10TH ANNIVERSARY

FONDATION THÉA

Fondation Théa

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summary

The Fondation Théa is ten years old.

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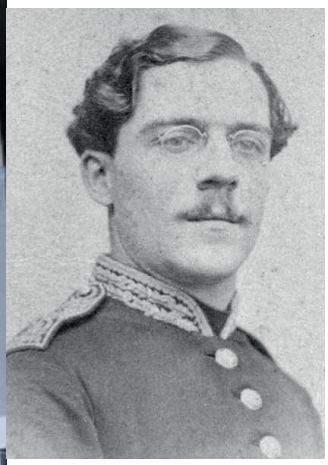
In April 2012, when we tabled the articles of association of this Fondation, which aims to promote or assist initiatives to combat blindness and improve ocular health, we had only one objective: to structure and deepen a much older action on the African continent. We wanted to make it more consistent and effective by assigning it two priorities: training of medical staff and the fight against trachoma; all in a restricted area for French-speaking and Portuguese-speaking countries. The fact remains that it was part of a long family tradition.

Trachoma, education, and Africa have mobilized Chibret for generations. However, nothing presupposed them to be interested in it. Yes, but that's it! Paul Chibret, young doctor auvergnat, born in 1844, left for Algeria, in 1870, to relieve human suffering. He remains for us, the "great ancestor", one of these precursors of humanitarian action and field medicine in the Global South; the one who has shown the road...



Paul Chibret
(1844-1911)

We are in 1868. This young doctor comes from Strasbourg's Imperial School of Health. Five Nobel Prizes in Medicine, including Alphonse Laveran, who will discover the origin of malaria, have also passed through this institution. Leaving his 3rd of his promotion, he went on to complete his training in Val de Grace (Paris), where he took advantage of his first ophthalmology teaching by Maurice Perrin, a master of this nascent speciality.

Here he's ready for service. He leaves the Capital, towards Algeria, where he is expected in Tebessa, an ancient Roman city two steps from the Tunisian border, and 240 km from the slightest aid. In this large town, which old remparts give the appearance of a citadelle, he is responsible for the local ambulance, which includes around sixty beds. In addition, he runs considerable distances to treat nomadic tribes. During his consultations, he receives a lot of blinding as well as patients with red and damaged eyes. This is known as Egyptian ophthalmia. At the time, experimental evidence of the transmission of this disease was provided. Countless human experiments have proven the infective potential of granulations uncrusted at the back of the conjunctiva. Unfortunately, epidemiologists fail to identify the factors triggering this ophthalmia. As for the miracle remedy, it will be necessary to wait almost a century for its development...

It was in October 1871, and following an iridochoroiditis that Paul Chibret was returned to Europe, where he decided to devote himself exclusively to eye diseases, following the courses of Galezowski and DeWecker, the great masters of the discipline who then practise in Paris. In 1883, he was also responsible for the creation of the Société Française d'Ophtalmologie (SFO), the first meeting of which will be held in Paris. He will defend a report on trachoma. Incidentally, he will be interested very early in the sharing of knowledge, which will not be without consequences for the future. We will see it.

As early as the 20th century, the family resumes the battle against this disease. My grandfather, Jean Chibret (1915-1989), is convinced that it will not disappear on the African continent by virtue of economic development alone. He became French industrialist on the subject. In Algeria, he established close ties with the Trachoma Institute at the Mustapha d'Alger University Hospital. As the fight against trachoma is also, and can be above all, carried out in the field, he puts free at the disposal of Dr Renée Antoine, his antibiotic eye ointment based on

cyclins, when she travels more than 60,000 kilometers of tracks in the desert, and gives more than 24,000 consultations in his medical trucks. He also works in Tunisia, a country particularly in the fight against trachoma due to certain "Precusors". Among them, Auguste Cuénod pioneers Tunisian ophthalmology, who with Dr Roger Nataf, world-renowned for his research on trachoma, will make Tunis one of the world's capitals of knowledge of contagious eye diseases.

Whether it's in Algeria, Tunisia or sub-Saharan Africa, our family works with the best teams and strives to support the overall research effort against trachoma. In 1953, Jean funded the scholarships and launched the Gold Medal Chibret, a competition open to trachomatologists on clinical, social and preventive subjects, concerning medical or surgical treatment. For years, he also took over the publication of the International Journal of Trachoma. Finally, he opened Clermont-Ferrand the largest ophthalmology documentation centre to promote knowledge sharing.

And then comes the fourth generation, that of my uncle Henri Chibret. We are in the mid-1990s, the WHO Alliance for the Global Eradication of Trachoma by the year 2020, has just defined an original strategy for fighting the "CHANCE strategy". This strategy combines medical and surgical measures and, in order to stabilise and extend its impact, of teaching in terms of hygiene. For the WHO, antibiotic therapy remains the nerve of the war. This is why, as early as 1997, the UN organisation sends an urgent international request to the pharmaceutical industry.

Henri Chibret,
founder of Théa,
has enriched therapeutic
treatment against trachoma.
He has been distinguished
by many organizations:
SMO, SAO, SAFO*
and recently received
the Spirit of Helen Keller Award

* African French Society of Ophthalmology (SAFO), Algerian Society of Ophthalmology (SAO), Moroccan Society of Ophthalmology (SMO)

short-term treatment for trachoma. Henri is not deaf to this call. In 1999, he started a long programme to develop a new eye drops, a short treatment based on an antibiotic from the macrolide family, which was to last 8 years due to the duration of clinical and registration trials as well as the technical difficulties, particularly related to the formulation.

The second part of the adventure begins in 2008. At the request of the WHO, two million doses of this new product are routed and administered during three campaigns by health agents in the district of Kolofata in North Cameroon. A population of 115,000 people will be treated. Why Kolofata? Because a survey conducted three years earlier, as part of Cameroon's national programme to combat blindness, showed that the prevalence of active trachoma is estimated to be more than 31% in children aged 1-10 years.

It's a quick turn of success. First, this treatment is short: three days, morning and evening are enough. Then, from the first campaign, the prevalence of active trachoma increased to 6,3% to fall to 3% one year after the 3rd campaign. In January 2013, three years after the last treatment campaign, accompanied by a team from the Fondation Théa, I return to Cameroon to assess the opportunity for a complementary campaign. If only because in a border area, the dispensaries in the region regularly treat new patients from neighbouring countries. Summary of this survey: Prof. Abdou Amza's mission report estimates the prevalence of active forms at 5,2%, a slight increase due in particular to the influx, in this border region, of untreated populations from neighbouring countries.

One thing is for certain: the results obtained at Kolofata allow us to expect that the elimination of trachoma is now at hand in all the hyper-endemic areas of the planet. Especially since one carried out in Chad in 2015, established the relevance of the use of this new treatment, instead of tetracycline ointment in babies, which represents the great hope for better management of infants.

A last word. In 2012, ten years ago, along with trachoma, the Fondation Théa is going to be a priority, knowledge sharing and training in general. Another way of being fully faithful to the family tradition.

150 years ago, Paul Chibret showed us the road. Five generations later, with the Fondation Théa, we are continuing to fight. ■

Priorities and a mindset

by Serge Resnikoff, President of the Fondation Théa

SERGE RESNIKOFF

President of the Fondation Théa

A world health expert, a former senior official of the World Health Organization (WHO), in charge of major prevention programmes, Professor Serge Resnikoff is a member of the Executive Board of the International Agency for the Fight against blindness and Director of the International Ophthalmology Council.

Ten years after the creation of the Fondation Théa, the bet was held thanks to exceptional men who I would like to greet before anything else: Henri and Jean-Frédéric Chibret, the President of our Scientific Advisory Board, Philippe Kestelyn, Emeritus Professor at the University of Ghent (Belgium), as well as to all his international stature experts from Europe and Africa, who shared with us, their enthusiasm, their time, and their talent. They reviewed and selected projects within the namely : the Fondation's priorities, namely: the fight against trachoma, which is our traditional field of intervention, and the training of ophthalmologists and other professions involved in eye health; all, in the countries of French-speaking and Portuguese-speaking Africa. I don't want to forget to pay tribute to Didier Renault's zeal and enthusiasm, General Delegate of the Fondation.

In a few years of existence, the impact of the Fondation's actions in Africa has continued to grow to involve a small number of countries today. The Fondation Théa is characterised not only by a geographical area that is constantly expanding, but also by a mindset.

Initial the development

In response to one-off interventions or responses to a problem in some or such part of the continent, our Fondation prefers structural commitments that support communities in the long term in the face of fundamental concerns. This is the challenge of health human resources. Africa will have two billion inhabitants in 2050. But the 47 countries in sub-Saharan Africa, to mention only them, have only 168 faculties of medicine! These figures give the measure of the decorrelation between "population" and "care offer" that the continent suffers. While the World Health Organization (WHO) recommends a ratio of 7 doctors and 30 hospital beds per 10,000 inhabitants, sub-Saharan Africa has only one and 10. That is why Africa must become a "training centre". The Fondation Théa is therefore attentive to African solutions to promote new generations of health professionals and respond to this personal crisis.

Opt for innovative solutions

This is also a distinctive sign of our organization. We are paying attention to the development of new technologies. This is how we disseminated to almost all French-speaking Africa, the e-Ophta developed by the Collège des Ophtalmologistes Universitaires de France (COUF), which could tomorrow be enriched by African professors. Promising e-training solutions, as well as e-health solutions will multiply: health remotely to overcome the difficulties in accessing healthcare, medical applications that will use artificial intelligence (AI) to provide a diagnosis, etc. In this respect, the Fondation will continue to study the field of possibilities.

* List of experts **belonging to** or who have belonged to the Fondation Théa's Scientific Board: Les Prof. Abdelouahed Amraoui (Morocco), ***Sergei Astakhov*** (Russia), ***Seydou Bakayoko*** (Mali), Talin Barisani-Asenbauer (Austria), Emilio Campos (Italy), Robert Chappell (England), Isabelle Cochereau (France), Borja Cortostegui (Spain), Laurence Desjardins (France), ***Philippe Kestelyn*** (Belgium), ***Moncef Khairallah*** (Tunisia), ***Volker Klauss*** (Germany), André Mermoud (Switzerland) , Ian Murdoch (England), Wojciech Omulecki (Poland), Stefan Seregard (Sweden), Paulo Torres (Portugal).

Taking into account African duality

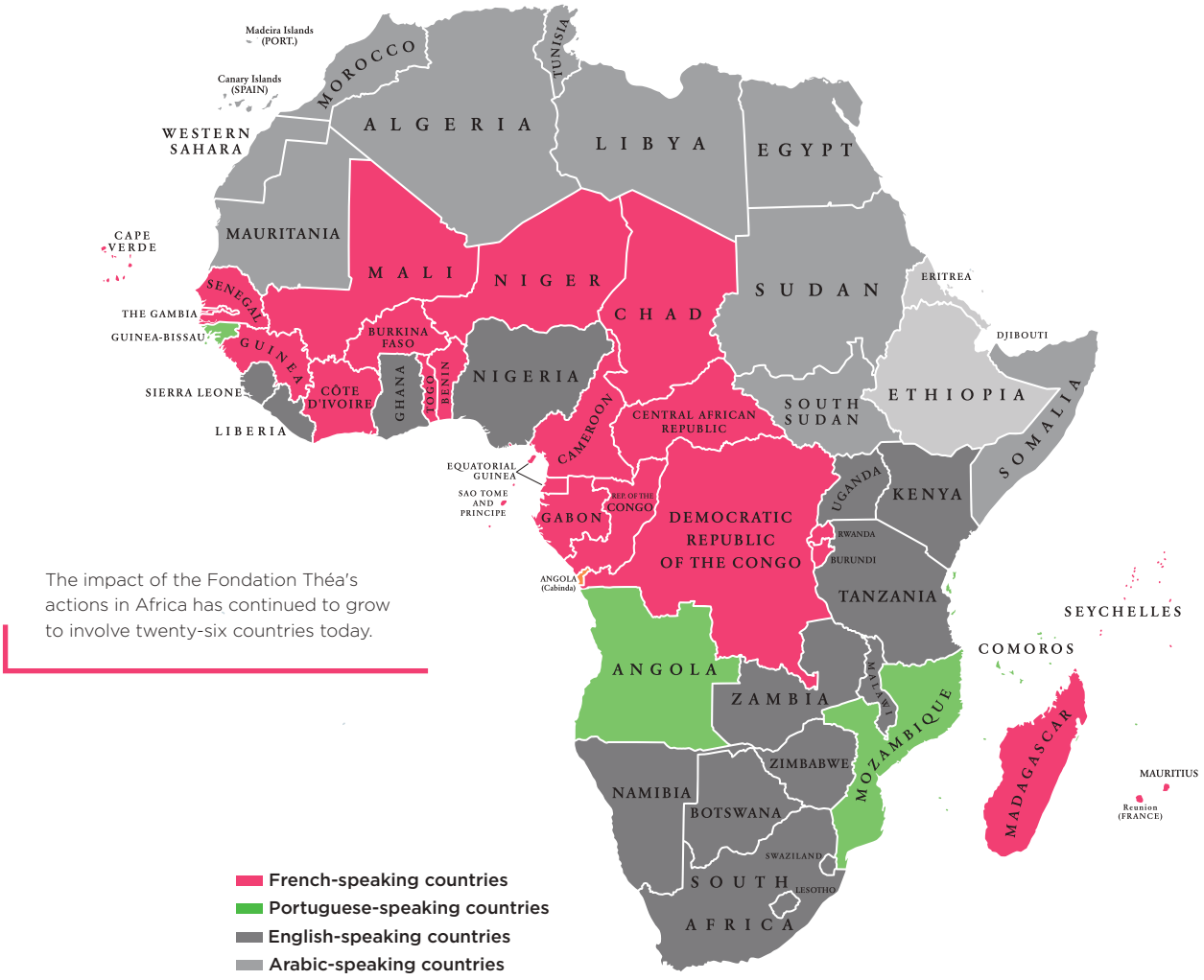
For Africa is at the same time the rise in power of a creative youth with talents (half of its population is less than 30 years old), an urbanisation that takes place faster than Europe has done, with large modern cities open to the world dedicated to playing a vital role in the growth of their countries. But it is also, and often far from these large centres, a much harder reality, with isolated communities, a "deep rural" still landlocked, which lack both circulation and exchange infrastructure, energy and digital equipment, and finally functional health structures. This is a point of vigilance for our experts: we are concerned to work for the people who have the greatest difficulties in accessing healthcare.

A bias toward French- and Portuguese-

speakers on the assumption that the African "landscape" is made up of many fondations, international agencies, development funds and Anglo-Saxon organizations, whose support already benefits the countries of anglicized Africa. ■

DIDIER RENAULT

Deputy General of the Fondation Théa, he initiates projects and manages the implementation of the decisions of the Board of Directors in which he sits as representative of the staff of Laboratoires Théa



The impact of the Fondation Théa's actions in Africa has continued to grow to involve twenty-six countries today.

Ten years of Scientific Council of the Fondation Théa (2012 - 2022)

PHILIPPE KESTELYN

President of the Scientific Board of the Fondation Théa

Professor Emeritus at the University of Ghent

When Jean-Frédéric Chibret contacted me ten years ago to ask me whether I wanted to contribute to a new initiative, a Fondation that would aim to promote ocular health in French-speaking and Portuguese Africa, I accepted without hesitation for many reasons.

