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REPORT OF THE 23RD MEETING  
OF THE WHO ALLIANCE FOR  
THE GLOBAL ELIMINATION OF

# TRACHOMA BY 2020

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30 NOVEMBER–1 DECEMBER 2020



World Health  
Organization



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# Acknowledgements

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# 1. Introduction

Owing to the COVID-19 pandemic, the 23rd meeting of the World Health Organization (WHO) Alliance for the Global Elimination of Trachoma by 2020 (GET2020) took place virtually, and in abbreviated form, from 30 November to 1 December 2020.

The meeting was opened by Dr Ren Minghui, WHO Assistant Director-General for Universal Health Coverage/Communicable and Noncommunicable Diseases, who noted that WHO's resolve to fight trachoma was as strong as it had ever been, and pledged, at the request of WHO Member States, that WHO would continue to lead the Alliance until global elimination of trachoma as a public health problem is achieved. He noted that 2020 was a milestone year for trachoma, being the original target date for global elimination. Though the trachoma community was not yet able to celebrate total success, he acknowledged that great progress had been made. He thanked participants for joining the meeting and for their continuing partnership.

Dr Anthony Solomon, Secretary to the Alliance, nominated a Chair, Dr Fikreab Kebede, and Rapporteur, Ms Elisabeth Heseltine, who were confirmed by the Alliance by acclamation.

The agenda (*Annex 1*) and list of participants (*Annex 2*) for the meeting are found at the end of this report.







## 2. The WHO Alliance for the Global Elimination of Trachoma by 2020, 1996–2020

Professor Serge Resnikoff, Organisation pour la Prévention de la Cécité, reviewing the work of the Alliance since its inception, said that much has been achieved since its establishment in 1996. Ten countries have been validated as having eliminated trachoma as a public health problem (1), eight are under surveillance or awaiting validation and many more are working towards that goal. WHO started addressing trachoma very early in its own history, with establishment of a study group on trachoma in 1948, which led to adoption of a resolution by the Third World Health Assembly in 1950 (2). That resolution resulted in joint WHO–UNICEF trachoma control programmes in 23 countries and establishment of a WHO expert committee (3–5). Introduction of the Prevention of Blindness programme at WHO in 1976, development of dedicated WHO collaborating centres and publication of the simplified system for grading trachoma in 1987 (6) were further major milestones. Development of the SAFE strategy (surgery, antibiotics, facial cleanliness and environmental improvement) in 1993 (7) was also a significant advance. During the same period, several clinical trials were undertaken to evaluate the efficacy of azithromycin in treating active trachoma, and

preliminary results quickly showed that it was at least as effective as tetracycline eye ointment (8). Directly observed treatment with a single oral dose represented an operational advantage over the 6-week course required with tetracycline eye ointment. In 1987, when the Merck company donated ivermectin for the treatment of onchocerciasis, a neglected tropical disease (NTD) that was being addressed by many of the same organizations as were working on trachoma, hopes were raised that a similar donation of azithromycin might be made.

The first Global Scientific Meeting on Trachoma was held in 1996, and a group—the WHO Alliance—was convened for the global elimination of trachoma by 2020 (9). They endorsed the SAFE strategy within primary health care, recommended that azithromycin be used by programmes and considered how it could be made available. The terms of reference of the Alliance were established, and its priorities were defined. The initiative was accelerated with the donation of azithromycin by Pfizer.

Much has been achieved since 1996. The number of people who require the A, F and E components of SAFE has decreased by 91% since 2002; the number who receive

antibiotics for trachoma elimination purposes has increased to 95.2 million annually in 2019; and the number of people with trichiasis who require surgery has decreased from 7.6 million to 2 million, although the numbers who receive surgery vary considerably from year to year (10).

