



.....Excellence in Community Eye Health

MALAWI NATIONAL TRACHOMA ELIMINATION PROGRAMME REPORT

A meeting was convened at Lilongwe hotel from Monday the 27th January, 2014 on trachoma elimination campaign. It was organized by Sightsavers (Malawi). The work shop involved a number of stakeholders like AMREF, MoH, ITI, DHOs, KCCO, BICO, WATER AID, OCOs, MACOHA, and JOHN HOPKINS. The program started with registration of participants and after that there were welcome remarks by Mr. Masika from the ministry of health. He urged the participants to fully participate in the deliberations. He then introduced people that would be chairing the work shop. These people were Paul Courtright from the Kilimanjaro Centre for Community Ophthalmology (KCCO), Dr. Teshome from International Trachoma Initiative (ITI) and Chad MacArthur.

On this day, all the deliberations were chaired by Dr. Tishome. He made a brief introduction of the TAP template and process involved. He also talked about trachoma control which is done through SAFE strategy. Where SAFE meant: S-Surgery

A-Antibiotics

F- Facial cleanliness

E- Environmental improvement

Talked also about the target for TT elimination $<0.1\%$ or $<1/1000$ and the target for TF elimination is 5% for children 1-9 years. For district or community to start intervention for a TF and TT, TF should be greater than 10% and TT should be greater than 1%

Then Prof. Kalua presented on existing burden of TT at district level in Malawi. He said for one to know that a person has Trichiasis (TT) at least one eyelash rubs on the eyeball. To obtain information on the number of TT cases in each district there is a need for mapping or surveys to generate information on TT prevalence. Through that we will be able to know about prevalence of preventable blinding conditions Trachoma Trichiasis (TT) where surgery will be needed, prevalence of active infections Trachoma Follicles (TF) where Antibiotic distribution (MDA) will be required and lastly the risk factors and availability of water and sanitation in the district where facial cleanliness and environmental

management will be required. In Malawi we have the Northern districts which are not yet mapped but preparations are underway to start the survey.

Mr. Masika from the Ministry of Health (MoH) presented on human resource for TT surgeries. In his presentation he said Malawi does not have cadres of TT surgeons. He also said surgeries are done by Ophthalmic Medical Assistants (OMA's), Ophthalmic Clinical Officers (OCO's), or Cataract surgeons and that almost all are trained at the Malawi College of Health Sciences in Lilongwe. He also said Malawi has 67 OCO's and OMA'S and 7 cataract surgeons. The challenges they normally face include:

- a. Dedicated Mobility to conduct outreach campaigns
- b. Dedicated theatre days and theatre
- c. Equipment for conducting surgeries
- d. Upgrading (BSc) threat to the professional
- e. Others don't even practice but they are on a government pay roll

Finally, Chad MacArthur brought group works where he made/organized five groups and people were calculating ultimate intervention goal (UGI) and annual intervention objectives (AIO). UGIs are total number of surgeries that need to be done to achieve the elimination target and AIO are the annual sum of surgeries needed to achieve the elimination target.

Day two started with a recap of the previous day deliberations and then continued with group work on:

1. Training and certification
2. Supervision and monitoring outcomes
3. Maximizing, productivity
4. National coordination, partner support prioritization
5. Costing of trichiasis survey

On day three new stakeholders came to the meeting such as District Environmental Health Officers (DEHOs) from Nsanje, Chikwawa, Lilongwe, Mchinji and Salima, Daeyang Luke Hospital. The workshop started with self-introduction by the group. The chair on this day was Dr. Teshome. After the self-introductions Roy Hauya made welcome remarks in which all people taking part in the workshop were welcomed and encouraged for participation because their participation would help improve development of the Trachoma Action Plan (TAP).

Then Dr. Teshome briefed the audience on TAP template. He talked about trachoma being a blinding disease caused by bacteria called Chlamydia which causes eye inflammation. It is transferred through flies, concepts and fingers. He also talked about trachoma control strategy being the SAFE strategy.

Michaela presented on the Queen Elizabeth Diamond Jubilee Trust. She said it was a tribute to the Queen for a 60 year contribution to the commonwealth. The trust is chaired by former British Prime Minister the Rt. Hon Sir John Major. The Trust has provided a grant of up to £50m for Blinding trachoma in Africa and some work in four Pacific Islands and Australia. Some of the benefiting African countries for the grant include Kenya, Malawi, Mozambique, Nigeria and Uganda. But Malawi and Kenya are the only countries on the Elimination stage.

