



BLINDING BRING ON THE LIGHT: THE COMING DEFEAT OF TRACHOMA

INTERNATIONAL TRACHOMA INITIATIVE 10TH ANNIVERSARY REPORT

**We have arrived
at an unprecedented moment.**





On Track to Eliminate Blinding Trachoma: International Trachoma Initiative Celebrates Ten Years 1998-2008

Blazing a path of destruction across millennia, trachoma remains the world's leading cause of preventable blindness. Endemic in the poorest regions of Africa and Asia, trachoma plagues the developing world, affecting 41 million people in 56 countries. Worldwide, trachoma has impaired the vision of or completely blinded 8 million people living today.

But trachoma's days of devastation are numbered. We have the experience and the tools to defeat blinding trachoma—right here, right now. Just like the historic eradication of smallpox, we have a chance to eliminate a scourge that is decimating lives, families and communities in the poorest places on earth.

An infectious eye disease, trachoma is caused by the bacterium *Chlamydia trachomatis*. One of the oldest known infectious diseases, with references dating back to ancient Egypt, trachoma spreads through intimate contact, from hands, clothes, or flies that carry the discharge from the eyes of one person, most often a child, to the eyes of another. At the turn of the 20th century, trachoma was so serious a health threat in America that immigrants infected with the disease were turned back at Ellis Island. By the 1950s, with improved sanitation and living conditions, trachoma had virtually disappeared from the industrialized world.

Today, trachoma wreaks havoc in the lives of the poorest of the poor, especially women and children. It brings with it discomfort, pain, disability, dependence, and deepening poverty. It does not kill people, it kills hope. Trachoma attacks infants as young as a few months of age, and keeps attacking children with recurrent infections. It ends the education of many young children—girls particularly, who are pulled out of school to help family members afflicted with the disease. When children grow into adults, darkness falls and sight is gone. Trachoma infects women at three times the rate of men. It strikes people down in the prime of their lives, robbing them of the opportunity

to be productive. Because it spreads through personal contact, trachoma can destroy the ability of whole families, indeed entire villages, to thrive or even survive, crippling local economies and perpetuating the cycle of poverty.

But we have arrived at an unprecedented moment. At last, we have the tools to banish this disabling disease from the earth, tools contained in a proven, four-pronged strategy called SAFE, for:



SURGERY to halt the damage and the pain of trachomatous trichiasis, when eyelashes turn inward, scratch the cornea, and steal sight.



ANTIBIOTICS to treat active infection and prevent transmission.



FACE-WASHING to reduce the spread of the infection.



ENVIRONMENTAL CHANGE to increase access to clean water and improved sanitation.

The non-governmental organization that has taken the lead in advocating for full SAFE implementation is the International Trachoma Initiative. A pioneering public-private partnership, ITI is the leading international agency dedicated solely to the elimination of blinding trachoma. Working in Asia and Africa, ITI collaborates with a host of international, national and local non-governmental and governmental agencies to assess the prevalence of the disease in endemic countries and to develop and implement plans to eliminate the disease using the SAFE strategy.

Since its inception, ITI has made great strides—none of them alone. ITI was born of the efforts of international giants in science, medicine, public health, governmental and non-governmental agencies, philanthropy, and business.

Its achievements belong to these extraordinary partners, but also to ordinary people in the developing world—to local health ministers, grassroots volunteers, physicians, teachers, administrators, mothers, fathers, and many others.

ITI's special 10th Anniversary Report is an effort to highlight the milestones along the way, in the voices of some of those who helped to reach these milestones.

It is a tribute to the work done.

It is also a rallying cry not to give up before the miracle happens, to work together to achieve the goal that is in plain sight: the end of blinding trachoma.



Pioneering Research Lays Groundwork for SAFE and ITI

The unflagging work of a small cadre of pioneering scientists—devoted to ending blinding trachoma even when no one else was—helped to bring about this extraordinary moment. So did one private foundation that spent more than a decade, from the 1980s through the 1990s, supporting their work.

“Two things made ITI possible. One was the research that The Edna McConnell Clark Foundation supported, which verified that the four elements of the SAFE strategy were individually effective, and which packaged them all together. We also supported work on a vaccine for trachoma, which we never did find.

“The second thing that made ITI possible was the availability of azythromycin or Zithromax, and the willingness of Pfizer to take a chance on giving this drug away. Before that, we had tetracycline ointment to treat trachoma, but it had to be applied twice a day for six weeks and that didn’t work for children or parents. What we needed was a single-dose effective antibiotic.”

