



### Editorial

#### Playing to our Strengths

Develop integrated strategies to eliminate avoidable blindness, through effective partnerships with other sectors.

- *Kathy Spahn*

### Community Eye Health

The use of an eye care communication programme to detect those with glaucoma and other blinding conditions in Belize

*Joan Musa, Juan Carlos Silva, Fiona Campbell, Ronnie Graham, Richard Wormald, Brendan Dineen, Carol Ukaegbu*

### VISION 2020

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### Seventh General Assembly

Dubai, 20-24 September 2004

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5. Helen Keller Worldwide

6. International Eye Foundation

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10. Organisation pour la Prevention de la Cecite (OPC)

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12. Sight Savers International

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### Playing to our Strengths

Kathy Spahn

VISION 2020 embodies a stimulating intersection of clinical ophthalmology, primary eye care, public health, and, more recently, international development. At the table sit prominent ophthalmologists, heads of hospitals, community health specialists, WHO representatives, professors, administrators, even a few entrepreneurs.

It is universally agreed among the participants that 80% of all blindness could be prevented or treated with techniques and practices routinely available in developed countries. The cost effectiveness of these interventions is often cited, especially the relatively low cost of cataract surgery. The conversations have tended to focus on clinical and technical studies and solutions.

Yet there is a limitation in these solutions that is not often discussed at the VISION 2020 table. Sustainability is considered paramount, yet its implications are not fully explored. For the deeper you dig into creating sustainable solutions, the farther afield you go from ophthalmology. Clinical and surgical training and interventions, while very important, are only a piece of the puzzle that includes building capacity on multiple levels.

VISION 2020 recognises that true solutions are multi-layered, and involve much more than the actual interventions, such as cataract surgery. The quality of eye care is not sufficient; that care must be affordable, accessible, appropriate – and sustainable. That is why VISION 2020 has a three-pronged approach – disease control, human

resource development, and infrastructure and appropriate technology development. Under VISION 2020's banner, we see work that involves surgical solutions and distribution of medicines, as well as vitamin A, personal hygiene, health education, and training for technicians and engineers.

As this work has evolved, we have all become more proficient at crafting and implementing effective solutions – learning to work in partnership, to involve the local community, to build cost recovery strategies, to tie in other sectors to ensure an integrated approach...in short, to build local capacity. Each blindness prevention initiative has led us to a widening set of co-factors – water and sanitation, literacy, maternal/child health care, and nutrition – drawing us into other kinds of work.

The challenge now is to stay focused and build on our hard-earned skills, while broadening the policy and planning dialogue – at the local, national and international level – to include other sectors. Within this broader scheme, we must be careful to contribute where we can add maximum value.

Too often, the temptation is to take on the world. The argument is persuasive. Knowing that ROP has its roots in neonatal complications, we wonder how we can really help unless we get involved in neonatal care. Knowing that Vitamin A deficiency is caused by lack of consumption of green leafy vegetables, do we focus on agricultural programmes? Knowing that women are most often the caregivers, and often bear the greater burden of blindness, do we launch women's empowerment programmes so they can be in a position to access care and change behaviours that threaten eyesight?

Women's empowerment, agriculture, neonatal health...these powerful factors cannot be ignored.

In fact, they must be addressed if we are really to contribute to sustainable solutions. Yet we risk diluting our impact when we take these on ourselves. Granted, the pressures to do so are very strong – from staff in the field, from governments and partners, from donors with agendas we are trying to match to release scarce funds. But our work – and our skills – revolve around sight.

The answer lies in effective partnership with other sectors so that integrated strategies can be developed. We must be realistic about our core competencies and potential contribution. NGOs working in blindness and eye care are not massive development organizations with budgets of several hundred million dollars each, nor should we strive to be. Our *combined* annual spend is in the range of several hundred million dollars – less than Save the Children's annual budget and considerably less than that of CARE. We possess unique sets of skills; and we represent a critical pool of knowledge that is sight-specific. We have worked hard to develop skills, share our results, and learn from each other. The next step is to partner with larger initiatives that deal with broader issues where we have far less expertise – digging wells, empowering women, enhancing neonatal care.

