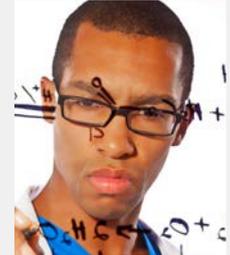


The Théa Foundation's news

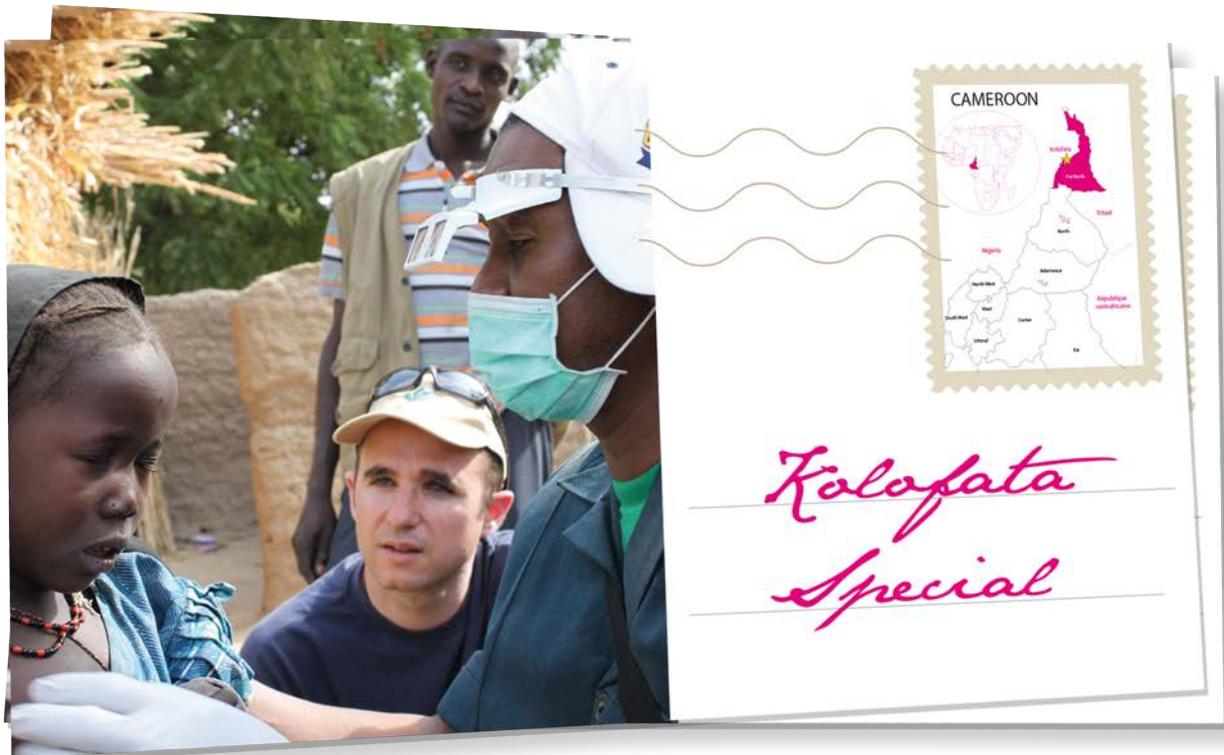
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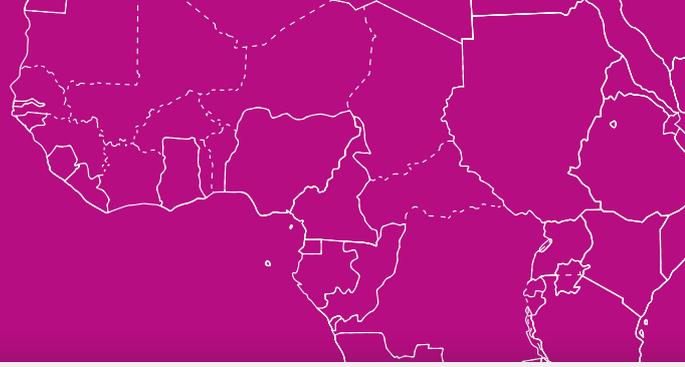
July 2013

Fighting against blindness and improving eye care



"Real progress is tradition carried forward"



