

**Report of the Thirteenth Meeting of the
WHO Alliance for the
Global Elimination of Blinding Trachoma**

Geneva, 20–22 July 2009

GLOBAL ELIMINATION OF BLINDING TRACHOMA

BY THE YEAR 2020



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1. INTRODUCTION

The Thirteenth Meeting of the WHO Alliance for the Global Elimination of Blinding Trachoma by the Year 2020 (GET 2020) was held at the headquarters of the World Health Organization (WHO), Geneva, Switzerland, from 20 to 22 July 2009. The meeting was attended by 81 participants, of whom 31 were national coordinators for trachoma control programmes (Annex 1).

Dr Michael Mbee Gichangi (Kenya) was elected Chairman, Dr Paul Emerson (the Carter Center) Vice-Chairman, and Dr Abdou Amza (Niger) and Mr B.B. Thapa (Nepal) Rapporteurs. The Agenda was adopted (Annex 2).

Dr Fiona Adshead, Director, Chronic Diseases and Health Promotion, WHO, Geneva, welcomed the participants and said that the significant reductions in the estimated global burden of active trachoma in recent years, from 84 million in 2003, to 60 million in 2005 and to the current level of 40 million, are a testament to the results that can be achieved by working together in partnership through a body such as the Alliance. They represent considerable progress in helping millions of people at risk of blindness and in building stronger national health systems to ensure a better future. The WHO Director-General places great emphasis on the health of vulnerable groups, especially women and children. Trachoma can have a devastating effect on individuals and families and, clearly, the tasks undertaken by women in their daily lives put them at greater risk of contracting the disease. Moreover, women often experience greater stigmatization if they become blind. The WHO-endorsed SAFE strategy is a paradigm for development, bringing together activities in respect of its four components: eyelid surgery (“S”), antibiotic treatment (“A”), facial cleanliness (“F”) and environmental improvement (“E”). She welcomed the progress made in collecting data, since it is important to document activities and to understand what works, and commended the countries that have achieved the ultimate intervention goals. Effective partnerships and intersectoral collaboration are key elements for success. The Thirteenth Meeting of the Alliance is an opportunity for all partners, countries, institutions and international donors, to renew their commitment to the achievement of the 2020 target. WHO remains fully committed to working with the Alliance and to the provision of strong technical and policy support for the implementation of the SAFE strategy.

Dr Lorenzo Savioli, Director, Control of Neglected Tropical Diseases, WHO, Geneva, referring to recent remarks by United States President Barack Obama, said that there is clearly going to be significantly greater financial support from the United States for the control of neglected tropical diseases in the coming years. It is essential to ensure effective use of the funds made available. The United States administration wishes to see the reinforcement of national health systems so that they can meet the needs of the poorest and most vulnerable through an integrated approach. That vision, corresponds to that of WHO, which also includes a respect for specificity and for the different constituencies currently involved in neglected tropical disease control, for example the GET 2020 Alliance, the Global Alliance to Eliminate Lymphatic Filariasis (GELF) and the African Programme for Onchocerciasis Control (APOC). It is important to achieve an appropriate balance between those constituencies in the integration of activities at country level.

2. REVIEW OF TRACHOMA DATA FORMS

Dr Silvio Paolo Mariotti, Medical Officer, GET 2020 Secretary, World Health Organization, Geneva, Switzerland

Trachoma data forms, the tool used to monitor the status of blinding trachoma, were sent by WHO to national coordinators in 45 of the 57 trachoma-endemic countries and were completed by 40 (89%) compared with 38 of 45 (84%) in the previous year, although many were received late. The completed forms, which will be made available on the Alliance web site, showed improvements in the reporting of district-level data and the consistency in the setting of AIOs and UIGs. They also showed increases in the data on coverage for the “S” and “A” components of the SAFE strategy, and in data reported on the basis of surveys rather than estimates (78% compared with 66%). They indicated an increase in the delivery of SAFE in some countries and showed that trachoma control was benefiting from the higher public health profile of neglected tropical diseases. However, many countries are still not using AIOs and UIGs to monitor progress, and in some cases district-level data did not correspond to the national aggregated data. Countries that are not receiving antibiotic donations did not report well and many responses did not provide information on the “F” and “E”

components. Stated political support is not always being translated into concrete actions. There has been some slippage in the target dates for the elimination of blinding trachoma but it is still hoped that many countries will achieve elimination before 2020. Countries sometimes used old forms to submit data; as the forms are updated on the basis of experience, they are urged to use the latest version sent to them and to complete the forms through a collaborative process involving all partners in order to get the most reliable picture possible. There is some concern that the forms are not capturing the entire picture of trachoma control at national level.

