WASH Integration into Ethiopia's Trachoma Action Plan
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A Case Study of Policy Integration

Although WASH plays a key part in the WHO-endorsed strategy to tackle trachoma, collaboration with the WASH sector on elimination programs is limited and is recognized as a challenge by many in the trachoma community. This case study outlines the significant efforts made by the Ethiopian government to establish an integrated policy and multi-sectorial approach that provides an example of what could be achieved in other programs.

Background

Trachoma is the world’s leading infectious cause of blindness and one of 17 neglected tropical diseases that affect over one billion of the world’s poorest people. The disease is caused by infection from the bacterium Chlamydia trachomatis, which is transmitted through contact with eye discharge from an infected person, via contaminated objects like towels, handkerchiefs, fingers and, in some cases, eye-seeking flies. The disease is endemic in 51 countries and thrives in isolated rural communities where people live with limited access to water, sanitation, and health care.¹ Data from Ethiopia’s 2005-2006 National Survey on Blindness, Low Vision and Trachoma indicates that Ethiopia is the most trachoma-endemic country in the world,² carrying around 30% of the trachoma burden in Africa.²

To address the trachoma burden, the WHO Alliance for the Global Elimination of Blinding Trachoma by the year 2020 (GET 2020 Alliance) advocates for the adoption of a comprehensive treatment and prevention strategy called the SAFE strategy.³ The SAFE strategy includes four components: surgery to reverse in-turned eyelashes, antibiotic treatment, facial cleanliness, and environmental improvement (SAFE).³

The SAFE Strategy

The SAFE Strategy includes four components:

1. Surgery
2. Antibiotics
3. Facial cleanliness
4. Environmental improvements

“The Federal Ministry of Health [in Ethiopia] has declared that all components of the SAFE strategy must be implemented concurrently within any targeted woreda.”

- Federal Ministry of Health of Ethiopia National Trachoma Action Plan 2nd edition
Facial cleanliness and improved sanitation are the prevention-focused components of the SAFE strategy which aim to minimize the spread of infection to others. These components require access to safe water sources and sanitation. All four components of the SAFE strategy are essential to preventing, treating, and eliminating trachoma. One element alone will not suffice: impact assessments conducted in Ethiopia’s Amhara region have shown that after five years of mass drug administration (MDA) in highly endemic areas, prevalence of trachoma remained high. While antibiotics are an important piece of the elimination of trachoma, this highlights the importance of addressing all parts of the SAFE strategy for achieving trachoma elimination in Ethiopia.

In 2012, the government of Ethiopia’s Federal Ministry of Health (FMOH) developed a national Trachoma Action Plan (TAP), detailing how Ethiopia will achieve elimination through the implementation of the SAFE strategy. This planning process served as a key platform to foster the cross-sector collaboration needed to achieve trachoma elimination.

Main Findings
Implementing the full SAFE strategy requires cooperation among a number of sectors. Trachoma control programs have typically been delivered by health agencies which have focused largely on the treatment portion of the strategy to deliver surgery and antibiotic activities. These agencies have worked to engage WASH sectors around the facial hygiene and environmental improvement components with varying degrees of success.

Over the past few years, the trachoma community has increased its efforts to strengthen the facial cleanliness and environmental improvement components of the SAFE strategy, recognizing their key role in achieving and sustaining elimination. In Ethiopia, there was significant advocacy by non-governmental organizations (NGOs), in cooperation with regional ministries, to include WASH in trachoma elimination plans even before the creation of the first nationwide TAP. At that time, the FMOH did have some limited engagement with the WASH community, but there were no concrete gains from the partnership.

Ethiopia’s decision to adopt the full SAFE strategy in its TAP has proven a valuable tool for promoting an integrated partnership with WASH actors. When Ethiopia developed its first TAP in 2012, the FMOH used the TAP planning process to ensure a
multi-sectorial and integrated approach, emphasizing the importance of open collaboration between all trachoma stakeholders at the national and regional level. A range of stakeholders were engaged, from governments and NGOs, including UN agencies, at both the federal and regional levels, and special efforts were made to ensure sufficient participation from the WASH sector. Moreover, the TAP planning process emphasized the importance of community participation in order to facilitate the behavioral change needed to sustain good hygiene. This began the decisive movement to fully integrate WASH into the TAP.

The next challenge is to develop joint indicators to measure and monitor facial cleanliness and environmental improvement efforts within Ethiopia. Once a method for adequately measuring these interventions has been established, the TAP recommends that the WASH sector be permanently represented within the National Trachoma Task Force to ensure that the technical capacity and resources for facial cleanliness and environmental improvement interventions are available.

The need to further intensify WASH interventions has been clearly underscored in the TAP. At the regional level in Ethiopia, a joint initiative by the FMOH, Ministry of Education, and Ministry of Water Resources, aims to have every community certified Open Defecation Free (ODF) by the end of 2015. Trachoma serves as an indicator of poverty and those most in need, so the TAP recommends that trachoma endemic communities be prioritized within the initiative. It also calls for further collaboration between the health, water, and environmental management sectors within the Ethiopian government. This could be achieved by capitalizing on existing government efforts in the WASH sector. Some opportunities include integration: with the country’s ONE WASH initiative, which brings together the Ministries of Water Resources, Health, Education, and Finance & Economic Development to deliver WASH services; with Ethiopia’s National Hygiene Strategy; with an existing memorandum of understanding between the Ministry of Education, Ministry of Health and the Ministry of Water and Resources; and through undertaking joint advocacy for increased funding for WASH.

At the global level, efforts are underway to provide guidance on stakeholder engagement between trachoma and the WASH sector. The International Coalition for
Trachoma Control (ICTC) recognizes the importance of partnership and joint planning to deliver the facial cleanliness and environmental hygiene components of the SAFE strategy and is developing a toolkit to help trachoma program managers find potential partners and guide them through the process of planning for facial cleanliness and environmental improvement activities.

Conclusion
The challenge of eliminating blinding trachoma in Ethiopia by the year 2020 is daunting, but the Ethiopian example shows how country leadership can support the integrated approach needed to strengthen trachoma elimination efforts. Thanks to the commitment of Ethiopia’s FMOH to make sure the right people and partners were engaged in the creation of the TAP, WASH stakeholders were at the table from the beginning of the plan’s creation. This integrated policy and multi-sectorial approach is a fantastic example of country leadership in cross-sector collaboration, an approach that could be replicated to benefit a wide range of programs.

References

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