# 3. The road map for neglected tropical diseases 2021–2030

**D**r Mwele Ntuli Malecela, Director, WHO Department of Control of Neglected Tropical Diseases, described progress made since the first NTD road map was published in 2012 (11) in the number of treatments delivered annually and the number of countries that have eliminated at least one NTD. The new road map 2021–2030 (12) was prepared collaboratively, with regions, countries, partners, experts, colleagues, reviewers and the public. It sets public health targets for NTDs ranging from control through elimination as a public health problem to elimination and eradication. The road map is a high-level strategy document that sets the overall direction for combatting NTDs and can be used for policy and advocacy and to align efforts. It includes specific, measurable disease-specific targets and also cross-cutting targets among related sectors and health systems, which should reduce costs and increase impact in the context of universal health coverage. The road map encourages three essential shifts: from measuring process to measuring impact, from vertical programmes to holistic, cross-cutting strategies and from a situation in which momentum has often been generated primarily by partners to one in which country prioritization and domestic funding drive national ownership. One of its cross-cutting targets that is especially relevant

to trachoma programmes is ensuring that 100% of the population in endemic areas have access to at least basic water supply, sanitation and hygiene. A gap assessment for NTDs conducted with heat maps showed that trachoma programmes have a particular need for greater advocacy and funding (12).

The road map was endorsed by the Seventy-third World Health Assembly in November 2020 (13), which also adopted a resolution on integrated, people-centred eye care and implementation of the recommendations in the World Report on Vision, launched in 2019 (14).

## Panel discussion

A panel discussion was held among participants from Cameroon, Colombia, Fiji, Nepal, Sudan and Togo.

On the topic of integrating actions against several NTDs, one participant said that some areas were more advanced towards elimination and were better financed whereas there was lack of security in others, and the same personnel are often responsible for activities against several diseases, with different

calendars. Training is essential but should be provided close to the time of a campaign, which is difficult for personnel working on several campaigns. In countries with remote populations, such as in the Amazon Basin, it is difficult to integrate activities because of lack of local participation. Parasitic diseases are often addressed in community initiatives, and trachoma could be integrated into primary health care, with an emphasis on WASH. Programmes could also cooperate in activities such as WASH and SAFE in schools; however, competing priorities restrict budgets for workers and nursing stations, and activities should be more practical and adaptable. One limitation to integrating trachoma activities with those for other NTDs is that trachoma involves the eyes but its complications are more similar to those of leprosy and lymphatic filariasis. Partners might therefore cooperate in small projects, for example trachoma and leprosy.

6 One participant said that mainstreaming with other public health issues risked side-lining humanitarian nongovernmental organizations (NGOs) working on sight, eyes, vision and blindness. He said that images of people with trichiasis can be a stronger advocacy tool than those for other NTDs.

In answer to a question on how countries find funding for distributing antibiotics, Dr Solomon said most countries are supplied with donated azithromycin (Zithromax®) by Pfizer through the International Trachoma Initiative, and the health ministry often partners with NGOs to get financial support and technical assistance for training health workers in how to administer the medicine and for the process of actually distributing antibiotics. If a country has difficulty in financing distribution to very remote areas, the health ministry can apply for external funding; partners will do everything they can to help.

National programmes for different NTDs are often under different leadership, with little

interaction, although work against similar diseases, such as skin NTDs (15, 16), might be grouped together. Local governments should have a strong role in integration, with local and domestic resources, coordination and self-care. Integration would augment the effects of isolated efforts and encourage development of mechanisms to share experience, information and support. Both public and private organizations should be involved, so that each knows the role and content of each other's programme, and they should work in coordination, especially with community organizations. Operational research should be conducted to change strategies and improve cooperation among programmes and with health ministries.

In Nepal, a national eye organization has eliminated trachoma as a public health problem through integration and mainstreaming. The Government is now preparing for post-validation surveillance. The action plan for post-elimination surveillance has been integrated into the Government health information management system; in addition, there is an opportunity for the powerful, autonomous local governments to conduct local surveillance. Ownership at local level creates the possibility for local resource allocation for NTD programmes. Opportunities for integration across NTDs are being reviewed. Nepal has a national NTD road map, and non-health sectors and NGOs are integrated into its work, with domestic resource mobilization; the country now plans to restructure its NTD steering committee to incorporate actors from non-health sectors too. Both NGO and some Government eye hospitals are available, and the Government plans to integrate eye-care services in each local government health system and in educational establishments with the Department of Education. Successful activities require strong government leadership, careful planning and implementation, a passionate workforce, community participation and careful monitoring.



