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INTERNATIONAL TRAINING WORKSHOP ON THE ASSESSMENT AND MANAGEMENT OF TRACHOMA FOR ENGLISH-SPEAKING NATIONAL COORDINATORS

Cambridge, United Kingdom
14-18 December 1998

CONCLUSIONS AND RECOMMENDATIONS

(prepared by Dr A. Foster, Rapporteur)

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PREAMBLE

A five-day workshop on Trachoma Control for National Programme Coordinators was jointly convened by the World Health Organization and the Task Force of the International Agency for the Prevention of Blindness (IAPB) with support from Edna McConnell Clark Foundation.

Participants from nine countries with endemic trachoma, and representatives from organizations collaborating through the WHO Alliance for the Global Elimination of Trachoma attended the workshop which was hosted by the International Centre for Eye Health, UK.

Opportunity was taken to discuss and review the available data and develop outline plans for trachoma control priorities for the nine participating countries. See Appendix 1. A summary of the Action Plan arising from the discussions at this workshop is presented in Appendix 7.

1. RAPID ASSESSMENT METHODOLOGY (RA)

It was noted that the first RA methodology has been validated in Tanzania: the participants recommended that the rapid assessment methodology continue to be validated and refined in The Gambia and Ghana during the next 12 months.

2 . SAFE STRATEGY

The group recommended that participant countries adopt and implement the SAFE strategy for trachoma control. The “E” component may also include Education and Economic development as well as Environmental improvement.

3. NATIONAL TRACHOMA TASK FORCE

It is recommended that participant countries with endemic trachoma establish a national trachoma task force as part of the prevention of blindness programme in the Ministry of Health. The task force should bring together representatives of all national and international groups involved in trachoma control activities in the country (see Appendix 2 for details of NGDO involvement.)

4. STANDARDIZED REPORTING

In order to make the data presented from population-based surveys of trachoma using the WHO simplified grading scheme, it is recommended that reporting by age and gender be encouraged. See Appendix 3 for suggestions.

5. ANNUAL NATIONAL DATA REPORTING OF TRENDS IN TRACHOMA ACTIVITIES

The group recommended that the *Annual National Data* reported in Appendix 4 be adopted by participant countries as the minimum requirements to report trends in trachoma activities. This will need review as programmes develop. Other data may be required and used by individual countries.

6. MANAGEMENT INFORMATION SYSTEMS (MIS)

The participants recommended that user-friendly MIS be developed by participant countries which will allow them to monitor their trachoma control programmes.

7. TRAINING MANUALS

The participants recommended that the manuals currently being developed for trichiasis surgery trainers, and school eye health/child-to-child programmes be finalized and made available to participating countries.

8. TETRACYCLINE EYE OINTMENT

The high volume need, cost, and lack of availability of tetracycline eye ointment in some participant endemic countries is a major constraint. It was recommended that investigation be undertaken to explore the feasibility and economics of establishing a tetracycline ointment production in an endemic country of Africa.

9. TRICHIASIS SURGERY

The cost of surgery in some participant countries is a significant barrier to uptake of trichiasis surgery in poor communities. It is recommended that participant countries with partner NGDOs develop strategies to make trichiasis surgery affordable and accessible at the community level.

10. COST OF TRACHOMA CONTROL ACTIVITIES

The cost of treating a person with trichiasis is estimated to be less than $20, whereas the cost of blindness in terms of lost economy to the individual and to society has been calculated to be several thousand dollars per year per blind person.

The cost of community-based antibiotic treatment is unknown, but likely to be significant. It is therefore recommended that participant countries document the cost of implementing various components of the SAFE strategy for future health economic analysis.

11. OPERATIONAL RESEARCH

As well as validation of the rapid assessment methodology, the participants recommended that priority be given:-

a) to assessing the barriers and outcome of trichiasis surgery

b) to assessing the outcome of traditional practices for minor trichiasis (eg frequent epilation)

c) to evaluation of azithromycin distribution strategies, including cost. (see appendix 5)

12. TERMINOLOGY

In order to be consistent in terminology the group recommended that the goals of trachoma programme activities in participant countries be defined as "the elimination of visual loss and blindness due to trachoma" and " the control of trachoma" (see appendix 6 for further details.)