Joseph Cook, M.D.
Tropical Disease Research
Program Director,
The Edna McConnell
Clark Foundation,
1978-1999
First ITI President,
1998-2003

“What we needed was a single-dose effective antibiotic.”



Pfizer Finds Missing Link

In the early 1990s, Pfizer scientists made history. They discovered a powerful, extremely fast-acting antibiotic that would cure major debilitating infections: Zithromax. When the people at Clark and Pfizer learned that the drug was effective against Chlamydia—the genital strain of *Chlamydia trachomatis*, the very same bacterium that causes trachoma—they moved to test Zithromax against the blinding disease.

The result: Zithromax provided what had never been available before—a single-dose antibiotic that would treat and disrupt the spread of blinding trachoma.

“We didn’t know how widespread it was.”

“Our scientists came back extremely excited about this development and keen to do something. It seemed to us, being the management of Pfizer, that there was a real contribution we could make. We didn’t know how big it would be. We didn’t know how many people had trachoma. We didn’t know how widespread it was, though we knew it was widespread and mainly in developing countries. So we said, ‘Okay, we’ll do something with this.’”

C. L. Clemente
Executive Vice President, Corporate Affairs,
Pfizer, 1992-2002
First ITI Board Chair, 1998-2004



Global Leaders Pledge to End Blinding Trachoma

The explosion of support from global leaders for using the SAFE strategy with Zithromax to end blinding trachoma also inspired the creation of ITI. That support was rallied by the World Health Organization (WHO), a UN agency that targeted trachoma as a priority from the time of its founding in 1948.

“An important milestone was the Global Scientific Meeting on Trachoma Control in 1996. That was convened by WHO, with very strong support from The Edna McConnell Clark Foundation. This was the time when it was very clear that azithromycin would present a major breakthrough in terms of antibiotic treatment for trachoma. A defining consensus at the end of the meeting was to say that we should set up a kind of a mechanism, a structure that would allow having the different stakeholders around a table in order to discuss trachoma control.”

Serge Resnikoff, M.D., Ph.D.
Former Coordinator,
Chronic Disease Prevention
and Management, WHO
Member, ITI Trachoma Expert Committee

That structure became the WHO Alliance for the Global Elimination of Blinding Trachoma by 2020— “GET 2020”— a large partnership of WHO Member States, non-governmental organizations, research institutions, philanthropic foundations and industry. In 1998, the 2020 target was endorsed by WHO’s oversight body, the World Health Assembly, which passed a resolution calling on all 193 Member States to collaborate with the WHO Alliance in ending blinding trachoma.

The explosion of support from global leaders for using the SAFE strategy with Zithromax to end blinding trachoma also inspired the creation of ITI.



New York Times:

“Effort to Halt Blinding Disease Worldwide with Single-Dose Drug”

Boston Globe:

“\$66M Effort Targets a Blinding Disease”

New Trachoma Initiative Hailed as Crucial Development

On November 10, 1998, Pfizer and The Edna McConnell Clark Foundation announced the formation of the International Trachoma Initiative as the world's leading nonprofit organization devoted to eliminating blinding trachoma. Hailed as an innovative public-private partnership by the press worldwide, ITI began its work with approximately \$3 million from Clark, \$3 million from Pfizer, and a commitment by Pfizer to provide some \$60 million worth of Zithromax over two years. The focus was to be on five trachoma-endemic, WHO-identified priority countries: Morocco, Ghana, Mali, Tanzania, and Vietnam.

“This was a great opportunity for Pfizer. It also was very different from any other donation program we had ever been involved in...[W]e...realized that given the nature of trachoma this could not just be a drug donation program. Treating trachoma requires an integrated public health approach and that was what Pfizer was interested in supporting. Pfizer's senior management wanted to make sure that our efforts in this area would have a real impact on the people in developing counties.”

Paula Luff
Former Senior Director, International Philanthropy, Pfizer
Harvard Business School Publishing:
D. Barret, J. Austin and S. McCarthy; N9-302-009.
August 16, 2001

“At Clark, we realized that a pill is not enough because when the drug distribution is over, you still have the same village with no water, no sanitation. Suddenly it became clear that with SAFE and Zithromax, we had a strategy that potentially could deal with this disease effectively...So instead of a foundation leaving the field after ten to fifteen years of research and work, now we actually had a chance for it to pay off.”

