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2. Christoffel Blindenmission (CBM)

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4. Health for Humanity

5. Helen Keller Worldwide

6. International Eye Foundation

7. Lions Clubs International Foundation

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9. ORBIS International

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11. Seva Foundation

12. Sight Savers International

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Technology for VISION 2020

Hannah B. Faal

VISION 2020: The Right to Sight – a global determination to eliminate avoidable blindness the world over by the year 2020 - is made up of three main pillars; the control of the main disease causes of avoidable blindness and low vision, the development of the human resource to provide the services required to achieve disease control and the provision of the *things required* for work. In short, it focuses on *disease control, human resource development, and infrastructure and technology*.

Service delivery and training lie within the purview of the traditional health care providers, while the provision of infrastructure and technology is seen as a thing apart, outside the realm of these end-users. Technology, its manufacture, advertisement, procurement and distribution, maintenance, repair and cost have a significant and fundamental impact on services. It therefore goes without saying that industry and all those involved in technology are crucial stakeholders in achieving VISION 2020: The Right to Sight.

What is the reality of the eye care providers who live in the poorest countries and who are supposed to eliminate avoidable blindness? The reality is a lack of the most basic technology to deliver services. It is the lack of back up spares, servicing and maintenance for equipment and instruments, the lack of money to bear heavy capital costs, and the absence of hire purchase or lease arrangements. The eye care providers wish to have the latest technology because it is made out to be the best; an ever receding goal and a widening gap between their needs and the ability to pay.

It need not be this way. Technology for VISION 2020 represents the equipment, instruments, drugs, dressings and consumables for service delivery, training and teaching, administration and management and research. It is an absolutely essential aspect which

enhances the services of the eye care provider by maximising and optimising human effort. Its lack is a major cause of blindness and low vision and the poor quality of outcome of service delivery. Industry and all other stakeholders, who in any way ensure the availability of technology, need to bring all that they have and are to VISION 2020: The Right to Sight, if it is to be achieved by the year 2020.

Partnership between the end-user and technology stakeholder is not new. Eye care providers joined hands with industry to design and produce the ophthalmoscope, one of the most revolutionary extensions of the human hand and eye. The partnership continues in product development. Can the partnership take on a new challenge, a kind of reverse step? Can it critically examine the essential in technology, for each identify the absolutely necessary bits, subtract the trimmings that make it so expensive and produce for all who need it for as long as the need is there? This would be *product adaptation* for VISION 2020: The Right to Sight. It in fact could be branded/labelled for VISION 2020.

Industry has had a partnership with ophthalmology expressed through donations, grants for training and research, sponsorship of congresses, and exhibitions of their products. This has contributed immensely to the growth of the science and the profession. The worst thing that can happen to industry, the eye care provider and VISION 2020 is if and when a conflict of interest arises and issues on ethics and profits blur and detract from the potential for good. This can only be prevented when all stakeholders put the patient first and have a forum where joint decisions can be made. A great example of this is the ivermectin donation programme where a drug has been donated to all those who need it for as long as it is needed, where industry - represented by Merck Sharp and Dome - has been in close partnership with the communities, the governments, the profession, service providers and the scientists for service and research. The result - one of the most remarkable means

of providing release from suffering and increasing service ever achieved. Pfizer is following in similar steps.

Recently, the ophthalmic industry has donated funds to VISION 2020: The Right to Sight; the major donors are Carl Zeiss, Bausch & Lomb, and Alcon. This represents a landmark and a major step forward. But if we are to eliminate avoidable blindness, population units must have comprehensive focused action within service delivery programmes. Industry needs to come in as stakeholders, participate in prioritisation, implementation of projects and allocation of resources.

When one visits eye departments in developing countries, *the toy room* is full of equipment and instruments that do not function, and are gathering dust at great cost not just in terms of the capital but also due to machine idling time. Even more tragic is the lost investment in the training of the eye care provider who is not applying the skills and the number of people who could have had vision restored or saved if the technology was in use. Only industry can reverse the trend. The provision of spares, service backup, training of maintenance teams for a product is as essential as the product itself. As stakeholders in VISION 2020, participating corporations could ensure such support for a VISION 2020 labelled basic standard list of equipment and instruments.

A familiar story is told of the ubiquity of a drink that can be found even in the most remote communities of the world. A sound production strategy, distribution systems, and understanding of the market has ensured that this is possible. This expertise and practice is not yet part of the eye care world but it is commonplace in industry. Can members of industry as partners in VISION 2020 apply their strategies and systems to make technology for VISION 2020: The Right to Sight ubiquitous too?

A piece of equipment may have to go through a long journey before reaching the end user. The first step is for the end user to decide upon the need. Often, especially in

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government services, the procurement process excludes the end user, the technical person. The result is the purchase of a useless piece of equipment. A simple change of policy mandating that the end user's specification is followed would make a big difference. One of the obstacles in the procurement process is at the point of entry into the country where a custom duty is applied to the product, making the item even more expensive and therefore unaffordable. The government collects revenue, blindness is not avoided, revenue is lost in decrease of productivity of the service provider and the patient. Poverty increases. What is the economic gain/loss to the country? I know of a country which made up a list of the most basic items essential for eliminating avoidable blindness (33 in total) and applied a duty waiver to all. Today remarkable progress has been made in the reduction of blindness in that country. There needs to be strong advocacy to the governments of the most affected countries of the world

to emulate this third world nation!

Today, in the global economy, it is quite common for a finished product to be assembled from parts made in different parts of the globe, to cut down cost of production. It is the poor countries who also can provide affordable labour, free trade zones, distribution hubs/warehouses and spokes. Is it possible for industry to consider how advantage could be taken of these conditions to reduce cost and improve accessibility to the end provider? Can countries/regions where labour is particularly affordable become the *equipment baskets* for VISION 2020?

Marketing is an issue with industry. Today eye care providers who have no access to technology and cannot afford it at the current cost make up a huge consumer mass which is not part of the global market and so not a threat to the existing market. Industry can tap into this VISION 2020 market.

Over time the tag *for profit* has been an exclusion criterion for collaboration of industry with health

initiatives. For Profit at what cost? The *noble gesture* - philanthropy by industry - and *for profit* are not mutually exclusive, the challenge of bringing both together is not insurmountable, a not-for-profit nongovernmental organisation for technology may be an answer. The Task Force for VISION 2020 has formed a Technology working group; industry is a natural member of this group.

When the community worker has a torchlight which works and a steady supply of batteries, the ophthalmic nurse a functioning ophthalmoscope, the surgeon an operating microscope, a trainer a good overhead projector and a village volunteer a bicycle, and the patient has the drugs, glasses, and low vision devices, can one imagine how much service delivery can take place and how drastically avoidable blindness can be reduced?

Service and technology in partnership for vision - an absolute necessity; the market, a world without avoidable blindness - what profit!

BAUSCH & LOMB PLEDGES US\$1 MILLION TO BECOME THE FIRST CORPORATE PATRON OF VISION 2020: THE RIGHT TO SIGHT

The International Agency for the Prevention of Blindness (IAPB) is delighted to announce that Bausch & Lomb have pledged US\$1 million to become the first corporate patron of VISION 2020: The Right to Sight initiative.

Bausch & Lomb, the technology-based eye care company, was founded in 1853 by two immigrants to the United States who joined in partnership to bring better vision care to their community. "As we prepare to celebrate 150 years of heritage in working to improve sight for people around the world, we could not think of a more appropriate way to mark the occasion than to join in partnership with VISION 2020: The Right to Sight in pursuing the goal of eliminating preventable and treatable blindness throughout the world community," said Ronald Zarrella, Chairman and CEO of Bausch & Lomb. "We strongly endorse the initiative to work toward this goal in a very focused and coordinated way and are proud to join VISION 2020 and all the member organizations in this essential effort."

Bausch & Lomb is among the largest global technology based healthcare companies for the eye, dedicated to helping consumers see, look and feel better through innovative technology and design. The company is building on that position through expansion of its current eye care businesses, as well as the pursuit of promising new opportunities within the global eye care market.

Bausch & Lomb manages its commercial operations on a regional basis while the research and development and product supply functions are managed on a global basis. The company markets five broad categories of products: Contact Lenses; Lens Care; Cataract and Vitreoretinal Surgery; Refractive Surgery; and Pharmaceuticals.

Founded in 1853 in Rochester, New York, where it continues to have its headquarters, the company has annual revenues in excess of \$1.5 billion and employs over 10,000 people in 35 countries. Bausch & Lomb products are available in more than 100 countries around the world. More information can be found at www.bausch.com

In addition to the WHO and various national and non-government organizations, VISION 2020 also need partners from the eye care industry and we are delighted that the first Corporate Patron joining VISION 2020: The Right to Sight will be Bausch & Lomb, one of the most highly regarded names in eye care.

Paul D. Courtright and Ken Bassett

Blindness is an increasing global health problem that afflicts approximately 50 million people, two-thirds of whom are women, and ninety per cent of whom live in poorer countries. Most world blindness is due to cataract, routinely curable through surgery, or due to chronic trachoma infection, preventable through clean water and improved sanitation. The VISION 2020 initiative of the World Health Organisation is addressing this problem through advocacy, planning and programming.

In poorer countries, women of all ages utilise eye care services much less than men. As a result, more women than men are blind or visually impaired from cataract, trachomatous trichiasis, and angle closure glaucoma. To date, however, VISION 2020 programmes have not incorporated gender issues into evaluation, planning, or treatment efforts. Little applied research is available to help guide decisions in service provision.

Ophthalmic and women's health researchers, policy makers and programme staff held a meeting in Moshi, Tanzania from 17-21 June 2002 to discuss gender and blindness. The Kilimanjaro Centre for Community Ophthalmology (KCMC/Tumaini University) and the British Columbia Centre for Epidemiologic & International Ophthalmology (University of British Columbia) organised the meeting, which was sponsored by a consortium of Canadian public health agencies. The participants identified key research, policy, and programme priorities listed below.

The participants agreed upon the following recommendations:

Policy issues

1. Programme managers in all national and local blindness prevention programmes need to assess gender equity of service utilisation. This means

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separately assessing the potential barriers to use of services by men and women, throughout the life span.