> **It was in Rwanda that I learned how to diagnose and treat trachoma**

First of all, because I share with the Chibret family a great love for Africa, having worked for more than ten years as a young ophthalmologist at the Kigali Hospital Centre in Rwanda. This African period of my career has given me so much, that I will never be able to pay my debt to Africa. The richness of the infectious pathology in Africa referred me naturally to the study of these diseases and this is where I took my first steps as a clinical researcher when a new mysterious disease appeared in 1983. By describing the ocular manifestations of the first AIDS cases in Africa, I was able to lay the basis for a PhD thesis that I defended at the University of Ghent in 1991. It was in Rwanda also that I learned how to diagnose and treat trachoma, an endemic disease in the most arid regions of the country. **This disease that is still the world's leading infectious cause of blindness and therefore rightly a priority for the Fondation Théa.** Gradually becoming aware of the huge need for eye care in a country where at that time had less than one ophthalm per 1 million inhabitants, my work in Africa made me aware that my technical training as ophthalmological training and my role as a hospital doctor were insufficient to face the challenge. I needed other skills that I acquired through a public health training in ophthalmology in Johns Hopkins in 1987 under the direction of Dr. Alfred Sommer, International Topic in Vitaminose A. Returning to Rwanda in 1988, I was able to make my notions of public health to improve the impact of my activities.

When I returned to Belgium in 1991, I was able to return to a university based on my scientific work and my level of public health. Professor Jean-Jacques Delaey offered me a position in the ophthalmology department of my *alma mater**, the University of Ghent and when he retired in 2006, I succeeded him. During my academic career I have had many contacts with the firm Théa and over the years an excellent relationship has developed with both the company and its leaders, Mr Henri and

> **Théa is a company listening to ophthalmologists who are heavily involved in training and research**

* Alma mater is an expression of Latin origin, translatable by the notion of "nursing mother", often used to designate a university

Jean-Frédéric Chibret. Théa is a company listening to ophthalmologists, who are heavily involved in training and research, as evidenced by its presence at national, European (EBO, EVER) and international (ARVO) congresses; an innovative company also, which has developed a topical treatment for trachoma which has revolutionized our ideas on the importance of eye drops not stored in glaucoma, a vast research subject for many teams including mine in Gand. So that's my second reason to say yes right away at the invitation of Jean-Frédéric: I was convinced that the values that the Chibret family had so well cultivated at the level of the Théa company would also be incorporated into the functioning of the Fondation Théa: priority to training, information, and innovation. And I wasn't mistaken!

Finally, the fact that Professor Serge Resnikoff was Chairman of the Board of the Fondation was a third, if necessary, to accept the chairmanship of the scientific committee. Serge, consecutively a fieldman in Mali, senior official in Geneva, professor at the University of South Wales in Sydney, but above all due to his passion and great knowledge of Africa, analyses better than anyone else the situation of ophthalmology in Africa - particularly the needs and opportunities.

In principle, **the scientific committee meets twice a year, either at an ophthalmology congress to limit costs or as videoconference.** It is composed of African and European experts all recognised for their expertise in ophthalmology and ocular health. Thanks to the competence of the Scientific Committee, an opinion based on competitive cases can be issued to the Board of Directors, which takes the final decision. Thank you here for facilitating the task of Professors Talin Barisani Assenbauer, Emilio Campos, Isabelle Cocherau, André Mermoud, Borja Corcostegui, Abdelouahed Amraoui, Sergei Astakhov, Laurence Desjardins, Ian Murdoch as well as Mr Robert Chappell. In particular, I thank my long-standing friends, Professor Moncef Khairallah of the University of Monastir, an international specialist in uveitis and medical retina, and Professor Volcker Klauss of Munich, who has made an extraordinary contribution to the development of ophthalmology and eye care in Kenya. I would also like to thank the General Delegate of the Fondation, Didier Renault, a warm, energetic and enthusiastic man, who has become a real friend during these ten years of collaboration within the Fondation. Here I also welcome the administrative team Sophie Bouvier and Lorraine Kaltenbach, who liaise with us, members of the scientific committee, with humour and efficiency.

The Fondation Théa's purpose is to finance projects and not to execute them. Collaboration with partners dealing with operational aspects is therefore essential. The task of the scientific committee is to check whether the applications/ projects submitted meet the eligibility criteria established by the Fondation:

- be consistent with the objectives of the Fondation (fight against trachoma, training, innovation)
- meet clearly expressed and measurable needs
- have a significant and identifiable impact
- be part of a long-term development perspective
- involve local partners and organizations recognized for their professionalism.

After ten years of activity, the **Fondation's sphere of influence extends to around thirty countries in French-speaking and Portuguese-speaking Africa.** This choice is explained and justified when it is considered that health aid is much lower in these countries compared to English-speaking African countries. The fight against trachoma remains a priority activity of the Fondation Théa, especially since it is now clear that the objective of the GET Alliance (Global Elimination of Trachoma as a public health problem by 2020) has not been achieved despite remarkable progress.

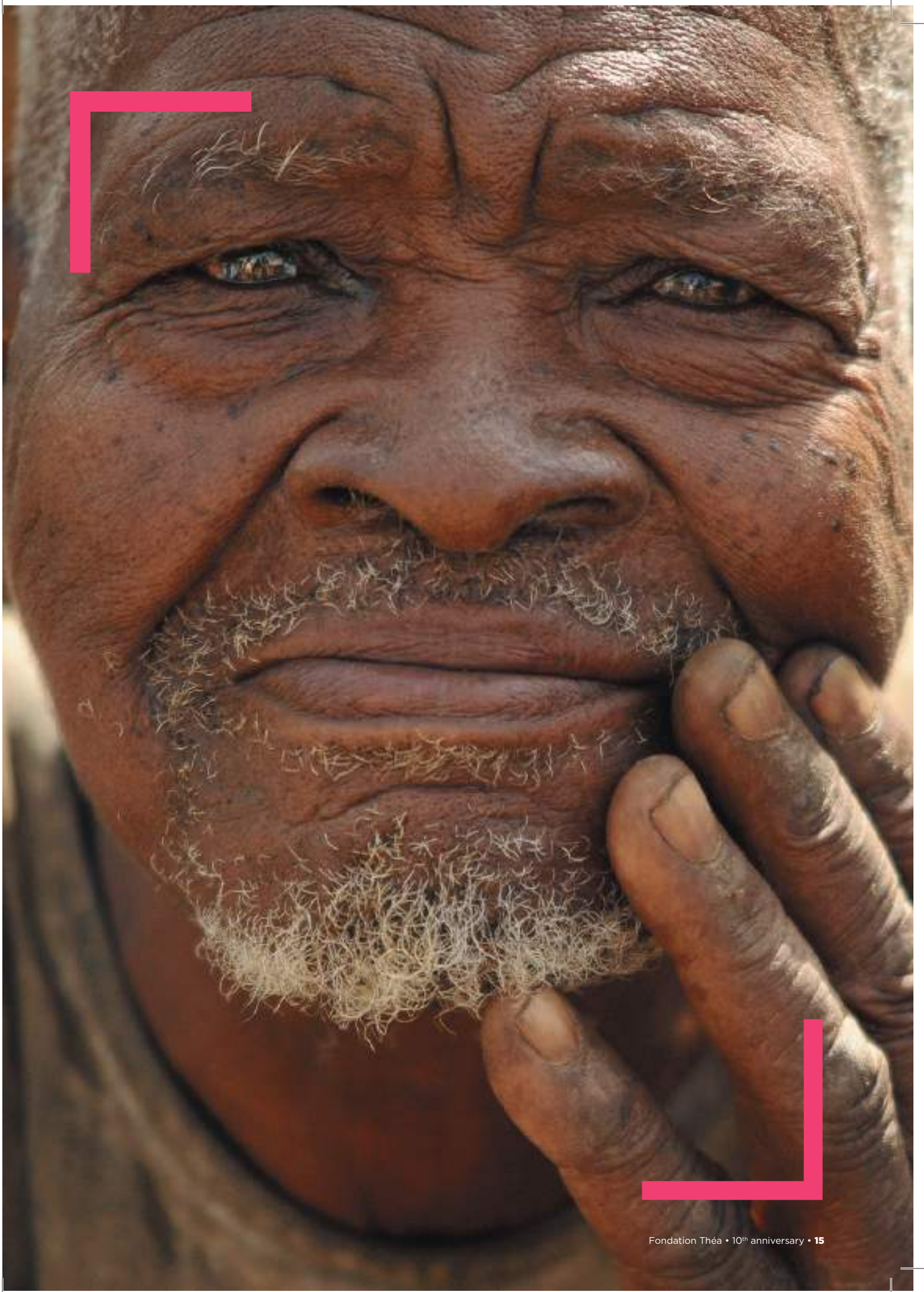
Dear Jean-Frédéric, on behalf of all the members of the scientific committee, I congratulate you and the members of the Board of Directors with the results of the first ten years of the Fondation Théa. We are proud and grateful for being able to participate in this beautiful initiative!

With all my esteem and all my friendship,

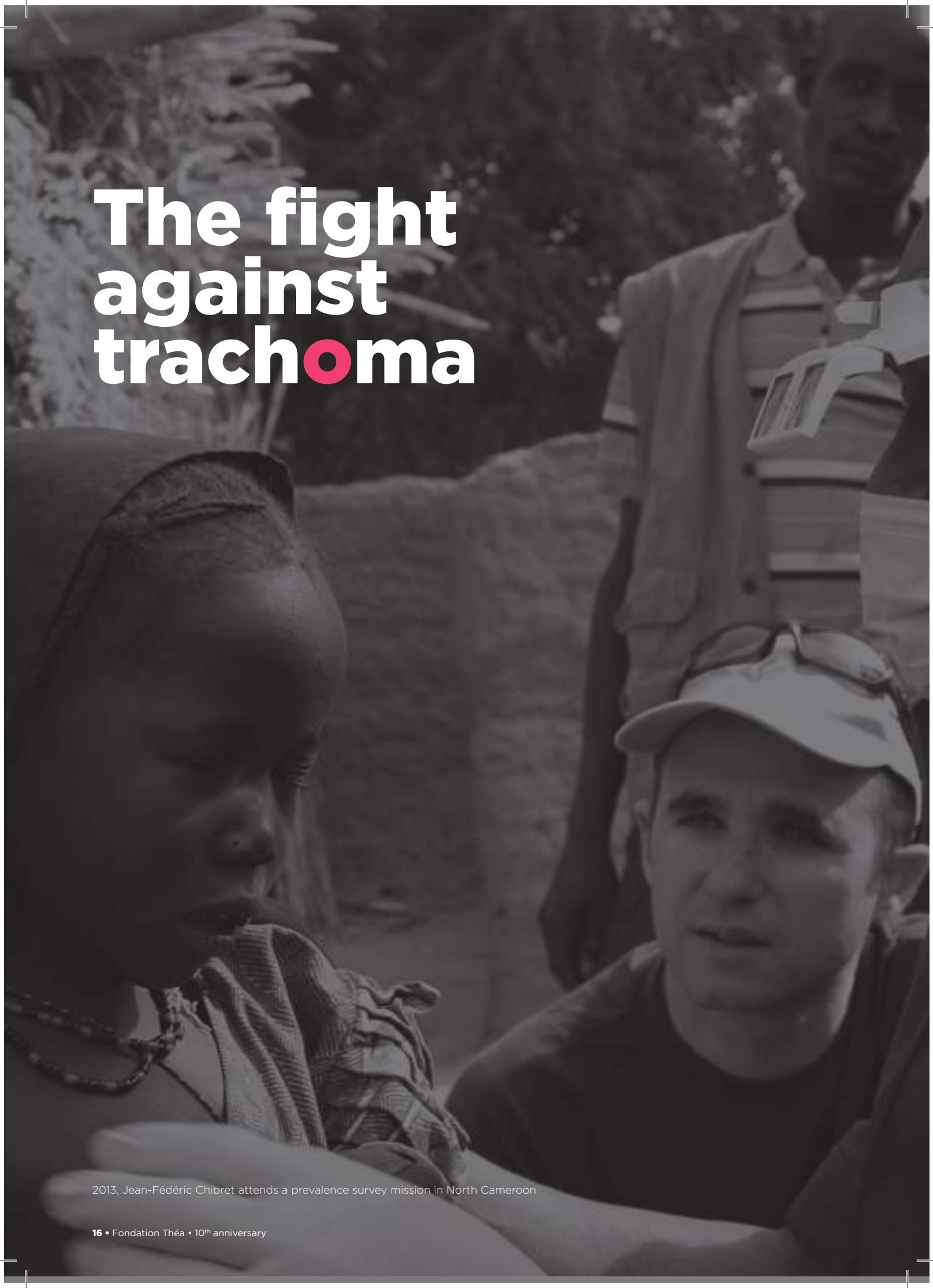
Philippe Kestelyn, MD, Ph, MPH
Professor Emeritus
University of Ghent
Belgium. ■

ONE ACTION FROM AMONG OTHERS SELECTED BY PROF. PHILIPPE KESTELYN

A project that is particularly close to my heart, the e-Ophta/COUF, the e-learning programme for French residents in ophthalmology, developed by the Collège des Ophtalmologistes Universitaires de France. The Fondation negotiated an agreement with the COUF to ensure that residents and teachers in the French-speaking countries in Africa have access to e-learning modules. I remember again very well about the emotion that I demonstrated when I received my first PUBMED CDs on Silverplatter in Kigali in 1980. Far from libraries, far from other colleagues, well before the Internet era, access to Pubmed has transformed my professional life! Giving young African doctors access to the Internet and e-learning is probably the best investment in training that can be made.



The fight against trachoma



2013, Jean-Fédéric Chibret attends a prevalence survey mission in North Cameroon

Originally Kolofata in Nord-Cameroon

In 2008, Laboratoires Théa delivered two million doses of their new short-term treatment for trachoma, which were going to be administered in three campaigns to 115,000 people in the Kolofata district. These campaigns, supervised by Prof. Abdou Amza were going to drastically reduce the prevalence of this disease in the region (from 31,5 to 3,1% after 3 annual treatment campaigns*). It was the success of this mobilization that would convince Jean-Frédéric Chibret to launch the Fondation Théa in 2012 in order to continue and perfect the work done.

They are called Dr Ellen Marie Einterz, Myra Bates and - on the side of the people who are refined to the NGO Ophtalmo sans Frontières (OSF)-, Anne Broggi, Dr Philippe Bensaid, Dr Souleymanou, not to mention our friend, always faithful to the post, Aminou Bouba. They have been, and for most of them, our correspondents for this border region of North Cameroon.