In Togo, long-term integration of work on NTDs was officially recognized 2 years ago, after elimination of dracunculiasis in 2011, lymphatic filariasis in 2017 and human African trypanosomiasis in 2020. Integrated field visits for Buruli ulcer and leprosy are particularly useful for achieving elimination of those diseases. A recurrent problem is abandonment by partners once a disease has been eliminated, which limits support for surveillance, and the country has had to provide its own financing. They have found that useful lessons can be learnt from other programmes. Another participant commented that his country had found that schistosomiasis had provided a good model of experience in conducting mass drug administration (MDA), planning, training and distributing medicines.

*The end in sight: 2020 INSight*, published in 2011 by the International Coalition for Trachoma Control (17) has been a very useful document in multiple ways, and it was proposed that a similar, up-to-date document be prepared to meet the fresh challenges of the new road map. One participant commented that the transitions between programme phases described therein are not explicit, and indicators or an explanation should be provided.

In response to a question about the effect of the COVID-19 pandemic on trachoma elimination activities, the participant from Fiji said that, as the borders of the country had been closed, the delivery service had been remodelled to integrate NTDs into primary health care, with a new governance structure. Other countries will have to rebuild their resilience and make new plans to work on eliminating trachoma.

Dr Solomon commented that progress is still slow in a small set of districts in which approaches that worked elsewhere to reduce the prevalence of active trachoma appear to be less effective. Research is needed for these districts. It is important to maintain delivery of high-quality surgery and to ensure the high quality of prevalence surveys. He said that the goal of eliminating trachoma as a public health problem by 2020 appeared to be realistic in 1996; 2030 was a reasonable new goal, which many countries would achieve before that date. Dr Resnikoff said that some donors and governments might find it difficult to maintain support for the new goal, and other sources of external funding would have to be found. Others said that countries would be able to use the new delay to recover from COVID-19 and make new plans for eliminating trachoma. One participant said that one focus should be on improving the empowerment of women through behaviour change communication.

# 4. Report from WHO

8 Dr Solomon said that the failure to meet the 2020 targets should be acknowledged and awareness of that failure used as fuel to drive future work. Since 2002, the global prevalence of trichomatous trichiasis has been reduced by 74% and the number of people living in areas in which active trachoma remains a problem reduced by 91% (10). In every effort, the emphasis must be on excellence – for every patient managed for trichiasis, every interaction in which someone is given antibiotics, at every health education opportunity, in every effort to improve access to water or sanitation and in every survey.

Three issues are of particular concern at global level as we make plans to achieve elimination by 2030. First, the continuing COVID-19 pandemic is affecting all trachoma elimination activities, and activities in high-transmission areas will have to be intensified to catch up. In such areas, the NTD Modelling Consortium has predicted that a 1-year delay in providing antibiotic MDA will result in a more than 2.5-year delay in eliminating trachoma. Means must be found to recover the lost ground (18). Second, survey graders are currently trained to a high standard in live inter-grader agreement exercises (19). As active trachoma disappears, however, it becomes more difficult to train

graders and to prove that they have been trained well. Follicle size guides on adhesive discs placed on thumbnails (20) help but do not fully solve the problem. There is current interest in determining whether trained graders could be replaced by photographs of the conjunctiva (21–25) or whether the prevalence of trichomatous inflammation—follicular (TF) could be augmented or replaced by markers of current or previous infection (26). A third issue is obtaining data from national surveys in order to conduct detailed secondary analyses to identify ways to eliminate trachoma faster. The process of requesting data from health ministries of all endemic countries is, however, disproportionately time-consuming for both national coordinators and research teams. He asked participants for suggestions on expanding appropriate access to the data. Ending on an optimistic note, he recalled that, through the RTI ENVISION Project, which closed in December 2019, 86 million people are no longer at risk of trichomatous blindness, and, in January 2020, Professor David Mabey of the London School of Hygiene & Tropical Medicine was presented with the 28th Prince Mahidol Award for Public Health, in recognition of his more than 30 years of work against trachoma.

