

# TRACHOMA FACT SHEET

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Dr Levi, a CBM supported ophthalmologist at the NTD National Planning Workshop launch in Burundi ©CBM

## What is Trachoma?

Trachoma is one of the 17 WHO-defined **Neglected Tropical Diseases (NTDs)** that affect over 1 billion of the world's poorest and most marginalized people. It is caused by the bacterium *Chlamydia trachomatis*.

The bacteria are spread through human contact and eye-seeking flies and thrive under conditions of poor sanitation and hygiene with limited access to water. **Repeated infection** damages the eyelids causing eyelashes to turn inwards and rub against the eyeball. If left untreated, this extremely painful and disabling advanced stage of the disease, called trachomatous trichiasis (TT), leads to irreversible low vision and blindness.

According to current understanding approximately 200 million people worldwide are living in known trachoma-endemic districts. As the **leading infectious cause of blindness** it is estimated to be responsible for the visual impairment of about 2.2 million people, of whom 1.2 million are

irreversibly blind - accounting for about 3% of global blindness.

While **children** are the most susceptible to infection, the blinding effects of repeated infection typically develop later in adulthood with **women** about twice as likely to be affected than men.

The World Health Organization (WHO) led Alliance for the Global Elimination of Trachoma by 2020 (**GET 2020 Alliance**) was created to address this enormous trachoma related health and development burden which also significantly link to the United Nations Sustainable Development Goals (**SDGs**) reflecting the global pledge to “leave no one behind”. This Alliance serves as the principal platform for the global trachoma community to work together towards our shared goals.

### What can be done?

The WHO recommended strategy to eliminate trachoma as a public health problem by the year 2020 is based on a proven combination of interventions known as the **SAFE strategy**:

- **Surgery** to correct trichiasis;
- **Antibiotics** to treat infection;
- **Facial cleanliness**, and
- **Environmental improvement** to reduce transmission.

This comprehensive SAFE approach includes reducing the prevalence and transmission of active disease in a population as well as undertaking corrective surgery on people suffering from the potentially blinding end-stage of the disease.

A wide range of resources and tools has been developed in support of national programs.

A planning guide bringing together all relevant stakeholders – the [Trachoma Action Plan](#) (TAP) tool - supports National Programs in planning and executing the SAFE strategy. So far it is used by 27 countries, strengthening their national health systems, building local skills and capacity to achieve the GET 2020 goal and maintain success beyond.

Other key technical resources for this remarkable public private partnership include the World Health Organization’s revised manual “[Trichiasis Surgery for Trachoma](#)”, the International Agency for the Prevention of Blindness (IAPB) standard equipment [list for Trachomatous Trichiasis surgery](#) and the International Coalition for Trachoma Control’s (ICTC) [Preferred Practices](#) series covering all components of the SAFE strategy.

A new and innovative “HEAD START” training program has been developed to allow new trainees and surgeons requiring refresher training

to build their skills and gain confidence while practicing well-supervised trachoma lid surgery on a mannequin. HEAD START is now incorporated into [training programs](#) in 12 countries in Africa, with rollout to the Eastern Mediterranean and other regions anticipated for 2016.

Despite increasing efforts over recent years there remain significant challenges in delivering water, sanitation and hygiene (WASH) services for the F & E components (Facial cleanliness and Environmental improvement) of the strategy. ICTC has published an “All you need for F and E” toolkit to assist program planners to successfully engage with WASH partners such as agencies responsible for [water supply and sanitation](#).

All SAFE activities need to be comprehensively planned and implemented in close collaboration between all stakeholders in an intersectorial approach, actively include and engage affected communities, and support and strengthen capacity, ownership and leadership of National Programs in line with preferred practices, guidelines and policies.

