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**Report of the Fifth Meeting**

**of the WHO Alliance for the**

**Global Elimination of**

**Blinding Trachoma**

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**Geneva, Switzerland**  
**(5-7 December 2000)**



**GLOBAL ELIMINATION OF BLINDING TRACHOMA BY THE YEAR 2020**

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## **1. INTRODUCTION**

### **1.1 *Opening of the Meeting***

The Fifth Meeting of the WHO Alliance for the Global Elimination of Trachoma was held at WHO headquarters, Geneva, Switzerland from 5 to 7 December 2000. The Meeting was attended by 21 national coordinators from endemic countries, 2 representatives of governmental organizations, 17 representatives of WHO collaborating centres for the prevention of blindness and other research institutions, 24 representatives of NGOs and foundations, and 2 observers from Pfizer, Inc., together with WHO Secretariat staff (see list of participants in Annex 2). The Meeting was opened by Dr L. D. Pizzarello, Chairman of the Alliance.

Dr S. Resnikoff, Coordinator, Blindness and Deafness, WHO, speaking on behalf of 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. The Meeting would review progress in the development of national control activities in more than 25 countries, which exceeded the target set in 1996. Intersectoral cooperation and community participation had been successfully implemented in several countries. Working groups had been set up during the year to monitor the quality of trichiasis surgery, finalize the trachoma rapid assessment methodology, and discuss the use of systemic antibiotics. A growing number of operational research studies were being carried out on treatment strategies, social and behavioural changes, and monitoring and evaluation procedures. The Meeting would also discuss progress with the Global Information System and the establishment of a process for the certification of the elimination of blinding trachoma.

### **1.2 *Election of officers***

Professor Ton Thi Kim Thanh (Viet Nam) was elected Chairperson and Professor S. West (USA) Vice-Chairperson. Dr Y. Chami Khazraji (Morocco) and Dr G. P. Pokharel (Nepal) were elected Rapporteurs.

Dr Pizzarello, outgoing Chairman, noted that the past year had been busy, as azithromycin distribution got off the ground and the Trachoma Technical Meeting at Columbia University in New York had been held successfully. He welcomed the new officers, who were taking over at an exciting time for trachoma control, and expressed his thanks to the WHO Secretariat for its work. Dr Resnikoff expressed WHO's appreciation of Dr Pizzarello's significant contribution to the Alliance's work.

### **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 presented the activities of the WHO Blindness and Deafness (PBD) team relating to the Alliance for the period 1 December 1999-1 December 2000. Technical assistance and support to national programme development was provided by PBD to Chad, Cambodia, Lao People's Democratic Republic, Mauritania, Morocco, Myanmar and Senegal. Participation in technical and other meetings organized within the Alliance framework was also reported:

- Monitoring antibiotic resistance (Centers for Disease Control and Prevention, Atlanta, GA, USA, 9 February 2000);
- Carter Center Trachoma Control Review (Atlanta, GA, USA, 10 February 2000);
- 14th Congress of the Moroccan Ophthalmological Society (Rabat, 24-26 February 2000);
- International Trachoma Initiative (ITI) technical expert committee (New York, NY, USA, 11 April 2000 and Ouarzazate, Morocco, 18-19 September 2000);
- Trachoma Technical Meeting (Columbia University, New York, NY, USA, 30 September-1 October 2000).

The production and dissemination of documentation (reports, training manuals, guidelines, newsletter, etc.) continued. *Preventing trachoma: a guide for environmental sanitation and improved hygiene* had been completed and distributed, though the operations manual for trachoma rapid assessment and the report of the Alliance's Fourth Meeting had been delayed by staff cuts. Protocols on quality control in trichiasis surgery (Oman) and evaluation of the national programme's progress towards trachoma elimination (Morocco) had been completed. At countries' request, simplified trachoma grading cards had been produced and distributed in Arabic, Dari, Khmer, Laotian, Portuguese and Pushtu. A standardized country report form for national coordinators had been completed and the data bank has been regularly updated.

The implementation of trachoma rapid assessment studies had been supported in Cambodia, Chad, the Lao People's Democratic Republic, Mauritania and Senegal through training of national programme and NGO staff in methodology, data management, reporting, and planning with the data obtained.

Other activities had included: preparations for the present Meeting of the Alliance; dissemination of information on the GET 2020 programme and updating of the trachoma web site ([www.who.int/pbd/trachoma](http://www.who.int/pbd/trachoma)); strengthening of information and communication systems, including a Majordomo discussion system (<http://majordomo.who.int/trachoma>), an online chat room at the WHO server, and a data retrieval system; and the publication of scientific articles.

Dr Mariotti concluded by noting that the number of national coordinators present at the Fifth Meeting had grown to 21, and that there were some 72 participants.