The policy and planning table needs to be expanded so that integrated strategies, such as Surgery, Antibiotics, Facial cleanliness, Environmental hygiene (SAFE) for trachoma, can be developed and put into motion. As we sit at this larger table, let us not lose sight of our remarkable, collective expertise in blindness prevention and treatment. We should play to our strengths, and partner with others who can address closely linked co-factors. That is the only way to achieve our shared goal of eliminating avoidable blindness.

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## Community Eye Health

### The Use of an Eye Care Communication Programme to Detect Those with Glaucoma and Other Blinding Conditions in Belize

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Glaucoma is one of the leading causes of blindness and visual impairment in the Caribbean among people of African descent, a fact that has been borne out both by the Barbados Eye Studies, and the register of persons who are blind in Belize — a small Caribbean nation with a total population of around 250,000. The Information, Education and Communication (IEC) campaign described in this paper was carried out in Stann Creek District in the southern area of Belize, which has a population of approximately 25,000 (10% of the total population of Belize). There are four main ethnic groups in Stann Creek, namely Garifuna, Creole, Mestizo and Mayan. The IEC activities were conducted between September 2002 and January 2003, and included both urban and rural populations.

Glaucoma has been identified as one of the five priority diseases for support under the regional VISION 2020 programme "The Right to Sight in the Caribbean". A programme designed to identify and promote best practices in the management of glaucoma in Belize is currently being undertaken through the Belize Council for the Visually Impaired (BCVI) with support from Sight Savers International, PAHO-WHO, the Ministry of Health and other partners.

The programme, which is being implemented in a number of phases, including a qualitative study looking

1. Belize Council for the Visually Impaired, Belize City, Belize;
2. Pan American Health Organisation, Washington DC;
3. Sight Savers International, West Sussex, UK;
4. Moorfields Eye Hospital, London, UK;
5. International Centre for Eye Health, LSHTM, London, UK.

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at the level of knowledge, attitudes and practices in relation to blindness, an IEC programme (which forms the basis of this paper) and a proposed clinical trial designed to identify the most effective treatment regime for newly diagnosed open angle glaucoma among adults, is expected to have application in the wider Caribbean region.

The Eye Care Communication Programme was designed to increase the utilisation of services by patients at high risk of developing glaucoma-related blindness. The aim of the intervention was to improve the knowledge and motivation, leading to action, measured in terms of clinic attendance and treatment provided for those at high risk of developing glaucoma and blindness, with a view towards ultimately reducing the incidence of blindness due to glaucoma.

#### Methodology

The programme used a number of media approaches to increase knowledge regarding glaucoma specifically and blindness in general; to influence perceptions and attitudes towards blindness prevention, ultimately leading to an increase in service utilisation. The campaign identified a primary target population of adults aged 40 years and older living in Stann Creek District. A secondary target population comprised healthcare workers and family members of those at risk. The contents of the communication strategy were based on the initial findings of a qualitative study in the target population (personal communication from Brendan Dineen).

#### Mass Media

A poster was designed and pre-tested, inviting people aged 40 years and over to attend an eye examination at BCVI to identify vision related threats like blindness from glaucoma, cataract and diabetes. One-minute radio spots

were used to raise awareness and knowledge emphasising the following points — location of the three diseases in the eye, risk factors, symptoms of the disease, consequences of the disease, potential benefit of being treated for the disease and the availability of services in Belize.

The community intervention organised by the Community Nurse Aides (CNAs) utilised a video presentation followed by a session of questions, comments and answers to groups of 25-30 participants. The video reinforced the belief that glaucoma, cataract and diabetes can cause blindness; that treatment on time may save sight and that BCVI could provide state-of-the-art treatment as necessary.

A person-to-person approach, including home visits by CNAs was undertaken to improve the participants' understanding and to encourage them to seek the services.

#### Results

Table 1 provides a breakdown of the communication methods used during the programme and the level of uptake, where applicable.

Table 1. Information, education and communication activities, by month, 2002 – 2003.

