

TEMPLATE FOR THE DOSSIER DOCUMENTING ELIMINATION OF TRACHOMA AS A PUBLIC HEALTH PROBLEM

This template dossier was designed to help managers of national trachoma programmes prepare a dossier with supporting evidence for presentation to WHO, requesting validation that trachoma has been eliminated as a public health problem. The information presented in the dossier will help reviewers understand programme achievements, by providing both epidemiological evidence and the broader context.

The template is provided for guidance only. Alternative formats may better suit some countries.

[Country]

Date of submission:

Date of review:

1. BACKGROUND

1.1 DEMOGRAPHIC AND DEVELOPMENT CONTEXT

- *In narrative form*, summarize the demographic and economic features of the country, referencing the most recent census, Demographic and Health Survey, and/or other relevant documents, as desired. Describe the systems for delivery of WASH services, particularly to rural areas.
- It may be helpful to provide summary information and/or maps on poverty, infrastructure, and household access to water and sanitation.

1.2 HEALTH SYSTEM

- *In narrative form*, provide an overview of the health system, describing:
 - o the formal health system structure, including the delivery of primary healthcare services; and
 - o the local epidemiology of any other endemic diseases that may be relevant to the actions of the trachoma programme.

1.3 TRACHOMA HISTORY

- *In narrative form*, describe the history of trachoma in the country. This might include, for example:
 - o a brief description of historical information about trachoma epidemiology in the country; and
 - o a brief description of any interventions against trachoma prior to the launch of the current national trachoma programme.

1.4 TRACHOMA PROGRAMME OVERVIEW

- *In narrative form*, provide an overview of the trachoma programme, including:
 - o which organization established the trachoma programme, and in which year;
 - o the internal structure of the trachoma programme, describing who or what takes responsibility for implementation of each component of the SAFE strategy;
 - o whether or not the trachoma programme is integrated or coordinated with other public health programmes, with WASH programmes and/or with the education system; and if it is, how this is done; and
 - o the data collection and management system used by the trachoma programme, focussing on how data from cross-sectional surveys (at baseline, impact and pre-validation surveillance stages) and data on implementation of each component of the SAFE strategy, are or were collected, aggregated and transmitted from community to national level.

2. DELINEATION OF AREAS REQUIRING INTERVENTION

2.1 DEFINITION OF EVALUATION UNITS

- *In narrative form*:
 - o define the administrative units in the country (“states” and “districts”, for example; going from largest units to the smallest units);
 - o quantify the number of administrative units of each type; and
 - o describe the basis for the formation of evaluation units (EUs) used, and whether this changed from baseline mapping to programme completion. Please include:
 - the number of EUs at the start of the programme — (a)

- the number of EUs at the end of the programme, or at the time of dossier submission — (b)
- an explanation of any changes that occurred to the number of EUs between (a) and (b) due to restructuring of administrative boundaries

2.2 DATA USED TO CLASSIFY EVALUATION UNITS

- *In narrative form, describe:*
 - the methods used to determine whether or not trachoma was a public health problem at baseline in each EU, including, for EUs that were surveyed, details of the protocol followed;
 - where EUs were classified as being not suspected trachoma-endemic, and therefore not formally surveyed, the methods used for this classification and the evidence substantiating that classification; and
 - if the status of any EU (with respect to whether or not trachoma was a public health problem in it) was reassessed during the course of the programme, why and how the EU was reassessed.
- *In the accompanying data spreadsheet, enter baseline survey data (where collected), for trichiasis (tab 1) and active trachoma (tab 2), for each EU. Include all EUs in the country, even if no survey was undertaken.*
- *Insert maps here to display those data and identify areas that were determined not to need baseline surveys. One map should be used to display data on the prevalence of trachomatous trichiasis (TT) unknown to the health system in ≥ 15 -year-olds (categories: $< 0.20\%$, $0.20\text{--}0.99\%$, $1.00\text{--}4.99\%$, $\geq 5.00\%$); one map should be used to display data on the prevalence of trachomatous inflammation—follicular (TF) in 1–9-year-olds (categories: $< 5.0\%$, $5\text{--}9.9\%$, $10.0\text{--}29.9\%$, $\geq 30.0\%$).*

3. IMPLEMENTATION OF SAFE INTERVENTIONS

3.1 SURGERY

- *In narrative form, describe:*
 - the selection, training and certification of TT surgeons;
 - the indications, contraindications and techniques used for TT surgery;
 - the indications, contraindications and methods used for any non-surgical management of TT;
 - the methods used for case-finding of individuals with TT;
 - the methods and documentation used for demonstrating full geographic coverage of TT, if this approach was used to demonstrate achievement of the TT elimination prevalence threshold in certain EUs;
 - the methods and documentation of geospatial analysis, if this approach was applied in certain EUs to demonstrate achievement of the TT elimination prevalence threshold; the modes of delivery of TT surgery (fixed site, surgical camps, mobile teams);
 - the steps taken to transition TT management from a public health approach to a routine clinical approach;
 - any specific problems related to refusals or a high proportion of suspected cases not presenting to TT surgeons for review, and steps taken to address these issues;
 - whether adjunctive antibiotics were routinely given at the time of TT surgery;
 - the in-service supportive supervision of TT surgeons;
 - the routine follow-up of operated patients; and
 - outcome of any TT surgical audits performed as part of the programme.