Michael Bailin
CEO and President,
The Edna McConnell Clark Foundation, 1996-2005
ITI Board Member

Associated Press:

“Pfizer Giving Poor Countries Antibiotic to Fight Blindness Infection”

Chicago Tribune:

“Pfizer Works to Save Eyes in 5 Nations”

African News:

“Major Campaign Against Trachoma Launched”

Proving Ground: Morocco Triumphs Over Trachoma

Morocco has a long history of trachoma infection, with prevalence rates in the Southeast provinces reaching as high as 46% just 15 years ago. Since ITI and its partners began an aggressive trachoma control program in those provinces in 1999, Morocco has seen the most rapid progress towards eliminating blindness from trachoma in a single country in history. Today, with less than 5% active disease in children up to nine years old and less than 0.1% of adults needing surgery for trichiasis, Morocco awaits WHO certification as the first country to remove trachoma as a public health threat using the SAFE strategy.

“In addition to employing the SAFE strategy, the Moroccan government saw the importance of investing in employment, the economy, tourism, water, sanitation, electricity, roads. Morocco is a great model. While the country and the results are unique in some ways, it was very important to show that the SAFE strategy could work, Zithromax in particular. The world needed proof of the principle—Morocco provided it.”

Ibrahim Jabr
ITI President, 2007-2009
ITI Vice President, Programs, 2005-2007

“In addition to employing the SAFE strategy, the Moroccan government saw the importance of investing in employment, the economy, tourism, water, sanitation, electricity, roads.”



ITI Expands Across Continents

Between 1999 and 2003, ITI brought hope to people in small communities and villages in just a few countries, gathering proof that the SAFE strategy worked. By 2003, ITI was ready to expand the number of countries where it worked, partnerships in those countries, and its role in the SAFE programs. Pfizer's substantial increase in its Zithromax donation from 10 million doses in ITI's first five years to 135 million for the next five greatly facilitated ITI's expansion.

“Among ITI's major accomplishments from 2003 to 2007 was a strategic shift in ITI's role in trachoma elimination. We moved from ITI-owned programs to government-owned, government-led and government-supported programs. We began to implement SAFE support in 12 countries. This meant scaling up mass drug administration from 1.5 million people in 2002 to more than 25 million four years later.

“Most importantly, we saw community empowerment. The lives of people in several communities where SAFE was implemented had been transformed. In addition to a drastic reduction in the prevalence of trachoma, we saw less respiratory disease and diarrhea in children, greater use of latrines, cleaner faces, fewer flies. In one endemic district of Amhara in Ethiopia, the community demanded a school because the children were now healthy and needed education.”

Jacob Kumaresan
ITI President, 2003-2007

“Most importantly, we saw community empowerment.”





Challenges and Victories From the Field

Building on trachoma elimination success in Morocco, ITI by 2008 was working with governmental and non-governmental partners to support the implementation of SAFE in 18 of the 56 endemic countries. Every country, every district, has many stories. Here are just four, featuring challenges and victories from the field.

GHANA: First Sub-Saharan Nation Poised to Vanquish Trachoma

In a country where 2.8 million Ghanaians are at risk of trachoma infection, ITI and its partners helped to put Ghana on track to become the first sub-Saharan nation to eliminate trachoma using SAFE, and to do so *early*—by 2010. Ghana’s rate of trachoma infection in children ages one to nine has dropped dramatically, from as high as 16% to as low as 0.1 to 2.8%—rates well below the WHO-accepted level of 5%, when trachoma is no longer considered a public health problem.

Since the Ghana Trachoma Control Program’s inception in 2000, ITI with its partners has supported:

- The performance of 4,542 surgeries for trichiasis, eliminating more than a third of the backlog of surgical cases.
- The administration of more than 3.2 million Zithromax treatments to people in all 26 trachoma-endemic districts, achieving a coverage rate of 94%.

“The Ghana Trachoma Control Program has been successful because from the onset, a national task

force was formed, comprised of governmental and non-governmental organizations, which was duplicated at the regional and district levels. The other reason is political will. Ghana’s government supported the Program, providing platforms for our advocacy campaigns, like the campaign for clean water. The talk was not just about trachoma; it was also about guinea worm and diarrheal diseases. As a result, today, over 75 percent of trachoma-endemic communities have access to safe, clean water.