2. Eye care agencies should follow the WHO policy and critically evaluate gender roles within their own organisations, developing strategies to improve gender equity in the work environment.
3. Programme monitors need to incorporate gender specific indicators used for all eye care programme activities (e.g., cataract surgical rate, trichiasis surgical coverage). Leprosy control programmes should also monitor lagophthalmos and cataract surgical rates by gender.
4. Eye care service providers should encourage collaboration with non-health care programmes (e.g., water and sanitation) to improve environmental factors influencing women's health.

Programme issues

1. Eye care programme planners should direct most attention at the community level in order to gain long-term trust and to better involve community members in planning and providing prevention and treatment strategies. Programme planners should especially encourage women's representation. This is a difficult and sensitive process requiring an understanding of local social, political and economic issues in historical context.
2. Programme planners need to be aware that women often do not have decision-making power within communities. Programmes designed to increase utilisation of services by women therefore must include the people (often husbands or male community elders) who have decision-making authority. The goal is to empower communities to meet their eye care needs, not to achieve gender equity in the decision-making process.
3. All cataract surgery facilities should have designated personnel (preferably, both male

and female) to provide good quality education to cataract surgery patients.

4. Eye care programme planners need to be aware of many different approaches to promote health education in a gender-sensitive fashion within communities (e.g., school child health programmes, collaboration with traditional healers, women's groups, local service groups).
5. Trachoma control activities need to emphasise facial cleanliness and environmental hygiene improvements (known as the "F and E" components of the SAFE strategy) because these will be the most effective in long-term control of this disease, which affects primarily women.

Research Issues

General

1. In each context (society/culture/religion) researchers need to:
 - clarify decision-making roles for accessing eye care;
 - identify existing or potential social networks which support women needing eye care;
 - define barriers and enabling factors to use of eye care services by women and men;
 - determine effective gender-sensitive methods to provide health information (regarding existing perceptions of surgery, primarily fatalistic attitudes and fear of surgery).
2. Researchers need to determine if the excess burden of blindness rates for women found in Africa, Asia and in industrialised countries is also found in Latin America and Eastern Europe/Russia. In addition, researchers need to determine the specific causes of this excess blindness. Do these causes vary between the industrialised and non-industrialised countries?

Cataract

1. Epidemiologists and anthropologists need to clarify the factors that influence acceptance of cataract surgery by women. For example, do women accept

- cataract surgery more readily if counselled by female health workers, by other women who have had surgery, or by other community based groups?
2. Health services researchers need to determine how health sector reform and cost recovery affects service utilisation by men and women. What is the effect of marital status, education, family size, or other factors? What mechanisms can be put into place to ensure equity in utilisation?
 3. Basic science researchers needed to better understand why women have a higher risk of developing cataract than men of a similar age.

Trachoma

1. Researchers need to clarify what will be the impacts of F and E on the roles and activities (e.g., use of time) of women?
2. Researchers need to determine if girls are re-infected more readily than boys following antibiotic distribution.

3. Researchers must determine which local community-based approaches best improve uptake (and equity in uptake by men and women) of trichiasis surgical services before vision loss occurs. Researchers must also examine whether women have a higher rate of recurrence of trichiasis following surgery and what can be done to reduce this.

Childhood eye diseases

1. In each context, researchers need to determine what prompts parents to bring their children for surgery and when. Do mothers and fathers have different perceptions of the need for eye care for children and does this depend on the household structure or economic status? How do these perceptions affect utilisation of services?
2. Researchers need to explore why, in most settings, parents bring more boys for juvenile (non-traumatic) cataract surgery than girls; they must also study long-

term follow up of children receiving surgery to assess utilisation and benefit of low vision services.

Other conditions

1. For glaucoma and other major causes of blindness, researchers need to clarify utilisation of services and outcome of service by men and women. Very little information exists to date on usage of screening, medical and surgical services. In many settings there are more men than women receiving surgery.
2. For leprosy, researchers need to determine if the burden is similar for men and women and if more cosmetically appealing lagophthalmos surgery (compared to tarsorrhaphy) can improve socio-economic status or quality of life. Lagophthalmos is a significant cause of vision loss and disability in leprosy patients and is a burden on quality of life because of the associated stigma.

Summary and recommendations from a meeting at the Kilimanjaro Centre for Community Ophthalmology In Moshi, Tanzania, 17-21 June 2002

ICEE TRAINING MATERIALS AND PROGRAMS

The Refractive Error Working Group of the WHO has recognised that the development of human resources is crucial to the establishment of sustainable, long-term refractive services. ICEE (International Centre for Eyecare Education) believes that appropriate educational materials and refraction training courses are pivotal in the process of building lasting eye care infrastructure. ICEE is, therefore, currently revising and repackaging its refraction education materials.

However, refraction services do not occur in isolation. So ICEE is also developing training materials and courses designed to bridge the gap between basic community eye health services and those at the tertiary level.

It is anticipated that from mid-2003, ICEE training materials and programs will be available in the following areas:

Refraction

- Objective spherocylindrical refraction
- Subjective spherocylindrical refraction
- Subjective best sphere refraction

Vision screening, primary eye care, presbyopic correction

- Village-based or regional nurse

Vision screening

- Community level: community worker, schoolteacher

Optical dispensing

- Individual prescriptions and readymades

Optical mechanics

- Spectacle lens edging and fitting

ICEE programs will provide not only the appropriate training for eye care personnel but also source (if required) the necessary equipment for them to carry out their work.

For any further information please contact:

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International News

Update from VISION 2020 – International Team

VISION 2020 enjoyed a busy and successful year in 2002 with much progress made in terms of developing the business plan, adding new recruits to the international team, gaining four new sponsors for the initiative and of course another tremendous World Sight Day with events taking place in over 40 countries in order to raise awareness of the problem of global blindness.

With the beginning of a new year this momentum will be maintained for VISION 2020. Our initial focus for the first quarter of 2003 will be the plans and preparations for the forthcoming Task Force meeting, the 2003 World Health Assembly, the formation of more VISION 2020 national bodies and the first planning stages for World Sight Day 2003.

As part of the advocacy programme there is a move to secure a much stronger commitment from all governments to VISION 2020: The Right to Sight. During the Autumn of 2002 a number of Members were able to brief Ministers of Health about VISION 2020 and it is our hope that the 2003 World Health Assembly (May) will agree upon a resolution urging all governments to commit to the development of a National Plan for their country by 2005. We need to take every opportunity to reinforce this message.

Although we are still drawing breath from last year's World Sight Day, planning is already in hand for 2003. Given our emphasis on encouraging more national governments to develop and implement national plans, and that our resolution, if approved at the May World Health Assembly, will require them to do so, we intend to use World Sight Day 2003 to launch a 'tool kit' to assist them in this process. We will be building on work already started through our partners at the World Health Organization.

The various elements to the WSD Implementation packs will be distributed to all HQ offices of VISION 2020 member organisations via email and post as necessary during the coming months and further information is available from info@v2020.org

The full PR plan and all other international plans to be presented at the February Task Force meeting are being prepared and final copies will be circulated to all Members of VISION 2020 after approval.

For all the latest news and information on VISION 2020 you can also visit the website on www.v2020.org

Africa

VISION 2020 activities took place in the region in spite of the unstable political climate and civil unrest in many countries.

Eastern Africa Sub-Region

VISION 2020 was launched in Ethiopia on 18 September 2002. The launch ceremony was held at the Addis Sheraton Hotel and was followed by a two-day VISION 2020 workshop. The occasion was attended by national and regional government officials, a representative from the Sudan Prevention of Blindness Committee, the WHO, NGOs' representatives [CBMI, ORBIS International, and Lions], the IAPB representative, the Ophthalmological Society of Ethiopia members and the Press among others. The VISION 2020 Five Year Plan was adopted. The country-specific Declaration of Support for VISION 2020 was drafted and will be signed by the Minister for Health and the country WHO Representative. The BBC World Service Trust [BBC WST] an NGO arm of the BBC supporting Ethiopia

in the campaign against blinding Trachoma has produced a very powerful tool [video] for community mobilisation which was in high demand among the participants.

The launch (20 September 2002) was followed by the annual meeting of the Ophthalmological Society of Ethiopia [OSE]. The Ophthalmological Society of East Africa [OSEA] had sent Dr Karimurio, the IAPB Co-Chairman for the Eastern Africa sub-region as their goodwill ambassador to OSE. The two Societies agreed that there is an urgent need for closer cooperation/affiliation and promised to develop closer ties. They both agreed to keep each other informed especially on VISION 2020 activities within the region. The OSE would like to be more involved in the proposed Eastern Africa College of Ophthalmologists activities.

Francophone Central Africa Sub-Region

The last quarter of the year 2002 was very fruitful in the Central Africa Francophone Sub-Region. It was

characterised by the organisation of a workshop in Kinshasa, the Democratic Republic of Congo (DRC) from 4-8 November 2002 on VISION 2020 for the whole sub-region. In spite of the war situation in most countries of the sub-region, six were represented, including Cameroon, Central African Republic (CAR), Chad, Congo Brazzaville, Gabon and the Democratic Republic of Congo (DRC). Burundi and Rwanda were not represented at the meeting. A total of 36 participants attended the workshop, which was funded by the International Agency for the Prevention of Blindness (IAPB), the Christian Blind Mission (CBM) and the London School of Hygiene and Tropical Medicine (LSHTM).

The main objectives of the workshop were:

- 1 To inform participants of the VISION 2020 objectives, including the elimination of avoidable blindness, the development of the human resources and the provision of infrastructure and equipment

- 1 To prepare a national VISION 2020 5-year plan for each country
- 1 To develop VISION 2020 5-year plans at the District level

The meeting was opened by the Minister of Health of the DRC, Prof Dr. Mashako, who expressed a deep interest in VISION 2020. During the week, the Minister returned once more to the meeting in order to be briefed in greater detail by the VISION 2020 Coordinator for Africa. Four main speakers discussed various subjects covering the major themes of VISION 2020. Speakers included Dr. Daniel Etya'ale, the VISION 2020 Coordinator for Africa (WHO Geneva), Dr. Adrian Hopkins, CBM Medical Consultant for Central Africa and Director of the Training Center in Ophthalmology for Central Africa (CFOAC) in Kinshasa, DRC, Dr. Makwanga Mankiew, National Coordinator for the Prevention of Blindness and VISION 2020 in the DRC and Dr. Grace Fobi, Ophthalmologist from Cameroon. Lions Clubs International, from District 409, was also represented by Dr. Marcel Bakajika, Vice President of the Sight-First Programme of the District.

