

Ten years left to eliminate blinding trachoma

Danny Haddad

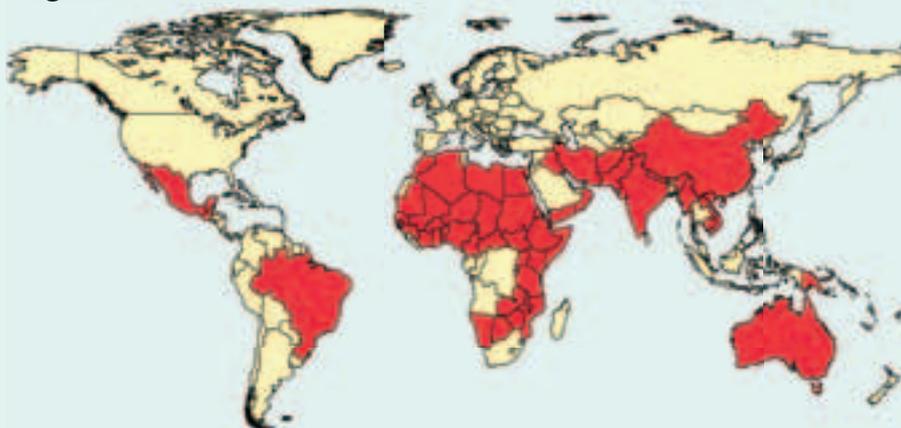
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In 1997, the World Health Organization formed the Global Alliance to Eliminate Blinding Trachoma by 2020 (GET 2020), a coalition of governmental, non-governmental, research, and pharmaceutical partners. In 1998, the World Health Assembly urged member states to map blinding trachoma in endemic areas, implement the SAFE strategy (which stands for surgery for trichiasis, antibiotics, facial-cleanliness and environmental change, such as clean water and latrines) and collaborate with the global alliance in its work to eliminate blinding trachoma.

Over these past 13 years, much progress has been made. Pfizer Inc has committed to donating the Zithromax necessary for eliminating blinding trachoma by 2020, non-governmental organisations have scaled up their support to national programmes to implement the SAFE strategy, and some trachoma-endemic countries are now close to reaching their intervention goals. Since the Pfizer donation began in 1999 through the International Trachoma Initiative (ITI), more than 155 million Zithromax treatments have been distributed.

But trachoma remains a blinding scourge. It is still believed to be endemic in 57 countries (Figure 1). Globally, 1.2 billion people live in trachoma-endemic areas, primarily in the poorest communities in low- and middle-income countries. Nearly 41 million people, mostly women and children, have active trachoma and could benefit from treatment. An estimated 8.2 million already have trichiasis, the end stage of the disease, and are at risk of becoming blind or visually impaired.

Figure 1. Trachoma-endemic countries



Source: Mariotti SP, Pascolini D, Rose-Nussbaumer J, "Trachoma: global magnitude of a preventable cause of blindness," British Journal of Ophthalmology 2009;93: 563-568

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We only have ten years left to reach the goal of eliminating blinding trachoma. In order to achieve this, all endemic countries must have the full scale SAFE strategy in place by 2015 to allow enough time for implementation to have an impact. Enormous challenges lie ahead of us. Some of the remaining endemic countries are in conflict or have just come out of conflict, and lack infrastructure and resources to fully address the disease. Even countries free of conflict lack financial resources for the epidemiological surveys to determine which districts need intervention, or to support intervention in endemic districts. Implementing the SAFE strategy can be a strain on resources as well, since providing access to clean water and latrines is not inexpensive.

However, we believe that, together, we can overcome these challenges and reach our goal.

In this issue of the *Community Eye Health Journal*, a series of articles begins on blinding trachoma, which has incapacitated families and communities for centuries in nearly every corner of the world. The goal of this series is to explore what is new in the campaign to eliminate the disease, including recent developments in trichiasis surgery, mass drug administration, and cost-effective ways to improve sanitation and hygiene. Previous editions of the *Community Eye Health Journal* that focused on trachoma (editions 32 and 52) remain important resources for trachoma.