	Sept	Oct	Nov	Dec	Jan	Total
Posters placed in public settings	152	126	203	0	28	509
Community sessions	11	21	2	0	4	38
Persons attending community sessions	225	621	86	0	98	1030
Prime time radio spots	120	124	120	0	0	364

**Service utilisation:** The total number of people attending the clinics between September 2002 and January 2003 was 891, distributed among the 22 community clinic sessions and 43 hospital clinic sessions. In all, 62% of the

participants were aged 40 years and over and 56% were women. The campaign motivated all ethnic groups to attend the consultations: the proportion of participation being very similar to that of each ethnic group in the Stann Creek population. Information on the distribution according to education level also showed that all levels of education were represented with a high percentage of those attending (70%) having only primary level education.

**Methods of Referral:** About 64% of the patients attending consultations were motivated to attend by the direct IEC campaign, including person-to-person communication and mass media interventions. The remaining 36% of attendance was indirectly attributable to the health communication campaign, referrals through family and friends, patient check-up and other means.

#### Discussion

The estimated population aged 40 years and above in the Stann Creek District is 4,100 or 16.95 % of the total population. The programme expected that about 10% of the target audience would attend the consultations. The campaign generated 891 consultations, including 552 consultations of people aged 40 years and above (62%). The campaign succeeded in motivating people to utilise the services in numbers that exceeded

expectations. Most remarkable was the strength of the person-to-person intervention through the CNAs and the community sessions. These strategies alone produced 40% of the referrals. The indirect result of person-to-person referrals by friends was also very important, producing 16% of the referrals. The use of mass media such as radio, TV spots and posters represented a further 23% of the referrals, which was in comparison somewhat disappointing.

The specificity of the campaign was good, as most of the participants were people aged 40 years and over, representing a high proportion of that segment of the population compared with participants of other age groups.

The intervention demonstrated a positive link between the intensity of the different IEC methods of intervention and the levels of service utilisation. The campaign motivated all ethnic groups to a similar extent. A further strength of the campaign was its capacity to motivate people with a relatively low level of education to utilise the services.

However, there were certain extraneous factors that may have influenced the results obtained in this IEC campaign. These include the introduction during the campaign of an accessible and permanent service in Stann Creek District as

well as the lower cost of the services.

Given the high prevalence of glaucoma in the Caribbean, well designed and targeted IEC interventions could be a valuable tool in detecting treatable blinding conditions through increased utilisation of services. This is particularly important with glaucoma, which does not produce symptoms until the disease is at an advanced stage and the visual loss is beyond treatment.

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### TEXTBOOKS FOR RESIDENTS

EyeCare America, a public service foundation of the American Academy of Ophthalmology, provides education materials free of cost to ophthalmology training programs in low-income nations. The *Basic and Clinical Science Course*, a core curriculum in ophthalmology is donated to institutions where, ideally, they are placed in libraries and shared among the residents.

A new project that will provide individual students with their own copy of a textbook is being developed. In 2003, a pilot project provided the AAO's *Practical Ophthalmology: A Manual for Beginning Residents* to 77 students in 5 residency programs in Afghanistan, Bangladesh, Nigeria, Tanzania and Vietnam. The text covers basic clinical knowledge and essential examination techniques and provides a practical introduction to ophthalmology. The pilot project was generously funded by Alcon Laboratories. This year, we will send copies of the book to the new students entering these programs, and expand the number of programs served. The text will be placed into the hands of 200 ophthalmology residents in nations with the least resources to obtain educational materials.

- Ronald E. Smith MD, Marilyn T. Miller MD, Wendy J. Ovatt

## International News

### Update from VISION 2020 International Team

From 1 April 2004, Dr. Gullapalli N. Rao will be taking on the role of Chief Executive of IAPB as Mr Mike Whitlam steps down. Mike's commitment to VISION 2020 remains strong and he will continue working with IAPB as a part-time Special Projects Consultant. Nag's role as CEO will be separate from his honorary IAPB Officer positions as Secretary General, President Elect and from September, President of IAPB.

