

The Global Trachoma Mapping Project (GTMP)

THE LARGEST INFECTIOUS DISEASE MAPPING EXERCISE IN HISTORY

The aim of GTMP is to accurately map the prevalence of trachoma, the world's leading infectious cause of blindness. In under two and a half years, GTMP partners have worked with 23 ministries of health,¹ using population based survey methods to capture evidence of disease prevalence covering a suspected endemic population of 212 million people.

Over 2.2 million people have been examined by internationally standardized, GTMP-certified ophthalmic health workers using World Health Organization (WHO) grading standards; results have been instantly captured using Android smartphone technology; the data cleaned, quality assured and automatically analyzed; then reviewed and approved by ministries of health using a secure web-based portal. In total, GTMP has trained over 1,221 people, representing approximately 500 mapping teams. These teams have demonstrated incredible stamina and dedication, often working in extreme conditions in remote and geographically hostile environments. We anticipate that by the end of 2015, this significant global endeavor will result in 27 additional countries being able and ready to establish evidence-based trachoma action plans to eliminate the disease using the WHO-recommended SAFE strategy.

2.2M people examined to date: an average of 2,400 people per day or roughly one person per minute over GTMP's mapping life span.

GTMP has exceeded all expectations. Over the lifetime of the project 1,494 health districts have been mapped, leaving approximately 100² accessible, suspected-endemic health districts still to be mapped in 2015. The GTMP population based survey methods have been recognized by WHO and the International Trachoma Initiative (ITI) as gold standard epidemiological surveys for trachoma. Ministries of health use GTMP trachoma



baseline data to apply for donations of the antibiotic Zithromax[®] from Pfizer.

The scale and reach of GTMP has been accomplished because of a collective will to succeed shared amongst 48 collaborative partners³ (including international non-governmental organizations, regional health bureaus and ministries of health). This monumental and successful project to determine the global public health requirement for trachoma elimination has been made possible by funding and support from both the U.K. government's Department for International Development (DFID)⁴ and the U.S. government's Agency for International Development (USAID),⁵ who have together contributed approximately £17 million.

GTMP has changed the game for trachoma elimination, providing a clear blueprint for elimination activity and aligning the complex network of stakeholders needed to reach that goal within a newly energized Alliance. There is now no doubt that if sufficient resources can be made available to national programs, GET2020 is achievable.

1. 23 ministries of health include: Benin, Cambodia, Chad, Cote d'Ivoire, DRC, Egypt, Eritrea, Ethiopia, Fiji, Guinea, Laos, Malawi, Mozambique, Nigeria, Senegal, Solomon Islands, Sudan, Tanzania, Uganda, Vanuatu, Zambia, Zimbabwe, Yemen. (In addition ministries of health in Cameroon and Nepal conducted baseline mapping projects during the life of GTMP without the use of GTMP methods.)

2. Please note countries such as Brazil, China and India that have internal government funds to support the mapping of trachoma in suspected endemic districts have not been included in this figure, nor have those districts where trachoma is suspected to be endemic but significant security concerns restrict the ability of GTMP and its partners to operate.

3. INGOs include: AMREF, BICO, The Carter Center, Fred Hollows Foundation, FHI 360, Helen Keller International, International Coalition for Trachoma Control, International Trachoma Initiative (The Task Force for Global Health), Johns Hopkins University,

Kilimanjaro Centre for Community Ophthalmology International, Light for the World (Austria), Light for the World (Netherlands), London School of Hygiene & Tropical Medicine, Magrabi Foundation, MitoSath, ORBIS, Organisation for the Prevention of Blindness (OPC), Organizacion Panamericana de la Salud (PAHO), RTI, Sightsavers and the World Health Organization. Regional Health Bureaus include: Amhara, Somali, Tigray and Southern Nations Nationalities and Peoples Regional Health Bureaus, all in Ethiopia. 23 ministries of health are listed in footnote 1 above.

4. DFID provided the original grant for GTMP (£10.6 million)

5. USAID funded GTMP by approximately £0.6 million through the Envision grant managed by RTI, in addition to directly funding RTI and FHI 360 by approximately £6 million to conduct trachoma baseline projects (the majority of the surveys used GTMP methods and systems).