The first article in the series is about national trachoma task forces. We hope that this new series will provide tools to assist those who are implementing programmes to eliminate blinding trachoma.



Robert Essey/ International Trachoma Initiative

Mass distribution of antibiotics is one of the four components of the SAFE strategy. ETHIOPIA

National trachoma task forces: how can we work better?

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Tackling trachoma is a complex challenge.

In order to implement all four components of the SAFE strategy on a national level (surgery for trichiasis, antibiotics, facial cleanliness and environmental change, such as clean water and latrines), there needs to be national coordination, supported by political commitment at the highest level. In each trachoma-endemic country, the body responsible for making this work is the national trachoma task force (NTTF).

The NTTF consists of government representatives, NGOs, donors, academic institutions, and other stakeholders. In practical terms, the work of the NTTF involves:

- Devising a national plan for tackling trachoma that addresses each of the four components of the SAFE strategy and which is based on evidence and technical know-how. Setting national targets and timeline activities for the plan
- Planning and managing different activities within the national plan
- Bringing together the different groups needed to make the national plan work (government, NGOs, donors, etc.); ensuring good communication and trust between the groups and ensuring that everyone has realistic expectations
- Coordinating operational research on trachoma
- Monitoring and evaluating the successes of, and challenges faced by, the national plan, and revising the plan as needed
- Sharing information about the ongoing progress of the national plan with everyone involved, including the public.

Of vital importance to the success of an NTTF is the extent to which it can foster high-level political commitment from the national government.

Simply having a government representative on the NTTF is not enough. These individuals must be 'doers' – people who take

an active interest and are willing to act and lobby their peers in government on behalf of the NTTF. The reality is that there is always going to be competition within government departments, and between departments, for limited budgets. The NTTF needs to have strong political – and financial – support from within government. The following may help:

- Invite the national director of public health (or a similarly high-level government official) to join the leadership of the NTTF.
- Use visits by experts or other key international leaders as an opportunity to organise meetings with potentially helpful government officials.

Once political commitment to the national plan and the NTTF is achieved, the next goal is for this to be sustained in the long term. This is best achieved by putting systems and processes in place that will ensure that trachoma prevention becomes part of the regular business of government.

Consider doing some or all of the following on a regular basis:

- Develop a trachoma “organogram” showing the various partners (including government) and their activities in the country.
- Provide frequent and professional reports of meetings.
- Disseminate reports, updates, and fact sheets to key government officials on a regular basis.
- Regularly review the current trachoma knowledge base.
- Reach consensus with partners and all districts on how to report on trachoma data or develop a harmonised management information system (MIS) for trachoma in the country.
- Jointly celebrate achievements or special dates – share the credit for tasks accomplished.
- Organise routine meetings with specific government officials; the meetings should include a cross-section of members of the NTTF.
- Share with government feedback from international meetings that one or more NTTF members have attended.

Having a strong, well-functioning, and collaborative NTTF will assist trachoma-endemic countries in sub-Saharan Africa to realise their goal of eliminating blinding trachoma. An NTTF will not achieve this without specific investments in capacity building in the areas of leadership, partnership, management, and political ownership. Make use of every opportunity to build skills in these areas, whether through formal courses or informal sessions during NTTF meetings.

Investments made now will reap benefits beyond the time when trachoma ceases to be a public health problem.

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CPD: Test yourself

Continuing Professional Development (CPD), also known as Continuing Medical Education (CME), describes courses and activities which help professionals such as health care workers to broaden their knowledge and improve their skills.

Through this **CPD Test yourself section**, we aim to support your continued professional development. We hope that you will use these questions to test your own knowledge and understanding, and that you will discuss them with your colleagues and other members of the eye care team.

