Australia – on course to eliminate trachoma by 2020

Eliminating Trachoma: Accelerating Towards 2020

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Tracing for trachoma

Australia remains the only high-income country where trachoma is endemic. It disappeared from cities and larger communities in the early 20th century with improved living conditions but remains endemic in many remote Aboriginal communities. There are, however, so few people who have the disease, tracing them is not easy. To eliminate trachoma as a public health problem, prevalence of the disease has to occur in less than five percent of children aged 1 to 9 years and trichiasis (the need for eye surgery) should affect no more than one person in every 1,000 of the total population. Due to the very small number of people who have the disease, some might consider it futile to focus on eliminating trachoma as a public health problem, however, Australian experts are working to eradicate trachoma by 2020.

Australia currently has 12 at-risk regions in remote “outback” Aboriginal communities in the Northern Territory, South Australia and Western Australia - the land is barren and infrastructure is minimal. Because of this, many Aboriginal and Torres Strait Islander people tend to migrate. While this is normal cultural practice it makes the distribution of antibiotics challenging and adds to the likelihood that diseases, such as trachoma, will spread.

Of these 12 at-risk regions, there are varying degrees of trachoma prevalence. In some of the smaller communities, prevalence remains high at over 20 percent. These so called ‘hot spots’ require continued efforts; antibiotic distribution, health promotion such as facial cleanliness and environmental improvements including access to running water and working bathrooms. The importance of having access to these basic amenities was highlighted in an early Medical Journal of Australia by Professor Fred Hollows in 1989. He suggested a number of key standards that should be met with regards to housing, sleeping arrangements and ventilation:

“All houses are to have: reticulated water supplied to them at a rate of 100 L per person per day; one shower for every 10 persons; a means of heating water; a means of washing clothes and bed-linen (this almost always requires electricity in central Australia); elevated, separated and ventilated beds; no more than two persons per 3m² bedroom; all exterior openings with fly-screens; washable floor surfaces; all inside areas free of animals; and one toilet per 10 occupants.”

Hollows suggested that aboriginal housing is often treated as an “architectural attempt to satisfy some empathy with tradition and with little regard for the health requirements of the occupants”. Evidently, there is still work that needs to be done to improve conditions for those living in Aboriginal communities and it’s fair to say that one only needs to improve home hygiene a little to lower the prevalence rates of trachoma. Balancing health needs with cultural behaviour and practices, however, remains a challenge.

Understanding and integrating cultures

Within the many different at-risk regions are different languages, levels of knowledge and education, living conditions, cultural practices and in turn, different levels of introduction to western culture. To affect change, these differences need to be taken into consideration and dealt with on a community-by-community basis – a single approach for all simply won’t work.
Teams of dedicated health professionals and volunteers are committed to helping aboriginal communities eliminate trachoma and other debilitating diseases. They travel thousands of miles across large areas of the Australian outback to gain understanding of the different living environments and in turn, design and help implement hygiene practice programmes within the context of each individual’s needs providing the necessary life skills.

**Good hygiene practices**

The first 12 months of an Aboriginal and Torres Strait Islander infant’s life will see, on average, 21 visits to the health clinic[^7] – two thirds of those visits will be for infections that could result in further infections leading to rheumatic heart disease[^8].

Some would argue that the perceived lack of awareness about hygiene is greater than that of trachoma itself - that understanding and implementing good hygiene practices will help significantly reduce conditions such as trachoma, diarrheal diseases, and otitis media (middle ear infection), that affect isolated communities and in some cases, as dramatic as it sounds, can help save lives. But it’s not always a lack of understanding that gets in the way of progress – unemployment and the ability to earn money is also a barrier for many.

The evaluation of the social marketing strategy ‘No Germs on Me’ highlighted that people’s awareness and understanding of hygiene practices was very good in some remote communities, but it was the struggle to afford personal hygiene products such as soap and tissues that hindered progress.

**Behavioural change**

Screening for trachoma is done in children between the ages of 5 and 9 years and in the last five years, prevalence rates have dropped from 14% down to 4.6% overall[^9].

