

The Global Trachoma Mapping Project: A Catalyst for Progress Against Neglected Tropical Diseases

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The 1990s was an exciting period for those of us in global health committed to seeing the end of blindness from trachoma. The “SAFE strategy” (surgery for trichiasis, antibiotics, facial cleanliness, and environmental improvement) for trachoma control was developed and endorsed by the World Health Organization;¹ the efficacy of single-dose oral azithromycin against active trachoma was demonstrated for the first time;² the case for large-scale preventative treatment was made³ (paralleling similar progress for other neglected tropical diseases⁴); azithromycin’s manufacturer launched a program to donate that antibiotic for use in trachoma programs;⁵ and the World Health Assembly passed resolution 51.11 calling for the global elimination of trachoma by 2020 (GET2020).⁶

In the next decade, the preventive chemotherapy approach for human helminthiasis was formally launched.⁷ Only steady progress was made in expanding the trachoma program, and by 2011 it had become clear that something further was needed to alter the trajectory of global trachoma elimination efforts,^{8,9} or a lack of demonstrable success would begin to reduce the relevance of the whole enterprise to donors and the governments of endemic Member States.

That impetus has been generated by the Global Trachoma Mapping Project (GTMP).^{10,11} Forged through a combination of technically excellent design and exemplary international and inter-organizational collaboration, and underwritten by visionary support from the governments of the United Kingdom and United States of America, it has substantially completed the baseline map of trachoma worldwide, excluding only those districts in which insecurity prevented fieldwork. Disease prevalence maps are absolutely critical for planning effective interventions,¹² and the GTMP data prepare the ground for trachoma elimination interventions for people that need them around the world. That the GTMP was able to fulfill its trachoma mapping mandate on schedule and under budget, while (1) where requested, simultaneously

collecting data on Guinea worm, rabies, yaws, the preventive chemotherapy neglected tropical diseases, and access to water and sanitation; (2) maintaining the highest standards of quality and comparability; and (3) ensuring health ministry leadership and ownership,^{11,13} is an impressive accomplishment.

This *Ophthalmic Epidemiology* supplement contains 13 articles describing the epidemiology of trachoma at national or sub-national level in seven countries. Each article was made possible through the GTMP collaboration. More publications will follow; the GTMP operated in a total of 29 countries. Its work should be applauded by all of us, not just as a much needed catalyst for accelerating towards the GET2020 goal,¹⁴ but also as a touchstone for the linkages between neglected tropical diseases and the Sustainable Development Goal framework,¹⁵ a demonstration of the pivotal importance of quality data in efforts against neglected tropical diseases,¹⁶ and a landmark in the history of public health.

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