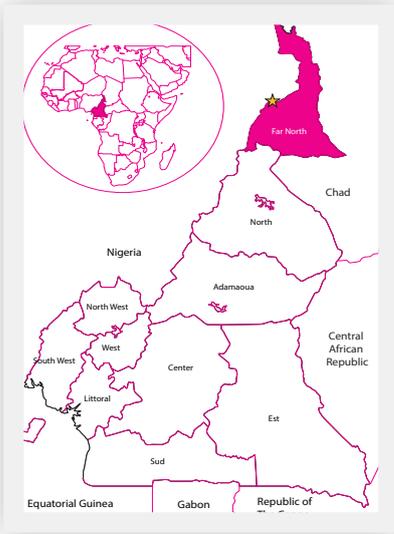


On January 13th 2013,

On January 13th 2013, the team mandated by the Théa Foundation and accompanied by Jean-Frédéric Chibret, landed in N'Djamena. The capital of Chad is the quickest way to reach North Cameroon.

The next day, they set off on a 7 hour drive on the dirt track called "N'Djamena-Kousséri", which is the main route between Cameroon and Chad. They passed hoards of mopeds, loaded down with their burdens ranging from fuel to spare parts. Every day, all sorts of vendors take this road.

Our exhausted volunteers arrived in one of the main towns in this poor, rural region, located some 20 kilometres from the Nigerian border: Kolofata!



The team discovers Wasa National Park en route to Kolofata



Dr Ellen Marie Einterz

It is in this town that Dr Ellen Marie Einterz chose to make her home more than 20 years ago. Of American nationality, originating from Indianapolis, she had left everything behind to settle in this district of 36 000 inhabitants where the public health service was assured by a basic dispensary. With the support of both local and foreign donors, "Dr Ellen" has transformed this simple institution into a first rate example of international cooperation. The Kolofata hospital now treats more than 25 000 people each year, of which a large percentage come from Nigeria, Chad and Niger. Here, frontiers are no barrier to the flow of patients who are welcomed regardless of their nationality.

Amongst the hospital facilities, are a laboratory and an eye care centre. The reputation of this centre has even reached South Cameroon, although this region is better served by hospitals ... One of the keystones of this centre is the "O.S.F.", the French charity "Ophthalmologists without borders". Leaders from the O.S.F. charity were to accompany the team in their visits of the neighbouring villages to carry out the survey But, the day had been very long and it was agreed to meet up the next morning at 7 o'clock in the Kolofata hospital.

The alarm clock rang early, and it was with military organisation that the day was prepared. First of all, it was important to draw up a plan of the visits. The region was divided into 3 sectors and each team was allocated a sector. The "4x4" vehicles were then loaded with boxes of antibiotic eye drops, magnifying glasses, antiseptic lotion, soap.

On the rough tracks leading to the villages, they passed a never-ending stream of women carrying water jars on their heads or babies on their hips. Gréa, Biablablin, Cheripouri, Kerawa, Tolkomari, Gangawa, Bamé, when they arrived in a village, the mission started with a courtesy call to the village chief, which very often turned into an eye check-up for the chief or members of his family. Then, they got down to work!

The aim of the Théa Foundation team was not to administer a mass treatment, but to check the effectiveness of the treatment that had been delivered in the past years. What was the prevalence of trachoma in the villages surrounding Kolofata 3 years after the last campaign of treatment? The January 2013 mission could not examine all of the 120 000 people who had received treatment in the past. Their objective was to carry out a survey through sampling; a scientific method which enables the health of a global population to be assessed using tests carried out on a sufficient number of individuals to ensure a reasonable degree of reliability. The decision concerning the number of individuals chosen and the method of selection is crucial in this type of survey. In this case, it was decided to follow W.H.O. recommendations and work on a population of 2 400 children, aged between 1 and 10 years old, divided into 40 "pools" of 60 children per pool. The examination consisted of an inspection of the children's eyelids. The upper eyelid was turned over to check for the presence of follicles. According to the W.H.O simplified grading system, the presence of at least 5 follicles of a certain size in the upper tarsal conjunctiva constitutes a case of follicular trachomatous inflammation.



