



**THE END IN SIGHT:
From collaboration
to elimination**

ICTC strategic plan 2022-2030

Cover photo credit: A mother administers powder for oral suspension (POS) to her child in Mungwi district, Zambia. Photo credit: Sumon Ray for the International Trachoma Initiative.

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ICTC strategic plan 2022–2030

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Executive summary

“We will only achieve the targets as a collective, and we will only enhance our integration and coordination with other key stakeholder groups as a collective. We need to program collectively. We need to advocate collectively. We need to research and learn collectively.”

– ICTC member

Welcome to ICTC’s 2022–2030 strategic plan, which spans the critical period running to the end of 2030, the year by which we are striving to achieve the elimination of trachoma as a public health problem. This strategic plan is in alignment with the NTD road map, *Ending the neglect to attain the Sustainable Development Goals: a road map for neglected tropical diseases 2021–2030* ^[1].

At the core of this strategy lies our 2022–2030 strategic objectives, also understood as our offer to ICTC’s membership composed of members and observers, through which we aim to:



1. Mobilize advocacy efforts to increase political will for and commitment to, elimination of trachoma as a public health problem among donors and decision makers.



2. Increase investment as required, in trachoma elimination programs and the full implementation of the WHO-endorsed SAFE strategy.



3. Coordinate the provision of technical assistance and the sharing of knowledge among ICTC members, to support high quality outcomes in trachoma elimination programs.



4. Ensure an effective coalition model and way of working that is adaptive and proactive in responding to changing contexts.

This strategic plan is composed of several chapters.

ABOUT TRACHOMA introduces the disease and the coordinated approach for eliminating it as a public health problem.

ABOUT ICTC provides the history, vision, mission, strategic objectives and guiding principles of the coalition. It aims to clarify the unique contribution of ICTC to the elimination of trachoma as a public health problem by 2030 and details ICTC’s ways of working, which rely on a high level of member engagement and an agile approach to collaboration.

CURRENT LANDSCAPE sets out the context in which we find ourselves in 2022 and acknowledges the great strides the trachoma community has made towards the trachoma elimination goal through its commitment to partnership and collaboration.

CHALLENGES sets out the major obstacles facing the elimination goal at the current time of publication, while **ENABLERS** sets out the current drivers of success.

The final section **MILESTONES TO ELIMINATION** sets out where we are in terms of the trajectory to elimination established in *Ending the neglect to attain the Sustainable Development Goals: a road map for neglected tropical diseases 2021–2030* ^[1], and the milestones we need to hit to stay on track.

We hope this strategic plan will provide ICTC’s membership with a renewed rationale for working together as a community of trachoma stakeholders in a changing trachoma and wider global health landscape. This is our clear call to collaboration for the elimination of trachoma as a public health problem by 2030.

About trachoma

“In my lifetime, in your lifetime, trachoma will be a thing of the past. It is a very motivating, inspiring, empowering, uplifting goal to be oriented towards because it is very doable.”

– Malawi Ministry of Health representative

Trachoma is the most common infectious cause of blindness in the world. It mainly affects people living in the poorest areas of the world. Trachoma is due to infection of the eye caused by the bacterium *Chlamydia trachomatis*. The disease presents among young children aged 1–9 years as a chronic inflammation of the eyelid: trachomatous inflammation—follicular (TF) and trachomatous inflammation—intense (TI). Repeated re-infection can cause scarring of the eyelid, which leads to entropion and trichiasis; the in-turning of the upper eyelid with painful contact between eyelashes and the eyeball (trachomatous trichiasis or TT) and scarring of the cornea. The combination of repeated cornea trauma and secondary infections can cause severe pain and may ultimately lead to corneal opacification and blindness. People are typically infected in early childhood and develop vision loss and blindness mostly later in life (about 45–60 years of age). Women are almost twice as likely as men to develop TT from trachoma. Trachoma has disappeared from large parts of the world as a result of socioeconomic development and the hard work of the trachoma community to implement the WHO-endorsed SAFE strategy at scale, but the disease continues to affect some of the most vulnerable and poorest populations.

To eliminate trachoma as a public health problem, WHO has endorsed a comprehensive package of interventions known as SAFE (Surgery, Antibiotics, Facial Cleanliness and


Environmental Improvement)(see **Figure 1.**)

In 1998, the World Health Assembly adopted Resolution WHA 51:11, targeting trachoma for global elimination. The resolution called on WHO Member States to implement the SAFE strategy and consider all possible intersectoral approaches for community development in endemic areas, particularly for greater access to clean water and basic sanitation for the populations concerned. The resolution also called for Member States to actively collaborate through the WHO Alliance for the Global Elimination of Trachoma (GET2020 Alliance) – formed in 1996 – to provide technical leadership and coordination to the international efforts aiming to eliminate trachoma as a public health problem.

Elimination as a public health problem in this instance is defined as:

- (i) a prevalence of TT “unknown to the health system” of <0.2% in adults aged ≥15 years in each formerly endemic district;
- (ii) a prevalence of TF in children aged 1–9 years of <5%, sustained for at least two years in the absence of ongoing antibiotic mass treatment, in each formerly endemic evaluation unit; plus
- (iii) the existence of a system able to identify and manage incident TT cases, using defined strategies, with evidence of appropriate financial resources to implement those strategies.

Figure 1. SAFE Strategy – scale up priorities and main barriers (data as of 4 March 2022)




Surgery
for people at immediate risk of blindness (those with TT)

Scale-up priorities

- 1.8 million people are estimated to require surgery to treat trachomatous trichiasis (TT), the late blinding stage of trachoma
- High quality surgeries performed close to communities to ensure access for all
- Incorporation of surgical training aids like the 'HEADSTART' surgical simulation device, in to all national programs

Main barriers

- A shortage of well trained and supervised surgeons providing high quality surgery
- Insufficient uptake of surgical interventions
- Ensuring epilation is safely conducted by those choosing not to have surgery
- Lack of a global system to track and monitor outcomes of surgeries



Antibiotics
to clear infection

Scale-up priorities

- 124 million people live in trachoma endemic settings that require mass drug administration
- Strengthening country supply chains
- Ensuring all districts that need to implement SAFE receive donated antibiotics

Main barriers

- Inequitable access to mass drug administration campaigns
- Limited coordination for integrated drug distribution in the context of the broader NTD agenda
- Lack of funding to support the distribution of donated antibiotics




Facial cleanliness
to reduce transmission

Scale-up priorities

- Promoting behaviors that help to reduce the transmission of trachoma, ensuring all children have clean faces
- Co-ordinated planning and implementation with WASH partners for integrated program delivery
- Incorporating hygiene messages into school curricula and community-led initiatives

Main barriers

- Many communities lack access to clean and safe water
- Behavioral change is not easily achieved or sustained
- There is currently no agreement on standard indicators to measure facial cleanliness
- Limited alignment and coordination between health and WASH sectors towards shared goals



Environmental improvement
to reduce transmission

Scale-up priorities

- Effective collaboration between health, WASH and development agencies to establish and sustain water and sanitation services

Main barriers

- Lack of access to sustainable sanitation services and other environmental improvement measures
- Accessible hardware and software to deliver interventions
- Limited alignment and coordination between health and WASH sectors towards shared goals

About ICTC

This section provides the history, vision, mission, strategic objectives and guiding principles of the coalition. It aims to clarify the unique contribution of ICTC as a community of stakeholders to the elimination of trachoma as a public health problem by 2030. We also detail ICTC's ways of working, which are driven by ICTC member participation based on an agile and responsive approach to collaboration.