Apart from discussions, the participants spent much of their time preparing either their national programmes for the prevention of blindness or reviewing and refining the existing programmes in the light of VISION 2020 five years plans. The groups were formed according to the represented countries.

At the end of the workshop, the following recommendations were proposed by the participants:

- 1 More training centres must be created in the sub-region to meet the enormous needs of human resources at all levels. These include ophthalmologists, cataract surgeons, eye nurses and assistants, low vision technicians, orthoptists, refractionists, administrators in eye care programmes and technicians in maintenance of eye care instruments and equipment.
- 1 The creation of a network in the sub-region with a coordinating

body in order to encourage communication and meetings for participants to share their experience.

- 1 The total involvement of different governments from the sub-region by signing on in support of the VISION 2020 programme.

During the closing ceremony, the Minister of Health of the Democratic Republic of Congo pledged support to the VISION 2020 program.

A similar workshop for Francophone West Africa is being planned for April 2003.

West Africa

A VISION 2020 Workshop was held in Calabar, Nigeria in July 2002. Participants were drawn from health, educational, policy and associated groups from several states in Nigeria. Resource persons from the London School of Hygiene and Tropical Medicine and Pakistani Institute of Community Ophthalmology enriched the workshop. The IAPB President and IAPB Regional Chair for Africa participated in the workshop.

The meeting of the VISION 2020 West Africa Action Forums was held in Bobo Dioulasso, Burkina Faso in the first week of November 2002. Participants were from several countries, as had been agreed at the June 2002 Abidjan VISION 2020 Advocacy meeting. Although the full report of the meeting is not yet ready, the major highlight was the recommendation that an NGDO forum should be formed as a sub-group of the VISION 2020 Forum for West Africa; in addition to the existing Proposals and Advocacy groups. The next meeting of the Forum has been proposed for August/September 2003 either in Dakar or Accra and a small committee has been nominated to begin to plan for this. Each of the groups has proposed activities for the next twelve months to be detailed in the report of each group.

Ghana

World Sight Day was celebrated on 10 October 2002. The Honourable Minister in charge of Primary, Secondary and Girl Child Education launched the event. The theme was "Children our future, their Right to Sight". Over 500 school children had

their eyes screened. Those with refractive errors were refracted and given glasses.

The National Trachoma Control Programme was evaluated by a team of eight people: four from the London School of Hygiene and Tropical Medicine and four from Ghana. The team was led by Dr. Allen Foster.

The draft conclusion and recommendations summarised that the participatory approach to the evaluation process was very rewarding.

- 1 Senior policy makers in the Ghana Health Service have seen and experienced at first hand the situation, successes and constraints of work at the community level.
- 1 The visit of senior members of the Ghana Health Service to regional, district and community health offices has been a note of encouragement to health care providers and has served to stress the importance of the programme.
- 1 The assistance and experience given by the Ghanaian members of the evaluation team has been very important to the staff from LSHTM in refining the evaluation tools and process for use in other countries.

A three-day annual review meeting of trachoma control activities was held. All partners in trachoma control in Ghana were represented.

Closure of the Onchocerciasis Control Programme in West Africa (OCP)

The regional chair attended the official closure of the OCP, which took place in Ouagadougou, Burkina Faso in the first week of December 2002 after 28 years of the programme. The programme, which initially started in seven countries, finished up in eleven countries. It was acclaimed as the most successful public health inter-country intervention, which the WHO had implemented with active participation of countries, donors, other UN Agencies and partners over such a long period. Participating countries signed a declaration committing to maintain the gains of the OCP.

- Adenike Abiose
IAPB Regional Chair, Africa

North America

The past three months have seen a number of significant events in the VISION 2020 programme with blindness prevention activities taking place in all areas of the region.

Caribbean: The NGO coordination meeting was held in Orlando, Florida in October and we were pleased that Dr. Serge Resnikoff, WHO was able to attend. The Strategic Plan for the VISION 2020: The Right to Sight programme for the Caribbean was reviewed and plans drawn up to further its implementation.

An assessment of Diabetic Retinopathy Services was conducted in conjunction with the PAHO, SSI, CBM and the Ophthalmic Society of the West Indies (OSWI). The report of that assessment will be available shortly.

In January, 2003 an intra-regional meeting was held in Toronto,

Canada, which brought together representatives of the Caribbean Council for the Blind with various Canadian ophthalmologists and NGOs who are supporting work in the Caribbean. The outcome of the meeting will lead to enhanced services to be provided by Canadian ophthalmologists and optometrists in the context of the Strategic Plan.

Plans are also underway to hold a meeting of French-speaking nations and islands in the Caribbean to develop additional support programs for blindness prevention.

Canada: The National Coalition for Vision Health has continued to meet and develop plans for the coming year. In particular, planning is under way for World Sight Day 2003, which will involve the Coalition as well as Partnership members CBMI and CNIB. The intra-regional meeting was also held. Additional support for

Caribbean programs will be forthcoming.

United States: Following up on the first National Planning Workshop held on World Sight Day, an additional meeting was held in Washington DC, called by Prevent Blindness America. Key leadership of the National Eye Institute has been assured and the development of a national program for blindness prevention is beginning to take shape. Input from both the American Academy of Ophthalmology and the American Optometric Association has been critical in furthering this goal. The Healthy Vision 2010 program includes many of the key elements of the program and will serve as the main focus for nationwide activities.

- Louis Pizzarello,
IAPB Regional Chair, North America

South America

An exciting year has passed by, bringing our work in VISION 2020 to a greater depth on behalf of the unnecessarily blind in Latin America.

Our Community Eye Health Courses brought together 165 ophthalmologists and other eye health care personnel from 14 countries to reflect upon the magnitude and causes of blindness and different ways to meet the needs. Thus the support for VISION 2020 is steadily growing and a network of collaborators is forming.

The Regional Working Group has grown in its ability to direct blindness prevention activities in the continent and was able to initiate important projects like the first national cataract course in Bolivia, the creation of the VISION 2020 national body in Paraguay, the childhood blindness project to be implemented together with PAHO and the low vision plan under discussion for implementation with ONCE.

Strategic alliances are being negotiated with the regional eye industry, important foundations and

donors in Spain, national professional bodies and governments, which will then help the implementation of national eye health care plans at community level.

In 2003 we would like to see many more National VISION 2020 Committees being formed and National Eye Health Care plans formulated to guide prevention of blindness activities at the community level that meet the principles of equity, timely access, and quality.

- Rainaldo Duerksen,
IAPB Regional Chair, Latin America

Highlights in the Region

- 1 Consolidation of the VISION 2020 Regional Working Group with updated byelaws where an administration system was approved, together with policies for the constitution of national VISION 2020 bodies, a regional PPRC (Project Proposal Review Committee) and membership criteria.
- 1 Celebration of WSD in several

countries in the region.

- 1 Formation of the first national VISION 2020 body in Paraguay
- 1 First National Cataract Course in La Paz, Bolivia
- 1 Agreement with WHO/PAHO Regional Prevention of Blindness Office to implement a Childhood Blindness program in Latin America, a low vision plan and RACSS (Rapid Assessment Cataract Surgery Survey) in Cuba, Brazil and Argentina.

VISION 2020 Latin America Regional Working Group

Structure:

Chair:

Dr. Rainaldo Duerksen, IAPB

Co-Chairs:

Dr. Juan Carlos Silva, WHO/PAHO

Dr. Francisco Contreras, PAAO

Executive Director:

Dr. Osvaldo Benítez, IAPB

Members:

INGOs: LCIF, CBM, ONCE, See International, Mirada Solidaria Foundation

Local NGOs: Hugo Nano

Foundation, FOSCAL, Del Valle
Pan-American Ophthalmology Association

International Agency for Blindness Prevention

World Health Organization/Pan American Health Organization

Sub-Regional Chairs: Dr. Everardo Barojas (Mexico), Dr. Juan Battle (Dominican Republic), Dr. Hugo Nano (Argentina, Paraguay, Uruguay), Dr. Virgilio Galvis (Andean Countries); Dr. Newton Kara Jose (Brazil)

Chairs of Technical Subcommittees:

Advocacy: Dr. Francisco Martínez Castro (Mexico)

Resource Mobilization: Ing. Martin Ruppenthal (Ecuador)

Cataract: Dr. Carlos Arieta (Brazil)

Childhood Blindness: Dr. Juan Carlos Serrano (Colombia)

Monitoring & Evaluation: Dr. Virgilio Galvis (Colombia)

Low Vision: Dra. Silvia Veitzman (Brazil)

Achievements

- 1 Policies for the creation of VISION 2020 national bodies approved. Paraguay, Colombia and Uruguay have formed their Committees; Argentina and Mexico are working towards the creation of their V2020 Committees
- 1 Strengthened partnership with the WHO/PAHO Regional Blindness Prevention Office
- 1 A regional PPRC is established to revise and approve regional/national V2020 projects
- 1 An Action Plan and Budget for 2003 is approved with components in cataract, low vision and childhood blindness
- 1 A Regional Prevention of Blindness/VISION 2020

Conference is planned to take place every two years, alternating with the Pan American Congress of Ophthalmology.

Community Eye Health Courses

In 2002 a total of four courses took place under the auspices of CBM Latin America Office, IAPB Regional Office and the financial support of SSI and Alcon, under the leadership of the International Center for Eye Health Care, LSHTM.

Querétaro, Mexico

The course, held at the Hotel Fiesta Galindo, gathered 66 participants, most of them Heads of Regional Ophthalmology Associations and MOH authorities. The emphasis was on advocacy and PR as it was the second CEH executed in Mexico. A highlight of the event was the agreement signed between the Mexican Ophthalmology Association and the MOH to expand the "cirugía extramuros" campaign (cataract surgical campaigns) done in coordination with the Regional Ophthalmology Associations.