# 5. Reports from WHO regional offices

## 5.1 WHO Regional Office for Africa

Dr Amir B. Kello reminded participants that the African Region bears 86% of the global burden of trachoma, with 117 million people at risk and 26 of the 47 countries in the Region requiring interventions (10). One country (Ghana) has been validated as having eliminated trachoma as a public health problem, and the claims of two others (Gambia and Togo) are being evaluated. Progress has been made since the previous meeting, with the population requiring A, F and E reduced by 19 million, antibiotic MDA no longer required in seven countries, and achievement by Ethiopia of 100% MDA coverage for trachoma (10). COVID-19 has either postponed or delayed trachoma surveys, disrupted planned MDA rounds with resulting expiry of medicines, postponed surgery for trichiasis and increased the cost of interventions by the addition of precautionary measures. The priorities now are to resume mapping and SAFE interventions, reach 100% geographical coverage of MDA, clear the backlog of trachomatous trichiasis to reach the elimination threshold, integrate F and E with interventions for other NTDs and

other health issues, reach remote populations in endemic countries and support countries that have met the criteria for elimination to prepare and submit dossiers.

## 5.2 WHO Regional Office for the Eastern Mediterranean

Dr Supriya Warusavithana said that three countries in the Eastern Mediterranean Region (Morocco, Oman and the Islamic Republic of Iran) had been validated as having eliminated trachoma as a public health problem (27), 10 were thought not to require interventions and five to require interventions; no data were available for three. In the five countries that are known to require interventions (Afghanistan, Egypt, Pakistan, Sudan and Yemen), over 10 million people require A, F and E. Surgery for trachomatous trichiasis was provided for 310 people in Pakistan and Sudan in 2019, antibiotics to over 2.3 million people in four countries, interventions for facial cleanliness in all five countries and

environmental improvement in four (10). COVID-19 has disrupted NTD interventions in community and health centres and surveillance and reporting by more than 50%, whereas the effect to redirect staff, funds and resources to the COVID-19 response had been smaller. The main challenges for the WHO Regional Office are the complex security situations in many countries in the Region, COVID-19 restrictions, diversion of resources and shortages of funding and capacity. The priorities are to validate elimination in Iraq and Tunisia, initiate SAFE interventions in Afghanistan, resume MDA in Pakistan once doing so is agreed to be appropriate, and continue SAFE strategy implementation in Egypt, Sudan and Yemen. Trachoma will be mapped in suspected-endemic districts, and impact surveys will be conducted. Surgery, surveillance and monitoring for trachoma will be integrated into other public health programmes, such as for the prevention of blindness, polio vaccination and malaria; and partnerships with other sectors for F and E will be strengthened with UNICEF and the WHO Health Emergencies cluster.

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### 5.3 WHO Regional Office for the Americas

Dr Martha Saboyá said that trachoma is a public health problem in four countries in the Region of the Americas, one of which is planning baseline surveys. A total of 5.2 million people require A, F and E interventions. Since the previous meeting of the Alliance, Brazil has reassessed nine non-indigenous districts and found a prevalence of < 5% TF in 1–9-year-olds in all nine, and < 0.2% trachomatous trichiasis in ≥ 15-year-olds in eight of the nine; surveys in five indigenous evaluation units have been postponed because of COVID-19. Colombia is preparing a plan to reinforce SAFE. Guatemala has completed house-to-house searches for trichiasis cases, and the first surgery camp was held for 40 people; about 100 people are

awaiting operation. Peru has identified a second district in which trachoma may be a public health problem, and the Bolivarian Republic of Venezuela will carry out baseline surveys in nine evaluation units, with embedded studies on serology for other communicable diseases and proof-of-concept integration of visual acuity screening, in collaboration with the PEEK Vision Foundation, PEEK Vision Ltd (28) and Tropical Data (29). A regional road map for addressing trachoma, other NTDs and other vision problems in the populations of the Amazon Basin has been agreed with countries (30) and trachoma elimination has also been included in an initiative to eliminate more than 30 communicable diseases and conditions in the Region (<https://www.paho.org/en/destination-elimination>). Future priorities include the implementation of integrated NTD surveys, promotion of integrated health services, roll-out of a virtual training course on WASH and the health sector working together to tackle trachoma and other NTDs, and development of innovative strategies to reach remote populations.