### Where is trachoma found today?

Once endemic in many countries over the world, it now is believed to be [endemic](#) in 42 countries mainly in Africa, Asia, the Americas, the Middle East and Western Pacific. It primarily affects the poorest and often isolated communities that lack access to clean water, sanitation and basic health services. Approximately 200 million people live in areas where trachoma is now confirmed endemic - a significant reduction from ca. 324 million in 2011. It mostly affects the most vulnerable members of communities such as women and children. An estimated **3.6 million** people have advanced trachoma, a painful condition called trichiasis, and are at risk of going blind. They are in need of immediate surgery.

More than 80% of the burden of active trachoma is concentrated in 14 countries, where immediate action is needed. We know that the distribution of the disease varies greatly with blindness or visual impairment most commonly found in the Sahel of West Africa and the savannahs of East and Central Africa. However major pockets of blinding trachoma can be seen in [other regions as well](#).

Researchers, donors and implementers have long acknowledged the importance of mapping the distribution of trachoma to help target investments and interventions to areas in greatest need. There is an unprecedented surge in well-designed and well-coordinated mapping activities. The Global Trachoma Mapping Project (GTMP) is the world’s most ambitious disease mapping project ever, screening an incredible 2.6 million people in 29 countries in the last three years.

As part of this game-changing activity, CBM and our Nigerian partner HANDS have mapped trachoma in the CBM supported Nigerian states of Kano, Jigawa and FCT; a very successful exercise despite ongoing instability and insecurity in these Northern States. The mapping results help CBM and our partners to scale up SAFE interventions in areas of greatest need. CBM and local partners have also been actively involved with mapping the disease in DRC where now - based on these results - targeted SAFE interventions are in preparation.

As survey activities have been scaled up in areas where data are lacking, estimates will continue to be refined assisting the GET2020 Alliance to make this ancient disease history.

### What is the impact of blinding trachoma?

Blindness and painful chronic disability from trachoma mainly strike adults and in particular women at working age, hindering their ability to care for themselves and their families.

Trachoma can destroy the socio-economic well being of individuals, their families and entire communities, trapping them in a **cycle of poverty**.

It is estimated, that [trachoma causes 2.9 billion USD](#) in loss of productivity per year globally in affected people and the total loss of productivity for the visually impaired or blind and their caregivers together has been estimated as high as \$3bn-\$6bn annually.

Trachoma and particularly the stigmatizing and disabling advanced stage of trichiasis also have huge impact on the quality of life, especially on women. While trachoma endemic communities are typically the most marginalized, trichiasis further exacerbates the situation, making both men and women unable to work and undermining especially the social status of women.

### What does CBM do to end blinding trachoma?

Trachoma effectively links to CBM's disability and inclusive development work such as advocacy, networking, eye health and NTDs, CBR, community mental health and livelihood. In this context, CBM advocates at all levels for truly comprehensive, inclusive and integrated Trachoma work – whether trachoma services are delivered through our NTD or Eye Heal projects.

Based on the WHO comprehensive SAFE approach, CBM works with national trachoma programs and affected communities supporting both governmental and non-governmental partners.

Local capacity development through promotion, training and education is a cornerstone of our work to ensure comprehensive, equitable and high quality services that are fully integrated in strengthened national health

services.

In this context CBM also promotes the systematic inclusion of eye health under our Trachoma surgical work - the so-called "TT plus" approach – where we support the inclusion of other eye problems during trichiasis-outreach activities; including the referral and provision of affordable, accessible and acceptable high quality eye health services.

To ensure comprehensive and equitable Trachoma work we reach out to and engage with the WASH sector for barrier free F&E work, including accessible hard ware such as safe water and toilets and effective behavior change (soft ware). To ensure inclusiveness in all related activities we also utilize and reflect the WHO WASH Monitoring and Evaluation (M&E) frame that explicitly highlights the need for inclusive WASH approaches and tools. This is of great relevance especially in Ethiopia, which carries ca. 38% of the global Trachoma burden; but also in all our other trachoma work e.g. in Nigeria, Chad, DRC, Kenya, Uganda, Burundi, Tanzania, Malawi, Pakistan and Afghanistan.