“I cannot end without saying that both managers of the Program and frontline workers have been very, very dedicated, even though they are few in numbers compared to the enormity of the work... This is not a one-man show. It is everybody who has something at stake in trachoma control working together.”

Agatha Aboe, M.D.
ITI Ghana Country Representative,
2002-Present, Accra, Ghana



VIETNAM: First Asian Nation Slated to Beat Trachoma

Where once Vietnam had more than 1,000 trachoma-endemic communes with prevalence rates as high as 27%, today Vietnam is poised to become the first country in

Asia to end blinding trachoma with SAFE. The rate of active trachoma in children under nine has dropped to less than 5% in all endemic communes. Yet, a major challenge remains: eliminating

the backlog of surgeries to relieve pain and prevent blindness for those with advanced stages of the disease. Both human and financial resources will be needed if the sight of tens of thousands of Vietnamese is to be saved.

Since opening its country office in Vietnam in 2000, ITI with its partners has supported:

- The administration of more than 2.1 million Zithromax treatments in 850 endemic communes within the 21 Northern and Central Coastal provinces.

- The performance of 83,830 surgeries for trichiasis, saving the sight of those who would have been blinded by trachoma.

“The trachoma program in Vietnam completed mass distribution of Zithromax on schedule, curing the disease and ending disease transmission. Over half the people who have been suffering with trichiasis have had surgery, and the country is on track to end blinding trachoma in Vietnam in 2010, a goal set by the Ministry of Health.

“The strong support and commitment of the government at every level and the heavy involvement of community organizations have been key to our success. But I must highlight the historic mobilization of schools to teach personal hygiene. This included giving each student his or her own towel at school to wash their hands and faces, an activity that is absolutely key to preventing the spread of trachoma.”

Mai Nguyen Phuong, M.D.
ITI Vietnam Country Representative,
2000-Present, Hanoi, Vietnam





NEPAL: From Problems to Progress

The Nepal National Trachoma Program (NTP) was launched in 2002 with a large staff and operations funded by ITI. This approach was expensive and the pace of coverage in the endemic districts was slow. In 2006, the NTP began to collaborate in a more integrated, localized way with the Ministry of Health and Population, other governmental agencies, and non-governmental organizations. This shift from a program run and funded by ITI to a program integrated with Nepal's national development plan has worked well and led to real progress.

“Since 2006, the implementation of SAFE has been going very smoothly and at a rocketed pace. We have reduced disease prevalence to less than five percent in five districts out of the target of fifteen. Two more districts are in line

to be declared as having reached that objective, and SAFE implementation is ongoing in the remaining eight districts.

“But work is not finished. Too many people in endemic districts still are unaware of common transmission routes for trachoma and do not know the disease can be cured or controlled by a simple surgery, an antibiotic, the use of toilets, and face washing. This requires a large scale awareness campaign and funding—the main challenge in Nepal.”

B.B. Thapa
Program Director,
Nepal National Trachoma Program,
Kathmandu, Nepal





ETHIOPIA: Is Success in Sight?

Ethiopia is burdened with the largest reservoir of trachoma infection—30% of its population—in all of Africa. The Federal Ministry of

Health and non-governmental partners, however, are now working together, tackling one geographic area at a time. Today, the trachoma elimination program has been brought to nearly half of the 600 endemic districts.



“Here in Tigray, an extremely remote area, we’ve created a sanitation movement in a country without latrines. Women suffered

most due to lack of privacy. We told the Regional president about the problem, he called a region-wide meeting of stakeholders, and that meeting was cascaded down to the local levels. People got so inspired that they went out and built pit latrines themselves—372,000 of them in only three months.

“The Federal government and Regional health bureaus hire only girls or women to become Primary Health (or Health Extension) Workers to educate their communities about health, health-seeking behaviour and use of available services, and to initiate environmental improvements; that’s making a real difference for trachoma control.”

Gebre Ab Barnabas, M.D., Ph.D.
Head, Tigray Health Bureau
Mekelle, Tigray, Ethiopia

NGO Partners Play Vital Role

Partnerships are crucial to success with SAFE and ITI's work, and the participation of non-governmental organizations is crucial to those partnerships. NGOs must take the lead, rallying other local nonprofit organizations to commit to defeating trachoma, coordinating their efforts, and monitoring progress.

