

TRACHOMA ELIMINATION IN AUSTRALIA

Case study – Behaviour change and environmental improvement

BACKGROUND

- The prevalence of trachoma in Australia is relatively low, but elimination by 2020 is unlikely.
- The most recent surveillance report suggests that the number of communities with high prevalence of active trachoma (>20% TF in 5-9 year olds) has fallen sharply, from around 54 communities in 2008 to 17 in 2017. However, the trend observed over the past four years indicates the rate of reduction has slowed and the final gains may prove more difficult than the initial ones.
- The Australian Government has signed up to the GET 2020 Elimination Target, and funds and coordinates a national trachoma elimination program. The government has committed AUD \$20.8m from 2017 to 2021, through the National Partnership on Improving Trachoma Control Services for Indigenous Australians.
- Elimination activities are overseen by the National Trachoma Surveillance and Control Reference Group (NTSCRG) and guided by the National Guidelines for the Public Management of Trachoma in Australia (2014). Surveillance and reporting is coordinated by the National Trachoma Surveillance and Reporting Unit (NTSRU).
- Stakeholder consultation has identified several key issues relating to the current national program. One of these relates to the adequacy of current behaviour change and environmental improvement interventions.
- There is concern that interventions to interrupt transmission are proving inadequate (evidenced by plateaued prevalence rates over the past 4 to 5 years). Stakeholders suggest that measures to ensure at-risk communities have safe and appropriate housing, and functioning WASH facilities are inadequate, and that more focus on health promotion at the level of household is required.
- Current interventions are not delivered consistently across communities, tend to focus at the school level (but many children, particularly those most at risk do not attend school), and tend to be awareness raising focused

NEW APPROACH

- Outcome 1: At risk households receive effective trachoma treatment and health education, and have issues with their health hardware addressed. A whole of community, data driven, community led, house to house approach over a 12-18 month period. Survey-fix/educate/support-survey model

- **Housing for Health model (Healthhabitat) delivered across endemic communities:**
- Focused on improving living conditions and empowering communities
- Local project team developed in consultation with local community
- Surveying, recording and assessing HH – community wide
- Training and engaging essential trades to fix identified problems
- Trachoma counselling and skill development
- Review quality of HH improvements and barriers to change, and engage in results with local community
- Use results and program champions generated, to advocate to government for systemic change and program scale up
- Outcome 2: Increased national awareness of issues experienced within at-risk communities with regards to housing and health hardware maintenance. Linked to Housing for Health projects, household surveys are conducted to capture data relating to trachoma health literacy, hygiene practices, housing conditions, and challenges accessing hardware maintenance support. This data and ‘champion’s generated during the program are used to advocate for sustained change and broader scale up.
- Outcome 3: Solutions to challenges experienced within remote communities with regards to access to health hardware maintenance services are identified and implemented. Data generated during program is used to advocate for systemic change.
- Outcome 4 National Indigenous housing standards and guidelines (including those relating to ongoing monitoring) are developed and adopted

Planning stage – lets see if these additional, targeted efforts can accelerate elimination of trachoma in Australia

IMPLEMENTING PARTNERS

Healthhabitat. Healthhabitat is a not for profit agency with a historic affiliation with The Fred Hollows Foundation, embedding Fred’s ethos of ‘no survey without service’ in their programming model. Healthhabitat pioneered the Housing for Health methodology and have delivered programs across Indigenous Communities, Nepal, Bangladesh, South Africa, PNG, and USA. They support environmental health programming and advocacy in remote Indigenous communities to improve health outcomes and ensure people have access to safe and well-functioning health hardware, and an improved living environment.

State and Territory Governments. Under the National Trachoma Project Agreement with the Commonwealth Government, State and Territory Governments of New South Wales, Queensland, Western Australia, South Australia and the Northern Territory are involved in operationalising policy and program direction for trachoma surveillance and control in their jurisdictions.

National Trachoma Surveillance and Reporting Unit (NTSRU). Collates the screening and treatment data from communities identified as ‘at-risk’ and produce the annual surveillance reports. All data is provided by jurisdictional agencies responsible for trachoma surveillance activities. The NTSRU was established in 2006 and is supported by the Commonwealth Government. The unit is co-hosted by the University of New South Wales and University of Western Australia Centre for Child Health research.

Nganampa Health Council (NHC). The Nganampa Health Council (NHC) is an ACCHS that delivers comprehensive, culturally appropriate and superior primary health care to all Anangu residents living on the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands..

Anyinginyi Health Aboriginal Corporation (Anyinginyi). Anyinginyi Health Aboriginal Corporation (Anyinginyi) is an Aboriginal Community Controlled Health Service (ACCHS) that provides primary health care services to people residing in the Barkly region.