Progress for Tanzania - the fight to end trachoma gathers speed

Eliminating Trachoma: Accelerating Towards 2020

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Tanzania at a glance

There are 52.2 million people living in Tanzania, East Africa's largest country. This vast territory covers around 365 thousand square miles, most of which is desert. Approximately 70% of the population is rural, although this percentage is declining, and public health programmes and services struggle to reach the isolated communities. For those living in urban areas, water is available but households are spending more time fetching it, an indication perhaps that urban population growth is putting pressure on infrastructure.

Countrywide, 44 million people don't have access to sanitation and only 15% of the population have access to a toilet.

As a result, Tanzania remains one of the least developed countries in the world with the majority of people living below the poverty line (US$1 a day).

But despite all this, Tanzania is making huge inroads into the fight against neglected tropical diseases (NTDs) – although preventable and treatable, they continue to be a heavy burden on millions and there are valuable lessons to be learned from progress being made within the country.

Tanzania is dealing with nine of the 18 NTDs including trachoma. There are currently 64 districts where people require eye surgery, but there are just 19 districts where trachoma is prevalent. In a country with a population of more than 50 million, only 4.7 million people are at risk of contracting the disease. The global elimination target of 2020 is very much within reach.

Integration is key to elimination

Getting to this point has been no easy task for a country so vast and with very little infrastructure. On-going socio-economic changes have resulted in the need for constant updates to the country’s health strategy and planning practices.

In 2009, the Tanzanian government developed an integrated NTD programme that fit within the national health system to engage and motivate a wider range of partners and allies to facilitate change at national and local levels. The trachoma elimination plan is now integrated within other NTD elimination plans such as LF (lymphatic filariasis), soil-transmitted helminths, schistosomiasis and onchocerciasis (river blindness). This system has been described as a “development best buy” – it is cost effective and efficient.

Tanzania has also made important progress in the last decade to address cross cutting issues such as gender equality, employing more women into senior positions. In 2009, Dr Upendo Mwingira was assigned the new position of Coordinator for Neglected Tropical Disease Control Programme for the Ministry of Health, Community Development, Gender, Elderly and Children.

She knows that it’s not only important to be seen to be making progress, but to understand where there is work still to be done.

“The most challenging aspect continues to be improvements in WASH (water, sanitation and hygiene),” Mwingira says.

WASH is not only the responsibility of the department for health, but also the department for water and the department for the environment – they must work together to improve facilities and ultimately the lives of millions in Tanzania. Infrastructure and poverty are obstacles in planning improvements and interventions, and digging wells and installing piping is very difficult in most places and can be costly. Partnering with organisations in the WASH sectors is key.

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Dr Upendo Mwingira, Coordinator for Neglected Tropical Disease Control Programme, Ministry of Health, Tanzania.
“We cannot do this alone,” says Mwingira. “We have to tap into projects, we have to integrate them into our plans. We cannot expect organisations to stop what they are doing and work for us, we have to all work together.”

Who lives where?

Tanzania’s economy is largely dependent upon the agricultural sector and a lot of the land is used for farming. It can often be the case that water from wells servicing remote towns and villages, is diverted by farmers working on the plantations.

“Of course they need the water also, but it leaves families with little supply,” says Mwingira. “We are currently looking into solutions whereby everyone can benefit.”

For the 70% of Tanzanian’s that live in rural areas, public health efforts are slowly reaching the isolated communities, with focus on prevention and protection from disease - but it is taking time. Many of these people belong to semi-nomadic tribes such as the Maasai that live in a vast stretch of Tanzania’s remote savanna desert.

“There is a huge lack of health awareness,” says Mwingira. “Many people think the eye infections are inherited. They live with cattle nearby and with open defecation which means there are lots of flies.” The need for better socialisation of the correct messaging is crucial to dispel the myths around infections like trachoma.

The semi-nomadic Maasai people

The border between Tanzania and Kenya is open to the Maasai people and they move freely and frequently making the distribution of antibiotic drugs and the implementation of F and E a little more complicated – “but we are making progress,” says Mwingira. “We are talking to tribal leaders and engaging in programmes with them. They don’t want to get sick they don’t want their children to get sick. It just takes a little longer to plan.”

In one tribal area, a school housing 800 children, boarding because their parents are constantly moving is dependent on one well. With around just 200 beds, there are three to four children sleeping in each. Although they are educated in facial cleanliness, the close proximity means trachoma continues to be transmitted. The area they live in is so dusty due to a lack of green pasture that washing in the morning does little to keep them clean. There are just six toilets for the girls and even fewer for the boys - open defecation is unavoidable. Discussions are underway to improve infrastructure in the region in the form of additional toilets and sleeping facilities.

At the same time, partnerships with organisations on the ground are helping provide training to volunteers, to raise further awareness about health and sanitation practices.

The semi-nomadic people live in very closed communities with cultures and beliefs that are concealed from those on the outside. These communities are more difficult to penetrate, but organisations are slowly making progress by talking to leaders and women in particular to educate in the practices of facial cleanliness and the importance of keeping their children clean.

There are several trachoma-endemic districts inhabited by the Massai people where social mobilisation and F and E interventions are needed, but prevalence of the disease is lower than it ever has been.

“We are on track to eliminate trachoma as a public health problem by 2020,” says Mwingira. “At this point, with the end in sight, strengthening efforts with partners and coordinating with people at national, regional and district levels is crucial. The need to reach out to traditional leaders and work together to ensure messages filter through to people is so important,” says Mwingira. “Engaging with the Maasai people is a top priority.”

Tanzania may be one of Africa’s low income countries, but it is an inspiration when it comes to sustainable development. With little money and resource, mobilising partners and strengthening local capacity, the country is well on the way to elimination ensuring “no one is left behind.”
WHO Alliance for GET2020 Database, as at 1 March 2016

“Report reveals rapid rural-urban migration”, The Citizen, reported by Athuman Mtulya, 26 September 2013, viewed 9 May 2016


WaterAid. http://www.wateraid.org/where-we-work/page/tanzania [online]


WHO Alliance for GET2020 Database, as at 1 March 2016