Wherever possible we also use flexible approaches for quality trachoma work in countries where it is difficult to work (e.g. countries in conflict / post-conflict and disaster / post-disaster situations) such as Nigeria, DRC, CAR, Chad and South Sudan.

### **For 2015 CBM reported the following trachoma related activities:**

#### **Surgery:**

CBM registered support for 33,084 trichiasis surgeries (TT) in 25,045 trachoma-affected people. Besides support for the training of general eye surgeons CBM also directly supported the training of 68 Trichiasis surgeons. CBM supports surgeries mainly in Africa and the Eastern Mediterranean Region. Main countries include Ethiopia, Nigeria, Uganda and Pakistan.

#### **Antibiotics:**

Despite difficulties in several countries due to conflict and delays in drug shipment (e.g. Nigeria) CBM supported the distribution of 437,247 treatments with Azithromycin and 13,479 treatments with Tetracycline eye ointment (TEO) for active trachoma as part of Mass Drug Administration (MDA) campaigns. Main countries where CBM is supporting the implementation of MDA for Trachoma include Ethiopia and Nigeria.

#### **Facial Cleanliness and Environmental Improvement:**

Under our NTD work CBM supported the health education of 24,155,313 community members on WASH including behavior change for the F&E components of the SAFE strategy using community and school based



approaches. 144,453 health and community workers were supported in their training for NTD related WASH activities including 201 specifically for Trachoma. CBM also supported the construction of safe and accessible water points (201) and accessible latrines (3,123) in Ethiopia.

### **CBM's "finger print":**

Supporting a continuum of care and SAFE strategy approach, trachoma is mainly addressed under CBM's NTD and Eye Health work and embedded in our overall comprehensive, inclusive and integrated disability and inclusive development approach for CBM's fingerprint. Results from the Global Trachoma Mapping Project (GTMP) and the SDGs with their global pledge to "leave no one behind" necessitate expanded support from NGOs and other stakeholders to implement comprehensive SAFE activities with targeted investment to the most marginalized communities and in support of strengthened national programs. CBM currently supports comprehensive NTD work in Burundi and Nigeria, and is in the process to expand this approach to other countries such as DRC and South Sudan.

Whilst impressive progress has been made in recent times, there is still a long way to go. As active stakeholders in the Global Alliance for the Elimination of Trachoma (GET 2020) and related networks, we know that we are on the verge of achieving our common goal of making this ancient disease history – finally preventing future generations from suffering the same fate as previous generations.

### **Resources and further reading:**

- Neglected Tropical Diseases - <http://www.cbm.org/Neglected-Tropical-Diseases-NTDs--319269.php>
- International Coalition for Trachoma Control (ICTC): <http://www.trachomacoalition.org>
- WHO Global Alliance for the elimination of trachoma by 2020 (GET2020): <http://www.who.int/trachoma/partnership/en/>
- WHO Trachoma fact sheet: <http://www.who.int/mediacentre/factsheets/fs382/en/>
- Water, Sanitation and Hygiene for accelerating and sustaining progress on Neglected Tropical Diseases: a new Global Strategy 2015 – 2020: [www.who.int/.../wash-and-ntd-strategy/en/](http://www.who.int/.../wash-and-ntd-strategy/en/)
- Barrier free WASH technologies: <http://www.wateraid.org/what-we-do/our-approach/research-and-publications/view-publication?id=aff6d098-00f2-42e5-b9a0-22ec2b264a5e>
- WHO WASH – post-MDG M&E frame: [www.wssinfo.org/post-2015-monitoring](http://www.wssinfo.org/post-2015-monitoring)
- Inclusive development dialogue: [http://www.cbm.org/article/downloads/54741/CBM\\_Inclusive\\_Development\\_Dialogues\\_2015.pdf](http://www.cbm.org/article/downloads/54741/CBM_Inclusive_Development_Dialogues_2015.pdf)