resources.

The Secretariat's operational activities are guided by the strategic direction of the Steering Committee. The Secretariat will provide regular updates to the Steering Committee on activities and progress.

VII. Collaborative Structures

The Coalition advances its work through a combination of Communities of Practice and time-bound Task Teams, designed to support collaboration while delivering practical outputs aligned with sustainability and transition priorities.

A. Communities of Practice (CoPs)

Communities of Practice are ongoing, thematic spaces that bring together partners to exchange knowledge, share experiences, and identify emerging priorities. The Coalition will both engage with existing Communities of Practice and may convene new ones where gaps exist.

Participation
Communities of Practice are open to all Coalition participants with relevant interest or experience. Participation is self-selected and may evolve over time based on engagement and relevance.

Characteristics

- Open to broad participation across the Coalition
- Flexible and adaptive in focus
- May convene regularly or on an as-needed basis

Purpose

- Facilitate peer learning and practical exchange
- Surface common challenges and opportunities across programs
- Communities of Practice may identify priority areas that warrant more focused, time-bound work through Task Teams

B. Task Teams

Task Teams are time-bound, output-oriented groups established to address specific priority challenges and produce tangible deliverables. Task Teams are typically formed in response to priorities identified through Communities of Practice and serve as the primary mechanism for developing concrete outputs.

Establishment

Task Teams are established through Steering Committee endorsement, based on priority areas identified through Communities of Practice and aligned with overall Coalition priorities.
Membership and Leadership

Membership is determined based on relevant expertise, experience, and ability to contribute to the defined deliverables. Participation may include Steering Committee representatives, Coalition participants, and external technical experts as appropriate. Task Teams are led by a Chair or Co-Chairs, identified in consultation with the Steering Committee and Secretariat.

Characteristics

- Clear articulation of how the priority area was identified, including linkage to relevant Communities of Practice or Coalition discussions
- Specific, time-bound deliverables
- A named lead or co-leads
- Defined membership based on relevant expertise
- An expected timeline (typically 6–9 months)
- A sunset or review point upon completion of deliverables

Purpose

- Develop practical tools, guidance, or approaches
- Advance priority areas related to sustainability and transition
- Fill gaps not addressed by existing global or regional mechanisms
- Focus on priority areas such as sustainability, transition planning, institutional integration, access to medicines, and program optimization

C. Governance Linkages

Task Teams operate in alignment with and under the strategic guidance of the Steering Committee.

- The Steering Committee endorses Task Team formation and may review outputs and recommendations
- Task Team leads may be invited to present updates or outputs to the Steering Committee
- Participation in Task Teams does not confer Steering Committee membership

VIII. Meetings and Engagement

The Steering Committee will meet quarterly. The Coalition will convene at least one annual meeting open to the broader community to support information sharing, alignment, and engagement across partners.
Additional ad hoc meetings or rapid convenings may be organized in response to significant policy or global developments. Summaries of meetings and key outcomes will be shared publicly, as appropriate.

IX. Conflict of Interest

Participants are expected to disclose any relevant conflicts of interest in relation to Coalition activities. The Steering Committee may establish additional guidance as needed.

X. Review, Amendments, and Duration

This Charter governs the STH Coalition from January 1, 2026, through December 31, 2029. This Charter may be amended to reflect evolving circumstances, stakeholder needs, or strategic priorities during the 2026–2030 period. Steering Committee representatives may propose amendments to this Charter and will require approval by a two-thirds majority of voting members.

In 2029, the Steering Committee will initiate a formal review process to determine whether to extend the Coalition in its current form, transition to a new structure, or conclude Coalition activities.