### 5.4 WHO Regional Office for South-East Asia

Dr Mohamed Ahmed Jamsheed said that trachoma is known to have recently been a problem in India, Myanmar and Nepal, but elimination of the disease as a public health problem has been validated in the last two. The SAFE strategy has been continued in all countries, and in 2019, 918 operations for trichiasis were conducted in India and 424 in Nepal (10). Since the previous meeting, a national guideline on post-validation surveillance had been issued in Nepal, and a series of pre-validation surveillance surveys is being planned in India. Nepal is developing an integrated NTD road map that includes trachoma and is restructuring the national technical working group on trachoma into an NTD steering committee that includes



sectors beyond health, such as environment, water, sanitation and education. Trachoma surveillance will be integrated into the national health information system to strengthen post-validation surveillance and give access to NGOs, which provide most eye care services in Nepal. Myanmar is developing a post-validation surveillance plan.

## 5.5 WHO Regional Office for the Western Pacific

Dr Aya Yajima reported that 11 countries in the Region are endemic for trachoma. Three have been validated as having eliminated trachoma as a public health problem, one more has submitted a dossier, two are conducting impact or pre-validation surveillance surveys, and five are implementing the SAFE strategy or mapping (10). She said that COVID-19 is largely under control in the Region. In Australia, implementation of the SAFE strategy and annual screening and treatment have resulted in major gains, although a further reduction in active trachoma will require improved facial cleanliness and better access of communities and households to washing facilities; trachoma activities were halted for the first half of the year because of the COVID-19 pandemic.

Viet Nam has a long history of fighting against trachoma. After pre-validation surveillance identified hotspots in one province, the SAFE strategy was initiated, and it is hoped that a post-MDA impact survey will allow Viet Nam to prepare a dossier for validation of elimination. After trachoma mapping, Solomon Islands and Vanuatu started implementation of the SAFE strategy and MDA; however, post-MDA surveys showed limited impacts on the prevalence of trachoma. While the prevalence of TF in children aged 1–9 years is  $\geq 5\%$ , the prevalence of trachomatous trichiasis in those aged  $\geq 15$  years is low, and evidence of current ocular infection with *Chlamydia trachomatis* is rare. This implies that TF in parts of Melanesia

might not actually be trachoma. An expert consultation in January 2018 recommended that the two countries undertake ancillary surveys to determine the proportion of children aged 10–14 years with trachoma-related conjunctival scarring in communities with a prevalence of active trachoma  $\geq 30\%$ , while at the same time continuing to promote facial cleanliness (31). Fiji and Papua New Guinea were advised to repeat population-based baseline surveys and the same ancillary survey (31). The ancillary surveys in the Solomon Islands and Vanuatu showed that MDA should not be continued (32), and Vanuatu has submitted a dossier claiming elimination of trachoma as a public health problem to WHO, which is under review.

Increasing use of serology (33) provides opportunities for integrating post-validation surveillance with surveillance for other diseases, such as lymphatic filariasis and vaccine-preventable diseases. In Melanesia, work to eliminate yaws and to control scabies is being accelerated, and azithromycin MDA and intensified WASH delivery are planned from next year. The Regional Office is preparing a new regional action plan to strengthen general eye health programme capacity and infrastructure, including trachoma elimination.

### Discussion

In the discussion that followed the regional office presentations, clarifications were given about the trachoma situation in countries in North Africa. Intensified post-elimination surveillance is being conducted in Morocco. Speakers suggested that another means be found to validate elimination of trachoma as a public health problem in Iraq, Tunisia and Saudi Arabia; however, Dr Solomon recalled the importance of consistent criteria for validating elimination (34). In Algeria, the population in areas most strongly suspected of being endemic for trachoma should be surveyed.