History

Established in 2004, ICTC is a multistakeholder collaboration platform for non-governmental organizations (NGOs), academia, donors and industry working together with the explicit goal to reach global elimination of trachoma as a public health problem. We do this by responding to priorities raised by endemic countries through the **World Health Organization's Alliance for the Global Elimination of Trachoma by 2020** (GET2020 Alliance). The GET2020 Alliance is composed of endemic country governments, donors, industry, research, academia and implementing NGOs. The GET2020 Alliance is a cooperative group which supports country implementation of the SAFE strategy and the strengthening of national capacity through epidemiological assessment, monitoring, surveillance, project evaluation and resource mobilization.

ICTC was originally conceived as a meeting of implementing NGOs and supporting donor organizations, with the primary objective of the ICTC meetings to discuss how best to support the implementation of recommendations from the GET2020 Alliance, guided by endemic countries. ICTC has since evolved to be a platform for collaboration between NGOs, academia, donors and industry, sharing learning and joint programming, contributing to global efforts to eliminate trachoma as a public health problem. ICTC and its membership do this by advocating for and supporting the implementation of the WHO-endorsed **SAFE strategy**.

In 2011, ICTC published *The end in sight: 2020 INSight*, a road map that laid out the actions that needed to be taken to achieve the global elimination of trachoma as a public health problem by the year 2020^[2]. The impact of the road map was a significant boost to existing trachoma programs. Through a costings analysis and epidemiological overview of the global trachoma program, it provided a clear picture of what we understood of the needs, gaps and resources needed to reach elimination at the time. In addition to this, the Global Trachoma Mapping Project (2012–2016), supported by UK aid from the United Kingdom's former Department for International Development (DFID) and the United States Agency for International Development (USAID) and implemented by ICTC members, was the largest series of disease surveys of its kind improving our knowledge. It worked to build a more accurate understanding of the global trachoma burden and helped to mobilize a further US\$150 million of new funding for two large-scale partnership initiatives led by a consortium of ICTC members – The Queen Elizabeth Diamond Jubilee Trust Trachoma Initiative (2014–2019) and the UK aid supported, DFID SAFE Trachoma Program (2014–2019). The sheer scale of collaboration and coordination involved in these ICTC partnership initiatives – over 30 partners in at least 14 countries throughout Africa and the Pacific – is a testament to the dedication and hard work of all ICTC members involved.

Our vision

The global elimination of trachoma as a public health problem by 2030.



Our mission

To assist country governments and other stakeholders in the implementation of the SAFE strategy in support of the elimination of trachoma as a public health problem.

Strategic objectives

Through its strategic objectives, ICTC sets up its offer to members and the wider GET2020 Alliance. This is where we detail the products and services the ICTC will provide to its members, for the duration of this strategic plan. ICTC will offer members and observers collaboration platforms and coordination that enable our shared work together to:



1. Mobilize advocacy efforts: ICTC members will come together to increase political will and commitment to elimination of trachoma as a public health problem among implementers, donors and decision makers.



2. Increase investment: ICTC will assist the GET2020 Alliance to attract new funding to address known gaps in trachoma elimination efforts and support the full implementation of the WHO-endorsed SAFE strategy at scale.



3. Coordinate the provision of technical assistance: Through the sharing of expertise and experience, ICTC members will strengthen the knowledge base and build capacity around trachoma elimination and the SAFE strategy in the work of its members. It will work to develop evidence-based tools such as ICTC's preferred practices, data messaging and strategic communications products to support ICTC activities towards our shared vision and coordinate technical assistance among its members.



4. Ensure an effective coalition model: ICTC is committed to maintaining a transparent and proactive partnership model that adapts and responds appropriately to changing contexts. Members work to forge new linkages, freely share information, and work in close collaboration, rather than competition.

Strategic time frame

The time frame for this strategy is until the end of 2030, giving eight years for its implementation through the coalition platform. A regular review of trends in the environment, engagement with our members and observers and monitoring of our strategy's implementation through our annual work plan will keep the strategy "evergreen".

Guiding principles

ICTC and its membership commit to building our community of practice, supported by the following guiding principles in our shared work together, and reflected in the strategic operations and program planning of our members.



i. Partnership: The elimination of trachoma can only be achieved if there is strong partnership among trachoma stakeholders, across sectors and affected communities. Through ICTC, member NGOs have witnessed how much more can be achieved in working together with complementarity rather than competition. Partnership based on trust, respect, transparency and accountability will help us to work together to strengthen health systems and in turn sustain the impact of trachoma interventions, increasing the likelihood of success in reaching our vision.



ii. Strengthening, sustainable national health systems: National trachoma programs are country owned however, SAFE interventions have often been conducted in parallel to wider health systems. This occurred for several reasons including the need for expediency to meet national elimination goals and the development of trachoma intervention delivery mechanisms, such as community-based mass drug administration (MDA), which often required reporting measures that were not yet integrated into national health information systems. In recent years, concerted effort has begun to integrate surgical interventions for trachoma into the broader national eye health services package. By mainstreaming TT surgery within eye health services, we ensure the sustained impact of trachoma elimination through continuous availability and access to surgical services, screening, treatment and that continuity of care is built into national health systems. ICTC and its membership are committed to ensuring the sustained impact of elimination efforts by contributing to the strengthening of national health systems, including the mainstreaming of trachoma interventions as part of national packages of general health systems.



iii. Cross-sectoral collaboration: ICTC and its members must deepen our own cross-sectoral collaborations, especially across WASH, eye health, education and other sectors. The trachoma community has already demonstrated the dual benefits of cross-sectoral collaboration that provide benefit to trachoma affected communities and for trachoma stakeholders, and benefit from collaboration with other sectors. Examples include task shifting within eye health cadres to support TT surgery, targeting large-scale WASH projects in trachoma-endemic areas by including face washing in hand washing campaigns and school curriculums, working together with refugee and internally displaced people (IDP) programs to include trachoma interventions among their basic care packages. ICTC will seek out new opportunities and deepen existing cross-sectoral collaborations to scale up the full implementation of the SAFE strategy, mobilize new resources and share learning across sectors to benefit national health systems.



iv. Equity, inclusion and non-discrimination: Trachoma is a disease born out of inequity. To reach national elimination targets and ensure no one is left behind, programs must look at how to adapt programming to ensure that all populations at risk of trachoma are reached with appropriate interventions, with a specific focus on women and special populations.

In endemic communities, women are twice as likely to require management of TT than men. Health workers and experts, program managers, researchers and community leaders often face gender related barriers to achieving equality in decision making and recognition. Special populations that live outside traditional community structures, also face additional barriers to accessing trachoma interventions.

ICTC and its membership commit to upholding equity, inclusion and non-discrimination in our ways of working, by seeking active participation of affected communities, in country program staff, alongside ensuring program needs are being equitably addressed through ICTC membership support.

How ICTC works

ICTC's coalition model includes a membership body composed of members (implementing NGOs and academia) and observers (industry, donors and WHO), with a member-elected, voluntary governance team (the Executive Group), and a paid secretariat to support and operationalize ICTC's strategic plan (see **Figure 2**).