Bucaramanga, Colombia 1-5 April

The eighth CEH course in this beautiful city brought together 25 ophthalmologists and administrators from Peru, Ecuador, Bolivia and several States of Colombia. The emphasis was district planning and project development, giving the participants exposure to the work done at FOSCAL (which organized the course) and work presented by other participating organizations. A highlight of the course was the agreement signed to form the National V2020 Committee in Colombia.

Teresina, Brazil 28-30 May

This was the third CEH course done in Brazil, but the first at the North Eastern part of the country, the poorest area of Brazil. 32

participants came from different States in Brazil and Cuba. The emphasis was on project development and advocacy at the level of residents in ophthalmology. Teresina, the capital of the state of Piaui, has a CSR of 4,000-5,000/ million inhabitants and its cataract surgery campaign is supported by the State Government. The private sector and university are heavily involved in implementing the campaign, demonstrating that blindness can be eradicated with commitment and involvement by all sectors.

Foz do Iguacu, Brazil 10-14 September

The second CEH course conducted in the vicinity of the Iguacu Falls brought together 42 ophthalmologists from Argentina, Brazil, Chile, Paraguay, Peru, Uruguay, Bolivia and Venezuela. The emphasis was on project development as most participants came from projects being implemented in their respective countries. Group participation and discussions were very rich and inspiring. Lectures were given on Paradigms in Eye Health Care, the implementation of ROP detection campaign, setting up a low vision service and the Brazilian community program on detection of refractive errors.

Cataract Subcommittee

This Subcommittee includes Dr Carlos Arieta (Chair), Dr Everardo Barojas, Dr Felipe Chiriboga and Dr Rainald Duerksen. The central target of this subcommittee is to increase CSR in the countries, focusing on those with the lowest CSR at present. The following table shows the CSR from some countries, with the understanding that within a country there are regions with CSR above or below the average.

*** Estimated CSR by country**

Country	Population	No. of surgeries/year	CSR
Bolivia	8 million	1,500	188
Colombia	44 million	50,000	1,136
Cuba	11 million	12,000	1,090
Chile	15 million	25,000	1,667
Dominican Republic	8.3 million	6,000	750
Ecuador	12 million	8,000	667
Haiti	6.3 million	4,000	634
Paraguay	5.5 million	4,000	727
Perú	26 million	15,000	577

Cataract National Course in Bolivia:

The first course of this nature was held at the beautiful Titikaka Lake on 27-28 September, bringing together 28 ophthalmologists. Important conclusions of these workshops were:

- 1 To develop a database on CSR, infrastructure, and human resources available on each Department in Bolivia. The information will be collected and analysed by the Bolivian Association of Ophthalmology.
- 1 Implement projects to increase CSR in each Department (province)
- 1 Create a cooperative network of ophthalmologists working in prevention of blindness
- 1 Central America and Peru will soon implement such courses.

Rapid Assessment Cataract Surgical Services (RACSS)

This methodology to determine prevalence of blindness due to cataract, access to cataract surgery and outcome was implemented in Guadalajara (Mexico) and Piuria (Peru) over 2002. Cuba, Brazil and Argentina are next in the list to implement the study. WHO/PAHO Regional Blindness Prevention Office based in Bogotá, Colombia and CBM-LARO and CARO Regional Offices provided technical and financial support to the implementation of these studies.

Low Vision Subcommittee

This subcommittee comprises Dr. Silvia Veitzman, Chair, (Brazil), Dr. Lourdes Medina (Mexico), Dr. Federico Hermes (Guatemala), Dr. Luciene Chavez (Brazil) and Dr. Luis Fernando Díaz (Colombia).

Activities:

- 1 Low vision action plan formulated and presented to the regional and global PPRC.
- 1 National representatives nominated
- 1 Low vision training workshop conducted in Cuba

Childhood Blindness

This subcommittee includes Dr. Juan Carlos Serrano, Chair (Colombia); Dr. Andrea Zin (Brazil); Dr. Patricia Visintin (Argentina); Dr. Ximena Katz (Chile); Dr. Pablo Cibils (Paraguay) and Dr. Gustavo Aguirre (Bolivia).

Activities:

- 1 ROP detection and treatment plan formulated and discussed.
- 1 ROP national workshop implemented in Buenos Aires and Rio do Janeiro
- 1 ROP plan presented to the WHO/PAHO Regional Prevention of Blindness Office. This plan was incorporated for implementation under the WHO/Lions Global Childhood Blindness Prevention Programme.

Advocacy, Resource Mobilization and PR

This subcommittee is formed by Dr. Francisco Martínez Castro, Chair (Mexico); Martin Ruppenthal (Ecuador); Maria Eugenia Nano (Argentina); Dr. Hugo Nano (Argentina); Dr. Newton Kara Jose (Brazil) and Dr. Juan Batlle (Dominican Republic)

Activities:

- 1 A plan to celebrate a V2020 Congress every second year has been formulated
- 1 World Sight Day was celebrated in several countries with great success
- 1 Contacts are made with important Foundations to implement V2020 at regional and national level
- 1 Strategic alliances are established with WHO/PAHO Regional Prevention of Blindness Office to implement RACSS and the childhood blindness and low vision plans
- 1 UNICAMP (University of Campinas in Brazil) will train ophthalmologists from Bolivia in a south-south mode of cooperation between countries in Latin America.

Information, Monitoring and Evaluation

This subcommittee is formed by Dr. Virgilio Galvis, Chair (Colombia); Dr. Osvaldo Benítez (Paraguay) and Clarena Castillo (Colombia).

Activities:

- 1 Colaris (The Information Resource Center for Latin America) had conducted a CSR survey with the data presented on the table above
- 1 Expected results and indicators for monitoring disease control are formulated according to the guidelines given by the Global Committee on M & E
- 1 A network of collaborators in each country is expected to function to provide the data necessary for M & E.

The Future

In 2003, VISION 2020 LA will seek to establish National V2020 Committees in several countries to formulate national eye health care plans where expected results, indicators, means of verification and budget are assigned for every pathology causing blindness and low vision in the region.

Partnerships with governments, INGOs, ophthalmology societies and philanthropists will continue to increase during this year to mobilize enough resources for the implementation of the plans.

Specific projects will be formulated at community level aiming at disease control.

Human resource capacity building will continue at the CEH courses but with the aim of introducing community ophthalmology in residency training programmes.

Appropriate technology to implement V2020 will be applied following the guidelines of the global committee.

- Osvaldo Benítez
Regional Executive Director
IAPB V2020, Latin America

Europe

The third year of my chairmanship begins with the threat of conflict in the Middle East and political unrest in several areas of the European region, notably the Caucasus and the Balkans. Despite this the concept of VISION 2020 continues to spread eastwards, not as a torrent but more as a newly formed desert stream, moving forwards slowly and tentatively around the obstructions in its way. It was anticipated that the initiatives in Central and Eastern Europe would never be easy, and so it is proving.

There are still many obstacles to be overcome, and certainly the economies of several countries, particularly those in the East of the region, give eye-care a low priority.

Salaries are often meagre, equipment is limited as is access to most of the modern surgical and medical treatments, and under these conditions motivation and initiative are easily thwarted. But there are also other problems more related to bureaucracy, inflexibility, intransigence and self-interest which have persisted despite changes in the political regimes.

The face of Europe is however altering; in a short time many of the countries on the western borders of the old Soviet Union will join the EU. As they become absorbed into the new political environment their response to blindness and its prevention should adjust to the more proactive attitudes of their western neighbours. Thus the concepts of VISION 2020 have a good chance of developing by a process of osmosis in these countries, although in the early stages they will continue to need educational and practical assistance. In the remaining areas of this complex region IAPB Europe will continue to concentrate mainly on teaching and training young ophthalmologists, making the assumption that the aims of VISION 2020 are best served at present by instilling the concepts of prevention and avoidance of blindness into the future leaders of ophthalmology.

IAPB Europe Activities in 2002

1. Teaching/training

The annual CBM/WHO 5-day update course took place in Bucharest in December. This was the seventh of these popular events and the participants were drawn not just from Romania but also from several of the neighbouring countries, including Moldova and Ukraine. These courses provide a good opportunity to learn about eye-care problems in the region, and CBM and WHO are to be congratulated on supporting these meetings which have now become the flagship of teaching events during the year. The 2003 course is planned for Kiev.

VISION 2020 triplets visited Kiev and Lviv during 2002 and attracted large audiences; thus demonstrating the popularity of these types of short didactic modules. More venues are planned for 2003.

IAPB Europe also supported a teaching course in Retinal Detachment organised in Moscow by Professor Kreissig of the University of Tübingen.

2. Information gathering

Information about blindness statistics and eye-care services in many of the eastern parts of the region is still sparse, and there is now a concerted effort by European-based NGOs to expand this. One of the main requirements is to identify centres that can develop community-based research into local causes of blindness and their current management, and these could be encouraged to host future prevention of blindness workshops.

The opening this year of the Lions International Education Centre of Ophthalmology in Prague was a key component of the VISION 2020 programme in Europe. The Centre will provide a focus for teaching and training activities throughout the region and already it has hosted several events including the Executive Committee/Task Force

Meeting in June, followed immediately by the second IAPB Europe Business meeting. The latter provided an opportunity for many senior members of the IAPB and WHO to meet and pool their knowledge and experience of eye-care in Central and Eastern Europe. Some 24 countries were discussed and the current needs within the region were prioritised. A full summary of this session was published in the October edition of IAPB News (No 36) and already one important outcome has been that the ORBIS Charitable Trust is negotiating to start a project in Serbia/Montenegro. CBM and OPC also plan to expand their activities in Eastern Europe.

3. Technical support

Throughout the region technical support continues in the form of transferring equipment, surgical instruments, books and journals.

A prime example is the delivery of eye-care units (ECUs) organised by Dr. Marcel Chovet (Honorary Vice-President IAPB) with more planned for 2003. NGOs and charitable groups in many countries are active in this field, including France, Germany, Italy, The Netherlands, Scandinavia, Spain and the United Kingdom and plans are underway for the American Academy of Ophthalmology to donate sets of their very successful Basic and Clinical Science Courses (BCSC) to new centres in the East of the region.