## **2.2 Endemic countries**

### **2.2.1 Algeria (Professor M. L. Kebbouche)**

Surveys in El Oued in 1998 showed prevalences of 48% for active trachoma (TF/TI) and 4.6% for trichomatous trichiasis (TT). Trachoma is known to be a public health problem in southern Algeria. It is dealt with by a sub-department for Trachoma Eradication within the Ministry of Health's Department of Prevention. A national trachoma control programme is needed as part of blindness prevention.

Current activities focus mainly on school screening and the treatment of families when cases are diagnosed. As to the S component of the SAFE strategy, it is estimated that some 18 000 people require trichiasis surgery (Trabut method). Antibiotic treatment is needed by 275 000 people. Tetracycline ointment is in short supply; availability needs to be improved, relatives need to be treated when cases are found, and azithromycin should be introduced. For the F component, the problem arises only in the south. Schoolchildren in towns and villages are careful about personal hygiene, but trachoma is hyperendemic in areas of scattered population where water points are scarce. Tribes and nomads need to be brought together and settled round a water point, which they do not readily accept. Few environmental measures have been undertaken for scattered populations. Providing water supplies is difficult given the scale of the Algerian Sahara. The risk factors include the lack of water, clustering of trachoma among nomads, and the absence of community-level treatment. Again the necessary measures include bringing the nomad peoples together, settling them near water points, building latrines, and involving the Ministry of the Environment.

A study of the different categories of health personnel involved is being undertaken as part of defining a national strategy for trachoma control. Theoretical and practical training is needed for school physicians and primary health care staff in southern Algeria. The work of NGOs will need to be coordinated with the national strategy. The main operational research problem is how to settle people in sparsely populated areas and provide them with water. Evaluation mechanisms are being worked out. Priorities for the coming two years are to undertake further surveys to obtain reliable prevalence figures, and to find the necessary resources to define and implement the national strategy.

The past may hold lessons for the present. Trachoma control was undertaken in Algeria in the 1960s, and by 1972 the disease was hypoendemic. Now it is at best mesoendemic in the south, while some areas are hyperendemic. A new focus is needed on health education, research, operational issues such as service delivery, and a dialogue between sectors.

### **2.2.2 Burkina Faso (Dr L. Ilboudo)**

Trachoma is a public health problem in five regions of the country, with national prevalences of 26.8% (TF/TI) and 5.1% (TT) among its 10.2 million inhabitants.

For the past two years, Helen Keller International (HKI) has funded trachoma control in the Health Region 2, which is hyperendemic, with prevalences of 45.5% (TF), 6.4% (TI) and 8.3%(TT). Twenty operators have been trained and have performed 1021 trichiasis operations; refresher training was given during 2000. Trachoma health education with HKI support began in region 2 with the training of teachers and introduction of information technology in four areas. Region 1, where HKI started its control work, has prevalences of 32.8% (TF), 3.2% (TI) and 4% (TT). Ten operators had been trained but activities were



suspended because of lack of resources. HKI has now trained an additional 10 operators, given refresher training to the earlier operators, trained staff in stock management, provided supplies and supervised activities.

Also in region 1, trachoma control campaigns were carried out from 12 to 18 November 2000 in the provinces of Yaga, Sourou and Kossi. The campaigns included mass consultations, distribution of tetracycline ointment, and trichiasis operations. A national day for trachoma control is planned to be held in Ouagadougou in March 2001. Training of community development workers will start shortly.

A project for trachoma control supported by the Organisation pour la Prévention de la Cécité (OPC) began in the hyperendemic provinces of Oubritenga and Sanmatenga in August 2000. Health education messages were broadcast from early August to early September. A KAP survey was conducted in Kaya health district to assist in designing and disseminating messages. In October, 10 trichiasis operators were trained at Ziniare for the medical centres in the two provinces. Mass consultations followed by trichiasis operations were conducted at two sites, together with early screening for trachoma among primary school children in Ziniare. The project was successful, and a second phase is underway for follow-up of trichiasis cases operated and eye care in schools, while an action plan has been established for 2001.

In general, 2000 saw the strengthening and extension of trachoma control in Burkina Faso, but much remains to be done and the support of international partners remains crucial.

### 2.2.3 Cambodia (Dr U. Yutho)

Cambodia, with a population of 11.7 million, has a blindness prevalence of 1.2%. Trachoma is a major public health problem, although no nation-wide survey has been carried out. An estimated 171 000 people have TT and over 260 000 have TF/TI. Cambodia recently became a member of the WHO GET Alliance.

Cambodia undertook its first trachoma rapid assessment (TRA) project from November 1999 to June 2000, with WHO technical and financial support. Three provinces (Takeo, Svay Rieng and Prey Veng) were selected on the basis of population, geographical features and hospital information on high trichiasis and lid surgery rates, using data from the 1998 national census and maps. Available data suggested that trachoma could be a much bigger problem than suspected, but there was no direct trachoma-related information. A total of 43 villages

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