IAPB would like to thank Mike for his hard work, drive and commitment over the last two years. VISION 2020 has increased momentum and achieved greater visibility, especially with governments around the world through one of the definitive triumphs in the last few years - the acceptance of the VISION 2020 Resolution at the 56th World Health Assembly in May 2003.

As Nag relinquishes his post as Director of L V Prasad Eye Institute (LVPEI) in Hyderabad, he is welcomed into this next challenging and exciting position.

VISION 2020 has recently launched its redesigned website, [www.v2020.org](http://www.v2020.org). The new design of the website allows blind and low vision visitors to enjoy full accessibility to the site. New pages, information and links can be found on the new site including information on how you can help the campaign, all the latest news and access to the VISION 2020 Tool Kit.

An Editorial Board comprising experts in the area of eye care from the IAPB, the World Health Organization (WHO) and various Non-Government Organisations has been newly instituted. This will translate into continuous information updates on the VISION 2020 website, making it a source for top-notch eye care news.

'Second Sight' was broadcast on BBC Radio 4 on March 17 2004. The programme focused on L V Prasad Eye Institute, Hyderabad, whose pioneering work is giving sight to people whose blindness was previously thought to be irreversible

World Sight Day 2004, 14 October, will be celebrated with the launch of a new Report focusing on the five-year anniversary of VISION 2020: The Right to Sight. The World Sight Day 2004 Working Group, in collaboration with the WHO, will write the Report. White Cane Day, the World Blind Union's day of celebration will take place on the 15 October, and activities celebrating both events are strongly encouraged.

Merck & Co., Inc., a global research-driven pharmaceutical company, has become VISION 2020's most recent Corporate Donor by donating US\$100,000. Merck's donation highlights the company's commitment to blindness prevention. Over the last 17 years, Merck's Mectizan® Donation Program has provided Mectizan free of charge to help fight river blindness. Since 1987, Merck has donated more than 280 million treatments of Mectizan to patients in all 35 countries where onchocerciasis is endemic. More than 35 million people now receive annual treatment with Mectizan.

The IAPB Executive Committee and Task Force met for their biannual meeting at the World Health Organization in Geneva on 17-18 February. The meeting covered topics such as activities within the Regions, the 7th General Assembly, Resource Mobilisation and progress of groups such as the Technology Working Group.

For more information please visit [www.v2020.org](http://www.v2020.org) or e-mail [info@v2020.org](mailto:info@v2020.org)

## Africa

### Meeting of the West Africa VISION 2020 Forum

The VISION 2020 Forum for West Africa met on 27 - 29 November 2003 in Accra, Ghana. The theme for the meeting was "Elimination of Childhood Blindness". All the fifteen countries in the West Africa sub-region were represented and members of the Ghana Ministry of Health were also present. The meeting brought together all partners in eye health from the West Africa sub-region, and an observer from Cameroon.

The objectives of the meeting were:

- (1) To review current knowledge in the prevention and treatment of Childhood blindness within the context of VISION 2020: The Right to Sight;
- (2) To review the progress made in the development and implementation of VISION 2020 Action Plans by member countries since the last meeting in July 2002; and
- (3) To develop subregional action plans to support country VISION 2020 plans in the next 12 months.

The meeting was supported by IAPB

Africa, West African Health Organisation, Sight Savers International and other VISION 2020 partners.

### Human Resource Development

One ophthalmologist qualified as a fellow of the West African College of Surgeons. Twenty-one ophthalmic nurses, including two each from Liberia and Cameroon, successfully completed their training.

The first batch of twelve optical technicians trained at the Optical Technicians Training Institute at Oyoko, Ashanti Region completed their course. The Optical Technicians Institute has been put

up with the support of the Swiss Red Cross. This is the latest addition to the human resource development for quality eye care delivery.

A Course on Management Priorities in Eye Care Delivery in Africa, was conducted from 8-13 December 2003 in Moshi, Tanzania, offered jointly by the Kilimanjaro Centre for Community Ophthalmology (KCCO) and the Lions Aravind Institute of Community Ophthalmology (LAICO) in collaboration with the International Centre for Eye Health and support from IAPB / VISION 2020.

