



Reducing trachoma in women

The Society for Healthcare Epidemiology for America 2023 Conference (SHEA 2023) was held in Seattle, WA, USA, from April 11 to 14, 2023. Farooq Kazi and Ammara Mushtaq report.



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On April 24, 2023, the second edition of the Women and Trachoma manual was launched as global partners convened for the 24th meeting of the WHO Alliance for the Global Elimination of Trachoma, in Istanbul, Türkiye.

Trachoma, the world's leading infectious cause of blindness, is known to affect 125 million people in 42 countries. Women have an increased risk of infection from trachoma due to their typical role within the home as caregivers, which increases their exposure to *Chlamydia trachomatis*, the bacterial agent that causes trachoma. As a result, women are almost twice as likely than men to require surgery to treat trachomatous trichiasis (TT), the blinding stage of trachoma.

Women's increased risk of trachoma is often exacerbated by barriers to accessing trachoma interventions, and lower uptake of interventions, due, in part, to social, cultural, and socio-economic factors. This aspect represents a significant challenge to achieving gender equity in trachoma programmes and a major barrier to eliminating trachoma as a public health problem by 2030, as targeted by the global neglected tropical disease (NTD) road map, published by WHO.

The second edition of the Women and Trachoma manual shares updated experiences and research findings from the trachoma community so that gender equity is prioritised in the design and implementation of programmes implementing the WHO-endorsed SAFE (surgery, antibiotics, facial cleanliness, environmental improvement) strategy for trachoma elimination.

The manual highlights that women have a stronger understanding about the challenges faced by other women in accessing and utilising services and are more effective than men in ensuring that interventions are

accessible and well received by women in the community.

Women's representation in central coordination and management roles is often complicated as these roles often demand a high level of education and work experience. In many trachoma endemic regions, women and girls do not have equal access to education and training as men and boys and inevitably these more technical positions are filled by men. In these situations, programmes can consider a minimum quota of women to be hired before beginning the recruitment process based on the available workforce. In doing so, even if the women candidates have fewer formal qualifications but can meet the minimum expected competencies, many of the other required skills can be gained through experience and with supportive management.

When considering campaign-specific roles, there is wide scope for women to contribute. Community drug distributors and TT case finders, for example, receive basic training on trachoma and its modalities at the beginning of a surgery or mass drug administration (MDA) campaign, which has the potential to make the roles more accessible to women. Given the team-based structure of these community roles, it is possible for those with low literacy levels to participate.

Several examples are highlighted in the manual, showing how women's participation can improve access to, and uptake of, interventions. In Nigeria, for example, traditional or religious customs mean male case finders cannot enter households unless there is a man at home. In these settings, women are at risk of missing out on surgery, simply because the case finder is male. Women's participation in the delivery of interventions is

therefore essential to ensure that the interventions are accessible to the people they are designed to benefit.

The trachoma community has made progress to advance gender equity. Countries that have collected gender-disaggregated trachoma data have been able to be more targeted in their approaches to achieve gender equity. Notably, in 2021, 69% of people who received TT surgical services were women in the 30 countries that reported gender-disaggregated data. However, women in special populations, such as ethnic minorities, indigenous or nomadic populations, will often require tailored strategies, and further disaggregation of data could be considered by national trachoma programmes to ensure that no one is left behind.

Programmatic experience shows that health service acceptance among nomadic populations is often lower than among other population groups for a variety of reasons, including poor access, the use of traditional medicine, and low trust or mistrust towards modern medicine. To increase acceptance of MDA among these populations, programmes are encouraged to educate community and religious leaders, through focusing on women, on the epidemiology, treatment, and prevention of trachoma.

The 2nd edition of the Women and Trachoma manual was developed specifically for trachoma programmes, but many of its gender equity lessons can be applied across broader NTD and infectious disease programmes to maximise contributions to the achievement of Sustainable Development Goal 5: Gender Equality and accelerate the achievement of universal health coverage.

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