ANNEX 1

AGENDA

DAY	AGENDA ITEM	SPEAKER
Monday 14 December	Welcome	G Johnson/A Foster
	Epidemiology of trachoma	AD Negrel
	SAFE strategy	S Mariotti
	The Gambia model	H Faal
	The Tanzania model	V Turner/S Katala
	GET 2020	AD Negrel
	International Trachoma Initiative	J Mecaskey
	Work of Carter Center	J Zingeser
	Trachoma in Pakistan	Prof Khan
	Work of Sight Savers International	C Gilbert
	Trachoma in Myanmar	Dr Thant
	Work of Orbis International	D Nager
Tuesday 15 December	Trachoma grading	S Mariotti
	Trachoma Rapid Assessment	AD Negrel
	Trachoma in Ghana	Dr Hagan
	Operational research	R Bailey
	Trachoma in Viet Nam	Dr Dzung
	Research work at LSHTM* on trachoma	R Bailey
	Planning and management	AD Negrel
	Trachoma in Tanzania	S Katala
	Azithromycin	G Flouty /J Mecaskey
	Trachoma in Oman	Dr Juma
	Work of Helen Keller International	L Tapert
	Trachoma in Ethiopia	Dr Adamu
	Work of the Christoffel-Blindenmission	A Foster
	Trachoma in The Gambia	Dr Bah
Wednesday 16 December	Community Participation/IEC***	V Turner
	Programme Indicators	J Mecaskey
	Trachoma in Nepal	Dr Malla
	Management information systems	H Limburg
	Trachoma in Sudan	Dr Abbas
	Programme costing	J Mecaskey
	Research work at ICEH** on trachoma	G J Johnson
	Programme advocacy	J Zingeser/D Khan
	Working groups to develop country plan (A)	Participants
Thursday 17 December	Presentation of country plans (A) Working group to develop country plans (B) Presentation of country plans (B)	Participants
Friday 18 December	Final discussions Conclusions and Recommendations	Participants

* *LSHTM: London School of Hygiene and Tropical Medicine, London, UK*
** *ICEH: International Centre for Eye Health, London, UK*
*** *IEC: Information, Education and Communication*

ANNEX 2

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Appendix 1

SUMMARY OF COUNTRY PROFILE DATA

COUNTRY	POPULATION (MILLIONS)	ESTIMATED TT CASES	ESTIMATED TF/TI CASES	COMMENT	ALLIANCE ACTIVITIES*
Ethiopia	60	1 000 000	10 000 000	- 12,000 TT operations/yr - oc.tetra availability limited	Training of OMAs CBM Help Age Orbis
Gambia	1.3	10 400	40 000	Active trachoma control programme	SSI, CBM
Ghana	20	15 000	200 000	Northern and Upper West provinces	CBM Carter Center ITI SSI SRC
Myanmar	46	85 000	500 000	Confined to central arid area Active programme	CBM
Nepal	22	2 500	70 000	Focus in West Nepal around Nepalganj	CBM HKI ITI SRC
Oman	1.2	< 2 000	10 000	Active trachoma control programme	
Pakistan	135	?	?	Limited data available Baluchistan is poorest area	CBM SSI
Tanzania	30	100 000	2 000 000	Central area most affected	CBM HKI ITI SSI
Viet Nam	77	200 000	5 400 000	Mainly in the far North	CBM HKI ITI

* *Carter Center's plans for trachoma control (1998-2000)*
Christoffel Blindenmission (CBM)
Helen Keller International (HKI)
International Trachoma Initiative's (ITI) plans for trachoma control (1998-2000)
International Eye Foundation (IEF)
Orbis International (ORBIS)
Organisation pour la Prévention de la Cécité (OPC)
Sightsavers International (SSI)
Swiss Red Cross (SRC)

Appendix 2

AGENCIES AND ORGANIZATIONS WORKING IN TRACHOMA ENDEMIC COUNTRIES

COUNTRY	AGENCIES AND ORGANIZATIONS WORKING IN TRACHOMA ENDEMIC COUNTRIES
Ethiopia	CBM, HelpAge, Orbis International
Gambia	CBM, SSI
Ghana	Carter Center, CBM, ITI, SSI,SRC
Myanmar	CBM
Nepal	CBM, HKI, SRC
Oman	-
Pakistan	CBM, SSI
Sudan	Carter Center
Tanzania	CBM, ITI, HKI, SSI
Viet Nam	CBM, ITI, HKI
Algeria	-
Burkina Faso	CBM, HKI, OPC
Chad	OPC
China	CBM, HKI, Orbis International
Guinea Bissau	CBM, IEF
Mali	Carter Center, HKI, ITI, SSI, OPC
Morocco	HKI, ITI
Niger	Carter Center, CBM, HKI, OPC
Nigeria	Carter Center, CBM, SSI
Yemen	Carter Center

* *International Trachoma Initiative (ITI) plans for trachoma control (1998-2000)*
** *Carter Centre (CC) plans for trachoma control (1998-2000)*
*** *Christoffel Blindenmission (CBM)*
Helen Keller International (HKI)
International Eye Foundation (IEF)
Orbis International (ORBIS)
Organisation pour la Prévention de la Cécité (OPC)
SightSavers International (SSI)
Swiss Red Cross (SRC)

Appendix 3

REPORTING OF POPULATION-BASED DATA USING THE WHO SIMPLIFIED GRADING SCHEME

⇨ **ESSENTIAL INDICATORS** ⇦	⇨ **USEFUL INDICATORS** ⇦
• **% of TF and/or TI in all children (males and females) aged 1-10 years** • **% of TT in females aged 30 years and above**	• **% of TT in females aged 10-29 years** • **% of TT in males aged 10-29 years** • **% of TT in males aged 30 years and above** • **% of CO in all adults aged 30 years and over (CO, as defined by the simplified grading scheme, i.e., less than 6/18 or 0.3 vision)** • **% of TS in females aged 10 years and above** • **% of TS in males aged 10 years and above**