With regard to integration of trachoma activities with those for other diseases, several speakers recognized that general hygiene and sanitation are the basis of programmes against many NTDs. Therefore, trachoma should not be integrated with other eye health programmes. Dr Solomon commented that, although SAFE is considered an integrated strategy, it could perhaps be better thought of as S in relation to management of individuals who already have trichiasis and A, F and E for the population-level prevention of future cases of trichiasis. One participant pointed out that there is an imperfect correlation between the number of people with trichiasis and the number of people who need treatment with antibiotics (35). He proposed that a document be prepared specifically on surveillance, both during and after validation.

At the time of the meeting, COVID-19 had delayed trachoma activities by 6–9 months, and the effect of those delays is likely to become more apparent in 2021. Another aspect of the pandemic is the cost of personal protective equipment.

In answer to a question about the post-validation activities to be included in previously trachoma-endemic indigenous communities in South America, Dr Solomon replied that access to personal and environmental hygiene is essential.

Dr Kello said that preliminary investigations on endemicity of trachoma had been carried out in Angola, Botswana and Namibia. In Angola, there are recommendations for baseline population-based surveys; in Botswana, it is recommended to conduct a population-based survey in Ngamiland district; and in Namibia, baseline population-based surveys are needed and are currently being planned.

In answer to Dr Solomon's request for suggestions on acquiring data from countries in order to conduct secondary analyses, Dr Saboyá said that she would try to schedule a meeting of the managers of trachoma programmes in the Region of the Americas to determine what they require from WHO and to discuss how their data would be interpreted.

# 6. Reports from partners

## 6.1 International Coalition for Trachoma Control

Mr Scott McPherson recalled that the Coalition (ICTC, <https://www.trachomacoalition.org/>) was conceived in 2004, initially to bring together implementing NGOs and donor organizations immediately after the annual meetings of the GET2020 Alliance to discuss how to support implementation of the recommendations of the Alliance. ICTC currently comprises 51 nongovernmental, donor, private sector and academic organizations that support the Alliance and implementation of the SAFE strategy. Members add value by supporting national programmes comprehensively, sharing annual work plans to avoid duplication of effort and maximize efficiency, documenting joint operational effectiveness, identifying gaps in implementation and preparing joint funding proposals. In 2011, ICTC published, *The end in sight: 2020 INSight* (17), which describes the actions thought then to be needed to achieve global elimination of trachoma as a public health problem by 2020. The document boosted trachoma programmes (36), contributed to bringing about the Global Trachoma Mapping Project (37, 38) and attracted two large initiatives: the Queen Elizabeth

Diamond Jubilee Trust Trachoma Initiative and the DFID-SAFE Trachoma Programme. These initiatives have been coordinated with ENVISION/USAID and the ITI/Pfizer drug donation programmes, allowing the SAFE strategy to be extended widely throughout trachoma-endemic countries. Together, those investments have achieved significant gains against trachoma, generated further evidence on how to best implement programmes and attracted additional donors. *2020 INSight* helped to position investment for trachoma according to the best data available at that time and shaped the strategic direction of the Coalition.

COVID-19 has stimulated innovation and demonstrated the adaptability of health programmes, and the trachoma community should learn from other groups, including the eye health community, to strengthen its work. Multisectoral engagement among sectors that address WASH, inclusion of people with disabilities, education and nutrition, with hard science and advocacy, are essential. The narrative will have to be reframed for the “final mile”, to move from control to elimination of trachoma as a public health problem, extending it beyond trachoma to common issues of sustainability, continuous surveillance and effective health system strengthening. A new

generation of leaders in the NTD community should be identified, engaged and empowered in research, programmes, campaigns, policy and advocacy, with poverty alleviation, cross-border issues and insecure states addressed in order to leave no one behind. The trachoma community must continue to identify gaps and financial and other requirements for scaling up the global programme, supported by evidence, updating the cost of implementing the SAFE strategy and supporting advocacy to integrate trachoma into eye health and wider health systems. In a world where we will have to achieve more for less in light of the economic repercussions of COVID-19, we must work together towards common goals such as the Sustainable Development Goals and universal health coverage.