Dr Pierre HUGUET, former head at the WHO (World Health Organization), has been mandated by the Théa Foundation due to his strong experience in the fight against trachoma in French-speaking African countries

1)3 campaigns of treatment were carried out in February 2008, January 2009 and January 2010



Dr AMZA carrying out a clinical examination under the watchful eye of Jean-Frédéric CHIBRET

In practice, once they arrived in a village, our doctors and volunteers made a completely random selection ... For example, they chose one street and tested all the children that they encountered until they reached their target of 60 "little ones". There were many candidates. The children clustered around the vehicles, all wanting to be examined by the experts from the O.S.F. charity. However, science requires precision and the team was only interested in children aged between 1 and 10 years old. It was out of the question to break this rule. Very often, disappointed teenagers tried to cheat by joining the queue and explaining that they were only 9 years old, but in their village "Everybody grows quickly". Or, they would pretend to have problems with their eyesight "I can't see in the distance, doctor!". At the other end of the scale, with the little toddlers, it was carefully checked that they were over one year old. Some simple methods were used to evaluate the child's age: in general, a one-year child can walk; a five-year old child can touch his left ear with his right hand by passing his right arm above his head.... Suppleness and sufficient arm length are needed for this and it is rare for a child below five years old to manage this exercise.

Every morning, the teams started out at dawn. Each day, they visited 3 or 4 villages, examining children,

distributing soap to the mothers and emphasizing the personal hygiene measures that are so important in the prevention of trachoma. Each day, they set off back to Kolofata at between 2 and 3 pm. From one village to another, the levels of prevalence of trachoma were very different. It is clear that the presence of water is a key factor. In villages with rivers where a little water flowed, the results were good. On the other hand, in dry villages the level of prevalence was more than 20 %. This was the case in Cheripouri. It is also evident that the border zone with Nigeria – a country where the disease is untreated – is an aggravating factor. Conversely, the presence of a religious institution in a village, be it Muslim or Catholic, is a great advantage in the fight against trachoma or any other disease. In the depths of the bush, these establishments, which are in permanent contact with the outside world, are often the best dispensers of hygiene and prophylaxis.

Of course, the team did not limit itself to the assessment survey and advice on personal hygiene measures. They screened the children for Trichiasis and other ocular diseases. In the rare cases where Trichiasis was diagnosed, they handed a letter to the family so that the affected child could quickly receive surgery at the Kolofata hospital at the expense of the Théa Foundation.

2) Trachomatous Trichiasis: according to W.H.O. grading, at least one eyelash rubs on the eyeball or evidence of recent removal of inturned eyelashes.

A TRAVEL JOURNAL (cont.)



Review of the week spent in Cameroon

Pride at what has been carried out in these villages over the past 5 years.

Even greater determination to pursue and improve the work accomplished so far.

A very sincere thank you to the wonderful onsite team that accompanied the Théa Foundation representatives, especially to Doctors Ellen Marie Einterz, Abdou Amza, Aminou Bouba and Pierre Hugué, and also to their assistants, often auxiliary health workers, who were of precious assistance as interpreters of the local dialects³⁾. We also thank Myra Bates, logistic manager for Kolofata hospital

Since the Théa Foundation team has returned to France, there has been a happy ending to the kidnapping of the French family, and the Théa Foundation hopes to be able to go back to the beautiful region of North Cameroon very soon. There is still work to be done and some villages still need to be treated. There must be no let-up in the fight against trachoma.



3) As well as the official languages, which are French and English, Cameroon is a country with a large number of dialects (approximately 200).

THE THÉA FOUNDATION IN NORTH CAMEROON:

Durable action in the fight against trachoma



The history of the Théa Foundation's involvement in North Cameroon goes back almost 20 years.

In the mid 1990's the W.H.O. Alliance for the Global Elimination of Trachoma by 2020 (GET 2020), put in place the innovative SAFE strategy, combining medical and surgical measures with hygiene education to maximise the impact. Nevertheless, for the W.H.O., treatment by antibiotics remains an essential tool.

This is why, in 1997, the W.H.O. put out an urgent global appeal to the pharmaceutical industry to develop a

short-course topical antibiotic to eradicate trachoma in poor countries. Théa heeded this request and so, in 1999, started the long program to develop such eye drops, a program which was to last 8 years due to the duration of the clinical studies and registration procedures, but also to technical difficulties encountered at the galenic stage.

