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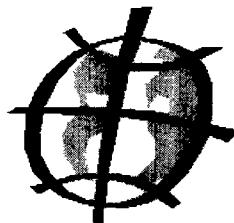
Report of the Sixth Meeting

of the WHO Alliance for the

Global Elimination of

Blinding Trachoma

Geneva, Switzerland
(5-7 November 2001)



G · T 2020

GLOBAL ELIMINATION OF BLINDING TRACHOMA BY THE YEAR 2020

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1. INTRODUCTION

1.1 Opening of the Meeting

The Sixth Meeting of the WHO Alliance for the Global Elimination of Blinding Trachoma was held at WHO headquarters, Geneva, Switzerland from 5 to 7 December 2000. The Meeting was attended by 26 national coordinators from endemic countries, 13 representatives of WHO collaborating centres for the prevention of blindness and other research institutions, 21 representatives of NGOs and foundations, and 1 observer, together with WHO Secretariat staff (see list of participants in Annex 2). PROFESSOR S. West, Chairman of the Alliance, opened the Meeting.

Dr D. Yach, Executive Director, Noncommunicable Diseases and Mental Health, WHO, welcomed the many interested parties to the Meeting as a sign of growing commitment to the common goal of eliminating blinding trachoma. Activities among the parties to the Alliance were continually growing, and the Meeting gave an opportunity to strengthen WHO's collaboration with governmental and nongovernmental organizations, foundations, and the pharmaceutical industry. The Meeting would review progress reports on the implementation of activities from the representatives of participating countries; 29 countries presented their epidemiologic situation and activities carried out in the last year, out of the 46 countries known to have areas of blinding trachoma. He welcomed the participation of new country representatives from Egypt, Guinea, Malawi and Yemen, which would help to expand control activities, as well as the first report from Mexico. Intersectoral cooperation and community participation were being successfully implemented in more and more countries. That was crucial to achieving the necessary social and environmental changes, as trachoma were chiefly linked to poor living conditions and lack of education. The prevention of blindness from trachoma could only be achieved sustainably if all four pillars of the SAFE strategy were implemented as a whole. More operational research studies were needed on treatment strategies, social and behavioural change, and monitoring and evaluation procedures. The Meeting would put emphasis on the development of plans of action, especially at the regional level. It would also consider the integration of trachoma control activities within the framework of Vision 2020, with a view to the development of comprehensive eye care services integrated within national health systems. If countries were not able to face the new challenges presented by the world's ageing population, the number of the blind could double in the next 20 years.

1.2 Election of officers

Professor S. West (USA) was elected Chairperson and Dr Tun Aung Kyaw (Myanmar) Vice-Chairperson. Professor M. M. A. Homeida (Sudan) and Dr Chad MacArthur (Helen Keller Worldwide) were elected Rapporteurs.

Dr S. Resnikoff, Coordinator, Prevention of Blindness and Deafness, WHO, expressed the Organization's appreciation of Professor Ton Thi Kim Thanh's contribution as Chairperson of the Fifth Meeting in December 2000.

1.3 Adoption of the agenda

The provisional agenda was adopted without amendment (see Annex 1).

2. REPORTING OF ACTIVITIES UNDERTAKEN SINCE THE PREVIOUS MEETING

2.1 WHO Secretariat

Dr S. P. Mariotti (WHO) presented the activities of the WHO Prevention of Blindness and Deafness (PBD) team relating to the Alliance for the period 1 December 2000-1 November 2001. PBD provided technical assistance and support to India and Pakistan for national programme development, and participated in national planning workshops in Chad, Guinea, Mauritania and Senegal. The secretariat also participated in the following technical and other meetings organized within the Alliance framework:

- International Trachoma Initiative (ITI) technical expert committee (New York, NY, USA);
- Conrad N. Hilton Foundation - partnership development (Los Angeles, CA, USA);
- French Ministry of Foreign Affairs - partnership development (Paris).

The production and dissemination of documentation (Alliance reports, training manuals, guidelines, etc.) continued. *Preventing trachoma: a guide for environmental sanitation and improved hygiene* was printed and distributed in Chinese (5000 copies), while the *Guidelines for rapid assessment for blinding trachoma* was distributed in English; the French would follow shortly. The reports of the Alliance's Fourth and Fifth Meetings were printed and disseminated. PBD also developed a standardized country report form for submission to national coordinators for the collection of information on trachoma and related control activities and for updating of the data bank.

The implementation of trachoma rapid assessment studies was supported in Guinea, Myanmar and Pakistan through training of national staff in methodology, data management, reporting, and planning with the data obtained.