The course was developed based on the realisation that lack of management skills is an important constraint and the result is that the available limited resources are often underutilized. This course was offered to provide basic management skills to heads and key decision-makers of national prevention of blindness programmes, Ministries of Health (MoH) and directors of NGO supported eye care delivery service programmes.

There were eleven participants from various countries in East and Southern Africa.

The course was successfully run according to the schedule. There was a high degree of interaction,

participants were enthusiastic, and they expressed satisfaction with the course.

Sessions on networking and partnerships were particularly relevant — there was strong agreement from participants that partnerships are weak and even counterproductive at the local level; there is a high degree of similarity in the problems they face in this area.

There were numerous requests for some follow-up support. All participants commented on the weakness of existing partnerships in their respective countries. Participants will be followed up in 3 months to assess the progress made. ORCEA (Ophthalmic Resource Centre for Eastern Africa) will form an online discussion group so that participants can keep in touch and exchange ideas. It was suggested that this course become a routine offering for eye care programme managers in Africa.

#### Francophone West Africa

Dr Ahmed Trabelsi from Nadi Al-Basaar carried out an exploratory visit to Mali and Chad, which included cataract surgery and training sessions. He identified teaching staff as a critical need for IOTA in Bamako,

which has very good infrastructural facilities. Chad on the other hand, has very basic needs, with only 2 ophthalmologists to a population of 8 million. He has offered opportunities for subspecialty training in Tunisia.

The Diploma in Ophthalmology course for Guinea Conakry is ready to take off, and we appreciate the hard work of all the partners involved in this initiative, as this will provide an avenue to train ophthalmology diplomates for Francophone countries in Africa.

#### Future Plans

Dr Kovin Naidoo and ICEE Africa are putting together a proposal for an *African Vision Research Institute*, and are presently at the stage of identifying organisations in the region which could collaborate in this initiative.

The President and Officers of the International Council of Ophthalmology will be visiting training institutions in Nigeria from 29 March to 5 April 2004 as part of the ICO human resource development effort targeted at improvement in the quality of ophthalmology residency training in Africa.

- Adenike Abiose  
IAPB Regional Chair, Africa

## North America

In the past six months, many VISION 2020 activities have taken place in the region.

In the Caribbean, a meeting of the INGO Coordinating Group was held in November in Georgetown, Guyana. Some of the many accomplishments to date have included the continued development of a diabetic retinopathy program in Dominica, a school-based program in Antigua and the strengthening of paediatric eye care services at the children's hospital in Jamaica. Following the INGO meeting, a national VISION 2020 meeting was held for Guyana. It was attended by more than 50 health and government

representatives and produced a five-year plan to improve eye care services in the country.

In January, a meeting was held in Halifax, Nova Scotia to further cooperative links between Canadian and the Caribbean national blindness prevention programs. The existing ties between institutions in both areas will be strengthened. In June a meeting is planned in Barbados to address issues of advocacy for blindness prevention. The next INGO meeting will be held in Haiti in November.

In Canada, work continues on the development of a national VISION 2020 umbrella group. The event in

Ottawa was very helpful in forging this alliance. Of particular importance to the national program as well as for VISION 2020 worldwide was a major meeting on the cost of blindness sponsored by CNIB which was held in Toronto. A web site has been set up at [www.costofblindness.org](http://www.costofblindness.org) where one can access the proceedings. A more complete version of these results will be published in the coming months.

November saw the fifth anniversary of the International Trachoma Initiative, held at the United Nations. A host of luminaries joined in congratulating the ITI for a job well done. The Pfizer Corporation

announced a major enlargement of the program with the commitment to donate an additional 135 million doses of azythromycin. Good news also came with the announcement of a \$10 million grant to the Carter Center from the Gates' Foundation for River Blindness Control in the Americas. Prevent Blindness America received a

doubling of support for diabetic retinopathy control from the Centers for Disease Control, Atlanta.

