district levels and strategic deployment of human resources (trichiasis surgeons), equipment, and consumables.

The prevalence of active disease has decreased to levels below the threshold recommendation for district-level mass drug administration (MDA), and so the programme has been able to stop this activity in 84% of the districts where trachoma is present (Figures 1 and 2). This has been due to the high annual rates of coverage with Zithromax® and tetracycline during MDA, strong data collection efforts, and conducting surveys to assess impact.

To address the F and E components, the PNLC conducted several different activities at the same time. These were:

• training for a variety of community groups and leaders (local women’s groups, religious/village leaders, and community volunteers) in trachoma prevention
• broadcasting of health messages on community radio stations
• development of a trachoma school health curriculum that is being taught in primary schools
• household latrine construction and community-led total sanitation. Since 2009, PNLC support has assisted in the construction of 53,090 latrines.

**Future plans**

The PNLC and partners will continue to build upon the gains made over the past 5 years and support the planning and implementation of SAFE strategy activities. The national programme is refining its surgical planning in order to reach the remaining 27,000 people estimated to need trichiasis surgery, thereby achieving the ‘elimination goal’ of less than one case of trichiasis per 1,000 persons.

Simultaneously, MDA to reduce transmission of trachoma will continue in areas where MDA has stopped. Social mobilisation and community sensitisation through radios, primary schools, and community volunteers will continue and continue in areas where MDA has stopped.

With thanks to Sanoussi Bamani, Seydou Goita, Yaya Kamissoko, Sadi Moussa, Sidé Coulibaly, Arcy W. Mosher, and Emily Toubai for their contributions to this article.

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**Test yourself**

Test your understanding of the concepts covered in this issue and discuss any points of interest with your manager or a colleague. Produced in collaboration with the International Council of Ophthalmology (ICO).

1. **Think about ‘balancing the books’ and sustainability**

<table>
<thead>
<tr>
<th></th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>External donor funds are best used for training and capacity building</td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>Governments are not responsible for paying for eye care</td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>If you charge for services, everyone should pay the same</td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td>Pharmacy and spectacle sales are two areas where income can be generated</td>
<td></td>
</tr>
</tbody>
</table>

**ANSWERS**

1a. **True**.
1b. **False**.
1c. **False**.
1d. **True**.

2. **Think about patient flow, accounting and procurement**

<table>
<thead>
<tr>
<th></th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Buying smaller quantities of consumables, more frequently, saves money</td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>Intraocular lenses (IOLs) should be on the procurement list if a hospital offers cataract surgery</td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>You don’t need to have a computer to set up an accounting system</td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td>Reducing the number of times a patient must visit the hospital, e.g. for cataract surgery, saves costs</td>
<td></td>
</tr>
</tbody>
</table>

**ANSWERS**

2a. **False**.
2b. **True**.
2c. **True**.
2d. **True**.

---

**PICTURE QUIZ**

**Diagnose this**

A ground-glass appearance of the cornea is noted immediately after cataract surgery (figure) and there is a +3 anterior chamber reaction. What condition do you suspect?

- **Endophthalmitis**
- **Mechanical trauma to the cornea**
- **Intraoperative introduction of a toxic substance into the eye**
- **Fuchs’ corneal dystrophy**

**ANSWER**

**Endophthalmitis**

Toxic anterior segment syndrome (TASS) is an acute, sterile anterior segment inflammation following cataract surgery. Rapid onset of corneal oedema and absence of a hypopyon are the distinguishing factors in TASS. Surgery. Rapid onset of corneal oedema and absence of a hypopyon are the distinguishing factors in TASS. Oedema in these cases can be abrupt, resulting in immediate corneal oedema. This may come from intraocular irrigation solutions or from toxic substances introduced intraoperatively. Oedema is considered to be the most significant factor influencing postoperative corneal oedema. This may come from intraocular irrigation solutions or from toxic substances introduced intraoperatively. Introduction of a toxic substance into the eye. Introduction of a toxic substance into the eye. Introduction of a toxic substance into the eye.

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**CONTINUING PROFESSIONAL DEVELOPMENT**

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