This could be due to a number of reasons including the many positive arts, and sports based approaches to health and hygiene promotion that are key to effective engagement with children and adults in Aboriginal and Torres Strait Islander communities – engagement for planning, implementing and evaluating health intervention programmes.

Ensuring community engagement in behavioural change isn’t without its challenges - it is tough for anyone whether you’re losing weight, being encouraged to exercise more or even stop smoking. In developing these trachoma elimination programmes, it's important that there’s knowledge of community context and content; an understanding of family kinship systems and how these work; that there is a use of interpreters or someone who speaks both English and the local language - finding a word in English that is translatable into Aboriginal language is not always possible; and there needs to be flexibility, a huge positive factor of engagement. Most importantly, the key to influencing behaviour change in remote Aboriginal communities is to incorporate community led, positive, culturally appropriate and locally accepted forms of communication. A one size fits all approach isn’t going to work but perhaps a single approach using a set of underlying principles to guide the work in developing the programmes might be a way forward. Either way, it is essential for people to understand the message that a clean face should be the social norm, that it’s attractive and good, and making clear that it is not acceptable or ‘normal’ to have a dirty face.

Five years of multi-media emphasis on good hygiene within communities is changing attitudes and behaviours. ‘Milpa’ is a colourfullarger-than-life goanna or big lizard - in actual fact, it’s a person dressed as a goanna that teaches good hygiene practices and the benefits of keeping your face clean with the tag line “Clean Faces, Strong Eyes”. Studies are underway, but there is no information yet as to how the ‘Milpa’ promotional tool affects behavioural change, never-the-less, in the wider communities, the children love the character and enjoy the interaction and it does seem to be encouraging them to keep their hands and faces clean.
However, it’s not enough just to target children through programmes introduced by traveling educators. Programmes to support parents and encourage them to facilitate hygiene behavioural change in the home environment are essential. For a child to continue a new behavioural practice like washing their hands or washing their face or brushing their teeth takes around 21 days of continued practice for it to become routine.

Whilst it’s important that there is continued focus on the children, lessons learnt from early childhood development over the years indicate that intensive support programmes for mums and dads is paramount, particularly to change behaviour.

**Working together to achieve elimination**

Addressing hygiene practices alone, while hugely important, will not be sufficient to rid communities of these ancient diseases – the need for environmental improvement is also crucial to minimise the transmission of infections.

One of the biggest challenges has been inter-sector collaboration. It’s necessary to have strong working partnerships with education and health departments – but also to partner with housing and environmental departments to install and maintain working bathrooms in schools and homes.

When people see focus and progress, it can help to change the landscape. Trachoma has an elimination deadline - 2020. The fight against trachoma also gained new momentum when world leaders adopted the United Nations’ new Sustainable Development Goals (SDGs). For the first time, Neglected Tropical Diseases are cited specifically in the global development framework (SDG3) as an issue of global importance. All government parties in Australia have pledged support and commitment to trachoma elimination and high-level advocacy has trickled down from a national level to enable a more systematic approach to working with communities.

Interested parties within the Northern Territory where prevalence is at its highest are engaging with schools to ensure the incorporation of hygiene practices within curricula. Given community data, they’re able to get schools to make solid commitments. Meetings have been held on infrastructure and there’s been an audit of bathrooms and washing facilities to improve school facilities where trachoma is most endemic. Teams of hygiene professionals working with trachoma and other diseases pushed for ‘Clean faces’ to be added to the national school curriculum in 2015. Because of this, teachers now have something to work with.

Australia has its eyes on the bigger picture and would like to be able to eliminate more than just trachoma, the goal is to close the gap for vision and address the eye care needs of all Australians. When you have children with a disease as preventable as trachoma, it means there are other factors working against them. The success of elimination will ultimately point to a much bigger story – one of working together and ultimately leaving no one behind.

**Last updated 15 August 2016**

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1. Alliance for GET2020 Database.
11. In conversation with Fiona D Lange, Research Officer, University of Melbourne. May 2016.