Appendix 4

ANNUAL NATIONAL DATA FOR REPORTING TRENDS IN TRACHOMA CONTROL ACTIVITIES

ACTIVITY	YEAR 1	YEAR 2	YEAR 3
Trichiasis surgery (S)			
Number of people in need of TT surgery (if known)			
Number of trichiasis surgery performed			
Antibiotic treatment, Facial cleanliness & Environmental changes (A, F, E)			
Estimated number of communities with endemic trachoma in need of A,F,E activities (if known)			
Number of endemic trachoma communities with antibiotic distribution			
a) number of people treated with tetracycline eye ointment			
b) number of people treated with azithromycin			
Number of endemic trachoma communities given health education about facial cleanliness			
Number of endemic trachoma communities with safe water supply			

Appendix 5

ALTERNATIVE STRATEGIES FOR AZITHROMYCIN DISTRIBUTION

POPULATION GROUP FOR TREATMENT	AGE RANGE	TREATMENT	COMMENT
Community Screening/Case Detection			
Entire community	Everyone > 1 year	VTU	Exclude women known to be pregnant
Entire household if there is any case of TF/TI + play contacts	Everyone > 1 year	FTU+PTU	Exclude women known to be pregnant
Entire household if there is any case of TF/TI	Everyone > 1 year	FTU	Exclude women known to be pregnant
All cases of TF and TI	Everyone > 1 year	ITU	Exclude women known to be pregnant
All cases of TF and TI in children only	Age 1-15 (or 1-10 or 1-5yrs)	ITU	
School Screening/Case Detection			
Schoolchildren	Everyone at school	STU	
Schoolchildren	Selected age groups (classes)	SCTU	
Schoolchildren	Cases of TF/TI + Family members	FTU	
Schoolchildren	Cases of TF/TI	ITU	

**** Treatment Unit*** *: The treatment unit may be:*

- *the village (VTU)*
- *the family (FTU)*
- *the play unit of children (PTU)*
- *the whole school (STU)*
- *selected classes at school (SCTU)*
- *the individual (ITU)*

The treatment unit will vary depending on the severity of the disease, and the available resources.

Timing of Treatment
The timing of treatment may be critical in terms of maximizing impact on transmission.
This needs to be determined for each situation and treatment strategy.

Frequency of Treatment
It is still to be determined if annual, 6-monthly, or more frequent treatment, is the most cost-effective long-term strategy.

Appendix 6

STANDARD TERMINOLOGY FOR TRACHOMA PROGRAMMES

During group discussions, it appeared that some participants were mixing up the concepts of elimination and eradication. The adoption of a standard terminology to describe the goals and objectives of trachoma control programmes was therefore recommended to participating countries as follows:

ELIMINATION OF BLINDNESS AND VISUAL LOSS DUE TO TRACHOMA

and

TRACHOMA CONTROL

Appendix 7

SUMMARY OF RECOMMENDATIONS AND ACTION REQUIRED

ACTION	WHO	WHEN	COMMENT
	Operational Research		
Report validation study from Tanzania	Kongwa Tanzania	Mar. 1999	
Validate TRA 7 in Gambia	- ECP Gambia/ ICEH - WHO/ LSHTM	Early 1999	LSHTM/WHO to design ECP/ICEH to do field work
Validate TRA 3 in Ghana	- ECP Ghana/ ICEH - WHO/ LSHTM	Early 1999	LSHTM/WHO to design ECP/ICEH to do field work
Assess outcome of TT management	- ECP Gambia / ICEH - other programmes	1999 & 2000	Cohort of patients being followed in The Gambia
Investigate azithromycin distribution strategies	ITI with country programmes	1999 & 2000	Logistics study being planned for Daboya, Ghana
	Reporting		
Consider standardized age/gender reporting	WHO Trachoma Alliance	1999	
Consider minimum Annual National Data	WHO Trachoma Alliance	1999	
	Training		
Develop training programme for TT trainers in Africa	ICEH and NGDOs	1999	
TT trainers' manual	HKI and ECP Gambia	1999	Under review now
School eye health / Child-Child manual	ECP Gambia	1999	Will be reviewed by ECP Tanzania and WHO
	Antibiotic availability		
Investigate tetracycline eye ointment production	Ethiopia NPPB and CBM	1999	
	National workshops		
Consider the establishment of a Trachoma Task Force	Individual countries	1999 & 2000	Several countries have already done this
Tanzania	MOH Tanzania/ITI	Jan. 1999	
Oman	MOH Oman	Mar. 1999	
Pakistan	MOH Pakistan	Apr. 1999	
Ghana	MOH Ghana/ITI	Jun. 1999	
Viet Nam	MOH Viet Nam	Oct. 1999	

ECP: *Eye Care Programme*
WHO: *World Health Organization*
LSHTM: *London School of Hygiene and Tropical Medicine*
ICEH: *International Centre for Eye Health*
NPPB: *National Programme for Prevention of Blindness*
MOH: *Ministry of Health*
ITI: *International Centre for Eye Health*