A major presentation on trachoma was part of the meeting of the American Society for Tropical Medicine and Hygiene, which was held in December, in Philadelphia. The National Eye

Institute will be holding a biennial meeting of the National Eye Health Education Program in February. We are also planning a national meeting of all organizations involved in blindness prevention in June.

- Lou Pizzarello  
IAPB Regional Chair,  
North America

## Latin America

### Community Eye Health Programme, Cuba

Following the second evaluation and planning workshop in Camaguey held in January 2003, the first course on Community Eye Health and third workshop on Evaluation and Planning of the National Eye Health Programme was conducted in Holguin, 12-15 January, 2004.

Participants included 42 ophthalmologists from 17 hospitals across the 14 provinces of Cuba and Isla de La Juventud.

The workshop was facilitated by CBM's Medical Director, Dr. Allen Foster, Dr. Marie Aubin (Canada), Dr. Ivo Kocur, Coordinator of the VISION 2020 Programme of WHO and CBM's Regional Medical Adviser Dr. Felipe Chiriboga (Ecuador). Martin Ruppenthal and Lisa Macdonald represented CBM from the Regional Office in Quito. Several special guests also attended, representing local health and community development organizations and CBM partners

#### Aims and Objectives

- Provision of tools for planning community eye health programmes.
- Presentation of results (Cataract & Glaucoma operations, ROP) – Statistics per hospital – 2003.
- Enhancement of collaboration and involvement of local ophthalmologists, CIC and Ministry of Health to ensure

progress of the National PBL program.

- Focus on quality of cataract surgery
- Medium-term planning at a country, province, hospital level. (In terms of future needs, 3-year targets for surgeries)
- Planning for a program extension to include other hospitals (Moa, Manzanillo, Serrano Project) in the National Program

#### Results

The current situation of eye health in Cuba was analysed under the following heads,

#### Cataract

Cuba (population 11.2 M; with 620 ophthalmologists) is advancing positively toward the goals of VISION 2020. Statistics presented by hospitals from Cuba East, West and Central, showed that the number of cataract surgeries increased from 10,800 in 2000 to almost 15,000 in 2003, with the percentage receiving an IOL increasing from 63 to 93% (Table 1). The increase was particularly impressive in provinces outside Havana. The National Eye Health Programme aims to control blindness from cataract by 2010. A Rapid Assessment of Cataract Surgical Services (RACSS) study in 2004 will help direct programme activities towards the more underserved provinces and establish a national baseline for future programme evaluation.

Table 1  
Number of cataract surgeries in Cuba (estimated 95 % of all cataract surgeries performed in Cuba)

Year	Surgeries	IOL (%)	CSR
2000	10,829	63	964
2001	11,267	69	1,003
2002	13,461	83	1,199
2003	14,710	93	1,310
<b>V2020 Goal</b>	<b>33,000</b>	<b>&gt;98</b>	<b>3,000</b>

The number of cataract surgeries could have been higher in 2003, however due to an epidemic of conjunctivitis the majority of hospitals closed their operating theatres for almost two months. Additionally, in Hospital Ameijeiras, Havana, no surgeries were performed for seven months due to problems with the central air conditioning.

#### Retinopathy of Prematurity (ROP)

Dr. Mayra Mier presented developments of the national program to prevent blindness due to retinopathy of prematurity – co funded by Gertrude Hirzel Foundation and CBM – which aims at providing screening and treatment in all neonatal referral units in Cuba by the end of 2006. In 2003, 13 out of a total of 23 units were already involved in the program: 923 babies were screened and 13 treated for ROP. Plans for 2004 include an ROP workshop to be held in May, and to be facilitated by Dr. Clare Gilbert (England) and Dr. Luz Gordillo (Peru).

#### Low Vision

Dr. Dora Hitchmann presented plans

for the pilot low vision programme - initiated in 2003 in four of the fifteen provinces - currently being coordinated with the Ministries of Education and Health, with a view to expand over the next few years. The initiative includes awareness, screening in schools and training, which was initially conducted in 2003 in Havana and Camaguey for 96 ophthalmologists and optometrists. Plans are underway to carry out an evaluation of optical workshops in Cuba (March 2004), including possibilities for local production of low vision devices to serve the whole island.

