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INTERNATIONAL WORKSHOP ON TRACHOMA CONTROL

FOR FRANCOPHONE AND LUSOPHONE COUNTRIES

Bamako, Mali
26-30 April 1999

REPORT

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ACRONYMS

AMA	Association Musulmane Afrique
CBM	Christoffel-Blindenmission e.V.
CRCAH	Centre de Réhabilitation communautaire des Aveugles et des Handicapés
SRC	Swiss Red Cross
EMCF	Edna McConnell Clark Foundation
EU	European Union
FAC	Fonds d'Aide à la Coopération
G2K	Global 2000
GET 2020	Global Elimination of Trachoma by the year 2020
HAI	HelpAge International
HKW	Helen Keller Worldwide
IEF	International Eye Foundation
IOTA	Institut d'Ophtalmologie tropicale de l'Afrique
ITI	International Trachoma Initiative
LCIF	Lions Clubs International Foundation
MSF	Médecins sans Frontières
NBCC	National Blindness Control Committee
NTCC	National Trachoma Control Committee
NBCP	National Blindness Control Programme
OCCGE	Organisation de Coordination et de Coopération pour la Lutte contre les Grandes Endémies/*Organization for Coordination and Cooperation in the Control the Control of Major Endemic Diseases*
ONEP	Office National de l'Eau Potable (m
OPC	Organisation pour la Prévention de la Cécité
OSF	Ophtalmologie sans Frontières
SSI	Sight Savers International
UMA	Union malienne des Aveugles

INTRODUCTION

Trachoma is a blinding eye disease that has affected human kind since time immemorial. After some decades of relative neglect and marginalization on the international scene, there has been renewed interest in trachoma at the global level. A scientific meeting on *Approaches to Trachoma Control* was thus held in Geneva in June 1996. As a result, a new forum was established: the WHO Alliance for the Global Elimination of Trachoma by the year 2020 (GET 2020).

Since that date, the members of the Alliance have met three times: in June 1997 and in January and October 1998. Among the outcomes of these meetings was the proposal to establish the SAFE strategy (Surgery, Antibiotic treatment, Facial cleanliness and Environmental changes), the introduction of trachoma rapid assessment techniques and an acknowledgement of the leading role that azithromycin could play in a new generation of control programmes. The Alliance also recommended that workshops be organized to inform national coordinators of the latest developments and the current possibilities in trachoma control. The first workshop, with representation from nine English-speaking countries, was held in Cambridge, United Kingdom in December 1998.

This initiative was followed up by a second workshop for representatives of francophone and lusophone countries where trachoma is still endemic, despite all efforts, was held in Bamako, Mali, 26-30 April 1999. The funding of the meeting was made possible by a contribution from the Ministry for Foreign Affairs of the French Republic. The workshop which was held on the premises of the Institut d'Ophtalmologie tropicale de l'Afrique (IOTA), an institute of the Organisation for Coordination and Cooperation in the Control of Major Endemic Diseases (OCCGE) was attended by 16 coordinators of blindness/trachoma control programmes from three regions of the World Health Organization.

- The African Region (AFR) was represented by the following countries: Algeria, Burkina Faso, Cameroon, Central African Republic, Chad, Guinea, Guinea Bissau, Mali, Mauritania, Mozambique, Niger and Senegal.
- The Eastern Mediterranean region (EMR) was represented by the following countries: Djibouti and Morocco.
- The Western Pacific Region (WPR) was represented by the following: Cambodia and The Lao People's Democratic Republic.

Representatives of NGOs involved in blindness or trachoma control, such as the Global 2000 (G2K), Helen Keller Worldwide (HKW), the International Trachoma Initiative (ITI), and the Organisation pour la Prévention de la Cécité (OPC) were also present at the workshop (see list of participants in annex 1).

The aim of the workshop was to help coordinators of national blindness and/or trachoma control programmes to plan, establish or improve their control programmes.

The specific objectives were as follows:

- To review the epidemiological situation and the availability of resources for trachoma control in francophone and lusophone countries where the disease was endemic.
- To promote the SAFE strategy.
- To introduce the method and procedures for rapid assessment of trachoma.
- To promote and establish new partnerships.
- To help national coordinators define the strategy most suitable for their environment and their working conditions and to draw up a draft plan of action.