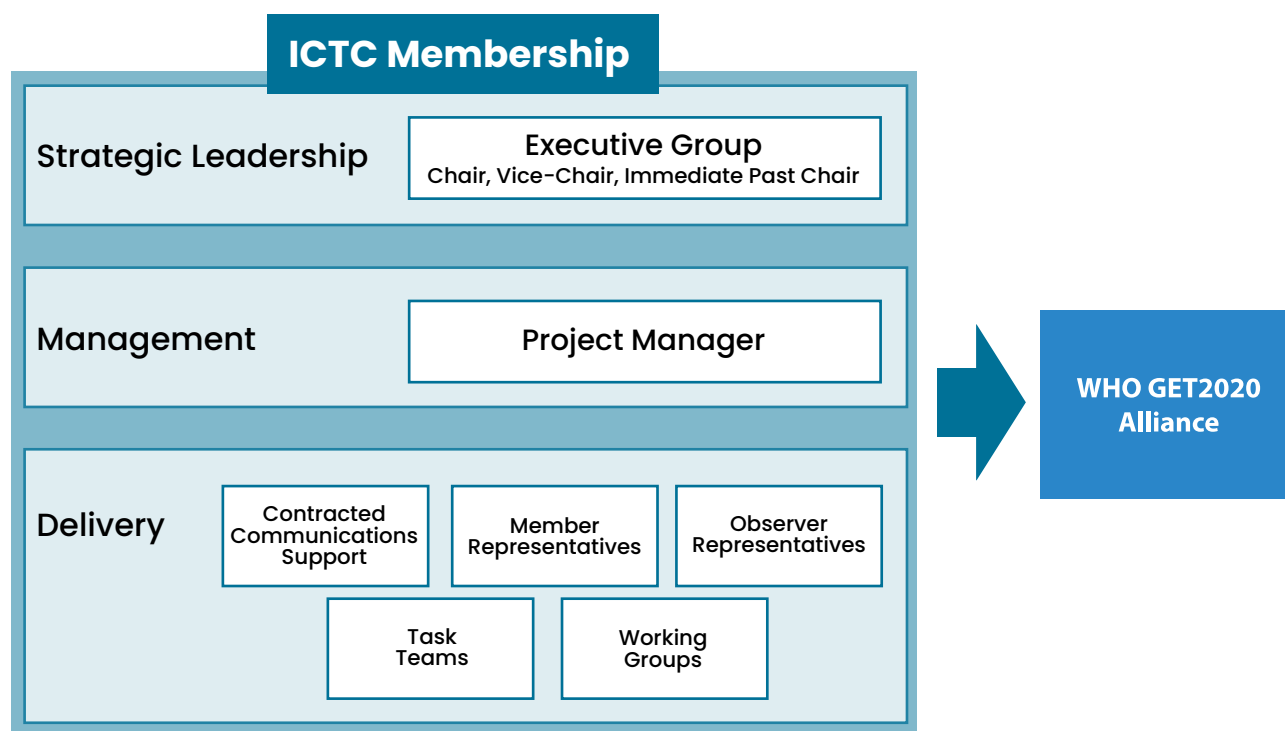
ICTC's operating model is adaptable to meet the needs of its membership body and in the past has included working with a nominated grant manager and the creation of a program advisory committee from ICTC's membership, to provide technical support to funded ICTC partnership initiatives.

Our current structure displays ICTC's operating model as of 2022, with flexibility and agility to build further mechanisms of collaboration that deliver on ICTC's strategic objectives.

Every two years ICTC members nominate and vote on the role of ICTC's Vice-Chair. At the end of two years the Vice-Chair assumes the role of Chair, and the Chair rotates to the role of Immediate Past Chair. This governance model aims to retain institutional memory and consistent strategic leadership. ICTC's secretariat team of Project Manager and Contracted Communications Support are currently supported by two ICTC members, Sightsavers and ITI respectively.

Figure 2. ICTC structure and organogram and how we work with the GET2020 Alliance.

ICTC forms part of the NGO constituency of the GET2020 Alliance and directly responds to calls by endemic countries made through the GET2020 Alliance.



Since its establishment in 2004, ICTC has established key lessons from its evolving partnership model:



ICTC members and observers bring added value by supporting national programs comprehensively across the full SAFE strategy, by working in coordination and collaboration with one another and utilizing the ICTC platform as a mechanism for collaboration.



Members and observers work together to document operational effectiveness through the development of ICTC preferred practice manuals, which work alongside WHO guidelines and serve as important tools to standardize high quality delivery of interventions across the SAFE strategy. From 2012–2022 ICTC members have worked together to publish 19 preferred practices and toolkits across all aspects of the SAFE strategy, freely available on the ICTC website with translations into French, Spanish and Portuguese for many.



Working together as a community, **ICTC members and observers identify implementation gaps, challenges and opportunities** to develop joint funding proposals through ICTC member consortiums.

Through ICTC’s platform of collaboration, members and observers commit to working in collaboration for the benefit of all trachoma elimination efforts globally. ICTC recognizes that we can accomplish more together than working alone, and we are committed to transparent collaboration to optimize trachoma programs, contributing to the strengthening of health systems and sustaining the impact of trachoma interventions in the pursuit of our shared vision.

ICTC's ways of working:



ICTC MEMBER AND OBSERVER

REPRESENTATIVES: Each ICTC member and observer nominates 1-2 representatives who serve as focal points of contact between ICTC and its membership. Member and observer representatives commit to sharing information and opportunities from ICTC within their organization, and are responsible for serving as facilitators within their organization to gain organizational feedback into engagement opportunities and processes.



ANNUAL WORK PLANNING: An ICTC activity plan will be produced each year led by the ICTC Project Manager and Executive Group, and presented to the membership for engagement. The activity plan will be aligned to ICTC's strategic plan objectives and members and observers will be invited to review, input and sign up to streams of shared work.



AD HOC TASK TEAMS AND WORKING

GROUPS: ICTC members drive all aspects of identified work opportunities and work streams; this is reflected in our collaboration mechanisms. Task teams are convened by members in response to identified challenges within the global trachoma program, and work to develop time bound strategies and tools to address these challenges. Standing working groups mobilize year-round collaboration from members and observers identifying opportunities and collaboration to inform strategic communications as well as advocacy and campaign initiatives that ICTC engages with. These workstreams promote sharing of data, knowledge, lessons learned, practices and advocacy from the trachoma community to the broader NTD and eye health communities.



DATA AND ANNUAL UPDATED MESSAGING:

The GET2020 Database offers annually updated information from across the global trachoma program. These data are published in the annual WHO Weekly Epidemiological Record (WER) trachoma updates. ICTC works with the International Trachoma Initiative (ITI) to support the promotion of key messages and coordinated data messaging among ICTC members, that is amplified through ICTC communications tools including infographics and ICTC's website.



ICTC PREFERRED PRACTICES AND TOOLKITS:

Identified and created by ICTC members and observers, these manuals bring together the best available evidence at the time of operationalizing the SAFE strategy to supplement WHO guidance, and offer an opportunity to standardize high quality delivery of the SAFE strategy among ICTC members..



ICTC REPRESENTATION AT THE TRACHOMA EXPERT COMMITTEE (TEC): Pfizer commits a drug donation of Zithromax® which is managed by ITI. ITI's TEC is an independent body of internationally recognized experts that meets twice annually to review country applications for donations of Zithromax®. TEC members provide invaluable advice to ITI on strategic, technical, and operational issues. ICTC is an observer to the TEC. Coordination and collaboration across the ICTC membership reinforces cohesive messaging and the leveraging of drug donations to ensure national programs are supported.



ICTC REPRESENTATION IN OTHER NETWORKS: ICTC is a founding member of and active contributor to the Vision for the Commonwealth advocacy campaign initiative, progressing trachoma advocacy with the broader eye health community. ICTC also contributes to the Vision Atlas hosted by the International Agency for the Prevention of Blindness (IAPB).



ICTC REPRESENTATION IN EXTERNAL NTD NETWORKS: ICTC has a seat on the Executive Committee of the NTD NGO Network (NNN), and is represented by the ICTC Chair in bringing forward contributions from ICTC to consultations with the broader NNN. ICTC is an active contributor to the Uniting to Combat NTDs (UTC) Communications Coordination Group. In addition, representatives of several ICTC members sit on the UTC Consultative Forum.



LARGE SCALE INITIATIVE COORDINATION: From 2014–2019, ICTC coordinated two large scale partnership initiatives mobilizing US\$150 million, through a consortium of over 30 ICTC members across 14 countries in Africa and the Pacific. Our experience informs ICTC's coalition structure for flexibility and inclusiveness and remains responsive to our evolving needs over time. As future opportunities arise, ICTC's coalition model enables us to adapt accordingly to create mechanisms based on shared decision making to ensure effective governance, grant management, quality assurance, technical assistance and coordinated delivery of partner engagement.