"The SAFE strategy requires coalition-building. You can't do everything yourself. Since most of the agencies active in trachoma started from a prevention of blindness background—like Sightsavers International—they have mandates to do surgery, antibiotics and probably the face washing. But they don't have a mandate or expertise to start digging wells, so you've got to build the relationship with other agencies who are prepared to work in those fields.

"Sightsavers International and ITI have worked together for years. Our program managers work with national programs—ophthalmologists, ophthalmic staff, health educators—in different countries. Whenever a country that we're involved in is putting together proposals for trachoma control programs, going ahead with surveys on the prevalence of trachoma, ITI can help with its expertise. As to what we bring to ITI, we convened a Trachoma Summit for Sightsavers staff and other NGOs last year because we felt that all the partners needed a boost. So it's quite a symbiotic relationship."

Catherine Cross
Former International
Programs Manager,
Sightsavers International

"Our program managers work with national programs—ophthalmologists, ophthalmic staff, health educators—in different countries."



Shift from Single-Disease Focus Spells Hope for the Future

Wherever trachoma occurs in the developing world, so do most of the world's other Neglected Tropical Diseases (NTDs)—parasitic and bacterial infections that affect 1.4 billion of the world's poorest people. While they do not kill, their impact is stunning. When measured in years of healthy life lost, the NTD burden is greater than that of TB or malaria and approaches that of HIV/AIDS.

For decades, single-disease programs have focused on implementing single-disease strategies. Yet, many of those strategies—whether for trachoma or for other common NTDs like lymphatic filariasis (elephantiasis), schistosomiasis, onchocerciasis (river blindness) or soil-transmitted helminths (worms)—cover the same geographic regions, affect the poor, and are implemented by the same health providers. This has led the world health community to advocate for an integrated approach as a way to end duplication, better use scarce resources, and speed progress.

“Safe and powerful drugs are being donated through public-private partnerships or made available at very low cost. Integrated approaches have been devised for tackling several diseases at once, with limited demands of health systems and staff. Delivery mechanisms piggyback on existing systems...With good technical tools, good strategies, national commitment, and the generosity of governments, we can finally get the upper hand on diseases that have been considered, for so long, as the inevitable companions of poverty and misery.”

Margaret Chan, M.D.
Director-General of WHO,
Address to U.S. Agency for
International Development (USAID)
Stakeholders Meeting on NTDs, 2008



Today, ITI is taking this integrated approach to NTDs in two ways: through research, and through entering an exciting and promising organizational partnership.

Gates Funds ITI for NTD Integration Research

In 2006, ITI received a four-year grant from generous past donor, The Bill & Melinda Gates Foundation, to investigate the effectiveness of integrating treatment of trachoma with another NTD, lymphatic filariasis. Originally focused on specific regions of Mali, ITI's initiative was expanded in 2008 to include a site in Ethiopia.

“ITI clearly is the center of excellence for getting out and reaching people in the treatment of trachoma. Even though we're integrating all of these diseases together, we still need somebody to maintain a disease-specific perspective. Trachoma has an elimination goal by 2020, so we want to be sure that we don't lose sight of our goal.

“The other piece is that they have really kept these concepts of water and sanitation as a central point for trachoma control. When it comes to control of any of these diseases of extreme poverty, which the Neglected Tropical Diseases are, improved water and sanitation are the true piece of how we're going to have sustainable impact on these communities. The other programs have focused on the tool of the drug and haven't focused as much on water and sanitation. That's a real strength that trachoma brings to the group of the Neglected Tropical Diseases.”

Julie Jacobson, M.D., D.T.M.H.
Senior Program Officer,
Infectious Diseases Development,
Global Health Program
The Bill & Melinda Gates Foundation

“Improved water and sanitation... that's a real strength that trachoma brings to the group of Neglected Tropical Diseases.”



ITI Takes Bold Step, Partners with Organization Targeting NTDs

While ITI has made a significant contribution to eliminating blinding trachoma, much more needs to be done. Recognizing that ITI alone could not scale up and provide the necessary support to help reach the goal of GET 2020—the elimination of trachoma in all endemic countries by the year 2020—its Board and management in 2005 led a strategic planning process to determine new approaches.

“Strategies to eliminate blinding trachoma already exist. But implementing them fully will require alliances that are broader, tighter, more ambitious, and more dynamic than any that now exist. This can be achieved by carrying out the SAFE strategy in the broadest sense through integration with other tropical diseases, and with a concerted push to improve water supply and sanitation.”

