



**WORLD HEALTH ORGANIZATION**  
*Prevention of Blindness & Deafness*  
Geneva, Switzerland

WHO/PBD/GET/00.9  
Distr.: General  
Original: English

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# **Report of the Fourth Meeting**

## **of the WHO Alliance for the**

### **Global Elimination of**

#### **Blinding Trachoma**

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**Geneva, Switzerland**  
**(1 & 2 December 1999)**



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

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## Introduction

This meeting which was the fourth since the creation of the Alliance for the Global Elimination of Trachoma in January 1997 gathered about 75 representatives from endemic countries, universities, nongovernmental organizations and the private sector to report and further discuss progress and research issues on the prevention and control of blinding trachoma.

Dr Y. Suzuki, Executive Director of the Health and Social Change Cluster welcomed the participants and expressed his appreciation on the success of the Alliance as a working party and driving force for elimination of blinding trachoma. After recalling the developments made so far in terms of operations research and programme implementation, Dr Suzuki outlined the main objectives of the meeting which were as follows:

- 1) to evaluate the results of the testing of the draft trachoma rapid assessment manual and to agree on the contents of the current version for publication and dissemination;
- 2) to present a suitable mechanism for central bulk purchasing of the WHO recommended low-cost trichiasis surgery kit;
- 3) to bring the members up-to-date with ongoing research and field activities;
- 4) to discuss the future of the Alliance in the context of the new Global Initiative for Elimination of Avoidable Blindness "*Vision 2020: The Right to Sight*", launched by Dr G.H. Brundtland (WHO Director-General) in February 1999;
- 5) to discuss the further identification and mobilization of resources for global action;

Dr R. Porter, Executive Director of Sight Savers International, who had acted as Chair of the Alliance for the past two years, announced the end of his term and introduced his successor Dr L. Pizzarello, Medical Director of Helen Keller Worldwide, previously Vice-Chair. Both were applauded and thanked for their respective contributions towards the development of the Alliance. Professor Ton Thi Kim Thanh, National Coordinator for Blindness Prevention in Viet Nam was nominated as the new Vice-Chair.

In view of the increasing size of the Alliance, it was decided that the term of office for the Chair/Vice-Chair would be reduced to one year to allow for more rotation among the various parties.

Dr Hans Limburg, Senior Research Fellow, and Professor G. Johnson, Director, International Centre for Eye Health served as rapporteur(s).

The draft agenda (Annex 1) was adopted without modification.

The list of participants is included as Annex 2.

## 1 Reporting of activities undertaken since the previous meeting

### 1.1 Activities reported by the secretariat of the WHO Alliance for Global Elimination of Trachoma by the Year 2020 (GET 2020)

<b>PBD REPORTED ACTIVITIES FOR THE PERIOD 16 OCTOBER 1998 – 30 NOVEMBER 1999</b>	
<b>ACTIVITIES</b>	<b>STATUS</b>
<b>COUNTRY VISITS FOR NATIONAL PROGRAMME DEVELOPMENT AND MEETINGS</b>	
<ul style="list-style-type: none"> <li>• Technical assistance for implementation of trachoma control activities               <ul style="list-style-type: none"> <li>- Chad (Dr S.P. Mariotti)</li> <li>- Cambodia (Dr S.P. Mariotti)</li> <li>- Ghana (Dr S.P. Mariotti/Dr A.-D. Négrel)</li> <li>- Lao P.D.R (Dr S.P. Mariotti)</li> <li>- Mali (Dr S.P. Mariotti/Dr A.-D. Négrel)</li> <li>- Mauritania (Dr S.P. Mariotti)</li> <li>- Morocco (Dr A.-D. Négrel)</li> <li>- Oman (Dr A.-D. Négrel)</li> <li>- Senegal (Dr S.P. Mariotti)</li> <li>- Viet Nam (Dr Négrel)</li> </ul> </li> <li>• Presentation of the WHO Alliance for GET 2020 and promotion of the SAFE strategy:               <ul style="list-style-type: none"> <li>- Meeting in Accra, (Ghana, 30 November-2 December 1998).</li> <li>- Meeting in Cambridge (UK) for English-speaking countries (14-18 December 1998). Attendance of representatives of Ethiopia, Gambia, Ghana, Myanmar, Nepal, Oman, Pakistan, Tanzania and Viet Nam.</li> <li>- Meeting in Bamako (Mali) for French and Portuguese- speaking countries. (26-30 April 1999). Attendance of Algeria, Burkina Faso, Cambodia, Cameroon, Central African Republic, Djibouti, Guinea, Guinea-Bissau, Lao PDR, Mauritania, Morocco, Mozambique, Niger, Senegal, Chad.</li> <li>- Meeting in Kunming (P.R of China, 1-4 November 1999): Participation of representatives of the Provinces of: Anhui, Chong Qin, Hainan, Liaoning, Ning Xia, Qieng Hai, Shaanxi, Shanxi, Shandong, Sichuan, Tianjin, Yunnan.</li> </ul> </li> </ul>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p>
<b>PRODUCTION &amp; DISSEMINATION OF DOCUMENTATION</b>	
<ul style="list-style-type: none"> <li>• Dissemination of informal material (Alliance reports, training manuals, guidelines, newsletter, etc....)</li> <li>• Preparation and dissemination of the report of the third meeting of the WHO Alliance for GET2020 (English and French)</li> <li>• Preparation and dissemination of the report of the International Training Workshop held in Cambridge, UK</li> <li>• Preparation of the report of the International Training Workshop held in Bamako, Mali</li> <li>• Preparation of a Trachoma Atlas based on the information available</li> </ul>	<p>Ongoing activity</p> <p>English completed</p> <p>French in press</p> <p>Completed</p> <p>Ongoing activity</p>