4. Prevention of blindness initiatives

Sadly the VISION 2020 workshops for 2002 scheduled to take place in Russia and Kazakhstan had to be postponed for reasons beyond the control of WHO and IAPB and it is hoped that they will be re-instituted in 2003.

On a national level VISION 2020 UK was established in the summer of 2002 following the example set by VISION 2020 Australia, and already regular meetings are being held.

This year several other European countries are in the process of forming their own national VISION 2020 committees – these include Switzerland and the Netherlands.

At a local level VISION 2020 Leeds is completing the first phase of its successful community eye health programme designed to eliminate avoidable blindness/visual impairment and disability within and around the city. This is an excellent example of VISION 2020 working in

a local context and cities elsewhere in Europe should be encouraged to start similar initiatives using the Leeds experience as a model.

5. Advocacy

Our prime aim is to make sure that all ophthalmologists throughout Europe know about VISION 2020, and as this is achieved, there should be a corresponding increase in public awareness. The means include lectures at post-graduate

centres, the organisation of VISION 2020 sessions at national and regional meetings, the writing of articles and pamphlets for the ophthalmic and non-ophthalmic press and the high profile created by World Sight Day. IAPB Europe is very grateful to the numerous individuals in many countries who have given their time and energy to contribute to this.

- Timothy ffytche
IAPB Regional Chair, Europe

South East Asia

IAPB –SEAR Regional Workshop on Paediatric Eye Care at Chittagong, Bangladesh

At the launch of the “VISION 2020 – The Right to Sight” in the South East Asia Region, improving children’s eye care and addressing childhood blindness were identified as priorities. In order to pursue this further, IAPB is organizing a Regional Workshop on “**Paediatric Eye Care**” from 6 to 8 February 2003 in Chittagong, Bangladesh.

The Workshop will deal with some of the major problems threatening child vision. A number of resource persons from within and outside the Region will be participating. This workshop is being organized by IAPB-SEAR with support from Chittagong Eye Infirmary (CEITC) and ORBIS.

IAPB – Management Training in Eye Care Delivery at LAICO, Madurai

In order to provide need-based management training for the eye care professionals, the Lions Aravind Institute of Community Ophthalmology (LAICO) a unit of Aravind Eye Care System conducts various eye care management-training programmes under the aegis of IAPB. These training activities are designed for clinical and program managers. Clinical managers are those ophthalmologists and other professionals most responsible for matters of quality assurance, finances, and use of material resources. Program managers are those team members responsible for

planning, monitoring and evaluation of the activities. The commitment to solve the problem of blindness is reflected in the continual establishment of various programs and infrastructure development for the control of blindness. In a hospital setting it is necessary that the decision maker should bring in management practices that can increase the patient load, improve efficiency, quality and staff motivation.

The following five training modules are offered at LAICO to address the needs of different categories of people as part of these training programmes

1. Management Training for Heads of Eye Hospitals
2. Management Training for Eye Care Programme Managers
3. Management training & Systems development for Hospital administrators/Managers
4. Certificate Course in Eye Hospital Management
5. Certificate Course for Clinical & Supervisory Skills Development in Ophthalmic Paramedical Personnel.

During this reporting period three courses have been conducted as per the schedule viz,

1. Management training & Systems development for Hospital administrators/Managers (one month)
2. Certificate Course for Clinical & Supervisory Skills Development

in Ophthalmic Paramedical Personnel (3 months)

3. Management Training for Heads of Eye Hospitals.

Candidates admitted to these courses through IAPB/Task Force nominations were given scholarships to cover their course fee, travel, accommodation, food and transit expenses. The training methodologies adopted were lecture cum discussion, case study, group work, brainstorming, role plays and field visits. Direct nominations also have been received for each course through various INGOs, Trust hospitals and some candidates were self sponsored. The candidates admitted were from India, Nepal, Bangladesh, Indonesia, Liberia, Nigeria and Tanzania.

The following two courses will be conducted in March 2003

1. Management Training for Eye Care Programme Managers (3-14 March 2003)
2. Management training & Systems development for Hospital administrators/Managers (1-29 March 2003).

Pediatric Ophthalmology Training at LVPEI, Hyderabad

The L.V. Prasad Eye Institute, Hyderabad offers this training to create institutional capacity for Paediatric eye surgery by training a team of persons from each participating institute. The first Paediatric Ophthalmology surgery team from Bandung, Indonesia started the training on 1 July 2001.

Subsequently on 1 July 2002 a team from National Institute of Ophthalmology and Hospital, Sher-e-Bangla Nagar, Dhaka, Bangladesh and BP Koirala Lions Centre for Ophthalmic Studies, Kathmandu, Nepal joined the programme. The third batch of two teams from Yangon Eye Hospital, Yangon, Myanmar and J.P.M Rotary Eye Hospital & Research Institute, Cuttack, India joined on 3 January 2003 and are currently undergoing training.

Teams Identified for July 2003.

- Korle-Bu Teaching Hospital, Ghana
- Kenyatta National Hospital, Nairobi, Kenya

January 2004

Sri Lanka – General Hospital, Nagoda, Kalutara

Second Team from India - Yet to be identified

VISION 2020 workshops

To promote and integrate the VISION 2020 framework in the planning and implementation of eye-care activities in national/state/district programmes and within eye hospitals, a series of VISION 2020 workshops are planned in this region. Two workshops on advocacy are planned in Bangladesh and Indonesia in March and June respectively. Another three are planned in Nepal, Bhutan and India in July and September on Zone Level Planning and Implementation, Curriculum in CEH for Residency training and Developing accreditation mechanisms for mid-level ophthalmic personnel.

Workshop on “Role of INGDOs and NGOs for VISION 2020 in India”

This workshop was organized at

L.V. Prasad Eye Institute, Hyderabad from 27 to 30 January 2003. The workshop was held in two parts: Part I - Role of INGDOs for Vision 2020 in India, 27-28 Jan; and Part II - Role of INGDOs/NGOs for Vision 2020 in India, 29-30 Jan. The major eye care providers of this country, INGDOs, National level NGOS and the government participated in the workshop. The main aim of this workshop was to develop a coordinated approach to providing sustainable eye care services to needy sections of the population.

This in some ways is the follow-up to a group coming together around VISION 2020 which earlier met with the Health Minister of the Government of India as part of the Advocacy effort.

- R.D. Thulasiraj

IAPB Regional Chair, South East Asia

Summary of Report on VISION 2020 Coordinator’s Visit to the Philippines - 17 November 2002 to 1 December 2002.

This was a useful and encouraging visit. I would like to thank all for their help and time and for making this visit so satisfying, particularly those at WHO-WPRO, PAO, CFPI, and especially CBM.

Despite many remaining problems, the Philippines situation appears fundamentally better than before and is now one full of hope. The main factors responsible for this are:

- 1 The VISION 2020 workshops by Allen Foster in 2000 and 2001.
- 1 The acceptance that DOH’s role in sight preservation is limited
- 1 The consequent role of PAO and other members of the NCSP in accepting the VISION 2020 challenge.
- 1 The demonstrable results of CBM’s national partners, particularly CFPI, which are responsible for at least two-thirds of all cataracts operated on in the Philippines.
- 1 The consistent support from CBM, which has been absolutely central to the new

national determination to eliminate avoidable blindness.

Meetings in Manila 18 – 21 November:

Following excellent briefings from CBM staff at SEAPRO and a joint PAO-CBM meeting in Alabang, I was able to have meetings with a variety of organizations involved in eye care in Manila. These included Ofphil, Asian Eye Institute, PAO office and Hollywood Optical Supply. It was a useful introduction to a variety of widely different attitudes to Sight Preservation and Avoidable Blindness Prevention.

Meetings in Bacolod City, Negros Occidental, home of CFPI:

An extremely useful introduction to the fieldwork going on in the provinces and local NGO and local government support for VISION 2020. I met some of those who have led the way forward in creating a model, which CFPI has been replicating with CBM support throughout the Philippines. A number of factors became clear and are presented as suggestions for future action:

- 1 Dependence on CBM is immense and in the future more work will be needed to develop local sustainability through financial independence.

- 1 Closer links with local government and other national organizations and service organizations should be developed.

- 1 CHW training in PEC has been done extensively on Negros and is being developed elsewhere. There has been an imaginative use of PECT for a variety of ‘cataract hunters’. The standard of PECT will, however, have to be raised to harvest more cataracts: not only from the cataract blind but also those with visual impairment.

- 1 To improve screening and to reduce the burden on doctors, training of MLPs must become a higher priority. This cadre is in short supply everywhere.

- 1 PAO, too, has a major role in promoting wider surgical coverage and higher CSR through its local chapters and in close cooperation, ideally a partnership (supported by CBM), with CFPI. This would reduce the risk of “double or nothing” reporting and conflicts of interest and loyalty.

- 1 Surgical standards seen were good and appropriate but will have to be geared up to accommodate

higher volume once screening standards are improved and thresholds lowered. Higher numbers should not lower standards nor should they overwhelm the surgeon's normal work. Again, PAO's role will be central to ensuring this.

WHO-WPRO Meeting 29 November 02, Manila:

This was a one-day meeting between the IAPB members (Regional IAPB Chair, Co-Chair and VISION 2020 Regional Coordinator) and WPRO staff, partly to introduce the V2020 Coordinator and to discuss a number of issues including a summary of VISION 2020 priorities. This was a useful exercise and both groups learned more about each other's priorities and activities:

- 1 PBL per se is not a high priority for WPRO but it accepted that avoidable blindness is an important issue integrated within PHC. We agreed it should be included in the Healthy City and Community approach.
- 1 It was agreed that we should have the chance to sensitise WRs and CLOs at their next Manila meeting in April, regarding VISION 2020 priorities and activities.
- 1 The current concern over diabetes in the Pacific was common ground and was discussed, particularly in regard to Fiji. As a result, a useful dialogue concerning current developments in diabetes management has begun.
- 1 Agreement in principle was made for WHO-WPRO short-term fellowships for ophthalmologists from the Pacific Island countries to upgrade their clinical and surgical skills in the Philippines. This matter needs further local groundwork. If successful, the Philippines could become a major Regional training resource for these smaller countries.