A bureau of moderators was appointed, comprising a chair (Dr Doulaye Sacko from Mali), two vice-chairs (Dr Justino Fadia from Guinea-Bissau, and Dr Mamadou Sall from Senegal) and two rapporteurs (Dr Alain Auzemery, Director of IOTA, and Dr Tiekoura Coulibaly,

Epidemiologist, WHO Offfice in Mali). The draft agenda was adopted without amendment (annex 2).

The meeting involved plenary sessions (presentations and discussions) and working groups. Presentations were focused on the epidemiological situation of trachoma throughout the world, the current epidemiological situation in participants' countries, the SAFE strategy and how to apply it in the epidemiological context. The aims and the partners of the WHO Alliance were also presented and the experience acquired by countries and nongovernmental organizations already successful in trachoma control were shared among all the participants. The fourth day of work, which was set aside for group activities (annexes 3, 4 and 5), identified the activities to be set up in each of the countries represented.

1. GLOBAL ELIMINATION OF TRACHOMA : GENERAL ISSUES

Trachoma is a communicable kerato-conjunctivitis leading to potentially blinding scars. It is due to interaction between people, the *Chlamydia trachomatis* germ and the environment.

Poor hygiene, water shortages, overcrowding and secondary infections by other pathogens are the most common risk factors for the spread and severity of the disease in the poorest or most neglected regions. Pre-school children are the main reservoirs of *Chlamydia trachomatis* in a given community. Women aged over 40 are the most exposed to the complications that lead to blindness.

According to the most recent estimates, 146 million people in the world present an active form of the disease. In addition, 6 million people are blind as a result of trachoma. This represents about 15% of the total number of blind people.

The WHO Alliance has made an inventory of 46 countries where trachoma is prevalent in its hyperendemic and blinding form. It has been proposed that 16 of them should be used as a basis for launching an elimination programme over the next five years. The programme will be the focus of control efforts and new resources will be mobilized to ensure that it promotes and introduces control activities.

The main functions of the WHO Alliance are the following: preparation of control strategies, identification of priority areas for implementation of projects, resource mobilization, the provision of appropriate technical support, the integration of specific activities within the primary health care sector and the improvement of programme follow-up/assessment and of operational research. The Alliance will also act as a forum and a sounding board for the dissemination of relevant information and for setting up rapid communication between the various partners.

2. TRACHOMA SITUATION AND PROGRESS OF TRACHOMA CONTROL PROGRAMMES IN PARTICIPATING COUNTRIES

(see country monographs: Annex 6)

2.1 Algeria

Algeria has over 650 ophthalmologists. In 1998, a rapid assessment was conducted in 12 communes of the province of El Oued. Active trachoma was estimated at 48.6%. Trichiasis was found in 4.6% of the population of these communes, and in 11.4% of women aged over 15. Plans have been laid to establish a national committee/control programme for trachoma in the near future. Trachoma is currently regarded as an urgent public health problem in the provinces of El Oued and Béchar. It is estimated that there are over 272,000 cases of active trachoma requiring treatment, and a backlog of 18,400 cases of trichiasis surgery.

2.2 Burkina Faso

Burkina Faso is a Sahelian country. Its National Blindness Control Programme was initiated in 1984. A national survey conducted in 1996/97 estimated the prevalence of active trachoma (TF/TI) at 26.8% and that of trichiasis (TT) at 5.1%. The number of TT cases requiring surgery is estimated to be 200,000. The problem is how to cope with such a backlog of surgical cases when the country is so seriously short of qualified staff (11 ophthalmologists and 76 specialized nurses for a population of 11.9 million). For the time being, priority is given to cases of transparent cornea trichiasis, i.e. where the patient is not yet blind but is at risk of becoming blind.

