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## Trachoma elimination in Yobe State, Nigeria: will it be a “safe” way or a dead end in 2020?

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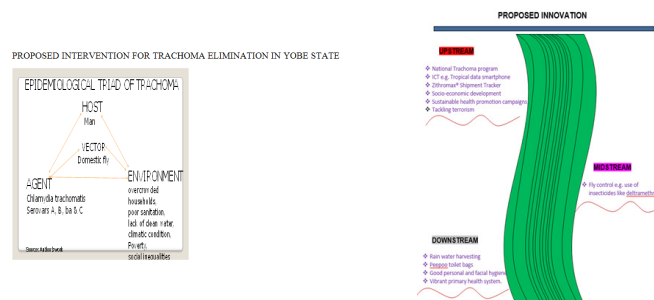
**Background:** Trachoma accounts for 4.2% of blindness in Nigeria and 17.9% of the blindness prevalence (2.5%) in Yobe state. Trachoma prevalence in children aged 1-5 years is 35.7%. The socio-economic burden includes visual disability, decreased productivity and reduced quality of life. Trachoma has remained endemic in Yobe state, despite WHO’s recommended SAFE strategy, (which includes Surgery, Antibiotics, Facial hygiene, and Environmental sanitation), to prevent the spread of trachoma and eliminate it by 2020.

**Purpose:** This evidence review study was conducted to identify the factors militating against the elimination of Trachoma in Yobe state and the feasibility for its ‘SAFE’ end in 2020.

**Method/Findings:** A review of the literature on trachoma prevalence in Yobe state, Nigeria and implementation of the SAFE strategy was conducted to identify gaps and opportunities of public health interventions to assist in eliminating Trachoma by 2020. Although, the evidence shows substantial coverage of Azithromycin distribution in Yobe state, the enduring cycle of Trachoma transmission is likely to be caused by absence of fly vector control, overcrowded households, poor sanitation, inadequate toilet facilities, lack of clean water, poverty and social inequalities, absence of a national Trachoma policy and disruption to services due to terrorism.

**Proposed Innovation:** There is a need for stronger upstream interventions, within the development of a National Trachoma program just like Ghana and Gambia. Investment in innovative Information and Communication Technology (ICT) like the tropical data smartphone app could help monitor progress of elimination efforts, and Zithromax® Shipment Tracker could track donations of drugs to Yobe. Government should prioritise socio-economic development, sustainable health promotion campaigns and fighting terrorism. Midstream intervention includes use of deltamethrin insecticides to control flies such as has been done in Gambia. Downstream intervention involves rain water harvesting, introduction of Peepoo disposable single-use toilet bags for defecation, promotion of good personal and facial hygiene, and strengthening of primary health system.

**Conclusion:** Properly implementing the F and E aspect of the SAFE strategy and the strong action across three streams of prevention identified will reduce transmission and bring us close to trachoma elimination if not in 2020 perhaps in the decade afterwards.



### Biography

Faith Ukachukuwu is an Optometrist with clinical and research interest in primary eye care, community eye health, low vision and rehabilitation. He adopts a public health approach in exploring critical eye care issues. His published work investigated refractive error distribution in children in an urban population in Nigeria. He combines his experience and passion to advocate for blindness prevention, actively engage in eye health education and delivers papers at conferences

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