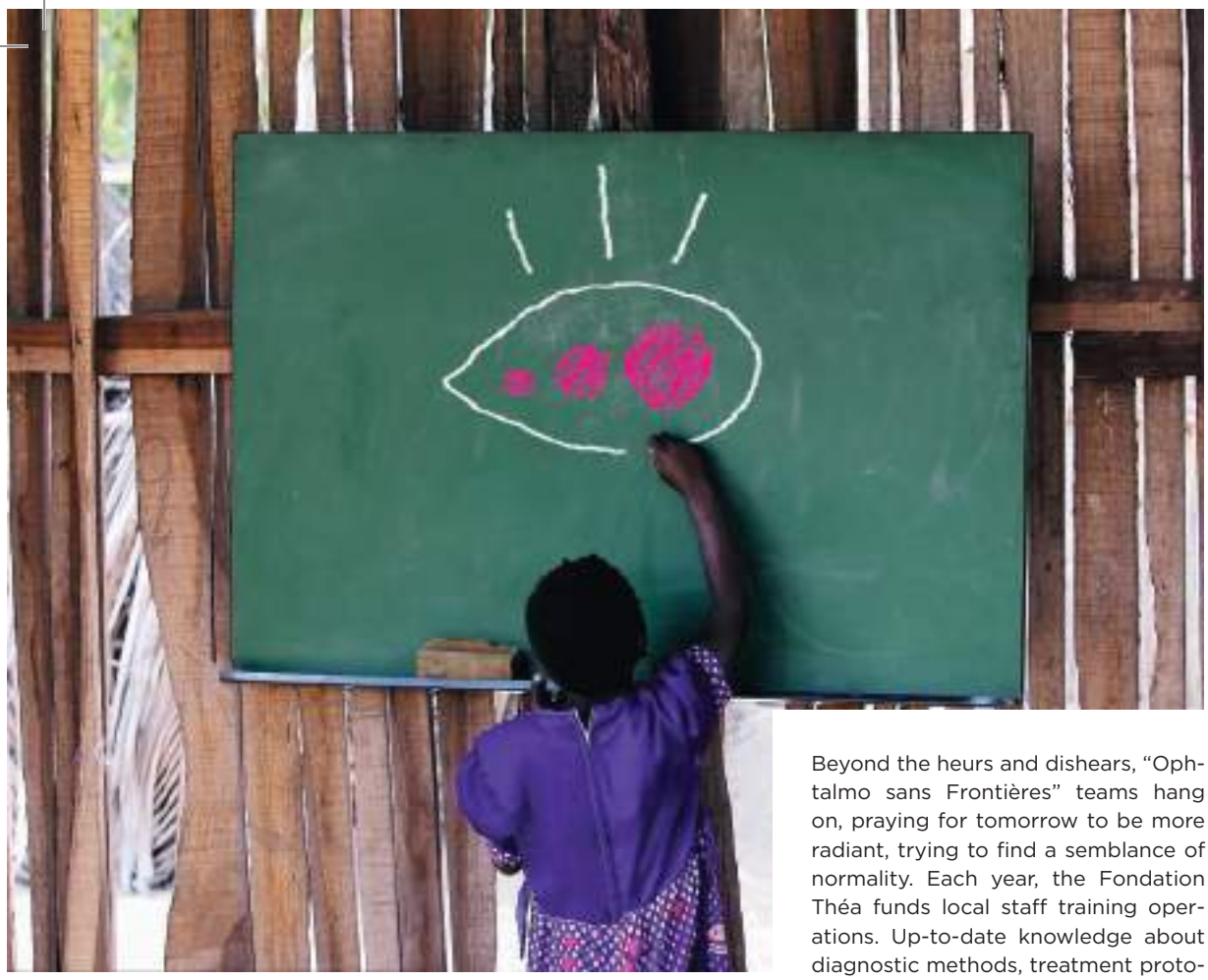
Aminou Bouba,
faithful correspondent of the Fondation Théa in Nord-Cameroon

Ophtalmo Sans Frontières

When this French NGO set up there, the 36,000 inhabitants in the district had only a simple dispensary to provide the public health service. OSF succeeded in transforming the modest institution into a flower of international cooperation.

Its various satellites located not only in Kolofata, but also in Maroua, Lagdo, Yagoua, Mora, Kousseri, Mayo Oulo, Mokolo, Toubouro, and Petté, welcomed to their premises up to 25,000 people a year, many of which came from two countries located at a few locations: Nigeria and Chad.
Unfortunately, in recent years, the region has been the target of the incursions of Boko Haram terrorists and kamikazes. Brutal attacks and unqualifiable violence that forced OSF to close certain centres and adapt continuously to continue its work,

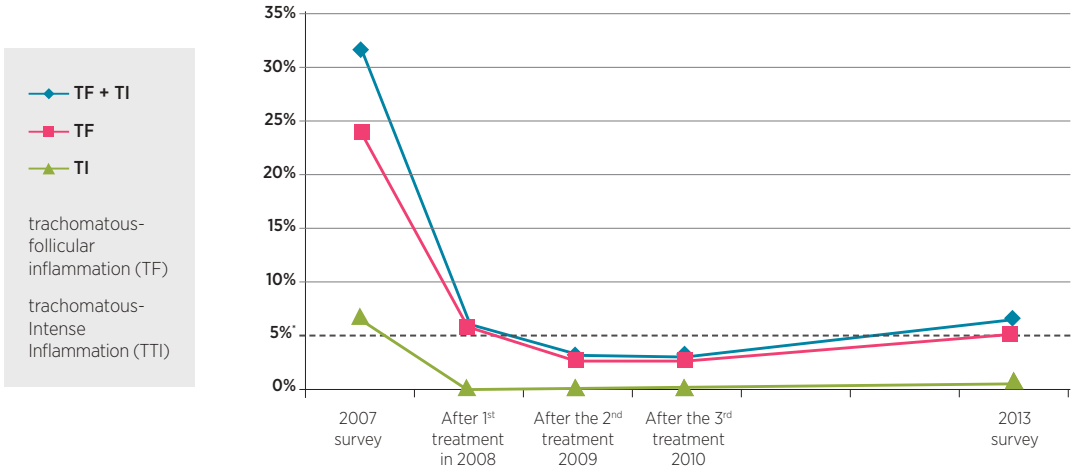
* And a slight rise to 6,2% three years later, without any treatment over this duration, due for a large proportion to the arrival of migrants in this border region



is worthy of success. More recently, the NGO also had to "endure" the COVID pandemic, again closing its centres a few weeks, before developing a specific protocol to maintain essential care.

Beyond the heurs and dishears, "Ophtalmo sans Frontières" teams hang on, praying for tomorrow to be more radiant, trying to find a semblance of normality. Each year, the Fondation Théa funds local staff training operations. Up-to-date knowledge about diagnostic methods, treatment protocols or surgical techniques, etc. In the coming months, for example, there should be a discussion of cataract surgery without sutures... Ophtalmo sans Frontières is committed to improving the quality of care provided by a great team and beyond any praise for the poorest populations. ■

PREVALENCE OF TRACHOMA AFFECTING THE KOLOFATA REGION



* The slight rise for 2013 is due to the migration of populations from the other side of the border and the presence of some villages without water. A prevalence of follicular trachomatous infection of less than 5% in children aged 1 to 9 years maintained for at least 2 years in the absence of ongoing antibiotic mass treatment, in each formerly endemic region, is one of the criteria for assessing elimination of trachoma as a public health issue.

Algeria, sustainable support in the fight against trachoma

Autumn 2012. The Fondation was only a few months ago. It was contacted by the Algerian authorities to establish a partnership. The Department of Health's Prevention Directorate intended to raise public awareness and mobilize doctors and paramedicals to follow an offensive strategy against trachoma, primarily in the Southern Territories. At the same time, the same authorities announced that they wanted to organise campaigns to treat trachoma using our short-term treatment with a macrolide antibiotic.

The support of the Fondation was first to be evidenced by aid for the organization of the 3rd World Vision Day in the Ouargla Wilaya, the making of thousands of posters to raise awareness among children about the risk of trachoma. In addition to this, the provision of optical equipment for the Algerian Association of Fight Against blindness, such as the transport costs of around thirty doctors who planned to conduct consultations and surgeries, in the south of the country. Once again requested by the local health authorities, the Fondation was going to "support" the campaigns against trachoma companies in 2014. In April of the same year, 260,000 primary school pupils from twelve wilayas from the south and three wilayas from high plateaus, were assessed and treated by the medical teams, according to the WHO recommendations. And then this support would continue to extend to training actions for healthcare professionals. The Fondation Théa's partnership with the Ministry of Health, Population and Hospital Reform (MSRH) was planned for several years.

Ten years later, the efforts of this country are in the process of being awarded by the WHO since prevalence analyses are under way with the UN organisation to decide on the release to Algeria of the certification of the elimination of trachoma; a major achievement for public health. This result demonstrates that strong political will, education, awareness and surveillance, but especially community mobilization, can help to overcome this disease. ■

Strengthen ocular health in the remote Mopti region (Mali)

Impressive baobabs, infinite plains, rocky hills, clay horizons, coloured fabrics, large smiles... These are some of the images coming from the Mopti region, Mali.

In this region, which has more than two million inhabitants and only three ophthalmologists, 78% of the inhabitants live in poverty. Blindness has an estimated prevalence of 1,2%. More than 40% of the infant population suffers from a certain type of eye disease. Untreated eye damage and corneal infections are important causes of blindness and low vision in children, and the most common diseases are refractive defects (myopia, hyperopia, astigmatism), congenital cataracts, trachoma - the Fondation's priority - and, to a lesser extent, glaucoma. There are, of course, some public ocular care services - Community Health Centres (CSCOM), Reference Health Centres (CSRef) and Sominé Dolo Hospital, the latter with specialised ophthalmology care - but they do not necessarily have the necessary staff and the ophthalmological equipment and medicines available are insufficient to meet the ocular health needs of the population, especially the child population.

A few years ago, Dr. Borja Corcóstegui, a former member of the Scientific Board of the Fondation Théa, went to this territory for an ad hoc medical mission in conjunction with the ophthalmological centre of Bankass Hospital. With Rafael Ribó, and their Ulls del món Fondation (The Eyes of the World), this Spanish doctor would decide to launch a more sustainable project on site.

Their idea? **Deliver long-term ophthalmological and optical care through consultations and surgeries for resourceless populations** to reduce the prevalence of eye disease and preventable blindness, focusing on the main causes of visual impairment: cataracts, trachoma/trichiasis, and refractive errors. Their philosophy was perfectly in line with that of the Fondation Théa: pay particular attention to the most vulnerable areas in terms of public health services; to ensure that local professionals have the means to develop their own ocular health care policies.
For seven years, the Fondation Théa, under our mission of the fight against trachome, has supported and accompanied this project, which continues to be effective, despite the COVID pandemic, and other challenges such as jihadist violence

For 7 years, the Fondation Théa has contributed to access to the right to ocular health of the population of the Mopti region, through the strengthening of health infrastructure and ophthalmological equipment, for fair, effective and high-quality care.

and inter-communitarian tensions that are affecting the region at regular intervals.

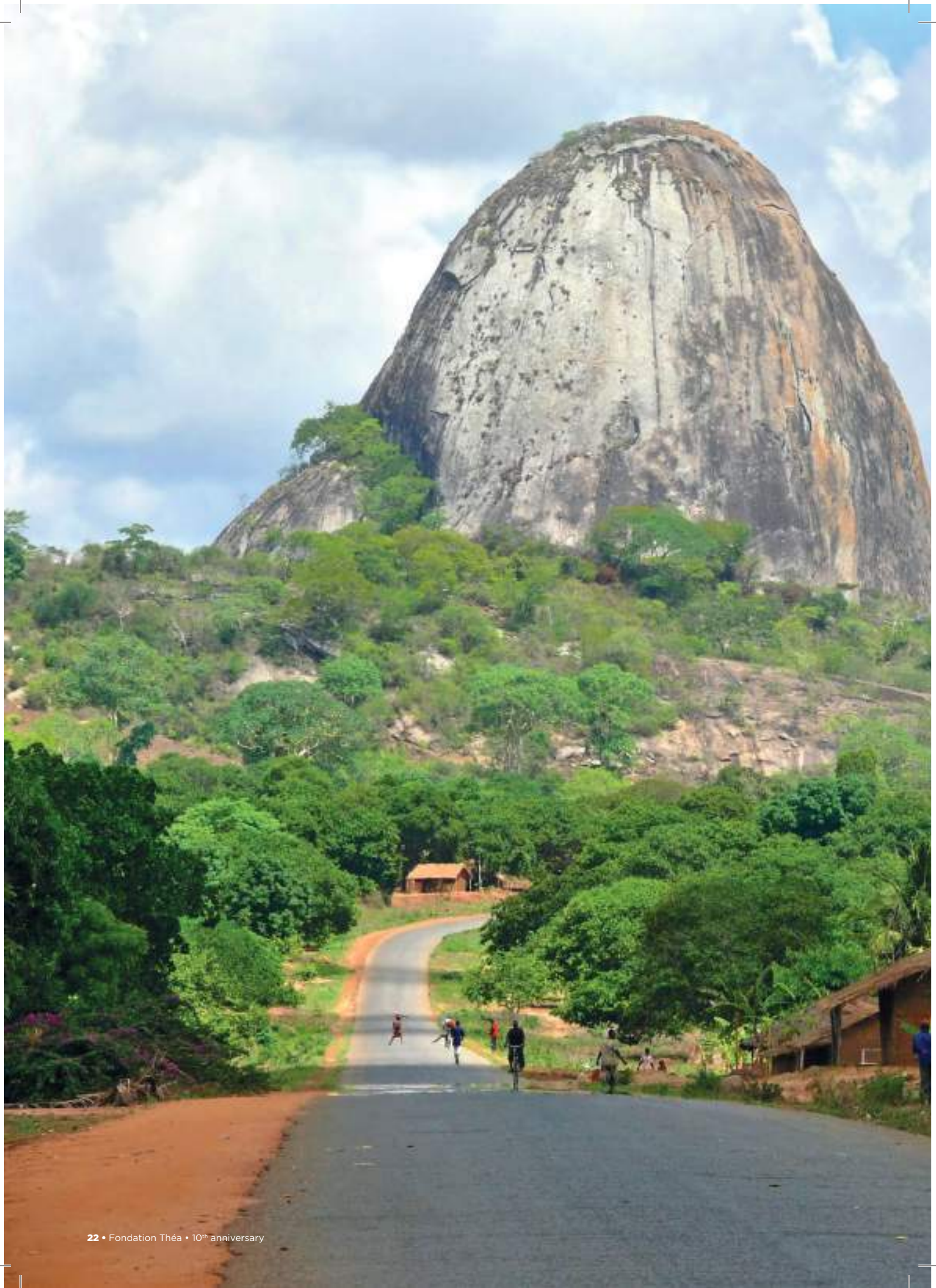
In 2021, a theoretical training was conducted for thirteen health workers and hands-on training for fifteen health workers in the districts of Djenné, Bandiagara, Bankass and Koro (on the theme of Primary Ocular Care). A technician received medical training at the National Training Centre for Hospital Maintenance Technicians in Diourbel, Senegal.

Finally, ten local radio stations broadcast features and messages on ocular pathologies and the right to ocular health. ■

⇨ https://www.ullsdelmon.org

8,287 people

(among which 5,039 are women and children) have been made aware of eye health.



Nampula in Mozambique a neglected Portuguese-speaking region

The Fondation Théa supports **Sightsavers**' anti-trachoma component in Mozambique. Let's remember: this is the second largest Portuguese-speaking country of Africa, behind Angola, by its population - about 27 million inhabitants - and by its area. More than half of the families live below the poverty line, and more than 65% of them live in rural areas. Untreated eye problems such as cataract and trachoma continue to affect many people. In addition, over the past four years, Mozambique has been afflicted by intense violence, including fighting and attacks by the armed group Al-Shabaab against villages and large towns; clashes have led to a massive displacement of population from the coastal and north-east of Cabo Delgado.

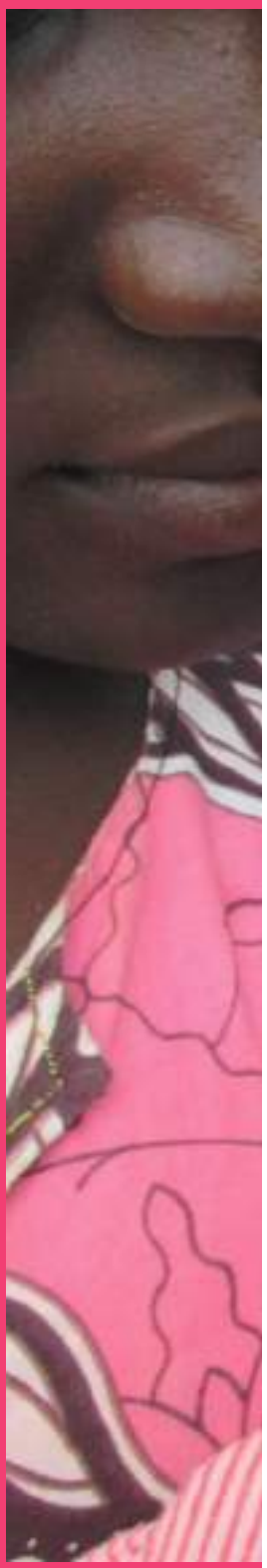
A little more south of this region is **Nampula, the third city of its importance, known as the "North capital".** However, it is also isolated. Its easiest way of connecting to the capital remains the plane. Infrastructure is scarce and the road network under construction. The shortage of health care workers makes it a priority region for eye health interventions.

