



**World Health  
Organization**

**REPORT OF THE SIXTEENTH MEETING OF  
THE WHO ALLIANCE FOR THE ELIMINATION  
OF BLINDING TRACHOMA BY 2020**

***Washington DC, USA, 14-16 May 2012***

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# ABBREVIATIONS

AFE: Antibiotic treatment, facial cleanliness and environmental improvement  
AIO: Annual intervention objective  
AMRO: Regional Office for the Americas  
BTR: Bilamellar Tarsal Rotation  
CDD: Community directed distribution  
GET 2020: WHO Alliance for the Global Elimination of Blinding Trachoma by the Year 2020  
GHO: Global Health Observatory  
GSM: Global Scientific Meeting  
HKI: Helen Keller International  
IAPB: International Agency for the Prevention of Blindness  
ICTC: International Coalition for Trachoma Control  
ITI: International Trachoma Initiative  
LAC: Latin America and the Caribbean  
LF: Lymphatic filariasis  
MDA: Mass drug administration  
MDG: Millennium Development Goal  
MoH: Ministry of Health  
NGDO: Nongovernmental Developmental Organization  
NGO: Nongovernmental Organization  
NID: Neglected infectious disease  
NNN: Neglected Tropical Disease NGDO Network  
NTD: Neglected tropical disease  
Oncho: Onchocerciasis  
PAHO: Pan American Health Organization  
PCT: Preventive chemotherapy and transmission control  
PEC: Primary eye care  
SAFE: Eyelid surgery, antibiotic treatment, facial cleanliness and environmental improvement  
SCH: Schistosomiasis  
STAG: Strategic and Technical Advisory Group  
STH: Soil-transmitted helminthes  
TC: Technical cooperation  
TEMF: Trachoma elimination monitoring form

TF: Trachoma follicular

TT: Trachomatous trichiasis

UIG: Ultimate intervention goal

WASH: Water, sanitation and hygiene sector

WHA: World Health Assembly

WHO: World Health Organization

# Executive Summary

1. The participants commended PAHO for the excellent job in coordinating and hosting this year's meeting. They noted that holding the meeting at PAHO provided added value on several counts:
  - a) It presented an opportunity to hear from countries in the Americas that have been underrepresented at GET meetings in prior years.
  - b) Having the input of this region was a reminder that trachoma is indeed a global problem; it is not limited to just one or two regions. Likewise, it was a reminder that investigation is still needed to determine whether trachoma is endemic in additional countries, including Bolivia, Peru and Venezuela. (Note: Brazil expressed an interest in continuing to provide TC.)
  - c) Presentations were made by 2 new countries--Guatemala and Colombia.
  - d) Having the meeting at PAHO demonstrates the Americas region's political support for trachoma prevention, control and elimination, adding to the support that was previously demonstrated by the 2009 PAHO resolution CD49.R19.
2. Given the success of this year's meeting and the opportunities provided for "lessons learned," it was concluded that while it is necessary to be mindful of meeting costs and logistical challenges, it may be useful to consider holding future GET meetings at other regional WHO offices.
3. Endemic countries in the Americas should be regularly represented at GET meetings.
4. The progress of integrating trachoma into NTDs is very welcome and is in alignment with the global NTD integration initiative. It is important to remember that SAFE is a four-part strategy for prevention, control and treatment; antibiotics are just one component of SAFE. We must ensure that S, F and E are not overshadowed by A. The WHO scorecard should include all components of trachoma--the full SAFE strategy.
5. An expert in trachoma and trachoma programmes should be included among the membership of STAG.
6. As some countries are close to being ready to apply for verification of elimination, there is an urgent need to provide formal guidelines from WHO/STAG on what information should be included in a dossier to verify elimination of trachoma, and what processes and channels should be used for submission.
7. WHO should include the GET 2020 Alliance stakeholders in the process to develop the trachoma strategic plan for the NTD roadmap. WHO is recommended to use the 20/20 Insight document as a starting point for the strategic plan. The trachoma strategic plan should be completed and incorporated into the NTD roadmap by the end of 2012.
8. Although research is already under way in some countries, there is an urgent need to confirm the safety of co-administering Azithromycin with the other drugs used for PCT, particularly those that will be used for extended periods of time. While it is important to include the WHO and the relevant pharmaceutical companies in this process, ITI should lead the research effort.
9. It is imperative that WHO finalize the new single data reporting form by August 2012. Having a single data reporting form will minimize the reporting burden for countries, particularly since the new electronic version of the form will be pre-filled with information from prior

years. Thus, countries will only need to update that information, rather than starting over with a blank form each year.

- a) All countries must provide full and complete information (to the extent it is available) in the WHO data forms each year.
  - b) The forms must be submitted in a timely fashion such that they are received by the WHO secretariat by 1 April.
  - c) Although the data is from the countries and national MOHs hold primary responsibility for completing and submitting the forms to WHO, all partners—including the national trachoma task force and local WHO country offices and regional offices—have a very important role in helping countries provide complete information.
  - d) Countries should submit their completed forms to the appropriate WHO regional office for review several weeks prior to 1 April deadline for submission to the WHO secretariat. The regional offices will be responsible for working with national governments to obtain missing information and clarify any uncertainties before submitting the final versions of the forms to the WHO secretariat in Geneva.
  - e) WHO will investigate the feasibility of providing forms in two formats--online and in a spreadsheet file.
10. The WHO secretariat should report on progress achieved on the recommendations at each GET 2020 meeting.
  11. An ad hoc working group should continue to be assembled before each GET 2020 meeting to assist the secretariat in planning the meeting. The next GET 2020 meeting should take into account the evaluation of the GET 16 meeting, and in particular the need for more discussion time.
  12. Reports from the surveillance working group and the GSM 3 group should be disseminated via the Internet by the autumn 2012.
  13. The partners from the Alliance should provide assistance as requested for the revision of the Trachoma Programme.
  14. Managers Guide, which should be completed before the end of 2012.
  15. There is an urgent need to improve the quality and quantity of TT surgical activity. Partners and national governments are encouraged to step up surgical campaigns and outreach programmes so as to rapidly reduce the number of prevalent cases and to treat the incident cases of TT in a timely manner.
    - a) Partners providing training should screen potential surgeons for visual acuity, manual dexterity, and so on, prior to initiating said training.
    - b) The national MOH should use the WHO document on final assessment of surgeons to certify surgeons for practice.
15. The active participation of representatives of the water, sanitation and hygiene sector (WASH) was warmly welcomed. Presentations by the WASH sector on best practices and how they apply to trachoma control should be included in the next meeting.

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