The second part of the adventure started in 2008.

2 160 000 doses of these new antibiotic eye drops were transported to the Kolofata area in North Cameroon and administered by health-care workers to a population of 115 000 people over three campaigns of treatment. Why Kolofata? This area, situated in the North of the country, is a region which has always paid a heavy tribute to eye diseases; because, unsurprisingly, a survey carried out 3 years previously in this town by the O.S.F. charity within the framework of the national Cameroon program to fight against blindness, showed the prevalence of active trachoma in children aged between 1 and 10 years old to be about 21%.

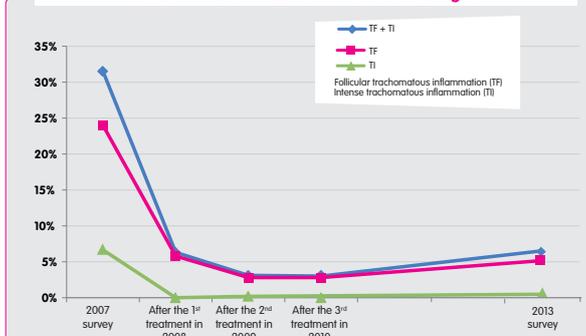
Success came quickly. Firstly, because the course of treatment is extremely

short: three days of treatment, morning and evening, are sufficient. Next, soon after the first campaign, the prevalence of active trachoma had fallen to 6.3% and dropped further to 3% one year after the end of the third campaign.

In January 2013, three years after the last campaign of treatment, a Théa Foundation team, accompanied by Jean-Frédéric Chibret, returned to Cameroon to evaluate if a further campaign would be beneficial. The result of this assessment: the report of the mission by Dr Abdou Amza estimates the prevalence of active forms to be at 5.2 %. The treatment delivered had been very well tolerated, with no serious ocular or systemic side effects.

However, certain villages require to be targeted and the Théa Foundation plans to treat 15 000 more people via the O.S.F. charity. In the meantime, we can be sure of one thing: the results obtained in Kolofata lead us to hope that the infection rate will soon fall below the epidemic level and the disease will be eradicated. The elimination of trachoma is now within reach in North Cameroon, and why not, in the near future, in all the other hyperendemic regions of the earth.

Prevalence of active trachoma in the Kolofata region



THE O.S.F. CHARITY IN CAMEROON



OPHTHALMOLOGISTS WITHOUT BORDERS

O.S.F. is a non-governmental organization founded in 1987 by Dr. Marcel JOUANDET.

O.S.F. has been present in Cameroon for 25 years.

Dr Philip Bensaid, vice president of OSF, received the Gold Medal of Trachoma at the SFO (French Society of Ophthalmology, Paris, May 2013).

7 eye care centres out of the 8 initially set up:

- Maroua,
- Lagdo,
- Yagoua,
- Kolofata,
- Kousseri,
- Mayo Oulo,
- Mokolo.

The Théa foundation would like to thank Anne Broggi (OSF representative in Cameroon), for her help during the KOLOFATA mission in January 2013.



Anne Broggi, OSF representative in Cameroon

NORTH CAMEROON:

A region hard hit by eye diseases



Their names were Jullemier, Raugé, Cartron... The journals of these colonial doctors, practising at the beginning of the 20th century, are rich in details about the health of the population of Cameroon, especially in the North of the country, as far as eye diseases are concerned. What do they tell us?

In the capital and the South of the country, apart from ocular complications caused by leprosy and filariasis of the eye, eye diseases were rare. However, the further North they went, the more the eye diseases increased in prevalence and severity.

Inflammation of the conjunctiva caused by sand storms was widespread. This frequently also induced blepharitis.

The sun, the sand, smallpox, gonorrhoea and syphilis all led to ocular diseases from simple conjunctivitis to blindness. These doctors tell us that, whilst consulting in the Maroua region, they came across whole families of seven or eight individuals, all suffering from venereal conjunctivitis, as well as many blind people with eye scarring caused by trachoma or smallpox.

And what of the treatment? In their medical bags, the good doctors Jullemier, Raugé, and Cartron carried silver nitrate eye drops for gonorrhoeal conjunctivitis and copper sulfate for simple conjunctivitis. As for trachoma, this was treated by a copper sulfate pencil.