Trachoma is one of the 17 Neglected Tropical Diseases (NTDs),¹ which affect over 1 billion of the world’s poorest people. It is the world’s leading cause of preventable blindness, with an estimated 84 million people throughout the world suffering from the disease.² Trachoma often begins in early childhood, where episodes of re-infection can lead to painful visual impairment, including complete blindness. As with many other NTDs, trachoma is a disease of poverty. It is endemic in areas of poor water and sanitation, limiting access to education and preventing individuals from being able to work or care for themselves or their families. Conservative estimates suggest an annual productivity loss between $3 billion and $6 billion for people with visual impairment, as a result of blinding diseases like trachoma.³ Trachoma significantly impacts on many parts of the international development system, and hinders progress towards meeting the Millennium Development Goals.

Prevalence of active trachoma (TF) in Africa

![Map showing the prevalence of active trachoma in Africa with color-coded areas indicating different prevalence levels.]

Prevalence of TF (%)
- <5.0
- <5.0 – 9.9
- <10.0 – 29.9
- ≥30.0
- No data
- Water

Trachoma Rapid Assessment (%)
- TRA: >10
- TRA: >0 – 10
- TRA: 0

MoH Classification
- Suspected endemic
- Suspected non-endemic
- Non-endemic country
A SAFE solution

The International Coalition for Trachoma Control (ICTC)’s Global Strategy to Eliminate Blinding Trachoma\(^4\) indicates that at least 110 million people live in areas where trachoma is endemic with about 4.6 million in the advanced stages – trichiasis – which steadily and painfully progresses into blindness. Another 210 million people live in areas where there are strong indications of trachoma prevalence. In those areas, an additional 3.6 million cases of trichiasis can be expected.\(^5\)

**What is trachoma?**

Trachoma is an infectious eye disease caused by the bacterium Chlamydia trachomatis, which spreads via contact with an infected person’s hands, clothing, and even infected flies. Infections of the eye start in early childhood. Repeated infection leads to scar formation of the conjunctiva of the upper eyelid, which causes the eyelashes to turn inward and scratch the cornea. This can lead slowly and painfully to complete blindness.

Four-year old Sadati (from Uganda) rubs his painful infected eyes.

The SAFE strategy acknowledges the need to address trachoma within the context of international development. Treatment, through delivery of the S and A components, is just one side of the control, prevention and elimination of the disease. The F and E components, which rely on collaboration with sectors outside of NTD control, are also essential. For example, engagement with Ministries of Education and the water and sanitation community are vital in order to ensure the F and E components are well aligned with trachoma and broader NTD plans,\(^7\) and to ensure the full SAFE package is delivered. By doing this, ‘extensive research has shown that the four-pronged WHO-endorsed SAFE strategy can be effective to eliminate trachoma in vulnerable populations.’\(^8\)

**Sightsavers’ role in trachoma control**

Sightsavers has been working with partners on trachoma control since 1952. In 2010, Sightsavers supported over 15,000 trichiasis surgeries, which represented 10% of the global total, and supported 1.8 million Zithromax\(^6\) treatments, an increase of over 800,000 from the previous year. In Ghana and The Gambia, Sightsavers has now reached the surveillance stage of elimination.

Sightsavers’ goal is now to fast track the elimination of blinding trachoma in 24 countries: 22 in Africa and 2 in Asia.\(^9\) Sightsavers’ plans involve the scaling up of efforts in each of the components of the SAFE strategy to achieve elimination by 2020.

“Interventions for trachoma control centre around a health treatment and prevention strategy entitled SAFE”
The Objectives and Outputs

• To reduce the prevalence of active trachoma (TF) to less than 5% among children aged 1-9 years.
• To maintain trachomatous trichiasis (TT) recurrence below 10%.
• To reduce the prevalence of TT to less than 1 case per 1000 population above 15 years old.
• To provide surgery to a minimum of 50% of the estimated number of 2 million TT patients in the target countries.
• To expand antibiotic distribution to cover all endemic districts in the target countries and achieve coverage of at least 85-90% of the eligible population. This will involve working in 700 districts with a total population of about 84 million people.
• To have a minimum of 80% of children (1-9 years old) with clean faces in the endemic communities in the target countries.
• To intensify advocacy toward increased access to water by 20% and sanitation by 30% in all endemic districts in the target countries.
• To conduct both basic and operational research to enhance learning and provide evidence for elimination.
• To innovate and use the scalability principle, for example through piloting projects, providing evidence, making reality adjustments, and building capacity and partnerships for scaling up.

