

Supplementary Table 5— National characteristics of community trial sites

Community trial (Enrollment year)	Country	U5 mortality point estimate (Upper bound)	Infant mortality point estimate (Upper bound)	% of population using at least basic drinking water services	% of population with no hand-washing facility at home	% of population using improved latrines and other improved facilities	% of live births who received BCG	% of surviving infants who received DTP-1	% of surviving infants who received DTP-3	% of surviving infants who received the third dose of Hib-containing vaccine	% of surviving infants who received the third dose of PCV	SMC is used (2022)	Trachoma interventions needed?
TANA (2006)	Ethiopia	103.3 (111.3)	66.4 (70.9)	27.8	NA	7.6	66	64	46	NA	NA	No	Yes
TIRET (TANA II, 2010)	Ethiopia	82.5 (89.9)	54.6 (58.8)	34.0	39.1	9.4	76	77	61	62	NA	No	Yes
MORDORIMort (2014)	Niger	127.8 (142.9)	63.9 (69.2)	45.4	22.9	15.2	87	95	81	81	13	Yes	Yes
MORDORIMort (2014)	Malawi	59.6 (67.2)	40.3 (44.4)	65.4	18.1	44.5	97	97	91	91	87	No	Yes*
MORDORIMort (2014)	Tanzania	56.7 (62.5)	40.1 (43.4)	49.4	8.7	29.7	99	99	97	97	93	No	Yes
MORDORII MortY5 (2017)	Niger	124.3 (141.7)	62.7 (68.8)	46.6	23.5	16.5	92	95	85	85	85	Yes	Yes
CHAT (2019)	Burkina Faso	87.3 (119.5)	53.8 (67.3)	49.0	60.1	50.7	98	95	91	91	91	Yes	Yes
LAKANA (2020)	Mali	99.7 (122.1)	62.9 (73.1)	80.7	30.1	56.0	78	75	70	70	66	Yes	Yes*
AVENIR (2020)	Niger	121.0 (144.1)	61.6 (69.6)	47.7	24.0	17.9	94	93	81	81	81	Yes	Yes
MIRAMA (2021)	Burkina Faso	81.4 (119.4)	51.2 (67.3)	49.0	63.6	54.1	98	95	91	91	66	Yes	Yes
AVENIR (Programmatic Trial, 2022)	Niger	117.3 (147.7)	60.3 (70.8)	48.9	24.1	18.9	95	96	84	84	84	Yes	Yes

BCG = Bacille Calmette-Guérin vaccine, DTP-1 = First dose of diphtheria-tetanus-pertussis vaccine, DTP-3 = Third dose of diphtheria-tetanus-pertussis vaccine, Hib = *Haemophilus influenzae* type B, PCV = Pneumococcal conjugate vaccine, SMC =

Seasonal malaria chemoprevention, U5 = Under-five, NA = Not available for the given year. **Bolded** cells indicate mortality rates which are above the thresholds recommended by the WHO for consideration of MDA-azithromycin to reduce childhood mortality (> 60 per 1000 live births for infant mortality and > 80 per 1000 live births for under-five mortality).

*The WHO validated trachoma elimination in Malawi in 2022 and in Mali in 2023 [1].

Data sources: UN Inter-agency Group for Child Mortality Estimation, 2023 (mortality estimates); WHO/UNICEF Joint Monitoring Programme, 2023 (WASH indicators); WHO/UNICEF estimates of national immunization coverage, 2023 revision (immunization indicators); World Malaria Report, 2023 (SMC use); WHO Global Health Observatory (trachoma status)

[1] WHO congratulates Benin and Mali for eliminating trachoma as a public health problem 2023.
<https://www.who.int/news/item/16-05-2023-who-congratulates-benin-and-mali-for-eliminating-trachoma-as-a-public-health-problem>
(accessed August 20, 2023).