These questions have been developed in association with the International Council of Ophthalmology and are based on the style of the ICO Advanced Examination www.icoexams.org/exams/advanced

1. Think about the responsibilities of eye care workers for the care and maintenance of equipment. Which of the following statements are true and which are false?		True	False
a	It is better to wait no more than one week before reporting a fault with your equipment	<input type="checkbox"/>	<input type="checkbox"/>
b	Equipment users are responsible for checking the safety of their equipment	<input type="checkbox"/>	<input type="checkbox"/>
c	Equipment that is being taken out of use (decommissioned) can be disposed of along with other waste	<input type="checkbox"/>	<input type="checkbox"/>
d	Only junior equipment users are responsible for looking after the equipment they use	<input type="checkbox"/>	<input type="checkbox"/>
2. Think about the practical aspects of equipment maintenance and repair. Which of the following statements are true and which are false?		True	False
a	Because of their design, it does not matter if foot pedals get wet	<input type="checkbox"/>	<input type="checkbox"/>
b	A voltage stabiliser or regulator cannot always prevent damage to equipment	<input type="checkbox"/>	<input type="checkbox"/>
c	You should take bulbs, screwdrivers, and fuses along when going on outreach	<input type="checkbox"/>	<input type="checkbox"/>
d	There is nothing you can do to prevent fungal growth (mould) forming on optical components	<input type="checkbox"/>	<input type="checkbox"/>
3. Think about equipment donations and purchasing equipment		True	False
a	When purchasing equipment, order enough spare parts and consumables for at least two months	<input type="checkbox"/>	<input type="checkbox"/>
b	You should always accept donated equipment when it is offered	<input type="checkbox"/>	<input type="checkbox"/>
c	Delays in clearing equipment through customs can end up increasing your costs	<input type="checkbox"/>	<input type="checkbox"/>
d	Budget and plan for maintenance and repair as soon as the equipment arrives	<input type="checkbox"/>	<input type="checkbox"/>
4. Think about training for equipment maintenance and repair		True	False
a	A highly competitive environment helps equipment users learn better	<input type="checkbox"/>	<input type="checkbox"/>
b	Formal courses are the only appropriate way of training the equipment maintenance and repair team	<input type="checkbox"/>	<input type="checkbox"/>
c	The service manual can be very useful in isolated eye units	<input type="checkbox"/>	<input type="checkbox"/>
d	Even with an in-house workshop, there will always be a need for outsourced maintenance services	<input type="checkbox"/>	<input type="checkbox"/>

ANSWERS

- 1. a.** False. Faults should be reported immediately. **b.** True **c.** False. Some equipment may contain hazardous materials. **d.** False. All equipment users are responsible and should be trained to use and care for their equipment properly.
- 2. a.** False. Moisture can cause the electrical components to stop working. Always lift off the floor when the floor is being cleaned. **b.** True. Even the best voltage stabiliser cannot prevent all possible damage due to fluctuations in electricity. However, good quality stabilisers will offer better protection. **c.** True. **d.** False. For example, you can place fungicidal (anti-mould) pellets or sachets of silica gel drying agents inside the dust cover, or use dehumidifiers to keep the room dry.
- 3. a.** False. Order enough for one year, or more if spare parts are difficult to obtain. **b.** False. Ensure you have the skills, resources and budget needed to use and care for the equipment. There may also be shipping or customs clearance costs. **c.** True. The shipping company will charge more if they have to store the equipment for a longer time. **d.** False. This might be too late – maintenance and repair services may be unaffordable or not available locally. Rather budget and plan at the time of purchase or before.
- 4. a.** False. A friendly environment is better for teaching equipment users. **b.** False. Work placements (internships) and on-the-job training are just two of the many other ways to train these workers. **c.** True. The service manual contains more detailed information than the user manual. At the time of purchase, try to obtain the service manual from the supplier. **d.** True. Some tasks are too complex for the in-house team.