ITI Prospectus: A New Operating Model Sought in Support of GET 2020

ITI then made another innovative decision: to reach out to select international organizations to find the best-qualified partner to increase ITI’s reach, leverage joint resources, and with the support of the Gates Foundation, significantly expand ITI’s communications and advocacy activities.

This effort has led to ITI’s bold decision to merge with the Task Force for Child Survival and Development, which includes among its priorities ending the scourge of Neglected Tropical Diseases.

“Before our decision to merge with the Task Force, we were supporting countries that carried five percent of the global disease burden of trachoma. At best, if we continued what we were doing, we would probably reach 25 percent by 2010. We had to ask ourselves: Are we happy with that? We weren’t, so we searched for organizations we thought could help bring this support beyond 25 percent.

“The Task Force is clearly such an organization. They have the Mectizan Donation Program for river blindness, supported by Merck & Co.; Children Without Worms, supported by Johnson & Johnson; and the Lymphatic Filariasis Support Center, with drugs donated by GlaxoSmithKline. With trachoma, that makes four major NTDs under one roof.

“The opportunities to make real progress are enormous. We believe that ITI and the Task Force can achieve the GET 2020 goal while also playing an increasing role in efforts to coordinate responses to other NTDs worldwide.”

Ibrahim Jabr
ITI President, 2007-2009
ITI Vice President, Programs, 2005-2007

This effort has led to ITI’s bold decision to merge with the Task Force for Child Survival and Development, which includes among its priorities ending the scourge of Neglected Tropical Diseases.



“All of us at the Task Force are excited about this opportunity to work closely with ITI on eliminating blinding trachoma. They have accomplished a great deal over the last ten years and helped prevent blindness for millions of people worldwide. They have also made important contributions to advance the field, such as helping people to believe that it can be done—that the goal of eliminating blinding trachoma by 2020 is achievable. Sustaining that vision of hope has been vital. Through this merger, we have a great opportunity to strengthen ITI’s role as ardent and active spokespersons and leaders for moving ahead on all of the elements of the SAFE strategy.

“ITI programs have taught us all about Zithromax and how effective it can be—even more effective

than people thought initially in terms of helping to eliminate and prevent trachoma infection in large populations. ITI has also gained important operational experience that will be key to the elimination effort in the future.

“ITI has learned a tremendous amount in its first ten years, and that’s ten years worthy of celebration. More than that, however, we are excited about the potential of joining forces to take on trachoma at the same time as the other Neglected Tropical Diseases that the Task Force works on daily. We all look forward to scaling up trachoma elimination efforts and using innovative approaches to reach the GET 2020 goal.”

Mark L. Rosenberg, M.D., M.P.P.
Executive Director,
Task Force for Child Survival and Development



**“We will eliminate trachoma,
country by country.”**





Making the Miracle Happen: The Work Ahead

In the last five years alone, the number of people suffering from active trachoma has been cut in half—from 84 million to 41 million. World leaders have come to recognize the devastation caused by trachoma and other NTDs, pledged resources, and promised to work to eliminate them from the earth. ITI has played an unparalleled role in these developments.

But numerous challenges remain. While ITI's work continues in 18 countries, 38 more endemic countries must be reached. Millions of people still need surgery for trichiasis. Support is needed for people to teach and supervise the surgery. Results must be monitored after mass antibiotic distribution to ensure that the disease does not return. Many more environmental and infrastructure improvements must be made. And while trachoma blinds, it does not kill; yet, it must compete for scarce resources with diseases that do—HIV/AIDS, TB, malaria. This makes it all the more urgent to demonstrate the kind of killing that trachoma does—of sight, productivity, hope for the future.

Widely recognized as the global advocate for trachoma elimination, ITI, in partnership with the Task Force for Child Survival and Development, is poised to meet the challenges ahead.

“Without ITI, the landscape of trachoma elimination and control around the world would look very different than it looks today. It wouldn't have anywhere near the visibility and the impact that it's had. Now the visibility and the impact are still much less than we would like, but we're at a tipping point. As we move along, being merged with a larger, more multifaceted organization and with more partnerships forming, it's inevitable there will be a major effect... We will eliminate trachoma, country by country.”