2.3 Cambodia

Cambodia has 11.4 million inhabitants. Epidemiological information on blindness and eye diseases is available only in the form of estimates. The prevalence of blindness is estimated to be 1.2%, the number of active trachoma cases is put at 270,000 (prevalence 2.4%) and the number of trichiasis cases at 175,000 (prevalence 1.5%). This represents an unusual epidemiological situation, in that the trichiasis number is "abnormally" high by comparison with the number of active cases. Thus, at least for trachoma, Cambodia appears to be in a phase of epidemiological transition: the inflammatory forms seem to be declining, By contrast, and in comparison, the estimated number of trichiasis cases is remarkably high. This is in line with the situation that prevailed between 15 and 30 years ago, when the endemic level was higher, with a larger number of trichiasis cases. Those have accumulated over the years owing to lack of appropriate surgical provision.

Trachoma now affects the provinces of Takeo, Pzey Veng, Battambang, Siewreap at Kampot.

2.4 Cameroon

Little is known about trachoma in Cameroon. Three provinces in the north of the country (North, Extreme North and Adamaoua) are particularly affected. Despite the involvement of several NGOs (OSF, HKW, LCIF/SightFirst, CBM), the efforts to control trachoma are lacking coordination and political support. An awareness-raising exercise was carried out recently among school children in a northern province and in the town of Kolofata. A school football tournament was organized – a cup being awarded to the winners – during which information about trachoma and its prevention was distributed to the participating pupils and to spectators. Initiatives of this kind must be repeated constantly in order to bring the situation to the attention of decision makers and the health authorities until a control programme is established.

2.5 Central African Republic

For a population of 3.2 million, the Central African Republic has two ophthalmologists, five ophthalmic nurses, only one ophthalmology department and one primary eye care centre. The Trabut method is used for trichiasis surgery.

A study conducted in three prefectures (Vakaga, Haut Kotto and Haut Mbomou) has estimated trachoma prevalence at 4%. The disease is not considered a priority health problem.

OPC and CBM are the only NGOs involved in blindness control in the Central African Republic.

2.6 Chad

Studies dating back a few years and analysis of routine clinical data, suggest that trachoma is prevalent in the regions of Kane, Batha, Bilitine, Abéché, Salamate, Guera and Ouadaï. Trichiasis surgery is performed in a large number of centres, using the Trabut method. A study is scheduled for 1999, supported by OPC, in the Ouadaï-Bilitine region.

The country has had a national blindness control programme since June 1992. There is not yet a national committee for trachoma control, although that is currently top priority. A national centre and six eye care centres provide treatment. These centres have at their disposal the services of four ophthalmologists (three national and one expatriate) and 16 ophthalmic nurses, seven of whom are specialized in cataract surgery and one in making spectacles. The Fonds d'Aide à la Coopération (FAC) of France, OPC, LCIF/SightFirst, CIMADE and SRC have been partners of the national programme for some time.

2.7 Djibouti

The Republic of Djibouti has only one ophthalmological centre and two ophthalmologists. Several years ago, the prevalence of blindness was estimated to be between 1.1% and 2% of the total population. There are no epidemiological data on trachoma but the disease does not seem to constitute a public health problem. Several cases of trichiasis are operated on in hospital using the Trabut method. Some patients come great distances for surgery: from Somalia, Ethiopia and Yemen. There is no national blindness control programme in Djibouti. There are no NGOs working on blindness control.

2.8 Guinea-Bissau

The country has only one ophthalmologist. The epidemiological situation for trachoma is not known. The northern belt, the regions of Oio, Cacheo and the Bijagos archipelago are likely to be endemic. Cases of trichiasis are operated on in the ophthalmology department, using the Trabut method. There are plans to establish a national blindness control programme.

2.9 Guinea

A medical doctorate thesis presented at Conakry estimates the prevalence of blindness at 1.5%. Trachoma would account for about 7.4% of eye disorders encountered during training courses. There are no epidemiological estimates on trachoma, which is very prevalent in Upper Guinea. The country has two eye-health centres, 10 ophthalmologists and six ophthalmic nurses. Three NGOs (OPC, SSI and Philanthropie Africaine) are taking part in the campaign against blindness in Guinea. The country has not yet established a national blindness control programme (NBCP).

2.10 Lao People's Democratic Republic

For a population of 4.8 million, staff resources amount to 23 ophthalmologists. A NBCP has been set up and the country has support from CBM and a bilateral cooperation partnership with Korea.