ICTC will develop a new resource for identifying gaps, built on the GET2020 Alliance Plan of Action (39), 2020 *INSight* (17) and alignment with the NTD road map 2021–2030 (12). Sustaining elimination efforts will require addressing systemic challenges such as governance, financing, health access and health inequity. Strengthening health systems for the control and elimination of NTDs will require a broader, systemic approach, including sustainable data collection systems to monitor progress.

## 6.2 International Trachoma Initiative

Dr Paul Emerson commented that the goals that were set for 2020 are unchanged. To achieve the goal by 2030, programmes and supporting organizations should be “bigger, better and faster” and based on the best science and the best management. Trachoma activities should be integrated with those of other disease programmes only if that helps to achieve the elimination goal. All the necessary elements are available for eliminating trachoma globally

by 2030. Azithromycin will be provided in the quantities required (40), including for countries that will be attempting to complete all their activities for 2020 and 2021 in 1 year to catch up the time lost to COVID-19. For countries with high prevalence populations that have been most severely affected by missed treatment rounds, such as Ethiopia (41, 42), where more rounds of MDA, perhaps given more frequently than annually (43, 44), may be necessary, support will be provided. Future empirical trials should be structured to provide clear evidence of effect, with enhanced surveillance. He noted that the Trachoma Atlas (<https://www.trachomaatlas.org/>) has been improved, with greater functionality and clean interfaces. The website will continue to evolve.

## 6.3 Tropical Data

Dr Emma Harding-Esch said that the Tropical Data initiative ([www.tropicaldata.org](http://www.tropicaldata.org)) consists of six partners, which support national programmes in conducting standardized, epidemiologically robust prevalence surveys, from protocol review to results provision. The interests of the countries in which surveys are conducted are protected, as the methods and data belong to their health ministries, and quality is assured and controlled throughout (19), maximizing the likelihood of reliable data for programmatic decision-making. Since 2016, Tropical Data has supported 2025 surveys in 43 countries. These include baseline, impact and pre-validation surveillance surveys as well as trachomatous trichiasis-only surveys; the combined number of people examined in evaluation units surveyed with Tropical Data support to date totals > 6 million residents. Data on TF prevalence in children aged 1–9 years have resulted in 151 172 521 antibiotic treatments. MDA can now be stopped in 596 evaluation units and it is not necessary to start it in 308. Surveys have also helped countries to confirm completion of pre-validation



surveillance in 377 evaluation units. Since the previous meeting of the Alliance, Tropical Data has conducted refresher training of trainers, updated its tools and resources and provided support for publication of articles in peer-

reviewed journals. Its plans include continuing to provide existing services, participation in operational research and providing support for quality-assured, quality-controlled surveys for other NTDs.

# 7. Report from the Trachoma Scientific Informal Workshop

Mr Harran Mkocha, Director of the Kongwa Trachoma Project in the United Republic of Tanzania, reported highlights from the 2020 Trachoma Scientific Informal Workshop. One study was reported in which the association between severity of trachomatous scarring of the conjunctiva and severity of trichiasis was confirmed. In a study of weekly practice with the HEAD START system, with remote monitoring by senior ophthalmologists, both trainees and monitors considered that regular practice and feedback were beneficial. A promising procedure for management of post-operative trichiasis is being evaluated in a clinical trial in Ethiopia. In countries in which trachoma has not been empirically mapped because disease at the level of a public health problem was not suspected, desk reviews can be conducted for systematic collection of evidence to support claims of elimination or to identify areas in which mapping or an intervention is necessary, while strong donor support is still available. Several sources of data should be used; however, only enough data should be collected to decide whether there is a rationale to conduct mapping. The anti-*C. trachomatis* antibody testing platforms available for sero-surveillance are bead-based assays, ELISA and lateral flow assays. With regard to precautions to be taken against COVID-19, various options

for personal protective equipment have been assessed, including use of face shields during trichiasis surgery. One group reported successful training in trichiasis surgery during the pandemic after using the WHO risk assessment and mitigation tool.