For ten years, Sightsavers has been working on it. It works with local authorities **by providing free care for thousands of people and strengthening the healthcare system as a whole.** In 2007, the UK NGO helped establish the first-ever specialised ophthalmological department at the Nampula central hospital. At that time, less than 150 surgical operations per year were carried out in the area. Today, the figure has risen to several thousand. Ocular health services were "expanded" to 19 districts. Thus, between 2011 and 2018, the prevalence of blindness decreased by almost one third, from 6,2% to 4,5%. A substantial decrease in a short period of time! These fantastic results show the hard work of local doctors and their partners. They also motivated the decision of the Fondation Théa to support the "trachoma" component of the Sightsavers Eye Care Programme. ■

Sightsavers

Between 2011 and 2018, the prevalence of blindness decreased by almost one third, from 6,2% to 4,5%

Infant Trachoma: Fondation Théa's contribution to Chad



As early as 2015, the World Health Organization (WHO) followed very closely the study conducted in Chad by the Organisation for the Prevention of blindness (OPC) in the field of the treatment of trachoma in children under the age of six months. It was for the NGO to observe the feasibility of using macrolide eye drops - used since 2008 under the aegis of the Fondation Théa in North Cameroon - instead of tetracycline ointment in babies.

As a reminder, this ointment, to be effective, should be administered to infants less than six months of age twice a day for six long weeks (possibly to be repeated every six months). This duration of administration is not " tenable" in practice, and infants are therefore not treated.

The **first pilot treatments based on this eye drops** began in 2015, on some 250 infants.

The returns, which were the subject of a publication*, were so positive that the Fondation decided to cover the costs of transporting additional doses, for a large-scale campaign carried out by the OPC. The distribution was scheduled to begin in November 2017, in the West Mayo Kebbi, that is to say, in a territory larger than a country like France. Over 90,000 infants were going to be treated. As in the pilot study, mothers - unanimous - said they were very satisfied with this product infinitely easier to use, and there was a significantly lower volume of side effects. The promising results would therefore accumulate and attract the attention and interest of the scientific community and NGOs.

Since then, the fight against trachoma has continued in Chad. Beyond the case of infants, all ages are targeted. The Fondation continues with the OPC teams on site. A surgical campaign was carried out in June 2021 to manage the latest cases of trachomatous trichiasis in the district of Abdi. A new campaign is scheduled this year which will combine post-operative follow-up with the screening of potential remaining cases. ■

* Topical Azithromycin in children under 6 months: a follow-up pilot administration in Chad. Resnikoff S, Hiron D, Gaye A, Biao JE, Bernasconi J, Cox J, Bengraïne K. WHO Alliance for the Elimination of Trachoma, TSIW, Geneva, 18 Apr 2017.

OPC
PRÉSERVER LA VUE

Dr. Yaya, an important leader in the fight against trachoma in the Central African Republic (RCA)

That had to happen one day, but it would have been hoped that this happens later, so **Georges Yaya** is a rare and exceptional man...

After devoting himself to eye health in his country, having saved the sight of so many fellows, this figure of the fight against trachoma asserts his right to retirement. This man, which the Fondation Théa honoured in 2016, leaves his role as Coordinator of the Programme to Fight Trachoma in the Central African Republic (RCA). He has travelled throughout his life to the localities of his country, some of which became, at the same time, very dangerous, from this year, this year will be able to enjoy a well-deserved rest.

In Central African Republic, the management of visual impairment, in terms of preventive and curative treatment is a public health priority. In the field of traceability, in particular, the need for medical and surgical care is real. A broad-scale strategic plan for managing this condition has been established. Unfortunately, its implementation has proved to be long and difficult, particularly as a result of the internal political crisis through the CAR for several years, without even mentioning the recent incidents at the Central African-Central African border. The situation has had serious consequences in terms of displacement and violence on populations. In this country where everything is to be built, Dr. Yaya has tirelessly continued his work with courage and compassion. The Fondation Théa is proud to have been able to provide support through the funding of screening campaigns, and assistance in the training of medical staff, who are still very few in number.

Dr. Yaya takes care of preparing a local, already well-grounded ward; notes that he will accompany in a smooth and progressive transition, as much as necessary, to continue his work. ■

Dr Georges Yaya (right) accompanied by Jean-Frédéric Chibret and his Excellency the Ambassador of the Central African Republic on the day of the award ceremony "Jean and Jacques Chibret" in 2016

A doctoral thesis to better understand and treat trachoma

The focus was to develop a vaccine against one of the most common sexually transmitted infections (STIs) in the world, chlamydia, due to *Chlamydia trachomatis*; a bacterium also responsible for trachoma. This European project brought together several leading institutions, including Imperial College London, London School of Hygiene & Tropical Medicine, Statens Serum Institute of Copenhagen (Denmark); and finally, IDMIT (Infectious Diseases Models for Innovative Therapies), the French research infrastructure dedicated to modeling and developing treatments for infectious diseases*, led by Roger Le Grand, which is coordinated by CEA's Basic Health Research Department (Office of the Commissioner for Atomic Energy and Alternative Energies)

Elodie Paulet,
PhD student biologist

Within IDMIT, a hexagonal team, led by Prof. Marc Labetoulle and Dr Antoine Rousseau, ophthalmologists at Bicêtre-Paris Saclay University Hospital, took advantage of this European mobilisation to start work on one of the main causes of preventable blindness in the world: Trachoma.

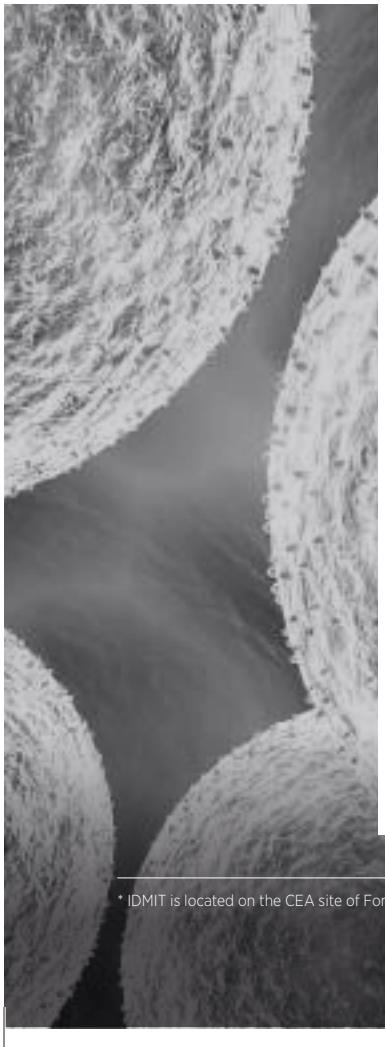
This eye disease is actually a keratoconjunctivitis secondary to iterative infections with *Chlamydia trachomatis*. It begins in the early years of life and can progress to blindness. The severity of the disease is mainly determined by the number of re-infections experienced in childhood. **There are two phases: active trachoma,** characterized by follicular conjunctivitis, **followed by scar trachoma,** as a consequence of the damage caused by infection on the structures of the ocular surface. Trachoma is accompanied by chronic inflammation of this surface and fibrosis sometimes responsible for palpebral abnormalities (trichiasis, entropion) and corneal opacification.

Thanks to the support of the Fondation Théa, IDMIT was able to welcome a young doctoral doctorate biologist, Elodie Paulet, to carry out a long-term work on the evolution of inflammation and specific response in a model of chronic conjunctival infection faithfully reproducing human infection. Their study began in March 2020.

Tear analysis, tissue analysis using flow cytometry techniques, as well as all kinds of investigations implemented thanks to the advanced technologies of IDMIT in *ex vivo and in vivo* exploration... The work of the young doctoral student also incorporates a classification of the disease model developed in conjunction with several specialists in trachoma, in particular Martin J. Holland and Professor Matthew Burton of the London School of Hygiene & Tropical Medicine.

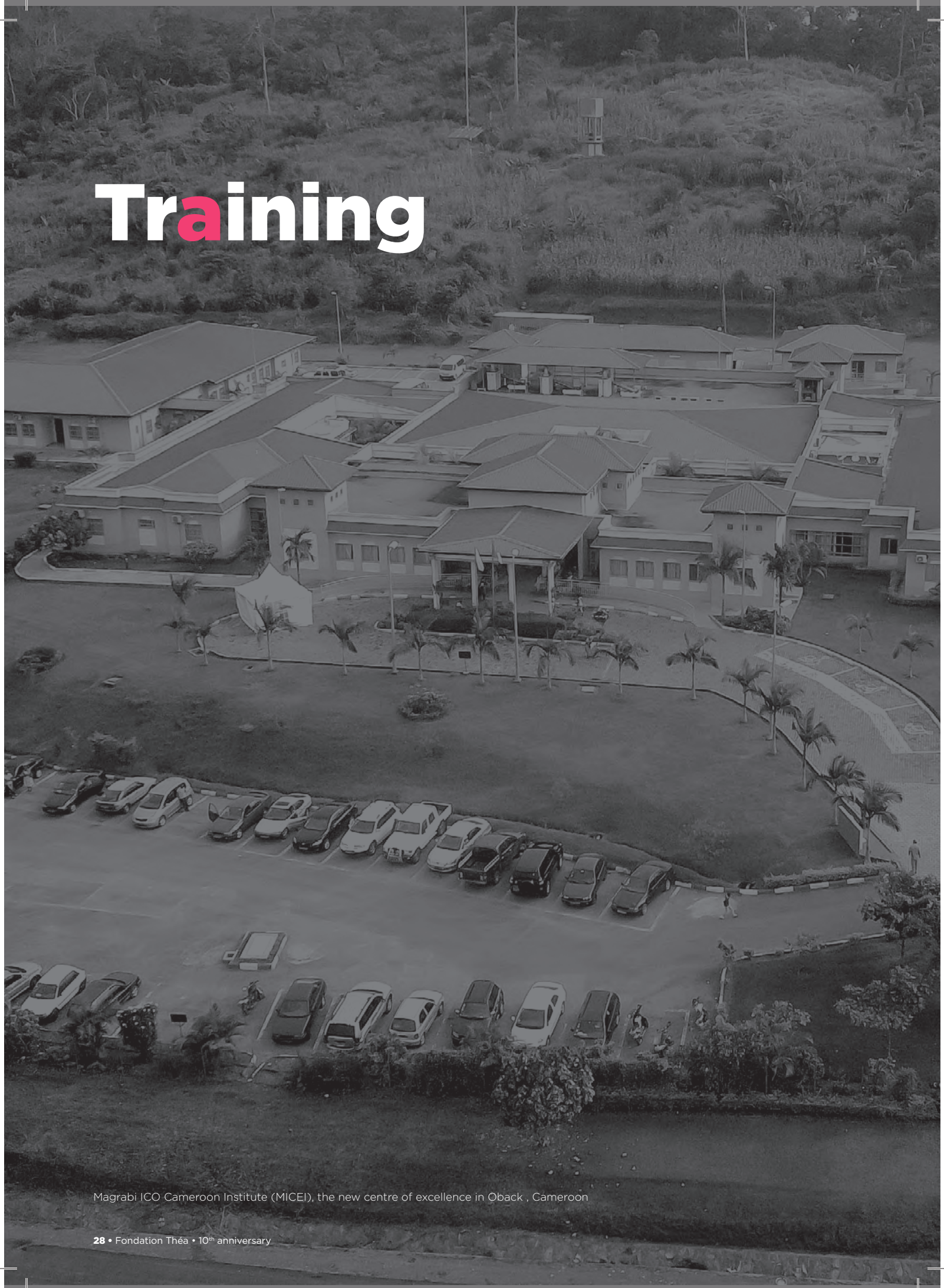
In the long term, **this study will not only allow the fine characterisation of inflammatory ocular phenomena involved in trachoma,** but also **to establish bases, for studying future treatments** in inflammation related to this disease and in other pathological situations or chronic eye infection is a decisive component.

Better understanding of trachoma which, first of all of bacterial origin, becomes a chronic inflammatory disease. Modeling it to model its treatments, especially those that will treat its sequelae, these are the aims assigned Elodie Paulet and the team that welcome her and the team to IDMIT. A work that has been somewhat delayed in view of the health crisis. The national reference centre dedicated to preclinical research on infectious diseases, IDMIT, has indeed been strongly mobilized in the context of the pandemic. Nevertheless, the first conclusions should be made available next winter. ■



* IDMIT is located on the CEA site of Fontenay-aux-Roses and on the Bicêtre-Paris-Saclay University Hospital site in France.

Training



Magrabi ICO Cameroon Institute (MICEI), the new centre of excellence in Oback , Cameroon

An African Higher Education Area

Over the past ten years, thanks to the Fondation Théa, many ophthalmologists in Africa have benefited from training in France, especially at Clermont-Ferrand University Hospital. For example, Dr Pierre Djiguimdé and Daouda Konaté, Burkina Faso and Malian doctors (IU of ocular oncology), and even Prof. Hicham Tahiri, Head of the Ophthalmology Department at CHU de Fès (training in surgery of endothelial grafts and other transplants). Some even have been able to go to India, such as Benin's doctor Codjo Rodrigue Abel Assavedo, who was selected in attachment of orbite and orbit-plasty to the Aravind Eye Hospital in Madurai.

During the same period, however, and still with the support of the Fondation, other professionals trained on their continent: Dr Zacharie Sokadjo from the Bethesda Hospital of Benin, who has trained for three months in cataract surgery in Guinea. Two Togolese professionals, Dr. Prempe Yawo Sefofo, coordinator of the National Programme for the Fight Against Cécité, and Mr. Hillah Amah Biova, optic optometrist, who went to prepare for the MICEI near Yaoundé, Cameroon, before supervising the implementation of their own optical service in their country. As for Malian doctor Diallo Seydou of IOA, he also benefited from our support to strengthen his expertise in paediatric ophthalmology in Dakar, Senegal, in the department of Prof. Ndiaye. These examples could be multiplied.

Indeed, a trend has emerged from the multiple requests made to the Fondation over the past ten years. In the field of ophthalmology, we see the development of intra-African mobility and to structure networks between the various "hubs" of training on the continent.

Some have been well established for several years, such as the Institute of Tropical Ophthalmology of Africa in Bamako, Mali (CHU-IOTA), and the University of Conakry (Guinea) with its Diploma in Specialised Ophthalmology Studies (DESSO). Others are more recent, such as the Magrabi ICO Eye Institute, in the suburb of Yaoundé in Cameroon (MICEI). But one thing is for sure, we see multiplying cooperations and bridges between these different poles of excellence.

This movement contributes to the diversification of the offer of training, but also in the pooling of teaching practices which should contribute to improving the quality, visibility and attractiveness of the respective training courses of these different "schools". It is a real African platform for human resources for health that is emerging, an "African space of higher education in ophthalmology", through partnerships and cross-training. A movement that needs to be welcomed because it will facilitate the development of healthcare staff and allow future regional ophthalmology leaders to train locally. ■

IOTA, a nursery for the future

Interview with Professor Seydou Bakayoko

PROFESSOR
SEYDOU BAKAYOKO

When in 1953, Jean Chibret (1915-1989) had the idea of creating the Gold Medal Chibret, he immediately invited the President of IOTA to be a member of the jury of this competition open to international trachomatologists. The African Tropical Ophthalmology Institute, based in Bamako, Mali, will soon celebrate its seventy years. The Fondation Théa has had the opportunity to recognize the work of this Centre of Excellence for Care, Research and Training. Today, it is pleased to have among the experts of its Scientific Council one of the key figures of IOTA, Professor Seydou Bakayoko, former Director General of CHU-IOTA. In an interview, he wished to take stock of the activity of this venerable institution on the impressive path, and full of potential for the future.