#### **Low Vision Workshops**

On March 13-15 and March 17-19 two low vision workshops were conducted in Bogota, Colombia and Lima, Perú, under the technical and financial support of CBM, ONCE, PAHO and the IAPB LA regional office. A total of 48 participants including third year residents and ophthalmologists interacted with international and local speakers.

These courses aimed to create awareness and motivate residents to understand the practice of low vision, make the correct decisions in referring patients and work towards the creation of low vision units in ophthalmology departments in the region.

#### **Gulf Health Ministers Meeting, Jan 2004**

The EMR office, represented by HRH Prince Abdulaziz bin Ahmad, has participated in the Gulf Health Ministers Meeting in Doha, Qatar. The meeting took place on 5-6 Jan 2004. The importance of developing national Prevention of Blindness programs in the Gulf Countries was stressed by HRH to all the participating Ministers. It was a good opportunity to ask the Health Ministers assistance in distributing and facilitating the attendance of IAPB's General Assembly meeting by health professionals in their countries. An update on the progress of VISION 2020 was

At the same time a curriculum was prepared to train a multidisciplinary team in low vision over a 30-day period. The training centres identified are the Instituto Conde de la Valenciana, Mexico DF and Santa Casa de Misericordia in Sao Paulo, Brazil.

During 2004-2005 we expect to train between two and four multidisciplinary teams and open similar numbers of low vision units in the main cities of Latin America.

#### **VISION 2020 Advocacy Meeting in Peru**

The Department of Piuria, Perú, finished the RACSS study in 2003 and the results were presented to the Peruvian Ophthalmology Society and health authorities, on 20 March, 2004. This study was financed by CBM and PAHO and the field work was done by Fundación Oftalmológica del Norte under the leadership of Dr. Luis Pongo. Preliminary reports suggest that cataract surgical coverage needs particular attention. The RACSS methodology is a useful tool to monitor indicators like prevalence of blindness, cataract surgical rate, quality of outputs and barriers to eye health care services. Dr. Nicanor Tinegeros, Vice-President of the Ophthalmology

Society suggested that the RACSS study be presented in each region in Perú to stimulate the work on PBL and particularly of cataract surgery.

#### **Retinopathy of Prematurity Workshop, Bolivia**

Retinopathy of Prematurity is the first cause of childhood blindness in LA and also in Bolivia. A national plan was formulated by a group of dedicated ophthalmologists and neonatologists who came together in Tarija during March 11-12, 2004. The meeting was held under the auspices of CBM and the National Ophthalmology Society in Bolivia. The national plan envisages beginning a program of early detection and treatment at neonatal units in the main cities of Bolivia. Dr. Gustavo Aguirre is the leader of this novel group.

Forthcoming is the First Iberoamerican VISION 2020 Congress, Buenos Aires, August 27-28, 2004. More information is available at [www.v2020la.org/congress](http://www.v2020la.org/congress). RACSS studies are being conducted in Campinas, Brazil; Buenos Aires, Argentina; Guatemala and Venezuela under the auspices of CBM and PAHO.

- *Rainaldo Duerksen*  
IAPB Regional Chair  
Latin America

### **Eastern Mediterranean**

presented and difficulties were discussed with the participants.

#### **Arab Health Exhibition**

The EMR office was officially invited to the opening ceremony of the Arab Health Exhibition on 18 Jan 2004. This was a 4-day event and it's the largest gathering of companies and organizations involved in health care in the region. Several contacts were made with world organizations and interested individuals in the field of prevention of blindness.