Current landscape

Trachoma is one of 20 neglected tropical diseases (NTDs) and disease groups classified as NTDs by WHO. *Ending the neglect to attain the Sustainable Development Goals: A road map for neglected tropical diseases 2021-2030* ^[1] provides a blueprint to control, eliminate and eradicate NTDs over the next decade, and includes a goal to eliminate trachoma as a public health problem by 2030.

The NTD road map is underpinned by three paradigm shifts. These strongly urge country programs and their partners to:



1. Pursue cross-cutting approaches, including integration across NTDs, mainstreaming in national health systems, coordinating with adjacent sectors and strengthening country capacity and global support;



2. Increase country ownership, decision making and domestic financing of NTD activities; with NTDs integrated in national health plans and budgets, and supported by partners and donors to overcome outstanding challenges;



3. Focus on measuring the public health impact of NTD interventions.

The trachoma community has long demonstrated what can be achieved when partners work together towards shared goals. For instance,

- The GET2020 Alliance has provided technical leadership and coordination to international efforts aiming to eliminate trachoma as a public health problem.
- The global drug donation program, supported by Pfizer through ITI, has supported countries to deliver almost one billion Zithromax® treatments since 1998.
- Through Tropical Data, 48 countries have been supported to carry out baseline, impact, surveillance and TT-only surveys in 2,602 evaluation units, examining over 8.6 million people (as of March 2022). This has provided essential evidence to guide countries to implement interventions efficiently and effectively.
- Through ICTC, members and observers have worked together to develop preferred practice documents to ensure that all components of the SAFE strategy are delivered safely, at high quality and equitably to at-risk populations. The coalition has enabled non-governmental, donor, private sector and academic organizations to work together more effectively, by identifying gaps and sharing knowledge, in support of national programs.
- Great progress has been made, but significant action is still needed. Significant resources have been mobilized to support the scale up and roll out of surgery (S component) and MDA (A component) campaigns of the SAFE strategy; however, F&E still requires resources to mobilize interventions and to scale up in support of elimination efforts.

The partnership approach is working. Since 2002, the population requiring A, F&E for trachoma decreased from 1.5 billion to 124 million, a 92% decrease in just 20 years.

As of March 2022, 12 countries have been validated as having eliminated trachoma as a public health problem (at least one country from each trachoma-endemic WHO region).



Mulat Zerihun from The Carter Center examines Haymanot Shibabaw for signs of trachoma, as Yekanu Shibabaw, her grandmother looks on. Photo Credit: Brent Stirton/Getty Images for the International Trachoma Initiative.

At the time of publication of this strategic plan, the COVID-19 pandemic has caused widespread disruption to many health programs, highlighting the vulnerability and fragility of health systems all over the globe. At the same time, it has also shown the clear strength of trachoma programs, working as part of the peripheral health systems in addressing the challenges of COVID-19 to support communities and health ministries. The impact of the pandemic has been heightened

in all trachoma-endemic countries with limited resources, and highlights the need for improved coordination across sectors to deliver essential services to populations. Future health and humanitarian emergencies will remain constant threats and ICTC and its members must adapt to ensure that in achieving our vision, we sustain the impact of trachoma interventions and elimination efforts through the strengthening of sustainable, resilient health systems.

Challenges

The global effort to eliminate trachoma as a public health problem has seen major strides since the last iteration of the ICTC strategic plan. As the elimination effort progresses, challenges, old and new, continue to drive the trachoma community to learn, adapt and overcome. These challenges affect the global trachoma program and provide ICTC with opportunities to collaborate to prevail over them.

Financing

“Trachoma is one NTD. It is one health initiative. It is one development initiative. There are so many competitions for national purse allocation, budget allocation, you really must be in the fight and be active to keep getting that.”

– Malawi Ministry of Health representative

National trachoma programs nearly always operate in low resource settings. Financial constraints and a lack of sustainable investment weakens the ability of health systems to integrate multiple interventions that support the continuity of care across screening, testing, treatment and management, as well as surveillance and data collection including integrated data monitoring. The threat of outbreaks, epidemics, pandemics and humanitarian emergencies also presents additional health challenges that many health systems are ill-equipped to manage with limited availability of trained health, clinical and science professionals.

Increased research around the economics of trachoma interventions would support advocacy efforts by demonstrating the cross-cutting benefits of trachoma investments. At present, no current estimates for the cost per disability adjusted life year (DALY) are available^[3] and there is a need to build consensus around a common methodology for evaluating the costs and benefits of programs. This will be particularly important to identify the global cost to achieve the elimination of trachoma as a public health problem and to identify cost variations associated with implementation in different settings.

Without sustainable, innovative, funding mechanisms that build upon domestic and international resources, financing will continue to be a blockage for many countries in achieving the elimination of trachoma as a public health problem.

Program disruption

Disruption of implementation of the SAFE strategy is widely recognized as a critical challenge to achieve elimination. Program disruption can be due to a range of factors including but not limited to:

1. Disruption in program funding streams;
2. Humanitarian emergencies including climate, conflict and insecurity;
3. Health emergencies such as outbreaks, epidemics and pandemics
4. Challenges with global or country-specific program supply chain and logistics.

Disruption of the global trachoma program due to the COVID-19 pandemic has highlighted the threat of pandemics and their widespread impact in delaying the attainment of global NTD targets. Recent mathematical modeling of TF prevalence data suggests that disruptions on MDA lasting more than a year have a detrimental impact, since they are likely to result in increased community transmission of ocular chlamydia and concomitant TF prevalence^[4]. While these models focused on disruption due to COVID-19, any type of program disruption will have an impact and enhanced strategies may be needed.

Technical adaptation: Persistent/recrudescence trachoma

“We had hoped to move a little faster because we had never had any cases of resurgence or persistence, and then we got persistence in three districts.”

– Uganda Ministry of Health representative

Persistence of TF and recrudescence of TF (see **Annex 2** for definitions) are growing challenges that threaten to delay the elimination of trachoma in several country programs. While the vast majority of districts attain and maintain elimination of active trachoma based on the current A, F&E implementation guidelines, there are a growing number of districts that are experiencing persistent active trachoma and recrudescence active trachoma. Persistent and recrudescence active trachoma affects elimination programs as follows:

1. Delayed timelines to attain and sustain TF elimination targets;
2. Increased demand for resources to undertake multiple TIS in evaluation units that are unlikely to demonstrate attainment of TF₁₋₉ prevalence of <5%;
3. Increased time and resources for restarting MDA in evaluation units where TF is recrudescence.

In light of these challenges, a WHO informal consultation was held in 2021, which produced a menu of modified MDA and monitoring strategies that countries experiencing persistence or recrudescence might now choose to draw upon.

An MDA training at the Lubushi Health Center in the Kasama district. Sightsavers Zambia, the Zambia MOH, and ITI observed MDA campaigns in Mungwi and Kasama districts in the Northern Province of Zambia from Sept 11-13, 2017. Photo credit: Sumon Ray for the International Trachoma Initiative.

Health systems strengthening

Transitioning of trachoma interventions from vertical elimination programs into national health systems including eye health units, is a key health system strengthening component that will sustain the impact of trachoma elimination efforts. As governments of endemic countries and international donors align investments away from vertical disease specific programs like trachoma to health systems strengthening, ICTC must build on their experience and expertise to strengthen the evidence base to demonstrate how trachoma interventions support and contribute to health systems strengthening.

In support of this crucial integration a **number of toolkits for transition planning** are recommended by ICTC for implementing partners. Mainstreaming trachoma interventions into health systems continues to pose challenges especially for F&E components that normally sit outside of general health system architecture both in terms of infrastructure, (the inclusion of clean, safe water in health care facilities and in communities) and programmatic activity (such as behavioral change communications and practices to support face washing). ICTC recognizes that mainstreaming of trachoma interventions into health systems is not without its own challenges and will require planning, resources and data to inform each step.