Professor, are you a pure IOTA product yourself? Have you been trained? Have you had any responsibilities in other healthcare institutions?

Since I obtained my degrees from the Bamako Faculty of Medicine, my training and my career as ophthalmologist have turned around IOTA, including my thesis. All my training as an ophthalmologist has happened here. I later worked in the humanitarian department as coordinator to "Doctors Without Borders" to return - six years later! - as an ophthalmologist with IOTA. I held the responsibilities of course manager, hospital manager, deputy Managing Director and then Managing Director. Currently, I am Vice-President of the Board of Directors of two NGOs: Act for health in Africa and AMCP-SP (Alliance Médicale Contre le Paludisme - Population Health). Finally, I coordinate the Sight First projects of the Lions Clubs International in Mali.

What does IOTA represent today in terms of attendance, healthcare staff, research and training?

IOTA is currently a 3rd-level centre in Mali's health system as well as the sub-region, for three reasons: its ability to provide very high-level care; the ability to train eye health actors. And finally, in view of its expertise for the benefit of the countries of the sub-region as well as various partners. In terms of activity, IOTA performs more than 100,000 consultations

IOTA performs annually:

- over **100,000** consultations,
- **6,000** eye surgeries,
- **7,000** additional examinations

IOTA University Hospital in Bamako

annually, 6,000 ocular surgeries, and 7,000 additional examinations. It is responsible for the retraining and continuous training of personnel in sub-Saharan Africa on a long-term basis. Finally, CHU-IOTA conducts around ten research studies each year. Incidentally, every year, we take care of the initial training of ten graduates of specialised studies (DES), ten specialized technicians (TSO), eight optometrists and fifteen lunetti technicians.

What are the challenges facing the institution for the future?

The challenges remain the strengthening of our expertise with a particular focus on our capacities in research, the continued capacity building of human resources and finally the improvement of care in terms of quantity and diversification. The creation of training courses for DIUs in the fields of paediatric ophthalmology, glaucoma, retina and oculoplasty is a step in this direction.
Also looking at our desire to develop a short-term partnership for clinical trials and to initiate the process to return to the WHO Collaborating Centre.

> **"More than thirty countries in sub-Saharan Africa have benefited from the support of IOTA."**

Does IOTA cooperate with other African institutions, particularly in the field of training?

One of the IOTA's strengths is its involvement and active participation in the strengthening of ocular health human resources capacity in the countries of Sub-Saharan Africa. More than thirty countries in sub-Saharan Africa benefited from the support of IOTA, with the key to building their capacities through the training of ophthalmologist doctors, ophthalmology nurses, optometrists, lunetti technicians, functional vision exploration specialists, etc.

A last word about IOTA?

I believe that our institute continues to remain a talisman for the countries of Sub-Saharan Africa, and keeping this flame will be a great hope for the countries and people in this region of Africa. ■

➪ http://www.chu-iota.ml

Distance learning: e-Ophta, the COUF's digital platform for the French-speaking world

With the emergence of e-learning, many of the major Anglo-Saxons campuses have put on-line free video courses and launched platforms for students around the world. And we quickly saw thousands of hours of English courses on about all subjects. In Molière's language, on the other hand, the gaps remained obvious for a long time.

The Collège des Ophtalmologistes Universitaires de France (COUF), whose mission is to promote the initial and permanent teaching of ophthalmology, has addressed this issue. Some of its most eminent members, especially **Professors Christophe Chiquet, Antoine Labbé and Pierre-Yves Robert, had the idea of launching an e-Learning in French in the field of ophthalmology.** A tool that would offer hundreds of courses, mostly accompanied by educational videos, recommendations, articles of reference and/or any other useful document.

Immediately, the Fondation Théa saw the potential impact of this e-Ophta for French-speaking African students. At its initiative in April 2017, at the SFO congress, the tool was presented to ophthalmologists from a dozen countries, mostly university professors. All, in the e-Ophta, have seen the means for their students to compete internationally; and more generally, a lever to work decisively on human resources for health.

CHU-IOTA de Bamako, Mali

The Fondation Théa has committed itself to financing connections to the e-Ophta, as well as ensuring broadband Internet access in the training facilities concerned.

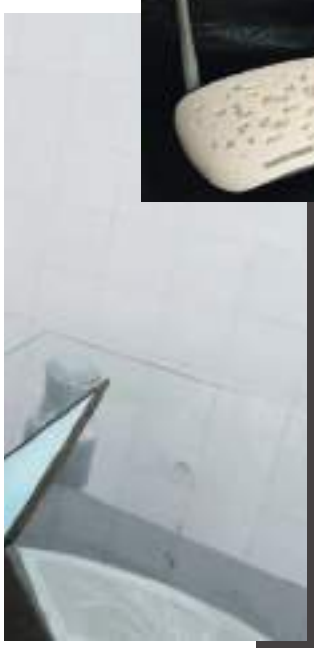
The Fondation Théa has committed itself to financing connections to the e-Ophta, as well as ensuring broadband Internet access in the training facilities concerned. Indeed, while the level of connection of major universities in Africa has improved significantly over the past ten years, the Internet still remains "uncertain" in some continent campuses.

The success of the e-Ophta was immediate. It went beyond our expectations. In 2021, some 1,134 connections were proposed in twenty-four different African countries. At the same time, the tool has evolved significantly over the years: with a number of new teaching modules added to the range available at the launch. At the same time, and through the Fondation Théa, a genuine intercontinental collaboration was organized as African professors have proposed to enrich the content of the courses related to the COUF.

This learning platform also ensured vital functions with the onset of the pandemic. Let us not forget that, in 2020, many students from sub-Saharan African state universities, or about seven million young people, were unable to gain in-depth education for several months. ■

➪ http://www.couf.fr

Sylvanus Olympio Hospital in Lomé, Togo



In 2021, some
1,134
connections
proposed in twenty-four African countries.

A surgical simulator in Morocco

A fourth doctor was supposed to complete this group. Unfortunately, they were unable to do so due to visa problems. Ms. Sylla Fatoumata, professor and training department manager CHU-IOTA (Mali), Ms. Aichata Tall, doctor at the same establishment; but also, Mariam Dolo, doctor and assistant professor at the University of Bobo Dioulasso in Burkina Fasso. A doctor had to complete this group. Unfortunately, he was unable to do so due to visa problems.

On the programme? A training course on phaco emulsification on the simulator of the Moroccan Society of Ophthalmology (SMO).
This simulator, the Fondation Théa co-financed it. In exchange for this participation, the Moroccan Society, in the person of its president, Dr. Bennami, committed to reserve access to this device several weeks a year, to train confirmed residents or ophthalmologists from neighbouring countries sent by the Fondation: Algeria, Tunisia, as well as Sub-Saharan Africa.

Dead the learning of surgery on the model of Dr. Halsted! It is this nineteenth-century physician, considered as the father of surgery in the United States, who gave his name to the traditional model of academic teaching of surgery based on the youngest companionship with the most experienced: the student observes the master! Today, simulation is required as a major innovation for the initial and continuing training of healthcare professionals, whether for ethical reasons (never the first time on the patient) or economic (better training to better care at the least cost). The operation of the eye is an act requiring a high degree of dexterity. A simulator, such as the one that now possesses the SMO can be configured for different surgeries. For each of them, the device provides a detailed and objective assessment of the learning and progress of the apprentice surgeon. The healthcare professional can at any time correct their errors, take ownership of the right gesture and even aim the expertise. The realism of this tool offers "learners" the ability to improve safely with an infinite number of interventions. For beginners and experienced surgeons, this machine offers rigorous training. Another unsigned advantage is that it significantly reduces the time to learning.

Today, simulation is a major innovation for the initial and continuing training of healthcare professionals.

Unfortunately, there are few hospitals or structures that have the means to acquire this type of equipment. In France, in 2015, the CHRU de Clermont-Ferrand was one of the first French centres, with the prestigious XV-XX hospital in Paris, to have a surgical simulator in ophthalmology. And

First promotion of doctors from the Fondation Théa having receiv


g received training on the simulator of the Société Marocaine d'Ophtalmologie

for good reason! Laboratoires Théa has offered to assume part of the cost. And already, in exchange for this participation in this first round of table, Jean-Frédéric Chibret had obtained that ophthalmologists from African countries could benefit from training sessions on the tool newly installed in Auvergne.

Bis repetita! In exchange for its participation in financing the simulator of the SMO, the Fondation will be able to promote the training of several promotions of doctors in neighbouring countries. The reserved access granted by the Moroccan Company will be valid for a period of five years.

Since its arrival in Morocco, the SMO has opened an appointment request platform on its site. In the room where the simulator is installed, the portrait of Henri Chibret is displayed, thanks for the support provided; support that was awarded to the Fondation Théa to be also distinguished in February 2021 by the medal of the Moroccan Society of Ophthalmology during a ceremony, in the presence of President Mohamed Bennami and Professors Mohamed Belhadji and Asmaa El Kettani. Since its installation, the machine "turns to full" under the supervision of Mr Younes Labiad, specially recruited to welcome training professionals. In a half-year period, more than a hundred of them have already benefited from a session. To this number, we must naturally add our three candidates!
For the Fondation Théa, this is a strategic investment. In the face of medical shortages in Africa, there are

In tribute to the work of the Fondation Théa, a portrait of Henri Chibret is displayed in front of the simulator

Mr. Hamdouch and Mr. Belghazi (Théa) with Mrs. Jmili, Secretary of the SMO

Over a half-year period, more than a hundred training professionals have already benefited from a session.

still a number of issues: how can we help countries with a very high shortage of skilled surgeons? How can we train more African surgeons in the same period of time, without jeopardising the quality of training, and without getting them down to a tedious journey in Europe? Thanks to this new tool, the Fondation Théa can now offer a training course for the certification of modern surgical practice in Africa. ■

THE EXPERIENCE OF CLERMONT-FERRAND

This was December 2017. Imane Adnane, Omar Saïd and Sabrina Chelbabi supported the surgical simulator at Clermont-Ferrand University Hospital by training in cataract surgery in the service of Professor Frédéric Chiambaretta. The COVID pandemic has, of course, temporarily halted this program. But it is intended to resume as soon as possible.

2019 PROMO

Dr. Maroua Daoud
(Pr. Zbiba - Tunisia)

Dr. Maya Bouzit
(Pr. Ghemri - Algeria)

Dr. Jihane Hakam
(Pr. Department Moutaouakil - Morocco)

2018 PROMO

Dr. Ahmed Grissa
(Pr. Zhioua - Tunisia)

Dr. Kaddem Chahinez
(Pr. Idder - Algeria)

Dr. Mohammed Atmani
(Pr. Department Seckhsoukh - Morocco)

2017 PROMO

Dr. Sabrina Chelbabi
(Pr. Terahi - Algeria)

Dr. Imane Adnane
(Pr. Department El Belhadji - Morocco)

Dr. Omar Ben Haj Said
(Pr. Nacef - Tunisia)

To these promos of young hopes, the names of "captured" professors who have been welcomed for expert sessions, such as:

- **PR. Abdou Amza , Doctor-Chief of the Ophthalmology Department of the National Hospital of Lamordé in Niger,**
- **PR. François-Xavier Kouassi , from the Ophthalmology Department of Cocodi University Hospital in Côte d'Ivoire,**
- **PR. Sidi Cheikh , Head of Department of Ophthalmology at the National Hospital of Nouakchott, Mauritania,**
- **PR. Hicham Tahri , Head of the Ophthalmology Department at Fès University Hospital in Morocco,**
- **PR. Father Amadou Ndiaye , Head of the Ophthalmology Department at the Abass Ndao Hospital in Dakar.**

Deploy Dry-labs in Africa

In all studies, in ocular surgery, there is a close correlation between the practitioner's experience and the complication rate. Too many trainee ophthalmologists in the world suffer from a lack of access to real life practical and educational opportunities to prepare for the operating theatre. We have said, it's particularly patent in Africa! The Fondation Théa has therefore firmly committed itself to new training tools. Beyond simulators, whose cost is still prohibitive, **the Dry-Lab - which offer the possibility of carrying out exercises on silicone eyes - have proven themselves.** The Fondation's Scientific Council has therefore strongly committed us to support the deployment of this type of equipment in national reference structures in Africa. We were able to do this in four hospital departments: that of Prof. Patrice Komi Balo, Doctor Head of the Ophthalmology Department at Sylvanus Olympio University Hospital in Togo, that of Prof. Father Amadou Ndiaye, Chief Medical Officer of the Department of Ophthalmology at Abass Ndao Hospital in Senegal, Dr. Amelia Buke at Maputo Hospital in Mozambique, and finally, at the MICEI Magrabi ICO Cameroon Eye Institute, in Okola, Cameroon, in collaboration with its Director General, Dr. Henry Nkumbe. The equipment has arrived at the right port, the workshops are operational. And the first residents made them work hard!

Supporting the doctors of the future, training them with the aim of improving the quality and safety of care, it was our desire to share with these three eminent correspondents. ■

Prof. Patrice Ballo from Lomé to Togo

Dry-lab session at Sylvanus Olympio Hospital in Lomé, Togo

Speciality grants from IOFF dedicated to French-speaking doctors

Dr. Sabrina Mukash in the department of Prof. Christophe Baudouin, Quinze-Vingts in Paris

The Fondation Théa supports the International Ophtalmological Fellowship Fondation (IOFF) scholarship program supervised by Ms. Cordula Gabel Obermaier and Prof. Berthold Seitz*. This is a European initiative for ophthalmologists in underserved countries. Launched in 2001, this program has received more than 1,200 scholarships to date. The Fondation Théa wanted to support this initiative dedicated to Anglophones by flexing its support for young French-speaking and Portuguese-speaking doctors. These superspeciality training courses lasting three months can be granted in a wide range of areas (cataract surgery, cornea and external diseases, glaucoma, Retinoblastoma, etc.). They aim to improve the skills of tomorrow's leaders. Recipients are responsible to "repatriate" the knowledge and skills acquired to their country of origin and to participate in programs to preserve vision and prevent blindness. **Dr. Sabrina Mukash**, currently being trained by Pr. Christophe Baudouin, from the Quinze-Vingts National Ophthalmology Hospital in Paris, is the first beneficiary of this new French-speaking component. They are native to the democratic republic of the Congo, a country with a hundred million inhabitants, and has enormous medical needs.

* President of IOFF, Berthold Seitz is Professor and Director of the Department of Ophthalmology at the University of Sarre Medical Center in Homburg

Dr. Sabrina Mukash, you are Congolese. But in which region are you more specifically native?

The capital of Kinshasa.

Where you always destined for medicine, and more so for ophthalmology?

Not least in the world! Figure out that I originally dreamed of being a airline cabin crew, but I quickly discovered a passion: to treat my girlfriends' wounds and small bobos when I was a child. As a result, my choice at university quickly turned towards medicine. During my career at the faculty, I particularly appreciated my ophthalmology course. This was what decided on my final orientation towards this speciality.

Where have you been trained?

In my country, at the University of Kinshasa.

What motivated you to apply for the International Ophtalmological Fellowship Fondation (IOFF) scholarship program?

