



FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA

Trachoma in Ethiopia

Population (est. 2006): 75 million

Human Development Rank: 170 out of 177

Burden of Trachoma (estimated):

Trichiasis (UIG): 1.2 million

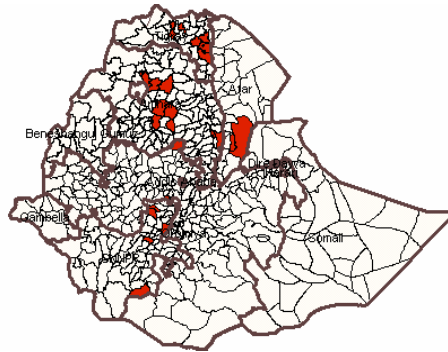
Total number of TT surgeries performed: <100,000

Population at risk of infection: 50 million

National Program for Trachoma Control:

National Program Coordinator: Zegaye Haile

ITI Country Representative: Amir Bedri Kello

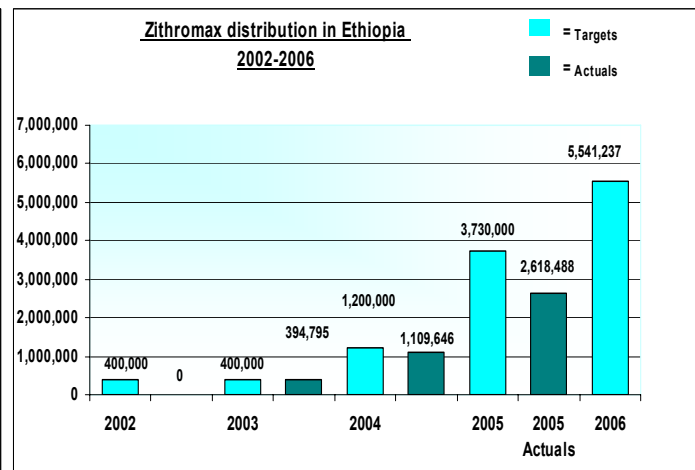
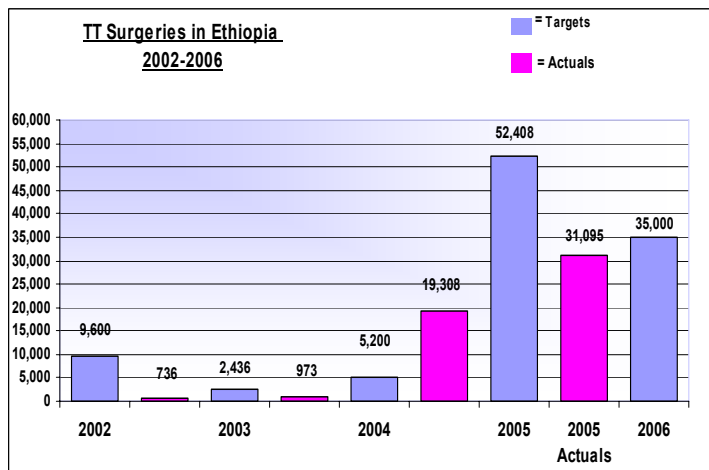


Districts with SAFE in 2005 (in red)

With a population of 75 million people and infection rates among the world's highest, Ethiopia continues to have the greatest burden of trachoma among ITI-supported countries. An estimated 1.2 million Ethiopians have trichiasis from advanced trachoma, and more than 80% of children in some areas have active trachoma. Severe poverty and a vast and difficult terrain compound Ethiopia's high disease burden.

In 2003, ITI began supporting implementation of the SAFE strategy in two regions (Amhara and SNNPR) in collaboration with the Carter Center, ORBIS, and World Vision. In 2005, ITI's support expanded to two more regions (Afar and Tigray) in partnership with the Ministry of Health, Regional Health Bureaus, NGOs, donors, and other partners. SAFE with Zithromax expanded more than six fold between 2003 and 2005 - from 394,786 in 2003 to 2,618,488 treatments in 2005.

Eyelid Surgeries and Antibiotic Treatments in Ethiopia (2002-2006)





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Table of Partners by Component

Surgery	Antibiotics	Face washing	Environmental Improvement
World Vision Ethiopia	World Vision Ethiopia	World Vision Ethiopia	World Vision Ethiopia
Carter Center	Carter Center	Carter Center	Carter Center
ORBIS	ORBIS	ORBIS	ORBIS
Christoffel Blinden Mission	AMREF		AMREF
Regional Health Bureau	Regional Health Bureau		UNICEF Ministry i/c Water Resources

Major Accomplishments & Developments

Introduction

The National Five-Year Strategic Plan for Trachoma Control (2005-2009), which was developed through the technical and financial support of ITI has been endorsed by the Federal Ministry of Health. The plan aims to cover 80 new weredas with the SAFE strategy by the year 2009. As trachoma control is part of the national VISION 2020 plan, the National Five-Year Strategic Plan for Trachoma Control (2005-2009) had to be revised in order to synchronize it with the second National Five-Year VISION 2020 Strategic Plan (2006 -2010). The revised National Five-Year Strategic Plan for Trachoma Control (2006-2010) aims to cover over 280 new weredas with the SAFE strategy and reach 41 million people by the end of 2010.

There is an active National Taskforce for Trachoma Control, which functions under the National Committee for Prevention of Blindness. Regional Committees for Prevention of Blindness had been set up in all of the Regions in Ethiopia except for Afar.

The results of the recently conducted National Survey on Blindness & Low Vision and Trachoma were announced on August 18, 2006. Accordingly, cataract is the leading cause of blindness; trachoma remains as the second most important cause of blindness in Ethiopia. There are 1.2 million people who have trachomatous trichiasis and need immediate surgery, and over 40% of children aged 1-9 years old have active trachoma nationally.

Trichiasis Surgery and Antibiotic Distribution

- **Surgery:** During the first half of this year, 9,796 cases of trachomatous trichiasis surgeries have been operated. The target set for 2006 at the beginning of the year (90,000 trichiasis surgeries) is unrealistically high by any measure of optimistic planning. In 2005, 31,095 TT surgeries were completed, and since new additional resources are available this year, the target has been revised downward to **35,000 TT surgeries**.
- **Antibiotics:** 1,868,461 people were treated with Zithromax during the first six months of the year. The original 2006 target of over 7 million treatments has been reduced to about 5.5 million treatments, as World Vision Ethiopia, Regional Health Bureaus of Amhara, SNNPR, and Oromiya were not able to distribute Zithromax as originally planned for 2006. Though funds were made available by ITI, the main problem was lack of capacity to conduct BOD surveys in these regions. This problem will be alleviated by mobilizing resources within the country. Surveys are planned to be conducted during the third quarter in Oromiya and SNNPR at the zonal level.
- There is hope to significantly scale up the Zithromax coverage of endemic weredas in Amhara Region in 2007, as The Carter Center has secured funds to add twenty new Weredas next year.



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Face Washing and Environmental Improvement

- Out of the 220,719 children examined, 143,972 of them were observed to have clean face, resulting in 65%. Partners are conducting school health education programs and community sessions in areas where Zithromax distributions are done. Although provision of clean water and latrine construction are done as a part of the health extension package of the Health Sector Development Programme, we do not have statistics on this.