Facial cleanliness and environmental improvement

“What I was thinking about my own experience in my country Kiribati, we need to also emphasize the work on F&E as well. Our program is busy with MDA but still with some communities, I think the infection cycle will continue...”

– Kiribati Ministry of Health representative

In trachoma programming, the scale up of F&E interventions has often been secondary to investments in surgery and antibiotics despite being integral parts of the SAFE strategy. This cannot continue if we are serious about eliminating trachoma. F&E is an important component for reducing transmission of trachoma.

Access to WASH has cross-cutting development benefits that contribute to the achievement of multiple Sustainable Development Goals, including good health and wellbeing. Additionally benefit-cost ratios (BCRs), which compare the socioeconomic gains from an investment against their costs, have shown that universal access to WASH offers excellent value for money, with BCRs ranging from USD \$4–\$8 for every dollar invested ^[5].

ICTC members can play a major role in emphasizing the importance of F&E in trachoma programming by:

1. Making the investment case for WASH;
2. Fostering opportunities for cross sectoral collaboration with WASH actors (see Guiding Principles);
3. Linking members with WASH initiatives through partner mapping, coordination with national programs; and
4. Supporting research to better measure the impact of F&E on trachoma indicators.



A community member in a village in the Indian state of West Bengal washes her face in the courtyard outside her home, while her neighbor sweeps the communal area. Photo credit: Avijit Ghosh

Special populations

ICTC has identified ‘special populations’ that can be hard to reach.

ICTC defines special populations as “all populations that require programs to be tailored to ensure the equitable delivery of access to trachoma interventions. This definition includes, but is not limited to, refugees, internally displaced persons, indigenous and nomadic populations, people with disabilities, and people who experience homelessness.”

As such, traditional programmatic implementation may not reach these populations. Programs may need to employ different methods to provide equitable access to trachoma interventions in order to meet and sustain achievement of the WHO trachoma elimination thresholds as well as provide equitable access to all populations who may require it. There is a need to build the evidence to understand population size, location, barriers to equitable access to trachoma interventions as well as program adaptations.

Enablers

There are multiple aspects of program implementation that enable success. Within the global trachoma community, we outline key enablers such as shared vision, accurate data, integrated and cross-sectoral programming, partnership, financial investment and standardization and flexibility. These also set out foundational strategic enablers that enable ICTC to operate effectively as a coalition of trachoma stakeholders and a platform for collaboration to achieve our strategic plan.

The vision

“A united voice has helped trachoma attract and maintain funding and has supported the direction of those funds towards those places and activities that most need it.”

– ICTC member

Though the goal of eliminating trachoma as a public health problem by 2020 was not reached by all trachoma-endemic countries, impressive progress has been made and hundreds of millions of people are now no longer at risk of blindness from this completely preventable infection. Improved data and modeling provide a more informed understanding of our ambition to reach global trachoma elimination as a public health problem by 2030, in alignment with the NTD road map 2021–2030. To reach this new target, ICTC and its members offer a range of expertise and skills to articulate our plan of action to implement the full SAFE strategy at scale, while also adapting programming to the local context. We are emboldened to do so by World Health Assembly resolutions on trachoma elimination (WHA 51.11), NTDs (WHA 66.12) and universal eye health (WHA 73.4), as well as the inclusion of a NTD target within the 2030 Sustainable Development Goals. ICTC commits to ensuring our coalition model remains ‘fit for purpose’ to facilitate the breadth of collaborations among trachoma stakeholders, affected communities and across sectors to achieve our shared ambition and vision.

The power of data

Data are a fundamental element of disease programming. They are used to establish the prevalence of trachoma within health districts and the severity of the problem within a country, which guides program planning, supports advocacy and resource mobilization, and allows programs to apply for the Zithromax® drug donation. Data also allow us to assess the impact of interventions and attainment of elimination goals.

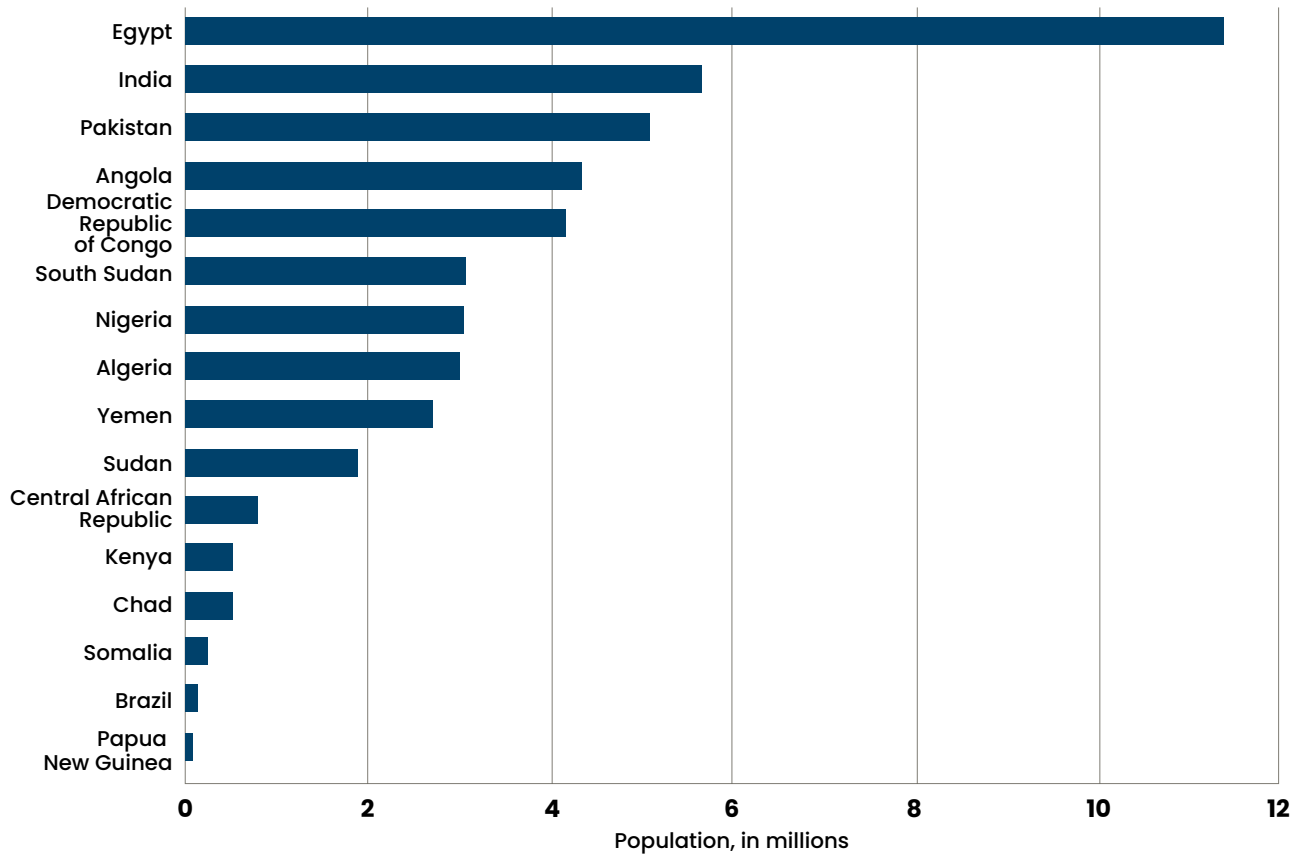
Understanding what we don’t know and working out the answers, identifying where challenges lie and at what scale, and our ability to make projections to understand challenges and inform advocacy messaging have all been crucial to our collective progress to date.

Multiple countries still require baseline data to establish endemicity of trachoma (see **Figure 3** next page). Data collection through MDA coverage surveys, surgical audits, monitoring and evaluation activities, impact and surveillance surveys, all provide us with a wealth of data in order to refine trachoma programming and advocate for new resources.