The curiosity of seeing what is happening in other heavens, and above all, the desire to obtain additional knowledge and skills. My course has not been so simple, coming from a French-speaking country. Because although this grant was funded by the Fondation Théa, the steps were taken - on the other hand - via an English-speaking organisation. I learned a bit of having to meet the criteria and different selection requirements in a language that was not mine.

After having worked out and sent my file, I had to wait several months before I heard the verdict. The positive response was communicated to me at the end of May 2021. There followed the instructions with the consulate, a long radio silence of its services in response to my request for an appointment for a visa. Four months waiting until October to win the "same" long-awaited. Finally, arriving in Paris, it was the hunt for housing. And of course, the adaptation to the climate of a Congolese suddenly dived into the European winter! Fortunately, everything went to improve: I was very well welcomed by Professor Baudouin and his team.

Where do you see yourself in five years time?

In five years, I see myself being among the creators of a large glaucoma unit in DRC in order to manage glaucoma patients and also train young ophthalmologists... ■

Community Eye Health Journal available in French

The Community Eye Health Journal is a respected institution, launched almost 35 years ago by a London specialist in tropical medicine. In 1988, Dr. Murray Mc Gavin turned to journalism, publishing and scientific writing: the first issue of the **Community Eye Health Journal**, was launched. Since then, this publication has been the key tool of the International Centre for Eye Health (ICEH), based at the London School of Hygiene and Tropical Medicine (LSHTM), one of the world's leading public health education institutions. This publication, in fact, has had a considerable impact by supporting and informing professionals of the viewpoint of thousands, and primarily those working in rural sub-Saharan Africa, where access to the Internet remains problematic.

The Community Eye Health Journal provides advice from all orders that can range from the management of corneal ulcers to the choice of antibiotics or instruments for a specific condition. It contributes to the training of human resources on a daily basis. More than 80% of its readers say it has influenced their practice in the management of patients. Everyone praised his scientific rigour and didactism.

It remained to make it fully accessible to the French-speaking public. This is done because the Fondation Théa has supported its translation into the language of Molière since 2021, in conjunction with Professor Allen Foster of the International Centre for Eye Health (ICEH). ■

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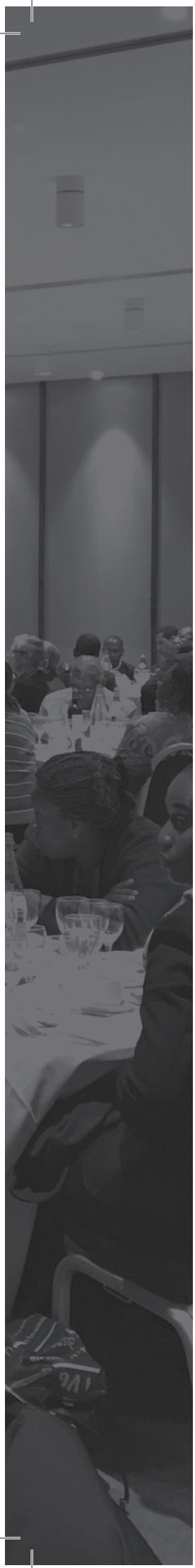
A FIELD OPINION

Dr Sidi Coulibaly

Ophtalmist "on the ground", based in Mali but working as a consultant with NGOs in several African countries, I consider that this translation into French, a journal that mainly deals with ophthalmology, is an excellent initiative for our French-speaking countries. It is full of avenues in public health. Its content is fully adapted to the educational activities of ophthalmology in rural areas that I practice. I confirm this is true: it has always been acclaimed by the eye health staff working in the centres where access to medical information is very difficult.

Magazine



Senegalese Professor Papa Amadou Ndiaye receives the prize "Jean and Jacques Chibret" 2022

This is a figure of ophthalmology. Dapa Amadou Ndiaye is not only president of the Senegalese Ophthalmology Society (SSO), but also a member of the French-speaking African Society (SAFO) and French Society (SFO) of Ophthalmology.

PROFESSOR PAPA AMADOU NDIAYE

Why did he become an ocular health professional? The chance of life seems to be.

As a child, Papa Amadou Ndiaye was a brilliant and promising student. Engineer, pharmacist or other, all the ways were open to him. Yes, but that's it! We are not a member of the family of Doctor Abass Ndao, formerly famous head doctor of the eponymous hospital in Dakar. Our recipient sees to himself, child, intimidated in front of the great man who left his name at the ultra modern hospital centre of Avenue Sheikh Anta Diop.

So he also became a doctor, and even Professor of Ophthalmology! And, apart from a short caesure in France at Bordeaux University Hospital, he completed his full course in Senegal, including an internship at the Ophthalmology Department of the Hôpital Aristide Le Dantec.

His legendary parent, Dr. Abass Ndao, had marked his minds for having shed the "Repos Mandel"*, transforming an old house for the elderly, first into a maternity ward and then into a real hospital. In turn, Papa Amadou Ndiaye will launch the challenge of creating a new type of ophthalmological centre within this institution. It was in 2005.

His objective?

Provide high-quality care and offer a technical platform that can reduce medical evacuation to the Maghreb or France, particularly in the area of complications of diabetes and vitreo-retinal surgery. Seventeen years later, his service is considered to be a reference centre. Thanks to it, OCT angiography, laser treatment and intravitreal anti VEGF injections are accessible to the most disadvantaged patients.

But raising a technical platform, beyond the financial aspects alone, requires a tireless effort to adapt knowledge. This is why the training is among the Senegalese professor's favorite topics. As a matter of fact, it is mandatory to strengthen the teaching and material supervision of the training provided by its teams. In cooperation with the Fondation Théa, new Dry-Labs have recently been delivered to the Abass Ndao hospital.

Dapa Amadou Ndiaye attaches importance to his function of transmission. He likes to remind you that it was in Dakar, that, by a decree of 14 January 1918, the first higher education institution in Africa in the medical field was created. He evokes his two

* Created in 1939.

masters, Professors Alassane Wade and Madoune Robert Ndiaye, seemingly feeling a moral debt towards all elders of the Dakaroise nursery, this committed medical elite that has been deployed in West Africa since 1918.

A century later, the old early school moved to "Function of Medicine, Pharmacy and Odonto-Stomatology (FMPOS)*". This campus enjoys a beautiful international reputation. Young people, especially those from the sub-region, influence this to gain their Diploma in Specialized Studies in Ophthalmology or even the very first university degree in paediatric ophthalmology** in West Africa; a crucial field when it is known that 60% of the Senegalese population is less than fifteen years old.

Prof. Ndiaye is one of those who take responsibility for the next generations: right to the health of the most humble; exaltation of work; permanent quest for excellence in care structures and higher education institutions; urges young people to stay in Senegal to help people; will eventually form a high-level elite in Africa, an increasing number of elite, capable of taking orders, but also preparing for the next... Because time is pressing: by 2050 sub-Saharan Africa will count ten times more people than when his parent, the Honourable Dr. Abass Ndao, was practising***. It will have been understood: beyond the renowned ophthalmologist, the Fondation Théa is pleased to distinguish the infatigable activist, the man who has devoted himself to his country and his compatriots, much more than to his career interests. ■

RECIPIENTS OF THE "JEAN AND JACQUES CHIBRET" AWARD

As soon as the Fondation Théa was launched, Henri and Jean-Frédéric Chibret decided to inaugurate the Jean and Jacques Chibret Prize. It honours both confirmed talents and young hopes of African ophthalmology who have been particularly distinguished. It is presented each year during the congress of the Société Française d'Ophtalmologie (SFO), during the traditional lunch, which brings together more than a hundred ophthalmologists from the African continent.

2017 ceremony in honour of Prof. Jeannette Traoré

2013: Dr. Daouda Konate (Mali)
2014: PR. Seydou Bakayoko (Mali)
2015: PR. Abdou Amza (Niger)
2016: Dr. Georges Yaya (RCA)
2017: PR. Jeannette Traore (Mali)
2018: Dr. Fremba Camara (Guinea)
2019: Dr. Henry Nkumbe (Cameroon)
2020/2021: (cancelled due to COVID)
2022: PR. Father Amadou Ndiaye (Senegal)

* The initial school took place in 1962. She is now attached to the Cheikh Anta Diop University in Dakar (UCAD).
** This programme was initiated in collaboration with NGOs and Senegalese and Spanish ophthalmologists.
*** Reference year: 1960.

Solar panels for an ophthalmological bush clinic

It all started with the vision of a young Alsatian couple, Marius and Liliane Baar: born in the 1920s, they went to Chad in the 1950s and fell in love with Korbo in the Guéra "prefecture", among the Dangaléat tribe. On the spot, they created a dispensary, a church, a thirty-meters deep well, dug into the rock, and many useful houses for the villagers, as well as a magnificent park full of flowers and trees.
When they passed away, faithful members of their association, **"La Main Secourable",** took over notably by getting involved in the health field. The association is now chaired by Dr Marc Weyland. He took over from Marius Baar, after his wife passed away in 2008.

The problem of blindness in Chad is extremely important. Indeed, there are only eight ophthalmologists for the twelve million inhabitants. It was therefore urgent to build an eye clinic in this isolated region of the Guéra.
After four years of efforts, a health centre, adapted to the needs of the population, and which also included an ophthalmological clinic, was built in Bitkine.
All that remained was to design an electrical installation to operate the diagnosis and treatment devices.
The choice naturally fell on a solar installation, perfectly adapted to local conditions in the absence of a reliable urban network, but whose cost was beyond the association's means.
The Fondation Théa, after checking that this equipment did not require too much maintenance, decided to support this project, on an experimental basis.
On 25 January 2018, the clinic was inaugurated with more than 5,000 people and a panel of personalities from the Chadian government, from the Minister of Women, Family and National Solidarity to the Governor of the Guéra region, the prefect and other sub-prefects and deputies, not to mention the mayor of Bitkine.
Only one year after its opening, more than 600 surgical operations had already been performed thanks to a team that is dedicated to its patients.
The center is under the responsibility of an ophthalmic nurse who performs all essential care.
The center is headed by a nurse specialized in ophthalmology who provides all essential care. Dr Harba, Head of the Ophthalmology department at the regional hospital in Abéché, provides regular supervision and handles the most complex cases.

➪ http://mainsecourable.org/

Only one year after its opening, more than 600 surgical operations had already been performed.

Improving the knowledge of the world's ocular health status

Describe, alert and evaluate: here are the three main areas of epidemiological research. The benefit of this already-old discipline is no longer to be demonstrated. But the need for information has multiplied and complicated, as a result of demographic and epidemiological changes. This is particularly the case in the field of ophthalmology. What do we know about the state of eye health of the world's population? The existing information systems are very rich in data, but low in summaries and "ponts"? And yet statistical observation is essential for building appropriate public health policies.

Dr. Rupert Bourne took up this question. Director of the Cambridge Eye Research Center in England, he coordinates a group of experts on vision loss: the "VLEG", Vision Loss Expert Group of the Global Burden of Disease Study. This leading international group consists mainly of ophthalmologists and optometrists with experience in ophthalmic epidemiology. They are about a hundred. Their ambition? Compile the observations of key data producers, feed a kind of Atlas of vision, a comprehensive and continuously updated database containing ophthalmic epidemiological information around the world, in partnership with the World Health Organization (WHO).

World Health Organization in Geneva

The Lancet Global Health Commission

The *Lancet Global Health* Commission on Global Eye Health: vision beyond 2020

Matthew J Burton, Jacqueline Ramke, Ana Patricia Marques, Rupert R A Bourne, Nathan Congdon, Iain Jones, Brandon A M Ah Tang, Simon Arunga, Damodar Bachani, Covadonga Bascaran, Andrew Bastawrous, Karl Blanchet, Tasanee Braithwaite, John C Buchan, John Cairns, Anasaini Cama, Margarida Chagunda, Chiranjav Chaudumkhuu, Andrew Cooper, Jessica Crofts-Lawrence, William H Dean, Alastair K Denniston, Joshua R Ehrlich, Paul M Emerson, Jennifer R Evans, Kevin D Frick, David S Friedman, Jodo M Furtado, Michael M Gichangi, Stephen Gichuhi, Suzanne S Gilbert, Reeta Gurung, Esmael Habtamu, Peter Holland, Josi B Jones, Pearse A Keane, Lisa Kemp, Rohit C Khanna, Peng Tee Khaw, Hannah Kuper, Fatima Kyari, Van C Lansingh, Juby Mactaggart, Milka M Mafwiri, Wanjiku Mathenge, Ian McCormick, Priya Morjaria, Lisette Mowatt, Debbie Muirhead, Gudlavalleti V S Murthy, Nyawira Mwangi, Daksha B Patel, Tunde Peto, Babar M Qureshi, Solange R Salomão, Virginia Sarah, Bamadattha R Shilia, Anthony W Solomon, Bonnielin K Swenor, Hugh R Taylor, Ningli Wang, Aubrey Webson, Sheila K West, Tien Yin Wang, Richard Wormald, Sumrana Yasmin, Mayeenul Yusufu, Juan Carlos Silva, Serge Resnikoff, Thulasiraj Ravilla, Clare E Gilbert, Allen Foster, Hannah B Faal

Executive Summary

Eye health and vision have widespread and profound implications for many aspects of life, health, sustainable development, and the economy. Yet nowadays, many people, families, and populations continue to suffer the consequences of poor access to high-quality, affordable eye care, leading to vision impairment and blindness.

In 2020, an estimated 596 million people had distance vision impairment worldwide, of whom 43 million were blind. Another 510 million people had uncorrected near vision impairment, simply because of not having reading spectacles. A large proportion of those affected (90%), live in low-income and middle-income countries (LMICs). However, encouragingly, more than 90% of people with vision impairment have a preventable or treatable cause with existing highly cost-effective interventions. Eye conditions affect all stages of life, with young children and older people being particularly affected. Crucially, women, rural populations, and ethnic minority groups are more likely to have vision impairment, and this pervasive inequality needs to be addressed. By 2050, population ageing, growth, and urbanisation might lead to an estimated 895 million people with distance vision impairment, of whom 61 million will be blind. Action to prioritise eye health is needed now.

This Commission defines eye health as maximised vision, ocular health, and functional ability, thereby contributing to overall health and wellbeing, social inclusion, and quality of life. Eye health is essential to achieve many of the Sustainable Development Goals (SDGs). Poor eye health and impaired vision have a negative effect on quality of life and restrict equitable access to and achievement in education and the workplace. Vision loss has substantial financial implications for affected individuals, families, and communities. Although high-quality data for global economic estimates are scarce, particularly for LMICs, conservative assessments based on the latest prevalence figures for 2020 suggest that annual global productivity loss from vision impairment is approximately US$410·7 billion purchasing power parity. Vision impairment reduces mobility, affects mental wellbeing, exacerbates risk of dementia, increases likelihood of falls and road traffic crashes, increases the need for social care, and ultimately leads to higher mortality rates.

By contrast, vision facilitates many daily life activities, enables better educational outcomes, and increases work productivity, reducing inequality. An increasing amount of evidence shows the potential for vision to advance the SDGs, by contributing towards poverty reduction, zero hunger, good health and wellbeing, quality education, gender equality, and decent work. Eye health is a global public priority, transforming lives in both poor and wealthy communities. Therefore, eye health needs to be reframed as a development as well as a health issue and given greater prominence within the global development and health agendas.

Vision loss has many causes that require promotional, preventive, treatment, and rehabilitative interventions. Cataract, uncorrected refractive error, glaucoma, age-related macular degeneration, and diabetic retinopathy are responsible for most global vision impairment. Research has identified treatments to reduce or eliminate blindness from all these conditions; the priority is to deliver treatments where they are most needed. Proven eye care interventions, such as cataract surgery and spectacle provision, are among the most cost-effective in all of health care. Greater financial investment is needed so that millions of people living with unnecessary vision impairment and blindness can benefit from these interventions.