Information and coordination activities included: preparations for the present Meeting of the Alliance; preparations for the forthcoming Meeting on the Development of Guidelines for the Assessment of the Elimination of Blinding Trachoma; dissemination of information on the Alliance and the GET 2020 programme, and updating of the trachoma website (www.who.int/pbd/trachoma); establishing contacts with potential new Alliance members (countries, organizations and foundations); strengthening of information and communication systems, including a data retrieval system, an interactive global atlas of infectious

diseases on the WHO website, and a trachoma module (indicators and training) for the WHO health mapping management information system; collaboration for the assessment of the global burden of eye diseases, with publication planned for the second quarter of 2002; and the eye care component of an interactive project on the cost-effectiveness of health interventions (publication planned in 2002).

Among other activities, trachoma rapid assessment activities were planned, in collaboration with Alliance partners, in Guinea and Myanmar, though similar work in Pakistan was delayed. Work started on the development of culturally adapted curricula to foster and strengthen health education activities, community participation and basic sanitation, under a grant approved by the Hilton Foundation, in collaboration with Helen Keller Worldwide. Through the WHO country programme in the Lao People's Democratic Republic, PBD began the development of an educational game for children on the prevention of trachoma and other eye diseases.

2.2 Endemic countries members of the Alliance

2.2.1 *Algeria (Dr S. Siagh)*

Trachoma was studied during the colonial era (1830-1962) in Algeria, and WHO and UNICEF had begun a control campaign in 1956. A 1974 thesis on the epidemiology of trachoma in southern Algeria showed that high prevalence was directly related to four factors: low socioeconomic status; absence of running water in the household; inadequate wastewater evacuation systems; and crowded living conditions. Surveys in the period 1984-1990 indicated that trachoma had diminished since the 1950s in the 10 southern districts constituting the endemic belt. However, a Ministry of Public Health survey in schools in those districts in 1995 showed an overall prevalence of 26% and a 20% rate of active trachoma.

Algeria's 557 ophthalmologists (1999 data) - 113 public health ophthalmologists, 105 in university hospital centres, and 357 in private practice - are sufficient to tackle the problem, but they are poorly distributed within the country. There are also adequate numbers of health centres and other treatment facilities, while all districts and communes have disease prevention and school health services.

The Institute for Trachoma and Tropical Diseases has been reactivated, and a task force has been set up to undertake systematic surveys throughout the endemic belt to determine the real epidemiological situation in southern Algeria. Practically all towns in the south where surveys were undertaken previously now have drinking-water supply systems, and most have sewage systems.

2.2.2 *Australia (Professor H. R. Taylor)*

Australia is the only developed country that still has trachoma. The disease has largely disappeared in most of the population, but is still a public health concern among indigenous communities in desert regions of central and western Australia, where some 28% of the nearly 400 000 aboriginal and Torres Strait Islander people live. The prevalence of TF/TI, estimated from surveys in the 1990s in various aboriginal communities, ranges from 15% to 60%. A study in the Kimberley

region of Western Australia indicated a TT prevalence estimated at 3% among aboriginal people aged 50 and over.

Unlike other countries, Australia shows equal rates of trachoma in children and adults of both sexes. The populations concerned engage in subsistence farming, where poverty, lack of development and adverse environmental conditions favour the disease. The National Aboriginal and Torres Strait Islander Eye Health Programme - part of the Office for Aboriginal and Torres Strait Islander Health (OATSIH) - promotes WHO's SAFE strategy for trachoma control. Eye health coordinators are in place in all states (except Tasmania) and the Northern Territory. Ophthalmic equipment, ophthalmological services, training, guidelines, tetracycline and azithromycin, and environmental improvement programmes are being or will be provided. The coordination of activities and funding between federal, state and local governments and other stakeholders requires complex negotiations, and strong political will is essential.

2.2.3 *Burkina Faso (Dr B. B. Yoda)*

Trachoma is a public health problem in five regions of the country, with national prevalences of 26.9% (TF/TI), 8.4% (TS), 5.1% (TT) and 0.6% (CO) among its 10.3 million inhabitants.

Trachoma control has political support, within the framework of the National Blindness Prevention Programme for 2002-2006. The Government considers blinding trachoma a public health problem; changes in its control strategy are reflected in the 2002-2003 budget. A trachoma control programme is in preparation, and the Permanent Bureau for Trachoma Control is resuming activities.

In 1999, 537 trichiasis operations were performed; there were 110 operators, 64% of them in rural areas, and a further 15 were in training at the National School of Public Health. There is a shortage of drugs, surgical instruments and supplies, and many patients are unable to pay the Ministry's charge of US\$ 11 for an operation. Thus the 17 ophthalmologists and 80 ophthalmic nurses now available focus on other eye care work; they cannot do trichiasis surgery because they lack surgical kits. Campaigns by NGOs are likely to attract patients by offering treatment free

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