The global trachoma community has prioritized data-led decision making, and has made impressive achievements in gathering and disseminating data through the Global Trachoma Mapping Project followed by Tropical Data, an online, open-source map called the Trachoma Atlas (www.trachomaatlas.org), the

GET2020 Database, the donation of Zithromax® through ITI, cost estimates and scientific publications. ICTC commits to facilitating member collaborations that focus on consistent and updated messaging and its dissemination based on data and evidence.

Figure 3. Population living in suspected trachoma-endemic districts and therefore require baseline mapping (GET2020 Database, March 2022)



Integration and cross-sectoral collaboration

“Collaboration, integration, and information sharing across the stakeholder landscape is very important in reaching global trachoma elimination targets.”

– ICTC member

We can no longer operate under ‘business as usual’ in light of the turn of the decade political, humanitarian and health emergencies. To achieve our vision ICTC will proactively seek out new cross-sectoral collaborations and our deepen existing ones especially across the WASH and eye health sectors, sharing resources, skills and knowledge. Integration and mainstreaming of trachoma interventions into existing health systems remains a challenge,

but also an opportunity. The inclusion of cross-sectoral collaboration within the SAFE strategy has enabled the trachoma community to make significant in-roads where other NTDs have struggled. However, the scale of cross-sectoral collaboration and integration of trachoma in to national health systems is currently not extensive enough to guarantee the achievement of elimination of trachoma for many countries.

ICTC’s platform of collaboration enables ICTC to act as a convener for discussions between NGOs, research and donors, where appropriate. ICTC can facilitate planning and work for integration and cross-sectoral collaboration as well as identifying and profiling research priorities that support the end game for trachoma elimination.

Financial investment

“A united voice has helped trachoma attract and maintain funding and has supported the direction of those funds towards those places and activities that most need it.”

– ICTC member

Financial investments in trachoma, along with other NTDs amenable to preventive chemotherapy, are often considered a ‘best-buy’ in global health. This is, in part, due to the donation of Zithromax® to trachoma-endemic countries by Pfizer through ITI. Investments by health ministries, donor governments, private and philanthropic sectors have all supported global trachoma progress to date. They have collectively supported positive ancillary benefits across improved access to clean water and sanitation and infectious disease control. In addition to improved health outcomes for a host of infectious diseases, investments in trachoma have increased societal productivity, strengthened health systems, and advanced gender equality. These benefits are seldom accounted for in economic analyses, thus underestimating the true value of trachoma investments.

Momentum in resource mobilization and financial investments will ensure baseline mapping is conducted alongside reaching the most vulnerable and marginalized populations at risk of trachoma through tailored programs.

Balancing standardization and flexibility

The SAFE strategy provides a standard framework in which programs implement activities. Additionally, prevalence survey methodologies have helped standardize the way that data has been collected and interpreted, making it easier to compare data across country programs. Recent health emergencies including Ebola and cholera outbreaks, and the COVID-19 pandemic have all highlighted the importance of program flexibility and agility to reorient activities and resources as needed, but to also understand how strategies can be altered to manage the impact of program disruptions.

Standardization of program activity supports the beginning of an elimination campaign on the understanding that gains can be achieved with relative ease with the use of a similar set of interventions everywhere ^[6]. However, within the global trachoma program, we already see new challenges connected to the endgame, requiring the need for refined interventions and approaches to the local context. This is the documented experience of the Guinea worm and polio eradication campaigns, and is the context behind the statement “all eradication is ultimately local”^[7].

The global trachoma program provides a masterclass on how to do standardization well: building consensus around the SAFE strategy, standardizing planning (trachoma action plan, TAP), data (GTMP and Tropical Data) and language, supported by ICTC preferred practices. Recent discussions led by the TEC on allowing flexibility around MDA to get persistent and recrudescing districts under threshold; updating the process for validation of elimination; adjusting random sampling in relation to security; improve algorithms for mapping refugee camps etc. all demonstrate the need and ability of the trachoma community to respond to identified challenges. Being able to marry standardization with agility is the key to reaching our 2030 vision.

Milestones to elimination

ICTC was established to provide implementing NGOs a forum where they can partner together to more effectively support national programs' SAFE implementation for the elimination of trachoma as a public health problem. ICTC's support of the GET2020 Alliance means that we share the goals established by WHO, outlined in the NTD road map 2021–2030 ^[1].

The global trachoma elimination program is truly a data-driven program, prioritizing the continual collection and reporting of high-quality, rigorous data. WHO, with support from ITI, work to collate national data reports on disease prevalence, treatment distribution, surgeries performed, and other key program indicators. ICTC, WHO, and ITI collaborate to ensure all data messaging is aligned and coordinated. This promotes clarity and underpins a unified approach to our global efforts.

Milestones for trachoma in the road to 2030

Year	2020	2023	2025	2030
Number of countries validated as a public health problem*	10/66 (15%)	28/66 (42%)	43/66 (65%)	66/66 (100%)

Table 1. *Defined as: (i) a prevalence of trachomatous trichiasis “unknown to the health system” of <0.2% in adults aged ≥15 years and (ii) a prevalence of trachomatous inflammation—follicular in children aged 1–9 years of <5%, sustained for at least two years in the absence of ongoing antibiotic mass treatment, in each formerly endemic district; plus (iii) the existence of a system able to identify and manage incident trachomatous trichiasis cases, using defined strategies, with evidence of appropriate financial resources to implement those strategies.

As of March 2022, the following 12 countries have been validated by WHO as having eliminated trachoma as a public health problem: Cambodia, China, Islamic Republic of Iran, Lao People's Democratic Republic, The Gambia, Ghana, Mexico, Morocco, Myanmar, Nepal, Oman, and Saudi Arabia. Two additional countries – Iraq and Togo – have reported achieving elimination goals.

It is important to note that just looking at countries that have been validated as having eliminated trachoma masks the huge progress already achieved within countries. Validation requires that countries wait until every health district has reached and sustained elimination targets following at least two years of surveillance prior to dossier submission and review. Thus, there is much more progress within countries than evidenced by validation alone. For example, another 23 countries are projected to finish MDA for trachoma by the end of 2025 ^[8].

Such progress can be visualized in the graph below, which shows enormous country-level progress to reduce the population living in known trachoma-endemic districts. **Since 2002, the population requiring A, F&E for trachoma decreased from 1.5 billion to 124 million, a 92% decrease in just 20 years. During the same time frame, the population with TT requiring management decreased from 7.6 million to 1.8 million, a 76.3% decrease.**

Globally, Africa has the largest proportion of those requiring A, F&E for trachoma (89%) and the largest proportion of those with TT requiring management (85%). Over half of all people requiring A, F&E for trachoma and over 25% of people with TT requiring management live in Ethiopia alone.