Alfred Sommer, M.D.
ITI Board Member
Dean Emeritus and Professor,
Johns Hopkins Bloomberg School of Public Health

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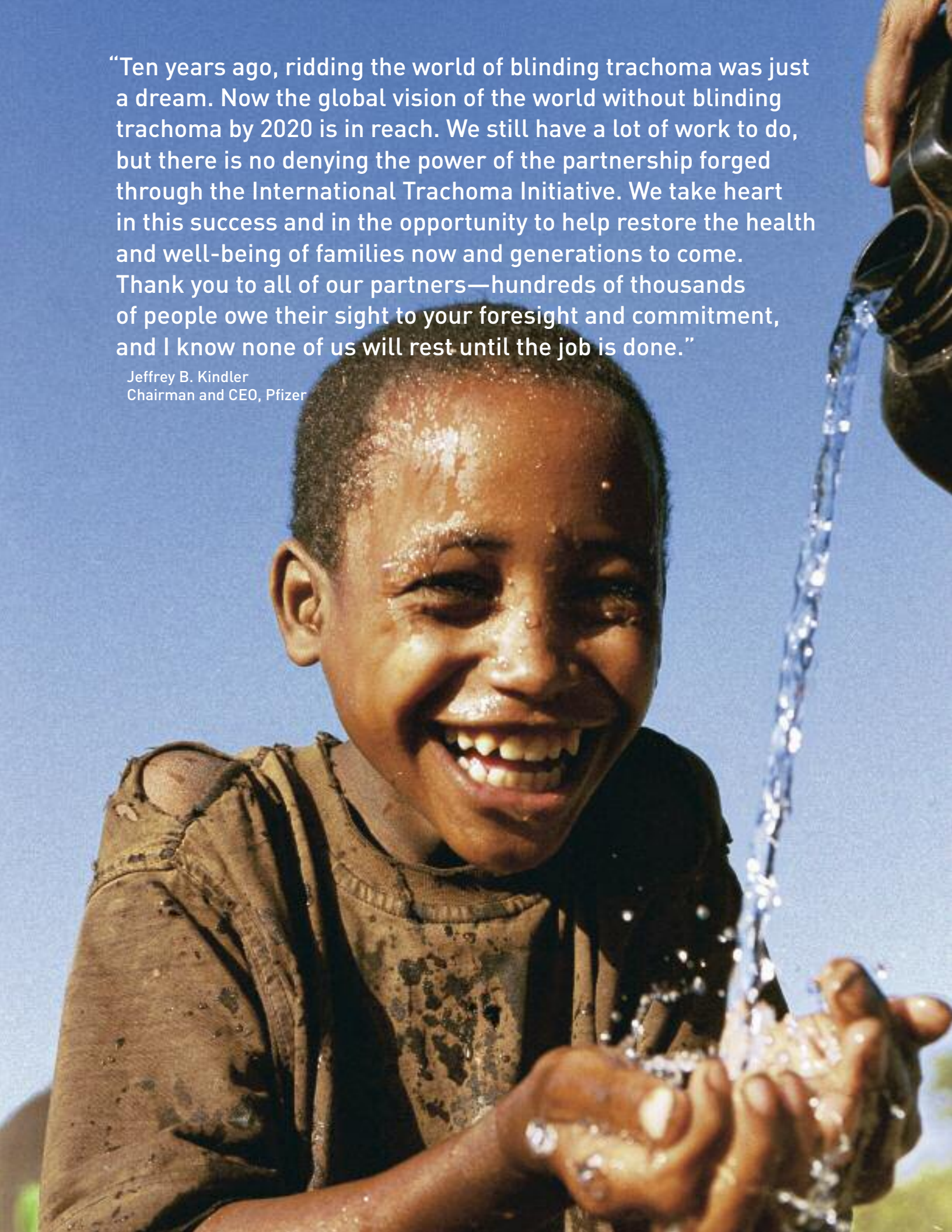
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“Ten years ago, ridding the world of blinding trachoma was just a dream. Now the global vision of the world without blinding trachoma by 2020 is in reach. We still have a lot of work to do, but there is no denying the power of the partnership forged through the International Trachoma Initiative. We take heart in this success and in the opportunity to help restore the health and well-being of families now and generations to come. Thank you to all of our partners—hundreds of thousands of people owe their sight to your foresight and commitment, and I know none of us will rest until the job is done.”

Jeffrey B. Kindler
Chairman and CEO, Pfizer





“Very few diseases have been eliminated in the history of humankind. It is now realistic to hope that trachoma can and will be eliminated within our lifetimes.”

Robert L. Mallett, Chairman of ITI Board
Former Senior VP, Worldwide Policy and Public Affairs, Pfizer



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