

**ELIMINATION OF
BLINDING TRACHOMA:
ONLY 10 YEARS TO GO**

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

19–21 April 2010

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**World Health
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XIV MEETING OF THE WHO ALLIANCE FOR THE GLOBAL ELIMINATION OF TRACHOMA BY 2020

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1. Introduction

The Fourteenth 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 19 to 21 April 2010. The objectives were to undertake the Alliance's annual review of progress towards elimination at the global level, to exchange information on the SAFE strategy and to examine partnership opportunities (Annex 1).

The meeting was attended by 55 participants, including 14 national coordinators for trachoma control programmes (Annex 2). Dr Georges Yaya (Central African Republic) was elected Chairman and Mr Simon Bush (Sight Savers International) Vice-Chairman. The meeting should have been the largest in the history of the Alliance. Unfortunately, owing to disruption to air travel caused by a cloud of volcanic ash, participants had difficulty in travelling to Geneva, and many were unable to attend in person. This resulted in some adjustments to the agenda and the arrangement of a teleconference session.

Dr Ala Alwan, Assistant Director-General of the World Health Organization (WHO), Noncommunicable diseases and Mental Health, and Dr Hiroki Nakatani, Assistant Director-General of WHO, HIV/AIDS, Tuberculosis, Malaria and Neglected Tropical Diseases, welcomed participants. They drew attention to the significant progress made in reducing the global trachoma burden since the establishment of the Alliance in 1997 thanks to the implementation of the SAFE strategy – eyelid surgery (S), antibiotic treatment (A), facial cleanliness (F) and environmental improvement (E) – but noted that special efforts will be needed to expand and accelerate trachoma control programmes if GET 2020, now only 10 years

away, is to be attained. Attention to obstacles to progress will be crucial. It will also be important to take advantage of the opportunities provided by recent changes in global attitudes and responses to the financing of public health initiatives, the development of integrated approaches to the control of neglected tropical diseases (NTDs), including trachoma, and the rising interest in progress towards the Millennium Development Goals.

2. Review of trachoma data forms

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

Progress towards the GET 2020 target is monitored through the trachoma data forms submitted by countries each year. Trachoma data forms were sent to 44 of the 57 trachoma-endemic countries. The form had been modified to reflect recent suggestions and comments and to include a request for data collected at the district level. Completed forms were received from 36 countries (82%) compared with 40 of 45 sent (89%) in 2009 and 38 of 45 (84%) in 2008. However, a substantial proportion of endemic countries are still not reporting. Completion of the trachoma data form is a complex process and partners are urged to support national trachoma task forces in providing reliable data and in submitting the forms on time. The aim is to obtain a detailed picture of the epidemiological situation, implementation of the SAFE strategy and national settings, including the NTD framework and political and partner support.

The information will be included in the new WHO integrated NTD database, which should prove a useful tool in monitoring global progress and attracting support from new partners.

District-level data were included in 83% of completed forms compared with 68% in 2009. The findings indicate an encouraging increase in consistent use of annual intervention objectives (AIOs) and ultimate intervention goals (UIGs), and in antibiotic coverage at the district level. There is also an increase in the use of evidence-based data rather than estimates to set and monitor progress towards objectives and targets. Delivery of the entire SAFE package is improving. Reporting on the F and E components is increasing, although implementation of these components requires better coordination across the different sectors involved. Some countries have strong and effective partnerships and national trachoma task forces. However, the findings also reveal that not all countries are setting AIOs and UIGs, that countries not receiving antibiotic donation appear to have greater difficulties in reporting, that lack of sustained political can lead to disruption of trachoma control activities, and that ownership by national programmes remains variable.

Country highlights include the attainment of the UIG by Ghana, the start of surveillance in Ghana and Mali, and government investment in the elimination of blinding trachoma in China. More countries have set clear target dates for elimination and two countries have advanced the dates. New partners are becoming involved and, thanks to Alliance advocacy efforts, major NTD donors are recognizing and adopting the SAFE strategy.

Information on the number of endemic districts was provided on 92% of forms and gives a good indication of the work needed to achieve GET 2020. Information on coverage with trichiasis (TT) surgery (S) in relation to the 2009 AIO was provided by

30 countries (83% of forms); only two achieved the AIO and 12 failed to reach 50% of the target. The backlog of cases in reporting countries is around 3.8 million. Antibiotic coverage (A) was reported by 27 countries (75%); nine achieved the AIO and a further six reached around 80%. Although this represents a significant improvement, the shortfall is still 135 million treatments. Reporting on facial cleanliness (F) was not consistent. Of the 28 countries that provided data, 11 achieved the AIO and further two reached >80%. Information on environmental improvement (E) was obtained by asking whether activities were under way to attain Millennium Development Goal 7 (Ensure environmental sustainability). Of the 34 countries that responded, 31 have a Goal 7 plan.

The completed forms indicate that there is an urgent need to expand and accelerate the implementation of the SAFE strategy in all endemic countries. While antibiotic coverage is increasing steadily, the slow pace in tackling the backlog of TT surgeries and in monitoring and follow-up of surgery remain serious challenges.

Work on procedures for the certification of elimination of blinding trachoma as a public health problem is continuing. A draft protocol will be finalized at the Third Global Scientific Meeting on Trachoma to be held in July 2010 and the revised protocol will be presented to the Alliance at its Fifteenth Meeting.

3. Report of the International Coalition for Trachoma Control

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

The 2009 meeting of the International Coalition for Trachoma Control (ICTC) was held from 22 to 23 July in Geneva, following the Thirteenth Meeting of the Alliance, with 13 partners in attendance.

The meeting discussed the role of ICTC in light of developments in the control of NTDs, including trachoma, and the funding of control activities, and decided that ICTC should become a member of the NTD Nongovernmental Development Organization Network. The Network, established in September 2009, includes among its members the Nongovernmental Development Organization Coordination Group for Onchocerciasis Control, the Lymphatic Filariasis Nongovernmental Development Organization Network and nongovernmental organizations providing support for the control of schistosomiasis and soil-transmitted helminths. It hopes to increase the expansion and effectiveness of advocacy for NTD control; to facilitate the formation of partnerships at the international, regional and national levels; and to provide a mechanism for coordination of nongovernmental organization activities at national and international levels. The Network will share new technical information, develop and seek to uphold best practices, and contribute to the formulation of WHO guidelines. It will also support the development and maintenance of national task forces in NTD-endemic countries. Links with other relevant bodies, such as the

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