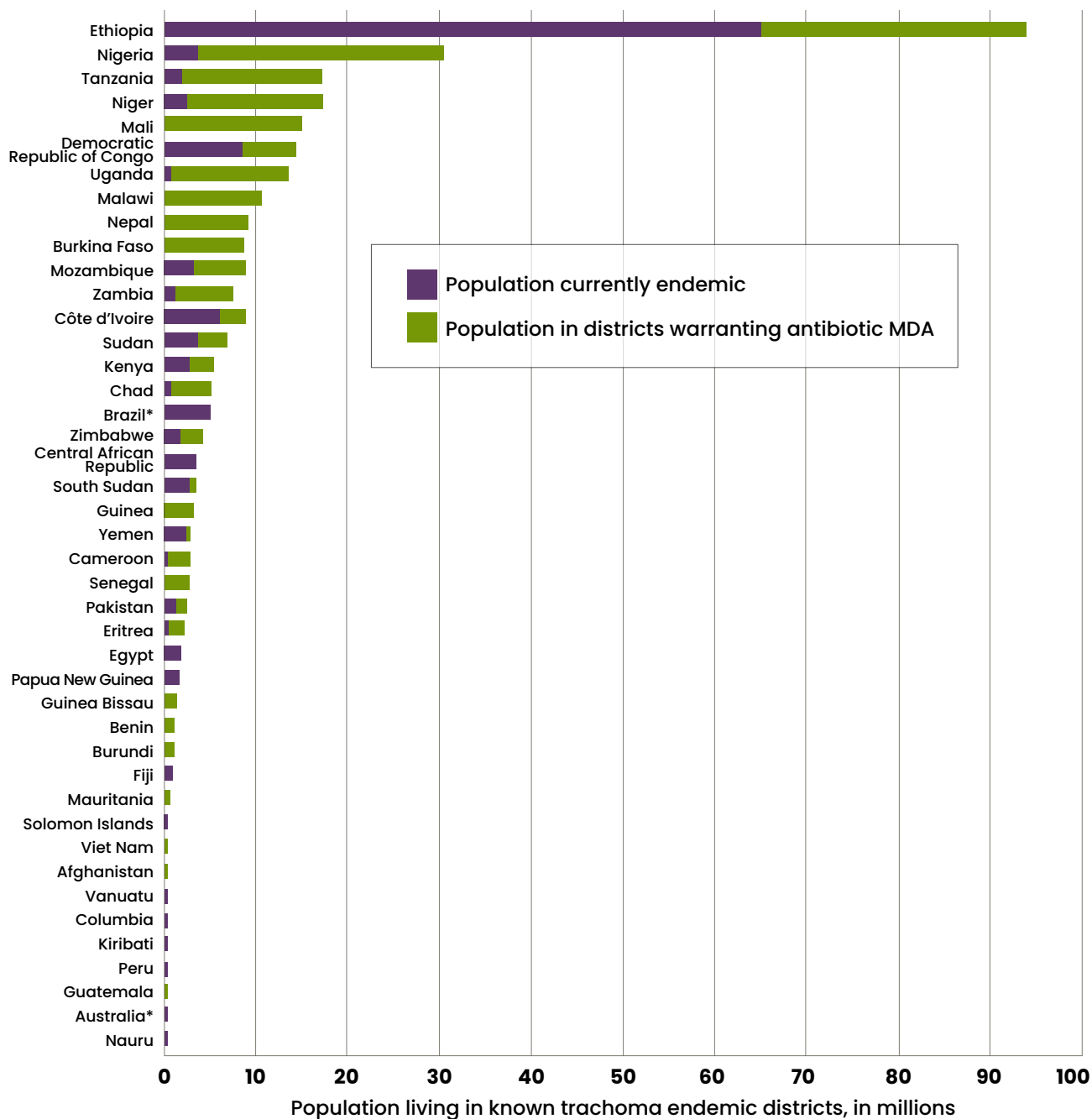


Nauru Trachoma Team with a “Poo Einabarara Poo: Trachoma is easy to prevent” poster. Photo credit: Ministry of Health, Nauru.

“Together we can overcome great hurdles and achieve the exceptional.”

- ICTC member

Figure 4. Changes in population endemicity for trachoma. Data as of March 2022



*Australia and Brazil historical population data warranting antibiotic MDA unknown

This strategic plan presents ICTC’s renewed commitment to the elimination of trachoma as a public health program and identifies how it will work towards the 2030 goal with a sense of collective responsibility and urgency. Coordinated collaboration will be key in reaching our elimination goal.

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Appendices

GET2020 database

As of 4 March 2022 – Overview epidemiology

Country	Global Health Observatory status	Total population in country
Afghanistan	Known to require interventions	37,466,414
Algeria ¹	Known to require interventions	43,576,691
Angola ¹	May require interventions; investigation needed	33,642,646
Australia	Known to require interventions	25,809,973
Benin	Known to require inventions	13,301,694
Botswana	May require interventions; investigation needed	2,350,667
Brazil	Known to require interventions	213,445,417
Burkina Faso	Known to require interventions	21,382,659
Burundi	Known to require interventions	12,241,065
Cameroon	Known to require interventions	28,524,175
Central African Republic ¹	Known to require interventions	5,357,984
Chad ¹	Known to require interventions	17,414,108
Colombia	Known to require interventions	50,355,650
Côte d'Ivoire	Known to require interventions	28,088,455
Democratic Republic of the Congo ¹	Known to require interventions	105,044,646
Djibouti	Thought to not require interventions	938,413
Egypt ¹	Known to require interventions	106,437,241
Eritrea	Known to require interventions	6,147,398
Ethiopia	Known to require interventions	110,871,031
Fiji	Known to require interventions	939,535
Guatemala	Known to require interventions	17,422,821
Guinea	Known to require interventions	12,877,894
Guinea-Bissau	Known to require interventions	1,976,187
India ¹	Known to require interventions	1,339,330,514
Iraq	Thought to not require; claims to have eliminated	39,650,145
Kenya ¹	Known to require interventions	54,685,051
Kiribati ²	Known to require interventions	113,001
Libya	May require interventions; investigation needed	7,017,224
Malawi	Known to require interventions	20,308,502
Mali	Known to require interventions	20,137,527
Mauritania	Known to require interventions	4,079,284
Micronesia	May require interventions; investigation needed	101,675
Mozambique	Known to require interventions	30,888,034
Namibia	May require interventions; investigation needed	2,678,191

Trachoma confirmed to require public health level interventions				Trachoma suspected to be a public health problem ¹	
Requiring S interventions		Requiring A,F&E interventions		Districts	Population in those districts
No. TT cases unknown to the health system among ≥ 15-year-olds	No. districts requiring interventions*	Districts	Population in those districts		
797	0 0	8	447,064	0	0
93,395	Status uncertain	0	0	110	3,009,614
Status uncertain		0	0	40	4,328,484
1,193	Status uncertain	4	18,353	0	0
5,783	11	0	0	0	0
Status uncertain		0	0	Status uncertain	
61,248	Status uncertain	128	5,143,048	3	124,848
20,803	19	0	0	0	0
63	0	0	0	0	0
7,852	8	2	331,541	0	0
24,836	27	28	3,601,778	9	789,703
35,471	49	3	525,691	3	496,515
109	2	6	191,348	0	0
2,926	1	29	6,292,672	0	0
43,315	42	44	8,403,990	25	4,190,628
82	Status uncertain	0	0	0	0
27,733	4	4	1,974,555	29	11,352,731
3,654	8	1	125,856	0	0
455,467	673	528	65,000,941	0	0
0	0	4	923,067	0	0
1,065	4	0	0	0	0
20,732	7	0	0	0	0
1,921	2	0	0	0	0
56,425	6	0	0	2	5,656,944
47,348	Status uncertain	Status uncertain		0	0
29,240	37	15	2,694,816	4	513,262
766	24	24	125,740	0	0
249	2	0	0	0	0
7,142	1	0	0	0	0
38,068	28	0	0	0	0
409	0	0	0	0	0
Status uncertain		Status uncertain		Status uncertain	
20,725	39	25	3,139,586	0	0
Status uncertain		Status uncertain		Status uncertain	

