

ICTC MacCallan Medal - Dr Wondu Alemayehu acceptance speech

25 September 2014

Dr. Kollman, thank you for your kind words.

Dear colleagues, Ladies and gentlemen,

I am indeed thrilled and honored by this recognition and award. I honestly and sincerely believe this is a recognition and an award to all who are contributing to the extraordinary work being performed in the last decade in alignment with the WHO's GET 2020 initiative. The global as well as local resolve has created a positive atmosphere and revitalized the elimination effort.

Almost three decades ago, when I was a graduate student in ophthalmology, an Ethiopian neurologist, Prof. Redda Teklehaimanot, did a community based study to determine prevalence of neurological diseases in central Ethiopia. While doing the study, he discovered an alarmingly high rate of visual impairment and invited me to look into it. My participation in this survey made me aware of the devastating effects of trachoma on mothers and children in this part of rural Ethiopia. The image of an affected mother in severe discomfort from blinding trachoma working in the confined space filled with smoke, preparing meals for her family despite agonizing pain was a heartbreaking experience that always stays with me. Indeed trachoma is a mother and child disease that thrives in situations where there is poor utilization of water and sanitary facilities. Trachoma is an impediment to development, robs the livelihood of families, communities and countries at large.

The avid interest and need in local capacity building lead to the establishment of the Ophthalmological Society of Ethiopia of which I became the first secretary. We started searching for partners and contacts introduced me to ORBIS that opened a country office, the first in its history, and rural eye health with a focus on trachoma in our research area became the major component of the Ethiopia country program. When I attended the VISION 2020: The Right to Sight for West Africa in 2000, I had the opportunity to present the Ethiopia case in general and the problem of trachoma specifically. ITI came to Ethiopia, explored the situation further and decided to support the implementation of the first complete SAFE strategy in 3 districts. This has expanded to over 200 districts in Ethiopia at present through the work that involved the partnership of the MOH, Regional Health Bureaus and many international and local development partners. To my extreme delight the FHF has joined this force by becoming the lead in the most needy, populous and high burden Oromia Region of Ethiopia.

Ladies and gentlemen, highly encouraging results have been achieved in the elimination of blinding trachoma in Africa, Asia, and Australia. We are particularly and closely following the exciting developments in Morocco, the Gambia as well as Ghana and learning from their experience. Few districts in Ethiopia have also reached elimination levels.

In the last two years yet another break through development was the support obtained for the proposal developed by ICTC by DFID of the UK. The Global Trachoma Mapping Project has been developed by renowned scientists led by Dr Anthony Solomon. This project has been further developed and fully implemented in Ethiopia and many other countries are in the process of implementation. The project is delivering scientifically solid evidence. The MOH of Ethiopia is urging

us to produce a proposal that would clear the backlog of TT with funds made readily available as promised at the GET 2020 meeting held in Ethiopia this year. Therefore, the GTMP data is also serving the invaluable advocacy need to generate resources for scale up and achieve the ultimate noble goal of elimination of blinding trachoma worldwide.

Provided viable partnership is developed between the health and WASH sector, I strongly believe the realization of a sustainable elimination of blinding trachoma can be realized. There should be an end to the unacceptable attitude/belief that the personal hygiene and environmental improvement (F&E) components are more costly. We have to develop a cost effective and efficient system for F&E. Behavioral change is of the essence!

Years ago while we were developing elimination criteria in Baltimore, I said it is getting too complicated for me to see while I am still alive. A colleague asked, "How long do you want to live?". However, developments to date indicate my wish/dream will come true. The days we would put an end to the sufferings of mothers, the hearts of families, and see the depressing picture of excruciating disease only in textbooks is not far at all. It is doable!

Thank you ICTC and Thank you All!