Ghana has reported to have achieved its UIG and Mali and Ghana have started work on trachoma surveillance. Ghana, Guinea, Mali, Nepal, Niger and Viet Nam have included provision of information on the prevention of trachoma through hygiene in the primary school curriculum. A meeting on surveillance for post-endemic trachoma areas/countries was held in November 2008 and new partners have become involved in trachoma elimination.

The trachoma data forms are increasingly indicating endemic and non-endemic districts, showing that district-level data are being collected. Surgery coverage was reported by 29 countries: six achieved 100% of their target and 11 \geq 80%, while 15 achieved $<$ 50%. Although a record number of surgeries was performed in the year, the level was still well short of the target. Of the 24 countries reporting antibiotic coverage, five achieved \sim 100% of their fixed target and 10 \sim 80%. Of the 17 countries reporting coverage data on the "F" component more than half achieved $>$ 80% of their fixed target. In relation to the "E" component, 33 countries provided information; 29 reported that a plan was in place for the attainment of Millennium Development Goal 7 (Ensure environmental sustainability).

Discussion

Improvements in reporting. Countries are given feedback on their trachoma data forms by WHO and clarifications are sought. However, this is difficult when forms are received late. Countries are urged to establish a national trachoma task force involving all relevant partners, where this does not yet exist, and to complete the trachoma data form through a meeting of the task force that gives due attention to the intersectoral nature of trachoma control. It might be useful to include on the form a question on whether there is a national task force. Countries should also give greater attention to collecting data at district level, preferably as part of a strong monitoring and reporting

system for all diseases. Trachoma control, eye care and prevention of blindness should be incorporated in country cooperation strategies and primary health care.

Surgery. Participants welcomed the performance of a record number of trachomatous trichiasis (TT) surgeries (>143 500) in 2009, thanks in particular to a great effort in Ethiopia.

3. INTERNATIONAL COALITION FOR TRACHOMA CONTROL

Mr Chad MacArthur, Director, Training and Community Education, Helen Keller International, New York, NY, USA

The International Coalition for Trachoma Control (ICTC) is a coalition of non-governmental organizations working on trachoma control: Christian Blind Mission International, the Eyes of the World Foundation, Helen Keller International, the International Trachoma Initiative (ITI), Lions Clubs International Foundation, Light for the World, Operation Eyesight, ORBIS International, *Organisation pour la Prévention de la Cécité*, Sight Savers International, the Carter Center and World Vision. The Coalition holds an annual meeting following each Alliance annual meeting and encourages participation from other interested parties, for example, the Johns Hopkins University, the Conrad N. Hilton Foundation, Pfizer Inc. and representatives of endemic countries. The Coalition aims to promote the sharing of information on trachoma control and the coordination of the activities of nongovernmental organizations and other partners to achieve GET 2020. It also seeks to engage development partners in order to strengthen activities related to the “F” and “E” components of the SAFE strategy, to mobilize additional resources and to strengthen advocacy to raise awareness about trachoma and GET 2020.

The agenda for the Coalition’s forthcoming meeting will include a discussion on the advantages and disadvantages of joining with other disease-specific coalitions of nongovernmental organizations, in particular the Nongovernmental Development Organization (NGDO) Coordination Group for Onchocerciasis Control and the Lymphatic Filariasis NGDO Network, to create a larger NGDO Working Group for

neglected tropical diseases. It will also provide each member with the opportunity to update the Coalition on its activities since the previous meeting in April 2008 and its plans for the next 12 months. The Coalition will consider technical needs and solicit technical support, where needed, from those nongovernmental organizations with a comparative advantage in particular fields e.g. the Carter Center on latrine construction and Helen Keller International on achieving favourable behaviour change. It will also discuss the development of strategies to help endemic countries make the transition from trachoma control to the elimination of the disease as a cause of blindness. Finally, the Coalition will review its first five years and make recommendations as to how it can be strengthened.

Discussion

Alliance meetings. Participants called on the nongovernmental organizations to ensure that Alliance meetings continue, despite the current economic climate.

WHO support. Consideration should be given as to how best WHO can support countries through the Alliance.

Wells. Further support is needed for well-drilling, one of the more expensive aspects of environmental improvement but one that is necessary for implementation of the full SAFE strategy. Operation Eyesight is constructing wells where no other partner is available (such as World Vision), as for example in the Masai Mara, Kenya, at a cost of up to US\$ 40 000 per well, and in Zambia at US\$ 5000–6000.

4. REPORT OF THE TRACHOMA INFORMAL SCIENTIFIC

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