Lessons from the past three decades give hope that this challenge can be met. Between 1990 and 2020, the age-standardised global prevalence of blindness fell by 28·5%. Since the 1990s, prevalence of major infectious causes of blindness—onchocerciasis and trachoma—have declined substantially. Hope remains that by 2030, the transmission of onchocerciasis will be interrupted, and trachoma will be eliminated as a public health problem in every country worldwide. However, the ageing population has led to a higher crude prevalence of age-related causes of blindness, and thus an increased total number of people with blindness in some regions.

Lancet Glob Health 2021; 9: e489–551

Published Online February 16, 2021 https://doi.org/10.1016/S2214-109X(20)30489-5

See Comment pages e383, e385, and e387

International Centre for Eye Health (Prof M J Burton FRCOphth, J Ramke PhD, A P Marques PhD, S M Arunga PhD, C Bascaran MSc, A Bastawrous PhD, T Braithwaite DM, J C Buchan MD, W H Dean PhD, J R Evans PhD, E Habtamu PhD, F Kyari PhD, J Mactaggart PhD, I McCormick MSc, P Morjaria PhD, Prof C E Gilbert MD, Prof A Foster FRCOphth), Department of Health Services Research and Policy (Prof J Cairns MPhil), and International Centre for Evidence in Disability (Prof H Kuper ScD, J Mactaggart), London School of Hygiene & Tropical Medicine, London, UK; National Institute for Health Research Biomedical Research Centre for Ophthalmology at Moorfields Eye Hospital NHS Foundation Trust and UCL Institute of Ophthalmology (Prof M J Burton, Prof A K Denniston, Prof P A Keane MD, Prof P T Khaw PhD, R Wormald), London, UK; School of Optometry and Vision Science, University of Auckland, Auckland, New Zealand (J Ramke); Vision and Eye Research Institute, Anglia Ruskin University, Cambridge, UK (Prof R R A Bourne MD); Department of

The first VLGE reports have already been very important. Already two* surveys have been published in **The Lancet Global Health.** A first in particular, on eye diseases around the world since 1980, which showed that public health services around the world failed to achieve the goals of reducing preventable sight loss. A second report, also published in The Lancet, warned us that global blindness and severe visual impairment are expected to increase significantly by 2050.

Since then, a small group of VLEG has begun working with the WHO on new ocular health goals for 2030, addressing cataract and refractive error - the two main causes of blindness and visual impairment. Another group is working alongside the question of surgical cataract coverage, with part of its "sources" data provided by the same VLEG. So much information that certainly pushed all countries to agree to increase the effective coverage of refraction error by 40% by 2030 and by 30% the effective coverage of cataract surgery by 2030. This commitment was made at the 74th World Health Assembly (27 May 2021), the highest decision-making body of the World Health Organization (WHO).

The VLEG team believes more than ever in collaboration and believes that the dissemination of key information will improve the lives of those affected or at risk of vision loss and its multiple sequelae. It is also the conviction of the experts of the Fondation Théa who were unanimous in trying to support this project financially. For let us not neglect it: it allows the poorest countries to have data that would be missing from them without this international initiative. ■

The VLEG team believes more than ever in collaboration and believes that the dissemination of key information will improve the lives of those affected or at risk of vision loss and its multiple sequelae.

* - Trends in prevalence of blindness and distance and near vision impairment over 30 years: an analysis for the Global Burden of Disease Study. GBD 2019 Blindness and Vision Impairment Collaborators on behalf of the Vision Loss Expert Group of the Global Burden of Disease Study. Lancet Global Health. Published online December 1, 2020. https://doi.org/10.1016/S2214-109X(20)30425-3

- Causes of blindness and vision impairment in 2020 and trends over 30 years: an evaluation of the prevalence of avoid blindness in relation to VISION 2020: the Right to Sight. GBD 2019 Blindness and Vision Impairment Collaborators on behalf of the Vision Loss Expert Group of the Global Burden of Disease Study. Lancet Global Health Published online December 1, 2020. https://doi.org/10.1016/S2214-109X(20)30489-7

More than half a million boxes!

Benin, Burkina Faso, Cambodia, Cameroon, Gabon, Haiti, India, Madagascar, Mongolia, Senegal, Tibet, etc. Since the creation of Laboratoires Théa, more than fifteen countries have benefited from its humanitarian donations. In addition to its corporate Fondation*, the Auvergnat group regularly offers treatments to healthcare teams operating in Africa, Asia and South America in disadvantaged regions. In 25 years, more than half a million boxes - exactly 547,843 - were given. Of course, the medicine is not a regular product. It may pose a risk to health when not used in good conditions. For this reason, these donations always comply with several principles. They are made through associations or organisations that are accustomed to field medicine and who fully master the environment in which they act. They are based on clearly expressed needs because the idea is to help from time to time and not to disrupt local circuits. Finally, as we imagine, these treatments offered meet the highest standards of quality. ■

* The Fondation Théa is a Fondation subject to French law. As such, French law does not allow it to provide or finance medicines. This type of donation falls under the exclusive competence of Laboratoires Théa.

History: press review of the trachoma

At all times, trachoma has been the subject of reports and analyses in scientific and medical journals. But not only, and for good reason! Our ancestors rated this disease as one of the most common eye conditions on the surface of the globe. They feared the consequences, in vain sought the means to fight it. They were concerned about mutual penetration, every day, between peoples, which was a cause for dissemination. That is why the general public and non-specialist press has always taken over the subject.
Selected extracts...

IN 1708, THE MAGAZINE MERCURE DE FRANCE,

informs us that Mr. de Chavanne, Gentilhomme of Nevers, attacked the "Trachoma", or "military rudancy" presents an internal ulceration of the eyelids, an abscess of the tear gland, oozing from the " morbific" mud, purulent and thick, with "pannicles" on the cornea and on the "white", with "vascular" obstruction and swelling of the blood vessels of the globe, etc... This Gentilhomme came express from Saint Domingue to Paris to get treatment of this complicated disease, caused by a sunburn, quite ordinary in this climate. Good news: this sir, has healed radically.

ALGERIA'S DAILY "LA DÉPÊCHE ALGERIAN" OF APRIL 5, 1890

is concerned about the new epidemic of trachoma (sore of ophthalmia), which is raging on the battalion of genius, of the garnison of Presbourg. Of 570 men, only 40 where not affected. Several patients have become completely blind. The wrong spreads. Cases have already been reported in the artillery diet.

LE GAULOIS, FRENCH LITERARY AND POLITICAL DAILY OF 6 MARCH 1898

echoes the enthusiasm of Emile Javal - French ophthalmologist, considered as the father of orthopty - in view of the findings of Mr. Bitzos de Constantinople, who proposes to cure trachoma, a serious ocular condition, dissecting a fragment of the tarse cartilage and to put it back into place after it has returned. Granulation production would therefore be stopped.

THE WATERS GAZETTE OF 1 JANUARY 1905

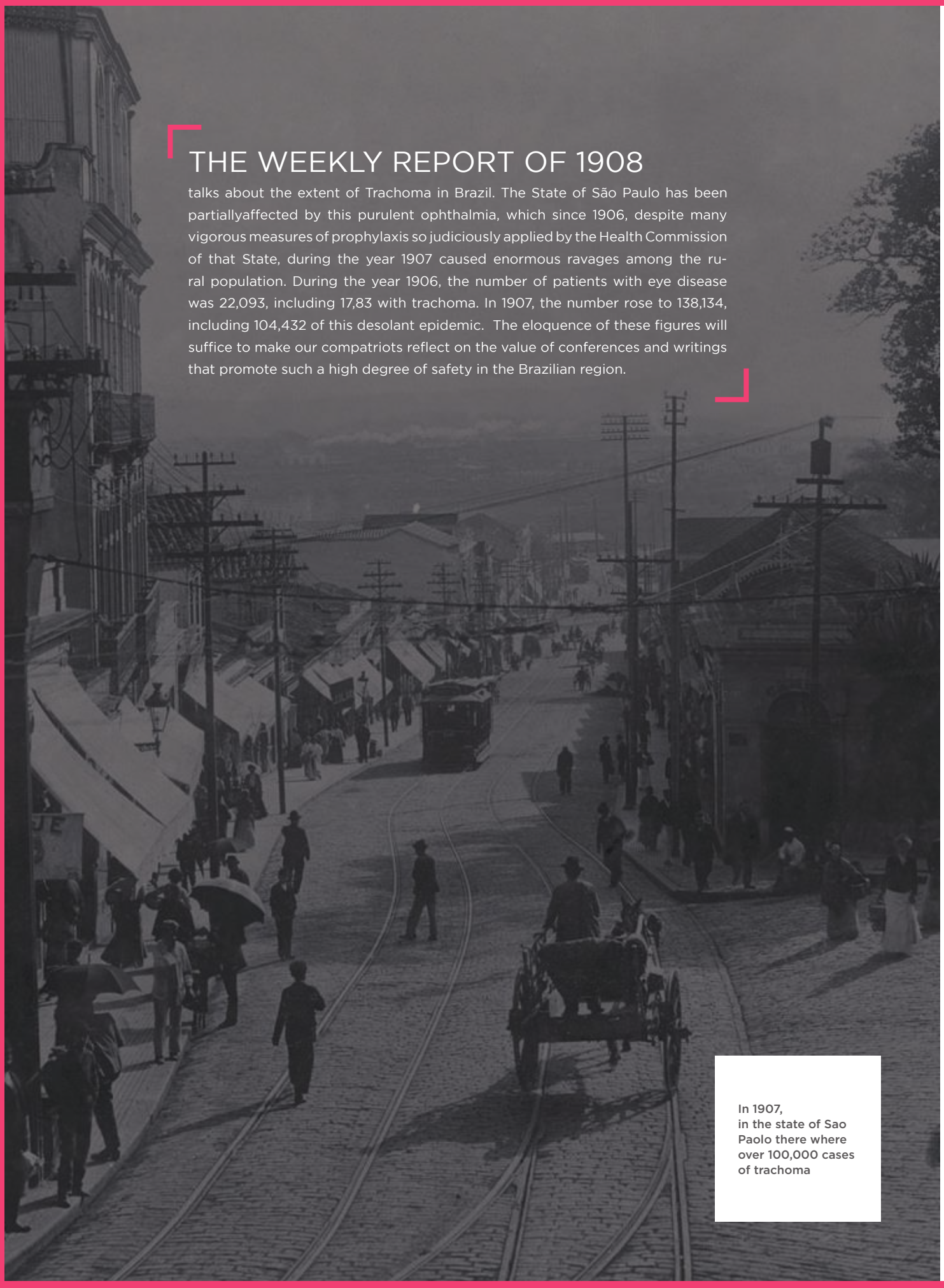
notes the absence of granulations in the mountainous area, but to explain their presence on the coast, light and climate cannot be incriminal, because granulations actually only occur in the bulls deprived of air and light, and even on the coast, they are unknown in the ventilated and sunny quarters. The rest saw healing in Nice, under the influence of appropriate treatment, trachomas that had resisted various treatments in other countries far from the sea. In a study on the aetiology of trachoma in Egypt, Mr. Morax concluded: "Climate conditions do not seem to have any influence on the spread of infection", and it has committed only contagion. Mr. de Wecker, for his part, also criminalizes contagion, but he believes that in Egypt "the fine sand whose wind is often charged" prepares the ground and predisposes to infection.

Ophthalmologist, Victor Morax (1866-1935) is Vice President of the International League Against Trachoma

The conditions of the climate does not seem to have any influence on the spread of infection.

THE WEEKLY REPORT OF 1908

talks about the extent of Trachoma in Brazil. The State of São Paulo has been partiallyaffected by this purulent ophthalmia, which since 1906, despite many vigorous measures of prophylaxis so judiciously applied by the Health Commission of that State, during the year 1907 caused enormous ravages among the rural population. During the year 1906, the number of patients with eye disease was 22,093, including 17,83 with trachoma. In 1907, the number rose to 138,134, including 104,432 of this desolant epidemic. The eloquence of these figures will suffice to make our compatriots reflect on the value of conferences and writings that promote such a high degree of safety in the Brazilian region.



In 1907,
in the state of Sao Paolo there where over 100,000 cases of trachoma

THE JOURNAL OF POLITICAL AND LITERARY DEBATES OF 20 OCTOBER 1910

alarm: Trachoma arrives in France through travellers: "Trachoma does not exist in France". On the other hand, out of 1,000 individuals with ocular conditions, 124 trachomatous in Poland, 158 in Odessa, Ukraine, 200 in Kharkov, Ukraine, 250 in Baessarabia (East of Moldova), 260 in Naples, 300 in Venice, 388 in Catane, Sicile. Conclusion, it is necessary to insulate and treat trachomatous diseases.

THE JOURNAL OF POLITICAL AND LITERARY DEBATES OF 27 NOVEMBER 1920

provides an update on the disease situation in North-West Serbia. A hospital for trachoma. It is known that the city of Chabatz was severely tested in the first two years of the war. Almost completely destroyed by the Austro-Germans. She now suffers from a contagious disease that takes dangerous proportions due to the destruction of her hospital: it is trachoma, inflammation of the eyes widespread on part of the Mediterranean coast, but almost unknown in Serbia. In the absence of care, cases of blindness multiply. The Baroon of Astre, has undertaken to create a hospital or several light isolation pavilions in this city. Donations can be sent to Belgrade.

THE TIME OF 21 JANUARY 1922

tells us about Tra home in Tonkin. An Institute of Ophthalmology recently created by Doctor Talbot[1] has just been inaugurated in the presence of Her Majesty Khai-Dinh, Emperor of Annam. This ceremony crowns the work to fight trachoma, endemic ophthalmia, which still determines in Indochine, the majority of blindness. Already in 1913, Hanoi had been set up an ophthalmological consultation. In 1917, there was a centre for the teaching of ophthalmology to students at the School of Medicine. In 1918, Hanoi's consultation was transformed into an Ophthalmic Institute and in 1920 the Albert Sarraut Institute was created in Hué. From its first year of operation, it performed 12,872 consultations and 1,066 surgical interventions were carried out.

[1] in the 1930s, Doctor Talbot will be appointed Head of the Trachoma prophylaxis mission in the southern Tunisian oasis.