The Approach

• Countries with trachoma programmes already underway will be assisted to demonstrate success and work in partnership with government and other international non-governmental organisations (INGOs) to scale up to all endemic districts.
• Countries with no programmes yet in place will be assisted to conduct research to establish baselines and to start a pilot project which will then be scaled up over the project years.
• Sightsavers will provide various levels of technical and financial support to all target countries.
• Sightsavers will work in partnership, including with national governments, multilateral organisations, donors, INGOs, community-based organisations and corporate such as Pfizer Inc.
• All districts with TF prevalence rates of 10% or more will have mass treatment covering the whole district.
• The WHO guidelines for Trachoma Control10 will be followed for districts with TF prevalence rates of less than 10%.
• Countries which have reached their ultimate intervention goals will be supported in the development and implementation of surveillance plans.

The Cost

An extra $10 million annually is required each year for 10 years in addition to Sightsavers’ current spend on trachoma. This is about $1.19 per person protected and saved from blinding trachoma over the whole 10 year period of the project.

The Legacy

Sightsavers has set out bold objectives to achieve the elimination of blinding trachoma. Partnership, funding and full implementation of the WHO SAFE strategy are key to making this a success. By working with partners within and outside of NTD control, including Ministries of Health and Education, the water and sanitation sector, WHO, donors, INGOs, academic institutions, local partners and affected communities, Sightsavers hopes to help eliminate blinding trachoma in 700 districts in the 24 supported countries in Africa and Asia. Most significantly, by working together and addressing trachoma within the context of the international development system, many millions of people will be reached and real progress will be made towards meeting the Millenium Development Goals and alleviating poverty.

The Call

To make progress within trachoma control and fast track the elimination of blinding trachoma in many endemic areas, trachoma must be addressed within the context of the international development system.

• Sightsavers calls for international agencies, including donors, governments and INGOs, to work together and collaborate with local partners and communities to ensure full implementation of the SAFE strategy.
A SAFE solution: Sightsavers’ Fast Track Initiative to Eliminate Blinding Trachoma

Endnotes

1 The WHO defined 17 neglected tropical diseases are: dengue, rabies, trachoma, buruli ulcer, endemic treponematoses, leprosy, Chagas disease, human African trypanosomiasis, leishmaniasis, cysticercosis, dracunculiasis, echinococcosis, foodborne trematode infections, lymphatic filariasis, onchocerciasis, schistosomiasis and soil-transmitted helminthiases (ascariasis, hookworm infections and trichuriasis). WHO, Working to overcome the global impact of neglected tropical diseases, WHO 2010. WHO/HTM/NTD/2010.1


3 Ibid, p11

4 Sightsavers’ Fast Track Initiative for Trachoma is Sightsavers response to ICTC’s Global Strategy to Eliminate Blinding Trachoma. Sightsavers are members of ICTC and were involved in the development of the Global Strategy. Ibid

5 ICTC, The End in Sight, Introduction, p9

6 Ibid, p13

7 Ibid, p16

8 Emphasis added. Ibid, p13

9 The countries involved in Sightsavers’ Fast Track Initiative for Trachoma are: Benin, Burkina Faso, Cameroon, The Gambia, Ghana, Guinea Bissau, Guinea Conakry, India, Kenya, Malawi, Mali, Mozambique, Niger, Nigeria, Pakistan, Senegal, Southern Sudan, Tanzania, Togo and Uganda and Zambia. Sightsavers will also provide new support to Sudan following the withdrawal of the Carter Center and will support two additional countries Chad and the Central African Republic through the work of OPC (France)


Contact us

For more information on our work on NTDs, our Fast Track Initiatives on Trachoma and also Onchocerciasis, or to find out about other research and publications, email policy@sightsavers.org

Sightsavers works in developing countries to combat avoidable blindness and promote equal opportunities for disabled people

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Registered charity numbers 207544 & SC038110