Country	Global Health Observatory status	Total population in country
Nauru	Known to require interventions	9,770
Niger	Known to require interventions	23,605,767
Nigeria ¹	Known to require interventions	219,463,862
Pakistan ¹	Known to require interventions	238,181,034
Papua New Guinea ¹	Known to require interventions	7,399,757
Peru	Known to require interventions	32,201,224
Senegal	Known to require interventions	16,082,442
Solomon Islands	Known to require interventions	690,598
Somalia ¹	May require interventions; investigation needed	12,094,640
South Sudan ¹	Known to require interventions	10,984,074
Sudan ¹	Known to require interventions	46,751,152
Togo	Though to not require interventions; claims to have eliminated	8,283,189
Uganda	Known to require interventions	44,712,143
United Republic of Tanzania	Known to require interventions	62,092,761
Vanuatu	Known to require interventions	303,009
Venezuela (Bolivarian Republic of)	May require interventions; investigation needed	29,069,153
Viet Nam	Known to require interventions	102,789,598
Yemen ¹	Known to require interventions	30,399,243
Zambia	Known to require interventions	19,077,816
Zimbabwe	Known to require interventions	14,829,988
Countries validated as having eliminated as a public health problem		
Cambodia	Validated as having eliminated	17,304,363
China	Validated as having eliminated	1,397,897,720
Gambia, The	Validated as having eliminated	2,221,301
Ghana	Validated as having eliminated	32,372,889
Iran, Islamic Republic of	Validated as having eliminated	85,888,910
Lao People's Democratic Republic	Validated as having eliminated	7,574,356
Mexico	Validated as having eliminated	130,207,371
Morocco	Validated as having eliminated	36,561,813
Myanmar	Validated as having eliminated	57,069,099
Nepal	Validated as having eliminated	30,424,878
Oman	Validated as having eliminated	3,694,755
Saudi Arabia	Validated as having eliminated	34,783,757
Total		5,169,624,344

Source: WHO Alliance for GET2020 Database as of 4 March 2022

1. Hard to reach (country followed by district count): Algeria (10), Angola (40), Brazil (3), Central African Republic (9), Chad (3), DRC (25), Egypt (29), India (2), Kenya (4), Libya (6), Nigeria (14), Pakistan (16), Papua New Guinea (3), Somalia (2), South Sudan (24), Sudan (11), Yemen (39)

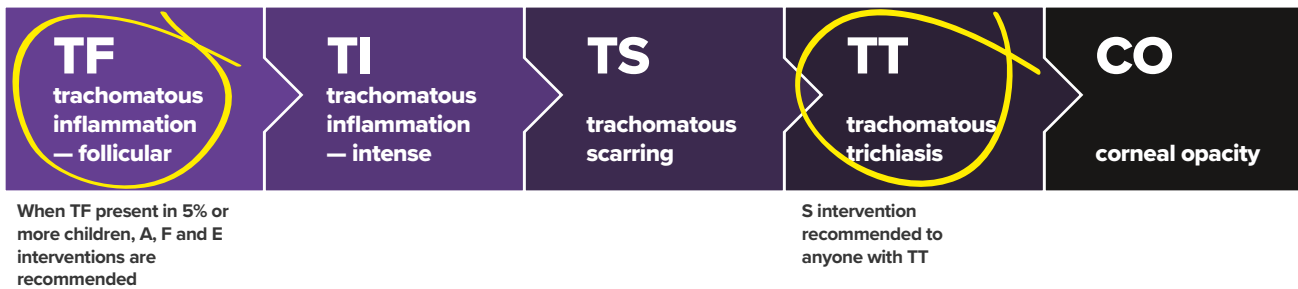
2. Endemic population greater than total population due to different population sources

* Based on districts with a prevalence of trachomatous trichiasis unknown to the health system in ≥ 15-year-olds ≥ 0.2% (based on definition of trachomatous trichiasis at the time of the survey)

Trachoma confirmed to require public health level interventions				Trachoma suspected to be a public health problem ¹	
Requiring S interventions		Requiring A,F&E interventions		Districts	Population in those districts
No. TT cases unknown to the health system among ≥ 15-year-olds	No. districts requiring interventions*	Districts	Population in those districts		
31	1	1	12,300	0	0
40,873	42	13	2,236,468	0	0
248,533	193	19	3,503,842	14	3,053,664
74,710	10	2	1,435,743	16	5,106,313
103	0	12	1,869,839	3	65,020
79	0	2	183,773	0	0
56,705	59	0	0	0	0
315	0	46	598,343	0	0
Status uncertain		Status uncertain		2	255,310
109,695	25			24	3,063,035
110,199	82			11	1,899,758
1,206	2			0	0
38,069	45			0	0
59,160	64			0	0
0	0			0	0
Status uncertain		Status uncertain		Status uncertain	
13	0	0	0	0	0
9,619	19	25	2,609,390	39	2,709,215
17,346	24	15	1,216,993	0	0
7,510	14	11	1,847,075	0	0
Countries validated as having eliminated as a public health problem					
4,004	-	-	-	-	-
0	-	-	-	-	-
185	-	-	-	-	-
0	-	-	-	-	-
0	-	-	-	-	-
566	-	-	-	-	-
0	-	-	-	-	-
0	-	-	-	-	-
2,177	-	-	-	-	-
0	-	-	-	-	-
0	-	-	-	-	-
-	-	-	-	-	-
1,789,119	1,574	1,061	124,112,892	334	46,615,045

Glossary of key terms

World Health Organization simplified trachoma grading system



Source: www.who.int

Disability-adjusted life year (DALY): A measure of overall disease burden, expressed as the number of years lost due to ill health, disability or early death; introduced in the 1990s to compare overall health and life expectancy in different countries. DALYs for a disease or health condition are calculated as the sum of the years of life lost due to premature mortality in the population and the years lost due to disability resulting from the health condition or its consequences.

Elimination as a public health problem: A term related to both infection and disease, defined by achievement of measurable targets set by WHO in relation to a specific disease. When reached, continued action is required to maintain the targets and/or to advance interruption of transmission.

Integration: Grouping or “packaging” of several diseases, depending on their burden in countries, to facilitate joint delivery of interventions through a common platform such as preventive chemotherapy and use of multiplex diagnostics, and integrated monitoring, evaluation and reporting for all relevant endemic NTDs.

Mass drug administration (MDA): Distribution of medicines to the entire population of a given administrative setting (for instance, state, region, province, district, subdistrict or village), irrespective of the presence of symptoms or infection; however, exclusion criteria may apply.

Neglected tropical diseases (NTDs): NTDs are a diverse group of 20 conditions that are mainly prevalent in tropical areas, where they mostly affect more than 1 billion people who live mostly within impoverished communities. They are caused by a variety of pathogens including viruses, bacteria, parasites, fungi and toxins. These diseases cause devastating health, social and economic consequences to more than one billion people.

Persistence of active trachoma: Districts where there have been two or more trachoma impact surveys (TIS) in which the prevalence of TF 1–9 years has never been below 5% (and the current TF 1–9 years remains $\geq 5\%$).

Prevalence: The proportion of a population affected by a disease at a given time.

Recrudescence of active trachoma: Districts where the result of at least one trachoma surveillance survey (TSS) has come back $\geq 5\%$ TF 1–9 years (and the current prevalence is $\geq 5\%$).

SAFE: The WHO-recommended strategy to eliminate trachoma as a public health problem, incorporating surgery for trichiasis (in-turned eyelashes), antibiotics, facial cleanliness and environmental improvement.

Sustainable Development Goals (SDGs): The United Nation’s ‘2030 Agenda for Sustainable Development’ comprises 17 Sustainable Development Goals which focus on commitments to end poverty and guide policy and funding to 2030.

Tropical Data: Tropical Data is a global initiative helping countries to collect high quality prevalence data. It is a collaboration between endemic countries, their NGO partners, WHO and a core team made up of London School of Hygiene & Tropical Medicine, ITI, RTI International and Sightsavers (www.tropicaldata.org).

Validation: The process of documenting elimination as a public health problem.

WASH: Water, sanitation and hygiene.

Zithromax®: A trade name for the antibiotic azithromycin, produced by Pfizer and used to implement the ‘A’ of SAFE.

ICTC Members



Leading in
disability inclusive
development



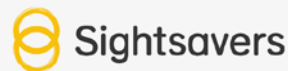
The Fred Hollows
Foundation



Lions Clubs International
FOUNDATION



LIVE & LEARN
For Environment and Community



ICTC Observers



ICTC International Coalition
for Trachoma Control

www.trachomacoalition.org