



Lessons from the Moroccan National Trachoma Control Programme



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In 1992, the Moroccan Programme for the Prevention of Blindness (Programme Marocain de Lutte contre la Cécité) completed a nationwide survey of the prevalence of visual impairment and its causes in Morocco. Since then, the prevention of trachoma has been a key priority of the Programme for the Prevention of Blindness. In Morocco, blinding trachoma is confined to five southern provinces: Errachidia, Figuig, Ouarzazate, Tata and Zagora. These provinces account for 25% of the total area of the country, with a population of 1,619,000.

Evolution of the programme

The Moroccan Programme for the Prevention of Trachoma developed in two key phases. The first involved laying foundations through integrating prevention activities into existing eye health and primary health care systems, establishing structured co-ordination units to enable collaboration at every level between different sectors, training relevant staff, and engaging the community through local development groups.

In 1997 the fight against blinding trachoma was further strengthened and consolidated by the adoption of the SAFE strategy. The strategy promoted greater integration of activities, improved collaboration across sectors, and promoted a community-focused approach.

This effort benefited from valuable support from partners including the World Health Organization (WHO), International Nongovernmental Organisations (INGOs) such as Helen Keller International (HKI), the Edna McConnell Clark Foundation, the International Trachoma Initiative (ITI) and Pfizer Inc.

In addition, the policy of decentralisation and devolution adopted by the Ministry of Health enabled the health service to maximise the resources available for the prevention of trachoma in endemic regions. This facilitated the development of a localised approach (called in French “une politique de proximité”), which has proved appropriate for addressing the population’s needs more effectively by:

- bringing the health service closer to the community and thereby addressing its concerns and operating with greater impact and efficiency
- establishing direct communication between the State and its social partners on the ground (local communities and civilian partners) in order to identify the most relevant ‘touch points’ with community life and to develop a better balance with regards to methods of public intervention

- achieving greater coherence and multi-sectoral co-ordination of local level action.

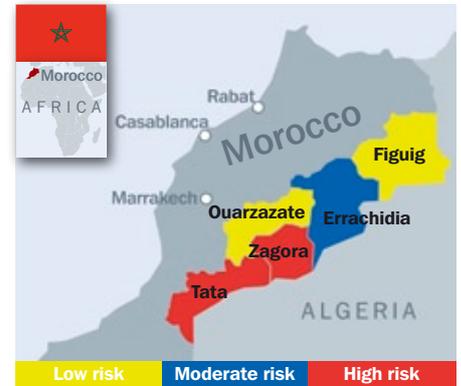
The prevention of trachoma in Morocco is currently undergoing a crucial phase of consolidation: making permanent what has already been achieved and eliminating trachoma-related blindness by validating and achieving the Ultimate Intervention Goals (UIG) for each component of the SAFE strategy between now and the end of 2005. It must also be noted that since its inception, the Moroccan Programme for the Prevention of Blindness has used evaluation procedures to ensure that whenever required, remedial measures are put in place in close consultation with all those involved. In addition, as a result of political involvement at all decision making levels (national, district and local) the prevention of trachoma has received support as a priority public health problem in target regions.

Key strengths of the programme

To summarise, the key strengths of the Moroccan Programme for the elimination of trachoma-related blindness are as follows:

- 1 Political engagement at all levels
- 2 Inclusion of prevention in eye health services and primary health care systems
- 3 Integrated implementation of the comprehensive SAFE strategy. This facilitated:
 - a structuring of committees to co-ordinate activities and
 - b facilitate collaboration between sectors at national, district and local levels, through regular and periodic meetings
 - c adoption of a localised approach to address the concerns of the communities involved (integrated with other health activities)
 - d allocation of tasks between different players in trachoma control, according to their different competencies
 - e leadership provided by the Programme Nationale de Lutte contre la Cécité (PNLC), the principal stakeholder.
- 4 Adoption of evaluation as a fundamental component to support follow-up and planning
- 5 Decentralisation of planning, follow-up and evaluation
- 6 Communication with the public on the progress of the trachoma prevention programme (site visits by media professionals, press interviews).

Fig. 1. Provinces targetted for trachoma control in Morocco



Surgeries, once performed in regional hospitals, increased with decentralisation to smaller health units. MOROCCO