PAO 2002 Annual Meeting, 28 November to 1 December 2002, Manila:

This meeting was formally opened on 28 November by the Under-Secretary for Health and a formal Declaration of Support for VISION 2020 was signed by her, and also by the WHO Country

Representative to the Philippines, Dr. J-M Olivé, in addition to Dr. Romulo Aguilar, President of PAO and Dr. Noel Chua, Immediate Past President. On 30 November relatively informal, but focused, discussions were held on the VISION 2020 plans for PAO and other national organizations concerned with Sight Preservation. This was followed by more formal Sight Preservation presentations as part of the main meeting. The results of the third National Blindness Survey were presented by Dr. Eva Olivar-Santos, followed by a variety of papers on blindness prevention by various speakers. On 1 December, a live surgery session on small incision sutureless cataract surgery (SISCS) by doctors from Aravind was held at Makati Hospital. This generated a lot of interest and enthusiasm for a more affordable and appropriate method for high volume, good quality cataract surgery.

In January 2003, I visited New Zealand and Fiji, the first in order to start renewed efforts to progress implementation of VISION 2020 New Zealand, and the second in order to discuss a promising proposal that should greatly enhance the chances of a successful eye care program through training and research in Fiji.

*- Richard Le Mesurier
IAPB V2020 Regional Coordinator
Western Pacific*

Vision Initiative - the first joint venture in Eye Care programmes between VISION 2020 Australia & Victorian Government

On 17 October 2002, VISION 2020 Australia has welcomed the support from the Victorian Government committing \$1.8 million to the Vision Initiative. The Vision Initiative commences the implementation of a coordinated National Plan in Victoria, which is the second largest state/territory with quarter of Australia's population.

The Vision Initiative is an integrated program to address the problems caused by eye disease and visual impairment. Through the Vision Initiative, VISION 2020 Australia and its partner organisations will provide

education to Victorians to ensure that all Victorians have the best possible vision throughout life.

More than 100,000 Victorians have some type of visual impairment, 75% of which is preventable or treatable. After the age of forty, the incidence of visual impairment increases threefold with each decade of life. Other risk factors include diabetes, smoking, a family history of glaucoma and exposure to sunlight. Aboriginal and Torres Strait Islanders are also at particular risk of visual problems.

The Victorian Government's support for the Vision Initiative shows that working in partnership delivers benefits to the whole community.

The Initiative will work with eye care providers, current health programs and other groups, including teachers, nurses, aged care providers, clubs and community organisations to prevent vision impairment and reduce the impact of vision impairment – health, social and economic – on individuals and the community.

The Vision Initiative is the first time in Australia, a large-scale public health campaign has been undertaken to communicate the importance of eye care in the community with the support by government.

VISION 2020: The Right to Sight Australia involves many partners in the vision care sector, including researchers, educators, clinicians, community services and interest groups, who have worked together to develop the Vision Initiative over the past months.

Vision Initiative has been commenced in Victoria, however VISION 2020 Australia plans for a gradual state-by-state national rollout of the Vision Initiative as part of the National Eye Health Strategy, Australia's National Plan. In 2003 VISION 2020 Australia will be working with partners, government and health representatives in each state to generate the necessary support and funding for successful national implementation of the Vision Initiative.

For further information contact VISION 2020 Australia – Tel: +61-3-9816-1587

Training Programmes

Long Term Programmes

Location & Institution	Name of Programme	Duration	No. of Positions	Contact
AFRICA				
Kinshasa, Democratic Republic of Congo				
Ophthalmic Training Centre for Central Africa (CFOAC)	Cataract Surgeons Course	12 months	5/year	Dr. Adrian Hopkins or Dr. Makwanga Mankiew C.F.O.A.C. Bureau de Coordination de la C.B.M. B.P. 406, Kinshasa 1 Republique Democratique Du Congo Tel/Fax: +243-8803940 Email: KINCBM@ic.cd <i>(Note: Training offered to French speaking candidates from Central Africa)</i>
	Techniciens Superieur en Ophtalmologie (Ophthalmic medical assistants)	2 years	20/year	
Addis Ababa, Ethiopia				
All Africa Leprosy, Tuberculosis and Rehabilitation Training Centre (ALERT)	Eye Nurse Training Program	12 months	21	Dr.Liknaw Adamu Leader of Prevention of Blindness Team of the Federal Ministry of Health Tel : +251-1-159978/Fax : +251-1-624523 Email : cbm.roe2@telecom.net.et (OR) Dr. Taffesework Girma, Head of ALERT, Ophthalmic Department P O Box 165, Addis Ababa Tel: +251-1-711 110/Fax: +251-1-711 199 Email: aeyecare@telecom.net.et
Kikuyu, Kenya				
PCEA Kikuyu Eye Unit	Ophthalmic Assistants Course	12 weeks	12	Dr. Dharminder S. Walia PCEA Kikuyu Eye Unit P O Box 1021 Kikuyu, Kenya. Email: kikuyueyeunit@maf.or.ke
	Ophthalmic Theatre Course	8 weeks	4	
	Refraction Training Course	12 weeks	4	
	Cataract Surgical Rate Workers	1 week	4	
Lilongwe, Malawi				
Lions SightFirst Eye Hospital	Cataract Surgeons Course	12 months	5/year	Dr. Moses C. Chirambo Loins Sight First Eye Hospital P.O. Box 30858, Lilongwe-3, Malawi Tel : + 265-752121 Fax : +265-750883 / 756380 Email : mchirambo@malawi.net / mchs@malawi.net
SADC Ophthalmic Training Programme, Malawi College of Health Sciences	Ophthalmic Clinical Officers	12 months	20 - 25/year	Dr. Moses C. Chirambo Malawi College of Health Sciences P.O. Box 30368, Lilongwe-3, Malawi Tel : + 265-752121 Fax : +265-750883 / 756380 Email : mchirambo@malawi.net / mchs@malawi.net
Durban, South Africa				
International Centre for Eyecare Education (ICEE) University of Durban Westville	Train The Trainer: Refraction Program	8 weeks	10	Dr. Kovin Naidoo ICEE Africa - Director Tel: +27-31-2044088 / Fax: +27-31-2044666 Email: K.Naidoo@icee.org.au
Pietermaritzburg, South Africa				
Edendale Hospital	KwaZulu-Natal Eye Care Program Ophthalmic Nurse Training	12 months	12	Dr. Colin Cook Kwazulu-Natal Blindness Prevention Program P O Box 899, Hilton, 3245 South Africa E-mail: myrna@mweb.co.za
	Ophthalmic Medical Officer Cataract Surgery Training	6 months	1	

Location & Institution	Name of Programme	Duration	No. of Positions	Contact
AFRICA (Continued)				
Moshi, Tanzania				
KCMC, Tumaini University	Ophthalmic Nursing	2 years	14	Mr. Zephania Memba, Principal School of advanced Ophthalmic Nursing , P.O.Box 3010, KCMC, MOSHI, TANZANIA Tel: +255, 27 2754377 Ext. 416 Fax: + 255 27 2754381 Email: kcmcadmin@kcmc.ac.tz
	Assistant Medical Officer in Ophthalmology & Cataract Surgery	2 years	4	Dr. A.Hall, Principal Assistant Medical Officer Ophthalmology School P.O.Box 545, MOSHI,TANZANIA TEL/Fax:- +255 27 2754890 Email: eyedep@kcmc.ac.tz
	Diploma in Optometry	3 years	12	Mr. J.Kamugisha, Principal School of Optometry, P.O.BOX 3010 KCMC,Tanzania Tel/fax: + 255 27 2753062 Email: optom@eoltz.com
	Master of Medicine in Ophthalmology	4 years	2	
LATIN AMERICA				
Santo Domingo, Dominican Republic	Ophthalmology Progamme - Hospital Elias Santana	3 years	6	Dr.Juan Battle Professor and Chairman Los Alcarrazos, Apartado Postal 510 Santo Domingo, Republica Dominicana Tel : +1-809-545-3329 Fax : +1-809-545-2230 Email : jbattle@codetel.net.do
Sao Paulo, Brazil				
Federal University of Sao Paulo (University Federal Sao Paulo)	Congenital Cataract Training	1 year	3	Dr. Marcia B. Tartarella Chief Congenital Cataract Section UNIFESP - EPM 608 Saldanha Da Gama Sp-Sp-Brazil 05081-000 Tel / fax: +55-11-38366100 E-mail: tartarella@hotmail.com
EASTERN MEDITERRANIAN				
Peshawar, Pakistan				
Pakistan Institute of Community Ophthalmology	MSc in Community Eye Health	1 year	15	Dr. Mohammad Babar Qureshi Director Academics, Pakistan Institute of Community Ophthalmology Hayatabad Medical Complex, P.O. Box, GOP 125, Peshawar,Pakistan. Tel: +92-91-9217376-80/819149 Fax: +92-91-9217413 Email: pico@pes.comsats.net.pk
	Microsurgical Training Course	2 weeks	24/year	
	Short Course on Planning in Eye Care	1 week	30	
	Short Course on Communication Skills	1 week	30	
	Short Course on Management in Eye Care	1 week	30	
	Ophthalmic Technicians Course	1 year	20	Dr. Ayesha PCVS Coordinator, (address same as above)
	District Refractionist Course	1 year	10	
	Ophthalmic Nurses Course	1 year	10	
	Diploma in Clinical Ophthalmology	1 year	9	
Fellowship in Clinical Ophthalmology	4 years	upto 10	Dr. Nasir Saeed Clinical Courses Coordinator Khyber Institute of Ophthalmic Medical Sciences (address same as above)	