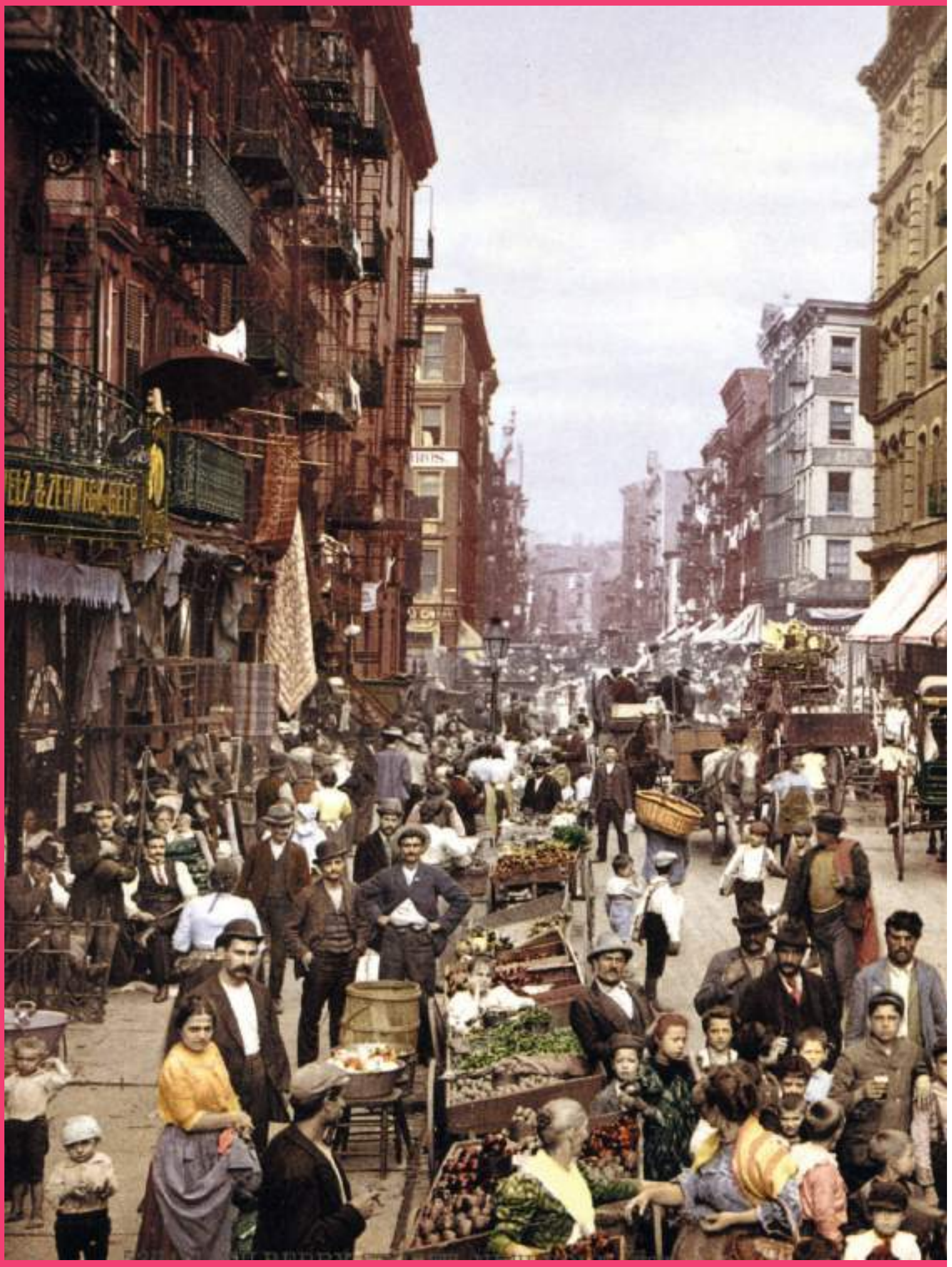
TIME OF 14 MAY 1922

is concerned about a trachoma epidemic in Paris. Unfortunately, the difficulty of this maladie comes from the fact that we do not know what the microbial agent responsible for trachoma is. The various microorganisms described as such have never demonstrated their specific virulence; in particular, the corpuscles of the Stanislav Provázek zoologist, which were long kept forever. The long research conducted in Tunis by MM Nicolle and Cuénod, White and Blaizot, and one of them just reported to the French Society of Ophthalmology, did not yield much demonstrative results. Most importantly, they found some animals likely to contract the disease, among which the most interesting is Algeria's magot (*Macaca sylvanus*). This finding will likely make it possible to study the possibility of making serums or curative vaccines. Mr Cuenod has had some success in using an established vaccine with scratching products taken from the patient himself. On the other hand, the infectious agent has not proved to be the most powerful of our investigation processes. It is reduced to classify it among the filtering viruses, which is a little bit of ignorance. Yet there is no doubt about the contagiousness of granular conjunctivitis.

At the head of the Pasteur Institute in Tunis, the Nobel Prize Charles Nicolle (1866 -1936) is conducting research ontrachoma

ACCORDING TO THE NEW YORK DAILY NEWS OF NOVEMBER 4, 1922,

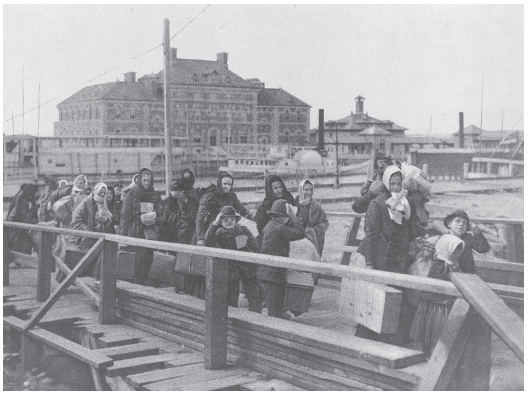
a whole village of Mahrinsky Pasod, in Tchouvachie, a region from Volga to Siberia, suffers from an epidemic of tracehome and is likely to see the entire population become blind. Many victims have already completely lost sight. This situation was revealed by Dr. W.R. Dear, a medical representative of the American Emergency Association. A wide-ranging disease prevention campaign was organised.



INTERNATIONAL HERALD TRIBUNE OF 3 MAY 1928,

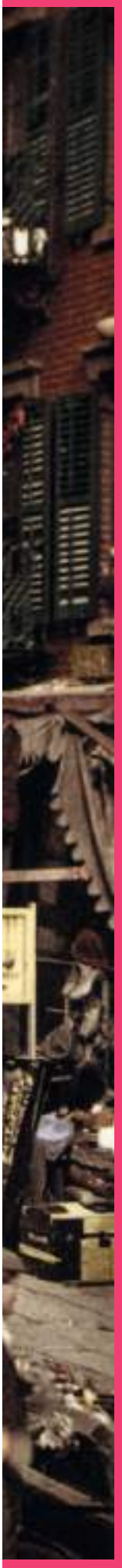
the international community must help the United States to fight trachoma, says Ms Hurlbutt.

Faced with international migration, the city of New York has committed itself to the fight against trachoma. The American National Committee for the Prevention of blindness is beginning to see real progress, according to Ms Mary E. Hurlbutt who has just arrived in Paris after a Geneva Conference with Mr. Lewis H Carris in New York. The real difficulty the committee faces, is that migrants are allowed to travel thousands of kilometres before they meet controls, and then, after months of travel behind them, discover that they are carriers of a disease that prevents them and their families from setting up on American soil. We need to organise cooperation with the foreign port authorities and the doctors of steamships.



Between 1892 and 1924, nearly sixteen million migrants will see their eyelids inspected in Ellis Island, New York.

People with Trachoma are returned and returned to their country of origin



THE CHICAGO TRIBUNE 5 FEBRUARY 1924,

in 1912, Kentucky's board of health services began to dispose Knott County from Trachoma. At that time, they assessed that an eighth of the population was suffering from trachoma. As an old living person says: "you couldn't look the other way without seeing a blind person". The mode of wearing coloured glasses was widespread. Visual impairments were everywhere, especially in schools. Trachoma is an infectious disease. Delivered to itself, it does not have a tendency to cure itself. It is spread through the use of common towels and washbasins. The theory that so many cases are in the isolated mountain communities of Kentucky and neighbouring states is that the first migrants brought it with them when they settled in America. Little by little, they infected their fellows in schools, churches, shops and village meeting places.

In the 1910s, an arrival of migrants propagates trachoma in the Kentucky

THE PROGRESS OF BEL-ABBÈS 18 SEPTEMBER 1928,

emphasizes that the issue of trachoma has long been a concern to Algerian doctors and the Administration. In 1893 and in 1894, Dr. Lucien Raynaud, upon return from missions to the Aurès, had asked for specialists to be sent to indigenous agglomerations to treat eye conditions. The Governor General considered it preferable to create a number of hospitals. This organisation has been completed and nursing facilities, entrusted to doctors, which are currently 79. These infirmeries can only do medical treatments. Patients to operate are directed at the special services of Oran and Constantine and on the ophthalmological clinic at Algiers Hospital. The Pasteur Institute of Algeria, during multiple surveys, has studied trachoma and other contagious conjunctivitis and has carried out very interesting social medicine trials since 1907. A few temporary assignments were also entrusted, first of all by the General Council of Oran, to Dr Gaudibert. The General Government had subsidised these tests, and suggested in 1913 that an investigation should be carried out in the Algiers department. The work resumed in 1924 with the meeting of a "Trachoma Commission". Two "eye houses" were created as a test in Bou-Saada (Alger) and El-Kantara (Constantine). At the same time, the decision was made to convene some fifteen doctors to attend each year training courses at the Faculty of the Civil Hospital of the Pasteur Institute and Hygiene Services. Finally, the Financial Delegations have just voted a credit of 50,000 francs to commit the anti-ophthalmic fight: the reorganisation of the hygiene services of Algeria, which will benefit from complete autonomy, will give a new growth to the fight against social diseases, and in particular against trachoma. Two oculists in each department will be responsible for visiting the different sites, to establish the trachoma index and to propose appropriate prophylaxis and treatment measures in each location. It is therefore very hopeful that the action taken in this way will be effective!

In the 1920s, concerned about the ravages of trachoma, Algeria began to establish an index of the disease in each region

SOCIAL INFORMATION BULLETIN OF THE INTERNATIONAL LABOUR OFFICE OF 29 APRIL 1929

At the beginning of the 20th century, Marseille is the gateway to the trachoma in France

A staff member of the International Migration Service (International Migration Service), a protective organization that has offices in several countries in Europe and America, and, an office in Marseille, recently published interesting information on the ills and difficulties of all kinds of trachoma to the affected emigrants, especially for transmigrants passing through Marseilles, on the path of the Middle East to America. Out of 180 cases, whose Marseille office dealt with on 1 May 1928, the author of this investigation, Mr. Suzanne Perrière, reported that 36 concerned emigrants affected by trachoma. While in some immigration countries, among others France, there is no law prohibiting the arrival of individuals suffering from trachoma, many others, and in particular those of North and South America rigorously reject the latter. Therefore, more than one recovery has occurred than emigrants in southern Europe or the Near East, where trachoma is fairly widespread, have already left this disease and then entered France to be unable to continue their journey to an American country, failing to obtain a visa for entry into that country. The very particular nature of trachoma is a source of complications and tribulations for these migrants. Not only do they lose valuable time, but also very often, the pass ticket they paid becomes outdated; they are obliged to spend considerable costs for their medical maintenance and treatment. Differences between doctors in the diagnosis of trachoma are common. It is not uncommon that some doctors, especially those attached to companies carrying out transport to the trans-ocean country of destination, show themselves much more severe than others, for technical or professional reasons, in terms of either the existence of the disease or the cure of a patient.

PROGRESS IN GUELMA OF APRIL 7, 1930

1930 welcomes the universally well-known of Dr. Cuénod and his precious collaborator, Dr Nataf. They just appeared to have a nourished and valuable study on trachoma. On the margins of the purely technical part, the two ophthalmologists devoted to the definition of trachoma, its geographical, statistical and historical distribution. In the opinion of both practitioners, trachoma is not what the elders believed and what many contemporary people still hear under the vague term of conjunctivitis or granular ophthalmia. The latter term evokes the idea of acute inflammation accompanied by suppuration. However, Morax bacteriologist and Dr. Cuénod's research with Dr. Nicolle, have shown that trachoma, in the pure state, evolves with a minimal inflammatory response. Trachoma can therefore be defined as "a specific contagious, chronic condition localized to human conjunctivitis". It is in the regions of Central Asia and in particular Turkestan, that trachoma causes the most victims. The proportion of trachomatous people thirty years ago was 90 per cent inhabitants. It has not changed since then. In China, it was 70 per cent, in Japan of 25 percent, in Saudi Arabia of 50 per cent, Syria and Palestine between 15 and 50 percent. Africa is also severely affected, especially Egypt. In Tunisia, the percentage is 10 to 20 percent. In Tunis at the clinic of Doctor Cuénod and Dr Nataf, it is 50 percent, but it must be counted that it is an ophthalmological centre where the majority of patients come not only from Tunisia, but from Algeria (where the situation is about the same), Tripolitaine, Sicily, Corsica, Malta from Sardinia. America has much less trachomatous; Europe was also privileged; but since the 1914-1918 war, there has been a worsening especially in Italy. France is favoured from this point of view, the increase in cases of trachoma is real, but, except for Marseille perhaps, it is not worrying.

LE FIGARO OF 28 OCTOBER 1931

points out that Mr. Morax provided a brief from Mr Talbot on the organisation and action of the prophylaxis mission for trachoma in the southern Tunisian oasis, last July. It is known that contamination is preschool and no cases of transmission of trachoma at school have been observed. However, school pupils must be treated with daily therapeutic action, under close medical supervision. In addition to school, the prophylactic action must be directed primarily to girls and mothers.

THE REVIEW OF THE TWO WORLDS OF 1938

we learn that in Turkey, the Republic has undertaken an intelligent and active fight against endemic diseases and infectious diseases. Hygiene centres are created and clinics; mobile nursing teams run through the districts; hospitals are reorganized, increasing their number. Above all, the aim is to prevent contagion by means of severe measures, by monitoring drinking water, by the drying of swamps on the edge of malaria fever; peasants are taught to destroy flies, carriers of tracehome. The results of this effort are already evident: a dozen years ago, Adi-Yaman, a bud with the last waves of the Taurus, near which, one day of happiness, we discovered the age of the stone cut in Anatolie, Adi-Yaman appeared to us as a city of blinds; we could not take a step in his streets without encountering vacant beings that were supported by walls, young men, women, toddlers, blind or almost blind, who were led by hand. The inhabitants of these places, were affected by trachoma in a proportion of 90 per cent. Today, Adi-Yaman, far from being still free from the terrible evil, no longer offers the vision of pain that we had kept in the obseding memory; a little life, a little joy floats on his roofs on the terrace, a great hope is set up in his houses.

LE PETIT MARSEILLAIS OF 24 DECEMBER 1942

argued that Sfax la Berberère, Sfax, the capital of oil in Tunisia, is grounded by the trachoma: "We are terrified by the number of blinds, the elderly decharated in the eyes eaten by the trachoma and covered with a thick white tay. The hygiene department has attacked the wrong but the results are still low. The more we move forward in the south, the more trachoma becomes a terrible scourge".

In the 1940s, the city of Sfax in Tunisia was invaled by the trachoma

PARIS-DAKAR WEEKLY ON 3 APRIL 1948 IS AT THE PARTY

Among the events that have just been marked in Bamako, the laying, in the presence of a hundred blinds or semi-blinds, the first stone of the future Ophthalmological and Antitrachomatous Centre marks a new point of view in the social progress made in Sudan. Trachoma, in particular, the world's ocular endemia, is particularly serious, since in some regions, that of Timbuctou, for example, the proportion of trachomatous patients reaches the effarant figure of 30% of the population. Delivered to themselves and imperfectly treated, half of these trachomatous will become, inevitablely, at a period that is more or less distant from their existence and due to complications, blinds or semi-blinds, at the expense of the company. To combat this dreadful condition, the Sudan Health Service has, until now only the current ophthalmology centre, located in Bamako in 1946, in old and partially renovated buildings. Very quickly, the treatment capacity of this centre proved to be insufficient in front of the influx of the patients who presented themselves there. The building to be built has been designed to cope not only with the needs of the town and the circle of Bamako, but to the whole region. In addition, it will not only be a treatment and hospitalization centre but will also be a centre for studies, research, technical and practical documentation for European and African staff, a starting point of the anti-trachomatous control at the Sudan level, widespread control, as soon as possible, throughout the Federation.

WEST AFRICA BUDGET BULLETIN OF JANUARY 1, 1949

indicates the Bamako Trachoma Institute[2] now employs 19 people: a commanding physician, a master physician, an African civilian physician, 13 nurses, two deputy expeditioners. Its budget for the financial year 1949-1950 will amount to 4,283,000 francs[3].

Bamako in the 1940s

[2] as a reminder, the trachoma institute was created in 1947 in Bamako, which became in 1953, the Institute of Tropical Ophthalmology of Africa (IOTA).
[3] up-to-date amount of €9,171,835.

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