## Discussion

In the discussion that followed the presentations, one participant commented that the serological tests described indicate whether a person has been exposed and not whether they are currently infected. Their specificity is about 98% and their precision good, with close agreement among laboratories; the limit of detection is being determined.

In reply to a question about the approach to be taken in areas of persistent active trachoma, which were seen even before COVID-19, Dr Emerson said that, although all the necessary supplies of medicines are available, ITI cannot pay for enhanced surveillance. Dr Solomon suggested that recovery from COVID-19 be linked to the question of how to manage trachoma in hyperendemic areas, in a trial conducted with intensive treatment. Such operational research might demonstrate the role of ongoing *C. trachomatis* transmission in

districts in which the TF prevalence at impact or surveillance surveys is  $\geq 5\%$ . Dr Emerson said that the response of national programmes should remain the SAFE strategy, which has been proven. Persistence of disease could indicate that the strategy is not being adhered to everywhere, and standardized surveys should be conducted.

One participant commented that the combination of Vision 2020, the Sustainable Development Goals and the NTD road map 2021–2030 would spur activity for reaching the new 2030 goal.

A question was raised about whether some districts or countries have not yet been validated as having eliminated trachoma as a public health problem because they have had difficulty in meeting the trichiasis prevalence criterion for elimination. Dr Solomon said that evidence had to be provided that trichiasis is no longer a public health problem. Geostatistical approaches are being explored to try to obtain more precise estimates of trichiasis prevalence.

One speaker pointed out that trichiasis is present in more than 50 districts in Sudan; however, there is no programme in many of those districts, as trachoma has not been demonstrated to be a public health problem through population-based surveys. A further complication is the arrival of large numbers of refugees from the Tigray Province in Ethiopia. In a discussion about whether the name “GET2020” should now be changed to GET2030, the consensus was to maintain 2020 because of the connotation of good visual acuity. Dr Solomon added that legal considerations might make changing the name complicated; furthermore, maintaining 2020 in the name would be a reminder that the deadline had been missed and would convey a sense of urgency. Dr Emerson agreed: the name would help to keep up the momentum and raise ambition. The achievements made up to 2020 should be used as a springboard to go further.

After the usual exchange of courtesies, the meeting was closed.

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# Annexes

## ANNEX1: AGENDA

### Monday, 30 November 2020 (session 1)

Time (GMT+1)	Topic	Speakers / Facilitators
14:00–14:10	Opening and welcome	Ren Minghui (WHO)
14:10–14:15	Purpose, outcome and outputs of meeting Nomination of officers	Anthony Solomon (WHO)
	Adoption of agenda	Chair
14:15–14:45	The WHO Alliance for GET2020: 1996–2020	Serge Resnikoff (OPC)
14:45–15:15	The NTD road map 2021–2030	Mwele Malecela (WHO)
15:15–16:00	Panel	Selected country representatives
16:00–17:00	Discussion	All

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### Tuesday, 1 December 2020 (session 2)

Time (GMT+1)	Topic	Speakers / Facilitators
14:00–14:10	WHO report	Anthony Solomon (WHO)
14:10–15:00	Regional reports	Amir Kello (AFRO)
		Supriya Warusavithana (EMRO)
		Martha Idalí Saboyá-Díaz (PAHO)
		Mohamed Jamsheed (SEARO)
	Aya Yajima (WPRO)	
15:00–15:45	Discussion	All
15:45–15:55	International Coalition for Trachoma Control report	Scott McPherson (ICTC)
15:55–16:05	International Trachoma Initiative report	Paul Emerson (ITI)
16:05–16:15	Tropical Data report	Emma Harding-Esch (LSHTM)
16:15–15:25	Trachoma Scientific Informal Workshop report	Harran Mkocha (KTP)
16:25–16:55	Discussion	All
16:55–17:00	Closure	Chair

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