- *In the accompanying data spreadsheet, on tab 1, enter data, for each programme year, on the number of people (not the number of eyes) given operations or provided epilation for TT in each EU. Further details are provided in the accompanying data spreadsheet.*

3.2 ANTIBIOTICS

- *In narrative form, describe:*
 - o the antibiotic regimens used for community-level interventions against trachoma;
 - o the indications and contraindications for the use of those antibiotics;
 - o the methods used for community sensitization and antibiotic distribution; and
 - o any serious problems encountered when offering antibiotics, particularly widespread refusal or serious adverse events;
 - o whether any EUs were determined to have persistent TF or recrudescing TF and what special measures were taken to manage them. If more frequent than annual MDA was provided, include a table with findings. The table should include the EU, dates of MDA rounds, number of people given antibiotics in each round, and the antibiotic coverage, in each round.
- *In the accompanying data spreadsheet, on tab 2, enter data, for each programme year, on the number of people given antibiotics, and the antibiotic coverage, in each EU. Further details are provided in the accompanying data spreadsheet.*

3.3 FACIAL CLEANLINESS

- *In narrative form, describe:*
 - o the channels, messages and materials used to promote facial cleanliness;
 - o for each type of activity intended to promote facial cleanliness, its frequency of implementation; coverage or scale of implementation; setting (e.g. school, or community during antibiotic mass drug administration); and target audience (e.g. mothers of preschool-aged children, or school-aged children);
 - o the types of personnel used to undertake promotion of facial cleanliness; and
 - o the training and supervision of personnel undertaking promotion of facial cleanliness. For each type of personnel, include details on frequency of training and supervision, and who was responsible for delivering training and supervision.

Describe all activities intended to promote facial cleanliness, whether undertaken by the trachoma programme, by trachoma programme partners or by other programmes (e.g. as part of broader hygiene promotion initiatives).

- *In the accompanying data spreadsheet, on tab 2, identify, for each trachoma programme year, which facial cleanliness activities were delivered in each EU.*

3.4 ENVIRONMENTAL IMPROVEMENT

- *In narrative form, describe:*
 - o the activities undertaken to improve water availability in trachoma-endemic populations, including their intensity, scale, and the agencies responsible for delivery;
 - o the activities undertaken to improve access to sanitation in trachoma-endemic populations, including their intensity, scale, and the agencies responsible for delivery; and
 - o whether there were any coordination or collaboration mechanisms between the trachoma programme and other WASH programmes?
- *In the accompanying data spreadsheet, on tab 2, identify, for each trachoma programme year, which environmental improvement interventions were delivered in each EU.*

4. IMPACT AND PRE-VALIDATION SURVEILLANCE SURVEYS

4.1 IMPACT SURVEYS

- *In narrative form, describe:*
 - o the timing and methods used for impact surveys, including the protocol followed and sampling methodology.
- *In the accompanying data spreadsheet, enter impact survey data, for TT (tab 1) and active trachoma (tab 2), for each EU.*

4.2 PRE-VALIDATION SURVEILLANCE SURVEYS

- *In narrative form, describe:*
 - o the timing and methods used for pre-validation surveillance surveys, including, for any surveys, the protocol followed and sampling methodology. If the same methods were used for impact and pre-validation surveillance surveys, it is not necessary to repeat information provided in the impact survey section.
- *In the accompanying data spreadsheet, enter pre-validation surveillance survey data, for trichiasis (tab 1) and active trachoma (tab 2), for each EU.*
- *Insert maps here to display those data.*

4.3 REGIONAL CONTEXT

- *In narrative form, briefly describe the current epidemiology of trachoma in bordering countries, and comment on whether the disease in those countries is considered to present a risk to the achievements of your programme. (Trachoma prevalence data can be found at the Trachoma Atlas: www.trachomaatlas.org)*
- *If possible, in the maps requested in section 4.2, display data on the current epidemiology of trachoma in bordering countries.*

5. POST-VALIDATION SURVEILLANCE

- *In narrative form, describe:*
 - o national plans (if any) for post-validation trachoma surveillance;
 - o national plans for provision of TT surgical services until there are no longer any incident cases of TT; and
 - o national plans for continued health ministry engagement with other government ministries and partners responsible for the provision of WASH services, to ensure prioritization of EUs with the lowest levels of WASH access.

6. SPECIAL ISSUES

- *In narrative form, describe:*
 - o any special circumstances that have affected the programme; these could include, but are not limited to:
 - i. stability or security issues in the country; and/or
 - ii. immigration from other trachoma-endemic countries.

- any specific efforts to investigate trachoma prevalence and/or intervention coverage in difficult-to-reach populations (e.g. nomadic peoples, internally displaced persons, or refugees).

7. RESOURCES AND PARTNERSHIPS

- *In narrative form:*
 - briefly describe the human resources employed to implement the programme; and
 - estimate internal and external financial resources utilized for the programme.
- *Complete the following table, listing the partners of the programme:*

Table 7.1. Partners of the trachoma elimination programme, [Country]

Partner name	Nature of support	Geographical areas of support	Year support started	Year support ended
<i>e.g. Foundation X</i>	<i>Financial support for trichiasis surgery</i>	<i>Regions A and C</i>		

8. BIBLIOGRAPHY

- *Insert here* a bibliography of all data sources used to develop this dossier, including:
 - health ministry records
 - published papers
 - academic theses and dissertations
 Copies of unpublished documents may be requested by WHO.

9. ABBREVIATIONS

- *Insert here* a list of all abbreviations used in the dossier, with their definitions.