Location & Institution	Name of Programme	Duration	No. of Positions	Contact	
SOUTH EAST ASIA					
Chittagong, Bangladesh					
Chittagong Eye Infirmary & Training Complex	Doctors				
	Residency	1 year	6	Dr. Md. Fazlul Huq, DCO, MPH. Director - Institute of Community Ophthalmology P.O. Box 729, Pahartali Chittagong-4000, Bangladesh Tel.: +880-31-659017 / 19 Fax: +880-31-659020 E-mail: icoceitc@spnetctg.com	
	Diploma in Community Ophthalmology (DCO)	1 year	6		
	Microsurgical and IOL Training	3 months	2	Prof. Rabiul Husain, FRCS. Managing Trustee Chittagong Eye Infirmary and Training Complex. (Address same as above)	
	Glaucoma	3 months	2		
	Cornea	3 months	2		
	Vitro Retina	3 months	2		
	Nurses/Paramedics				
	Ophthalmic Paramedic / Technicians / Nurse Certificate Course	12 months	12		
	Orthoptics	12 months	1		
	Orthoptics	9 months	1		
	Low Vision	9 months	1		
	Low Vision	6 months	1		
	Ocular Microbiology and Eye Banking	9 months	1		
	Ocular Microbiology	3 months	1		
	Refraction	3 months	6		
	Glaucoma	3 months	1		
	O.T & CSSD	3 months	2		
	Basic Lab Technique	4 months	1		
	Community Eye Care	1 month	4		
Observership					
Subspeciality	1 month	1			
Rotary	1 month	1			
Angamaly, India					
Little Flower Hospitals	Ophthalmology Fellowship Programme	1 year	2	Director, Little Flower Hospital, Angamaly, India Tel : + 91-484-452546 / 452547 / 452548 Email : lfh@Satyam.net.in	
	IOL Training Programme	8 weeks	1		
	Diploma in Ophthalmic Techniques	4 years	8		
	Bachelor of Optometry	3 years	30	Dr. J.K. Mukkadan, Research Director (Address same as above)	
	DNB Training	3 yrs for DNB primary passed candidates & 2 yrs. for DO Candidates	2 + 2		
Small Incision cataract	1 month	1	Director, Little Flower Hospital, (Address same as above)		
Guwahati, India					
Sri Sankaradeva Nethralaya	Short term fellowship in General Ophthalmology	6 months	6	Dr. Harsh Bhattacharjee, Medical Director Sri Sankaradeva Nethralaya Beltola, Guwahati - 781 028. Tel : + 91-361-2228879/80, 2305516, 2228921/22 Fax : +91-361-2228878 Email : ssngh1@sify.com	
	Ophthalmology observer	3 months	2		
	DNB Post Graduate Course	4 years	2		

Location & Institution	Name of Programme	Duration	No. of Positions	Contact	
SOUTH EAST ASIA (Continued)					
New Delhi, India					
Venu Eye Institute & Research Centre	Fellowship-General Ophthalmology	1 year	2	Dr. Jeena Mascarenhas Venu Eye Institute and Research Centre 1/31, Sheikh Sarai Institutional Area Phase -2, New Delhi - 110 017. Tel: +91-11-6291951 / 6280757 / 6280758 Fax: +91-11-6422370 Email: vcs@vsnl.com	
	Vitreo-Retina Fellowship	1 year	1		
	DNB (Primary)	3 years	2		
	DNB (Post DOMS)	2 years	2		
	IOL Microsurgical Training	2 months	2		
	Diploma in Ophthalmic Techniques	3 years	10		
	Indirect Ophthalmoscopy with Slit Lamp Funduscopy	1 month	1		
	Contact Lens Training	15 days	1		
	Phacoemulsification Training	1 month	1		
	Instrument Maintenance Course	6 weeks	2/month		
	SICS	1 month	1		
	Low Vision Assessment Training Course	10 days	2		
	Special Ophthalmic Paramedics Course	8 months	8		
	Advanced ophthalmic Nurses Course	3 months	2		
Ophthalmic O.T Technicians Course	2 months	4			
Hyderabad, India					
L.V.Prasad Eye Institute	Long term fellowships			Education Centre L.V.Prasad Eye Institute L.V. Prasad Marg, Banjara Hills Hyderabad 500 034, India Tel: +91-40-2354 8267 Fax: +91-40-2354 8271 Email: cme@lvpeye.stph.net Website: www.lvpeye.org	
	Cornea	15 months	3		
	Glaucoma	15 months	1		
	Retina	15 months	1		
	Pediatric	12 months	2		
	Ophthalmic Plastic Surgery	15 months	1		
	Comprehensive ophthalmology	3 years	4		
	Short term Fellowships				
	Cornea	3 months	1		
	Glaucoma	3 months	1		
	Retina	3 months	1		
	Pediatric	3 months	2		
	Microsurgery (ECCE with PCIOL)	2 months	3		
	Phacoemulsification	1 month	1		
	Retina Laser	1 month	1		
	Ophthalmic Diagnostic Techniques (LVP-Zeiss)				
	- Basic	1 month	8		
	- Advanced	15 days	3		
	Observerships				
	Subspecialty Observership	1 week	1 week		
	Rotatory Observership (for P.Gs and Residents)	1 month	1 month		
	Orientation Workshop Module on Low Vision Awareness	3 days	15		Dr. Sarfaraz Ali Khan Meera and L.B. Deshpande Centre for Sight Enhancement (address same as above) Email: sarfarazkhan@lvpeye.stph.net
	Fellowship in Low Vision Care	3 months	2		

Location & Institution	Name of Programme	Duration	No. of Positions	Contact
SOUTH EAST ASIA (Continued)				
L.V.Prasad Eye Institute (Continued)	Fellowship in Vision Rehabilitation Services	1 year	1	Mrs. M. Sharmila Dr. P.R.K. Prasad Centre for Rehabilitation for Blind and Visually Impaired (address same as above) Email: sharmila@lvpeye.stph.net
	Eye Banking Techniques Training (Short term)	3 months	12/year	Ramayamma International Eye Bank (Address same as above) Email: rieb@lvpeye.stph.net
	Eye Banking Techniques and Management (Observership)	1 week	2/month	
	Grief Counseling	1 month	12/year	
	Diploma in Community Eye Health (Full Time)	6 months	8/year	ICARE, L.V.Prasad Eye Institute Post Bag # 1, Kismatpur B.O Rajendernagar P.O Hyderabad - 500 030 Tel: +90-40-2401 1243 Fax: +90-40-2401 1293 Email: vilas@icare.stph.net
	Diploma in Community Eye Health (Modular)	1-3 weeks	8/year	
	Ophthalmic Technicians Skills Refinement Programme	4 months	12/year	
	Eye-Care Manager Training Programme	1 year	12/year	
	Community Eye-care Coordinator Training Programme	6 months	4/year	
	Bio-medical cum Maintenance Technician Training Programme	4 months	12/year	
	Patient Counselor Training Programme	6 months	6/year	
	Medical Records Assistant Training Programme	3 months	12/year	
	Stores Assistant Training Programme	3 months	12/year	
	Optician Training Programme	6 months	4/year	
	Madurai, India			
Lions Aravind Institute of Community Ophthalmology & Aravind Eye Hospital	Long-term Ophthalmology Fellowships			
	IOL & Anterior Segment	2 years	8-10	Dr. Venkatesh Prajna Chief-Department of Education Aravind Eye Hospital, 1, Anna Nagar Madurai-620 020, Tamil Nadu Ph.: +91-452-2532653/856100 (30 Lines) Fax:+91-452-2530984 E-mail: prajna@aravind.org Website: www.aravind.org
	Pediatric Ophthalmology	18 months	3	
	Glaucoma	18 months	3	
	Cornea	18 months	4	
	Orbit	18 months	1	
	Uvea	18 months	1	
	Retina	18 months	7	
	Accredited Postgraduate Courses (Residency Course)			
	Diploma Course in Ophthalmology	2 years	8	
	M.S. in Ophthalmology	3 years	4	
	Diplomate of the National Board	3 years	10	
	National Board Fellowship Program in			
	Retina-Vitreous	2 years	2	
	Pediatric Ophthalmology	2 years	2	
Short Term Clinical Courses				
IOL Microsurgery Course	8 weeks	36	IOL-Course Coordinator Aravind Eye Hospital, Avinashi Road Coimbatore-641 014, Tamil Nadu Ph.: +91-422-2578901 Fax: +91-422-2593030 E-mail: training@cbe.aravind.org	
Glaucoma Diagnosis and Therapy	8 weeks	24	Glaucoma-Course Coordinator Aravind Eye Hospital, 1, Anna Nagar Madurai-620 020, Tamil Nadu Tel: +91-452-2537580/Fax: +91-452-2530984 E-mail: training@aravind.org	

Location & Institution	Name of Programme	Duration	No. of Positions	Contact
SOUTH EAST ASIA (Continued)				
Lions Aravind Institute of Community Ophthalmology & Aravind Eye Hospital (Continued)	Indirect Ophthalmoscopy & Lasers in Diabetic Retinopathy	8 weeks	48	Laser Course-Coordinator (address as above) Tel: +91-452-2532653/856100 (30 Lines) Fax: +91-452-2530984 E-mail: training@aravind.org
	Management Courses / Workshop			
	Postgraduate Diploma in Hospital Management	1 year	20	Course Coordinator- Management LAICO-AEH, 72, Kuruvikaran Salai Gandhi Nagar, Madurai- 625 020, Tamil Nadu Tel: +91-452-2537580 Fax: +91-452-2530984 E-mail: courses@aravind.org
	Certificate Course in Eye Hospital Management	6 months	15	
	Management Training & Systems Development for Hospital Administrators/ Managers	1 month	12-20	
	Certificate Course in Community Outreach and Social Marketing of Eye Care Services	4 weeks	20-30	Mr. Keerti Pradhan (address same as above) E-mail: courses@aravind.org
	Management Training for Eye Care Programme Managers	2 weeks	20	
	Postgraduate Diploma in Health Care Management	1 year	20	
	Management Training for Ophthalmic Heads of Eye Hospitals	1 week	20	Mr. S. Saravanan (address same as above) E-mail: courses@aravind.org
	Instruments Maintenance Course for Technicians	6 weeks	24	Prof. V. Srinivasan Aravind Eye Hospital, 1, Anna Nagar Madurai-620 020, Tamil Nadu Tel: +91-452-2532653 / 856100 (30 Lines) Fax.: +91-452-2530984 E-mail: courses@aravind.org
	Certificate Course in Instrument Maintenance for Ophthalmologists	5 days	5	
	Certificate Course for Clinical & Supervisory Skills Development in Ophthalmic Paramedical Personnel	3 months	16-20	Dr. Usha Kim (address same as above) E-mail: courses@aravind.org
	Short Term Course on Optical Dispensing	3 months	16	Course Coordinator- Management LAICO-AEH, 72, Kuruvikaran Salai Gandhi Nagar, Madurai- 625 020 Tamil Nadu Ph.: +91-452-2537580 Fax.: +91-452-2530984 E-mail: courses@aravind.org
Thiruchirapalli, India				
Joseph Eye Hospital	Fellowship in Anterior Segment	1 year	4	Dr. Nelson Jesudasan - Director Joseph Eye Hospital Institute of Ophthalmology P.B.No. 138, Tiruchirapalli 620 001, India Tel: +91-431-2460622 / 2462862 Fax: +91-431-2415922 Email: jehtry@eth.net
	Fellowship in Posterior Segment	1 year	4	
	Fellowship in Community Ophthal.	1 year	4	
	Microsurgery Training ECCE & IOL	8 weeks	8	
	Ophthalmic Nursing Training	2 years	12	
	Certificate Course in Ophthalmic Technology	1 year	12	
	Bachelor of Optometry	3 years	12	
	Diploma in Ophthalmic Technology	2 years	12	
	Small Incision Cataract Surgery	8 weeks	4	