<b>PBD REPORTED ACTIVITIES FOR THE PERIOD 16 OCTOBER 1998 – 30 NOVEMBER 1999</b>	
<b>ACTIVITIES</b>	<b>STATUS</b>
<p><b>OPERATIONS RESEARCH AND FIELD STUDIES</b></p> <ul style="list-style-type: none"> <li>• Assessment of the quality of trichiasis surgery in the Kingdom of Morocco</li> <li>• Assessment of the quality of trichiasis surgery in the Sultanate of Oman</li> <li>• Field testing of the Trachoma Rapid Assessment in The Gambia, Ghana, Nigeria Cambodia (phase 1) and Lao (phase 1)</li> <li>• Further testing of the low-cost surgery kit (Burkina Faso)</li> <li>• Development of the Trachoma HealthMapper Module, in collaboration with WHO/CDS/HealthMap</li> </ul>	<p>Completed</p> <p>Completed</p> <p>Completed Ongoing</p> <p>Ongoing activity</p> <p>Ongoing activity</p>
<p><b>TRAINING ACTIVITIES</b></p> <p>See "Meetings" above</p>	<p>Completed</p>
<p><b>INFORMATION &amp; COORDINATION ACIVITIES THROUGH THE ALLIANCE MEETINGS</b></p> <ul style="list-style-type: none"> <li>• Preparation of the Fourth Meeting of the WHO Alliance for GET in Geneva, Switzerland (December 1-2)</li> <li>• Finalization of a "Guide for Environmental Sanitation and Improved Hygiene" (Reference:WHO/PBD/GET/00.7)</li> </ul>	<p>Completed</p> <p>Guide to be printed before the end of the year</p>
<p><b>OTHER ACTIVITIES</b></p> <ul style="list-style-type: none"> <li>• Collaborative work with the WHO/School Health Project (Mauritania, Senegal)</li> <li>• Participation in meetings/workshops of the International Trachoma Initiative (Country workshops, technical committees &amp; meetings)</li> </ul>	<p>Ongoing activities</p>

## **1.2 Activities reported from endemic countries present at the meeting**

### **1.2.1 Algeria (Professor D. Hartani)**

Trachoma is still considered a public health problem in the Willayas of El Oued and Bechar, situated in the south-east region of Algeria. A trachoma rapid assessment carried out in November 1998 in the rural population of El-Oued Willaya has estimated the global prevalence of trachoma at 68%. In fact, a high prevalence of trachoma has been found in the majority of the communes included in the assessment. Although all stages of the disease have been found among the population screened, there appears to be no significant difference between the sexes in terms of frequency and severity.

The TRA has revealed a prevalence of active trachoma among children of 69.8% and a prevalence of potentially blinding and blinding trachoma in people over 15 years of 4.6%. It also showed that blinding trachoma also affects young people under the age of 15 (prevalence 0.3%) and that it is significantly higher among women than men. The prevalence of trichiasis represents 1% of the population in 10 out of the 12 communes surveyed and the prevalence of severe forms of

trachoma represents 5% in 6 of the 12 communes. No active trachoma has been identified in the schools located in the El-Oued town centre and very few cases of trachoma have been found where a water supply exists.

Based on the results of the TRA, the following recommendations have been proposed by the National Coordinator:

- 1) Awareness-raising among national authorities for the establishment of a National Trachoma Control Committee (NTCC);
- 2) Implementation of a National Trachoma Control Committee and appointment of a Trachoma National Coordinator;
- 3) Organization of an information seminar including potential partners and all actors wishing to take part in trachoma control in Algeria;
- 4) Conducting of further TRA in the South of the country for targeting of risk areas and prioritization of trachoma control activities;
- 5) Establishment of a National Trachoma Control Programme based on the SAFE strategy including an intersectoral plan of action for the elimination of blinding trachoma by the year 2010.

### 1.2.2 Brazil (*Dr N. H. Medina*)

In the past, trachoma control activities in Brazil focused only on screening and treatment in remaining endemic pockets. Activities were carried out by the health workers of the national trachoma control programme, a vertical programme working outside the National Health System. No long-term strategies for elimination were ever implemented and despite the availability since 1991 of the WHO trachoma grading cards in Portuguese, the use of the old grading system has been maintained due to the absence of training.

In 1998, a Trachoma Control Technical Committee was established within the Ministry of Health with the objective of providing technical advice to the new staff of the trachoma control programme. Following a review of the available data, it became apparent that trachoma activities had decreased with the staff of the programme progressively retiring and in the absence of recent evidence of the problem, a new assessment of the trachoma situation was recommended.

A national trachoma training workshop was therefore organized in 1998 in the North-East State to discuss trachoma control activities with the 15 state coordinators and in 1999 four other training workshops were conducted.

Examinations carried out within the framework of these training workshops in areas considered to have endemic pockets showed a very low prevalence of trachoma. A high prevalence of TT and CO was however noted amongst the Indians Rupides of the High Niger River of the Amazon State and amongst the Indians of the Tocantins State. Although further surveys have shown that other ethnic groups are affected, it was recommended to prioritize activities among the Indian population for the following year.

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