Finally on the day three, Chad MacArthur organized group work on how to achieve high coverage of MDA. The main areas of discussions included:

1. Integration with other NTDs
2. Distribution type & distributors
3. Supervision
4. Micro-Planning and post MDA review
5. Coverage and coverage surveys
6. Costing MDA

On the fourth day of the meeting, chair of the work shop was Paul Courtright. He started with a recap of the third day work shop discussions. After the recap there was a presentation on behavior change communication in Trachoma prevention and control By Cheryl Lettmaier. She talked about communication for water and hygiene. The things that are involved like communication interventions, the intermediate outcomes, behavior outcomes and the health outcomes. She said that there is a need to do some formative research. There is a need to do in-depth interviews with the community members and stakeholders to understand the norms, perceptions and attitudes related to trachoma. Environmental walk through and assessment with community mapping and there is also to do quantitative household members and their environment. One of the interesting findings she found out was that people know and fear blindness caused by Trachoma but many do not know what causes it and how it is prevented. Many believe that it is caused by witchcraft. She also talked about strategy design and tools development. There was a need for stakeholder workshop to review research and develop strategy to improve face washing and environmental sanitation. It should involve representatives from health, WASH, education sectors as well as audience representatives and leaders

Then Chad MacArther presented on the SWOT analysis of F&E. He said SWOT is a structured planning method used to evaluate the Strengths, Weaknesses, Opportunities and Threats involved in TT surgeries.

Strengths

Availability of OCOs and OMAs in all districts
Availability of funds
Basic systems
Partners in all 4 zones
Enabling policy framework
Experience in outreach activities
Low attritions ineffective

Threats

Introduction of BSc / attrition of OCOs
OCO's have other Non-eye care responsibilities
Linking Trachoma interventions into District plans

Weaknesses

Low productivity
inadequate skill
Poor M& E
Poor record keeping
Low recruitment of TT cases
Poor supervision
Patient counseling

Opportunities

The Drug donation by ITI
Manageable TT cases
GTMP-Mapping North

Last to present on the day was Paul Courtright, he organized group works on costing, monitoring and Surveillance. The main areas discussed were:

1. Facial cleanliness

2. Environmental improvement
3. Monitoring and reporting
4. Surveillance
5. Coordination and partnership – Eye Health and NTD

On the last day of workshop, Friday the 31st of January 2014, was the review of the broad based issues for trachoma control. This was morning session which started from 9:00am to 12:00 midday. It was led by Teshome who made five groups in which people were told to discuss issues on:

- a. Alignment with the NTD Master plan
- b. Integration and coordination with other NTDs
- c. Strategies for verification of elimination
- d. Stakeholder engagement /advocacy (including revitalization of national trachoma task force)
- e. Planning for media sensitization workshop
- f. Using the TAP as a “living document” (steps to update, inform, etc)

After lunch break people gathered to continue deliberations but there were new stakeholders who came to attend the workshop. Some of the stakeholders who were available at the afternoon session include Ministry of Health representatives, AMREF, ITI, John Hopkins, Water aid, BICO and Sightsavers.

First to present was Mr. Masika from the Ministry of Health who made welcome remarks and encourage people to make concrete contribution to the development of the Trachoma Action Plan.

Then Prof Kalua presented the Trachoma Action Plan. He made a brief presentation since almost all the audience that was available had been attending the workshop from the very first day. He talked about the SAFE strategy which is the recommended control measure for Trachoma and continued to talk that for a district or community to have intervention on trachoma control it should have a TF >10%. He also said that Malawi plans to eliminate trachoma by 2018 and that it is required to do 6500 surgeries by the same year. He also talked of the mapping of districts. He continued to say that there are 17 districts that had been mapped since 2008 and that the burden of TF at district level is known. Some of the districts that had been mapped include Nsanje, Chikwawa, Mchinji, Salima, Kasungu, Nkhotakota, Lilongwe and Mangochi. The northern region districts are not yet mapped but they would be mapped after the rain season is over (around April). Completion of mapping surveyed districts in the north is by 2015. He finished the presentation by revealing the goal for TAP as freeing blinding trachoma by 2018 and that the TAP is the only road map to achieve the goal that has been developed.

Then Michaela presented on the Queen Elizabeth Diamond Jubilee Trust. She said it was a tribute to the Queen for a 60 year contribution to the commonwealth. The trust is chaired by former British Prime Minister the Rt. Hon Sir John Major. The Trust has provided a grant of up to £50m for Blinding trachoma in Africa and some work in four Pacific Islands and Australia. Some of the benefiting African countries for the grant include Kenya, Malawi, Mozambique, Nigeria and Uganda. But Malawi and Kenya are the only countries on the Elimination stage.

After Michaela presentation on the Trust, then the stakeholders debated on the next step to be taken and review of communiqué on the TAP. The stakeholders agreed to give responsibilities to the group so that they should receive the grant on time to implement the TAP and the way forward.