Seventh General Assembly of the International Agency for the Prevention of Blindness

The Seventh General Assembly of the International Agency for the Prevention of Blindness (IAPB) will be held from 28 September to 3 October 2003 at the Gulf International Convention and Exhibition Centre in Manama, Bahrain.

The theme for this Seventh General Assembly is **"Partnership in Vision 2020"**. The assembly, through symposia, courses, plenary sessions, poster demonstrations, side meetings, discussions and of course friendship, will give us opportunities to make new partnerships and strengthen existing ones.

The 2nd Announcement that has been circulated in November 2002 contains details relating to Registration, Abstract Submission, Hotel and other relevant information.

General information

IAPB Secretariat

All information related to the Assembly can be obtained from the IAPB Secretariat. Correspondence should be addressed to:

Dr. Gullapalli N. Rao
Secretary General - IAPB

IAPB Secretariat, L.V. Prasad Eye Institute
L.V. Prasad Marg, Banjara Hills
Hyderabad – 500 034, INDIA
Tel: +91-40-2354 5389 / 2354 8267
Fax: +91-40-2354 8271
Email: IAPB@lvpeye.stph.net,
agency@lvpeye.stph.net,
iapbsect@yahoo.com

Assembly Venue

The Conference Centre for the Seventh General Assembly will be the Gulf International Convention Centre located at:

The Gulf Hotel
P.O. Box 580, Manama, Bahrain
Tel: +973-726107 / 726108
Fax: +973-712088
Email: ghres@batelco.com.bh
Website: www.gulfhotalbahrain.com

The Hotel is situated in Manama, 4 km from the centre of the city. The Hotel offers a comprehensive range of in-house services and extensive conference and banquet facilities, including the state-of-the-art Gulf International Convention & Exhibition Centre.

About Bahrain

Bahrain, fondly referred to as "The Island of Golden Smiles", has been

described as the Gulf's friendliest nation. The country is an archipelago of 33 low-lying islands with the capital city, Manama, located in the inhabited northern part. The southern part comprises the country's oil fields and large expanses of desert.

Bahrain enjoys a sunny climate year-round, with the warmest months being June through September when temperatures reach 40°C and above and humidity is high. October through May can be pleasant and comfortably cool.

The official currency of Bahrain is the Baharaini Dinar (BD) which is linked to the US dollar at a fixed rate (1 USD = 0.377 BD). Currency exchange facilities are available at all banks and exchange outlets, and there are no restrictions on the import and export of currency.

Exhibits

As part of the Assembly, an exhibition will be arranged for the display of technical or personal exhibits. For further information and details regarding the facilities and charges for exhibit space, contact the IAPB Secretariat, Hyderabad, India.

Organisers - Seventh General Assembly

PROGRAMME COMMITTEE

Dr. Clare Gilbert - Chair
Prof. Adenike O. Abiose
Dr. Mohamad Alamuddin
Dr. Rainaldo Duerksen
Dr. Daniel Etya'ale
Prof. Zhao Jialiang
Dr. Ivo Kocur
Dr. Mary Ann Lang
Dr. R. Pararajasegaram
Dr. Louis D. Pizzarello
Dr. Abla Sibai
Prof. Hugh R. Taylor
Dr. Ravi Thomas

ORGANISING COMMITTEE

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Dr. Hannah B. Faal

Dr. Allen Foster
Dr. Suzanne Gilbert
Dr. R. Pararajasegaram
Dr. Serge Resnikoff
Mr. Michael R. Whitlam

LOCAL ORGANISING COMMITTEE

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Dr. Ahmed Abdulla Ahmed
Coordinator
Mr. Ismail Akbari
Members
Dr. Taqi Khalaf
Dr. Ebtisam Al-Alawi
Dr. Ebtihal Al-Baharnan
Prof. Fatima Murtadha
Mr. Ebrahim Matter

Registration Information

All participants, including invited speakers, course coordinators and IAPB members should register for the Assembly and the registration fee is as follows:

The registration fee includes participation in the Welcome Reception, Banquet, admission to all scientific sessions of the Assembly, conference kit including copy of final programme, book of abstracts, bag and badge. Accompanying persons are not eligible to participate in the scientific sessions.

The registration form should be completed and returned to the IAPB Secretariat, Hyderabad, India accompanied by the full payment of the fee. Each registration for the Assembly must be submitted on a separate form.

IAPB regrets its inability to sponsor any participants to the Assembly.

Registration Fee

	Upto 30 April 2003	from 1 May 2003
International Participants	\$ 300	\$ 350
Accompanying Person	\$ 100	\$150

Hotel Information

Accommodation will be available for the participants at the Gulf Hotel and the Ramada Hotel on a first-come first-served basis. The Ramada Hotel is situated in Manama's Adliya district and is a 5-minute walk from the Gulf Hotel. It has a number of popular shops, boutiques and cafes within walking distance.

Reservations will be confirmed only after the participants have registered for the Assembly.

All requests for accommodation and any correspondence in this regard should be sent directly to the Gulf Hotel in Bahrain. Reservation confirmations will be sent directly

from the respective hotel. Please write to the IAPB Secretariat for the updated Room Request Form.

Abstracts

All those interested in presenting free papers and posters should submit an abstract of their presentation before 1 March 2003 and register for the Assembly. The Abstract can be submitted for review to the Chair of the Programme Committee Dr. Clare Gilbert (email: clare.gilbert@lshtm.ac.uk).

More information on the Assembly can be obtained by writing to the IAPB Secretariat at the above address. You may also visit our website www.iapb.org for detailed information regarding the Assembly. The registration, Abstract submission and the Hotel Request forms for the Assembly can also be printed from the website.

Schedule for Meetings

Board / Committee Meetings

- | | |
|--|---|
| Friday, 26 September | - Executive Committee / Task Force
Business Meeting |
| Saturday, 27 September | - Joint Meeting of Partnership Committee,
IAPB Executive Committee, Task Force
and VISION 2020 Supporting Members |
| Sunday, 28 September
(2.00 - 5.00 PM) | - Meeting of the IAPB Board |
| Friday, 3 October
(3.00 - 6.00 PM) | - Meeting of the New Executive
Committee of IAPB |

Social Programme

- | | |
|--|-----------------------------|
| Monday, 29 September
(6.30 - 8.00 PM) | - Welcome Reception |
| Thursday, 2 October
(7.00 - 10.00 PM) | - Banquet & Awards Ceremony |

Other Associated Meetings

- | | |
|------------------------------------|------------------|
| Saturday & Sunday
4 & 5 October | - ISGEO Congress |
|------------------------------------|------------------|

7th General Assembly Scientific Programme - An Overview

	Monday 29 September	Tuesday 30 September	Wednesday 1 October	Thursday 2 October	Friday 3 October
09:00 AM to 10:30 AM	Plenary 1 <ul style="list-style-type: none"> • Opening Ceremoney • Inaugural Session 	Plenary 3 <ul style="list-style-type: none"> ¹ Partnership with industry and the media - PPP: Opportunities and Threats - Industry's Perspective - BBC World Service Trust - Examples 	Plenary 4 <ul style="list-style-type: none"> ¹ Partnership in practice 	Plenary 6 <ul style="list-style-type: none"> ¹ Future developments - Genomics in Eye Health - Information Technology - Stem Cell Biology 	Sir Alan Johns Memorial lecture Business meeting <ul style="list-style-type: none"> - Treasurer' Report - Secretary General's Report - President's Review
11:00 AM to 01:00 PM	<ul style="list-style-type: none"> ¹ Sir John Wilson Memorial Oration ¹ Keynote Lecture Plenary 2 <ul style="list-style-type: none"> ¹ Achievements in VISION 2020 - Cataract - Trachoma - Childhood Blindness - Onchocerciasis 	Free papers International	Plenary 5 <ul style="list-style-type: none"> ¹ Partnership in structure - Global Structure - Regional Co-ordination - National VISION 2020 Action Plans - National VISION 2020 Co-ordinating Groups 	Free papers Eastern Mediterranean Region	<ul style="list-style-type: none"> ¹ Business meeting - New Constitution - Election of New officers Closing ceremony <ul style="list-style-type: none"> - VISION 2020 Priorities - The Future - The Future Quadrennium Closure
02:00 PM to 03:30PM	Courses 1 – 4	Regional meetings Reports from the Regional Chairs	Courses 11 - 14	Courses 18 - 20 Symposium for ICEVI	
04:00 PM to 05:30 PM	Courses 5 – 7 Symposium of the International NGOs	Courses 8 – 10 Symposium for ICOMWCO	Courses 15 - 17 Symposium for World Blind Union	Courses 21 – 23 Symposium for WHO Collaborating Centres	
	Posters	Posters	Posters	Posters	Posters