#### **Vision 2020 at the SOS-KKESH Symposium**

The combined meeting of the 17<sup>th</sup> Annual Scientific Meeting of the

Saudi Ophthalmological Society (SOS) and the 21<sup>st</sup> Annual Symposium of the King Khaled Eye Specialist Hospital (KKESH) was held in Riyadh from 7-10 March 2004. There were 2 Prevention of Blindness Sessions in this meeting. HRH Prince Abdulaziz bin Ahmad's Shield for the Prevention of Blindness was awarded to Dr. Gullapalli Rao during the opening session. This was in recognition of all the activities and efforts rendered by Dr. Rao over the years and his contribution in the evolution of IAPB and VISION 2020. Dr. Rao delivered 3 lectures that were followed with great interest. Other key

International Speakers included Dr. Ahmad Trabelsi, Co-Chair of the EMR, Dr. Abdul Hannan Choudhury, WHO representative for the PF at the EMRO Office and many other distinguished figures in the region. The Prevention of Blindness sessions were attended by more than 350 individuals, making it one of the most successful sessions in the past few years.

### Signing of the VISION 2020 declaration

The following countries have recently signed the VISION 2020 declaration:

- Egypt, Palestine and Iraq. This was done during the Cairo workshop on December 2003.
- Kuwait and Oman. During the Meeting of the Gulf Cooperation Council (GCC) meeting of the Ministers of Health.
- Morocco will sign on Saturday 28 February 2004.
- Libya is scheduled to sign in the next few months.
- Afghanistan is scheduled to sign on 13 April 2004 in the presence of the President of the Islamic Government of Afghanistan, His Excellency Hamid Karzai.

### Regional Coordination Group

A Regional Coordination Group has been formed to coordinate the activities and assess the needs in the area. It comprises the regional chair, the 4 co-chairs and the WHO/EMRO coordinator for VISION 2020. In future major NGOs working in the region along with individuals active in the field of blindness prevention will be included.

### Pakistan

IAPB has played a key role in the development of national eye care programmes in Pakistan and Afghanistan and has integrated all eye care programmes into the national eye care programmes with a view to achieving the objectives of Global VISION 2020: The Right to Sight. The success of IAPB's work in Pakistan can be seen by its representation at the National Committee for Prevention of Blindness and the Provincial Committees for Prevention of Blindness.

The National Programme for Prevention of blindness over the last eight years has developed district-based comprehensive eye care programmes providing promotional, preventive, curative and (beginning to provide) rehabilitative services to a defined unit of population. The programme has addressed the issues of poor distribution of ophthalmologists, development of eye care teams, development of infrastructure, equipment and disease control.

A National Institute on Community Eye Health has been established, known as the Pakistan Institute Of Community Ophthalmology (PICO) that is responsible for the development of eye care teams which include community ophthalmologists, ophthalmic nurses, and ophthalmic paramedics. This institute not only meets the needs of human resource development for Pakistan but also the whole of East Mediterranean Region through a master's level course in community eye health and modular training programmes for optometrists (which can lead to a bachelor's degree) and other paramedics.

The cataract surgical output for Pakistan is 330,000 cataract surgeries per annum (CSR 2350). Sixty percent of the cataract surgeries are IOL surgeries.

A National Trachoma Rapid Assessment has taken place and Pakistan is about to begin piloting the trachoma control programme in seven districts of Pakistan. IAPB has actively participated in determining the magnitude of its spread and is now participating in the trachoma control programme.

The Government of Pakistan has launched a nationwide Vitamin A distribution programme during the National Immunization days. This has been possible after a major advocacy drive by IAPB.

IAPB, in collaboration with the National Committee for Prevention of Blindness, Pakistan, London School for Hygiene and Tropical

Medicine, London, the WHO, Sight Savers International, Christoffel Blindenmission and Fred Hollows Foundation has undertaken a national survey on blindness. Its results will give us the impact of development of eye care services as well as set a new baseline for future work.

A National Childhood Blindness Programme is being planned and is hoped that in the near future this would become a major initiative in the country.

### Sub-regional VISION 2020 Workshop

In December 2002 a sub-regional workshop on VISION 2020 was held for Pakistan, Afghanistan, Iran, Yemen and Jordan. It will be followed by a workshop in Yemen and Iran with a view of developing and strengthening national programmes for prevention of blindness in these countries.

### Afghanistan

IAPB was instrumental in the development of the National Eye Care Programme for Afghanistan in collaboration with CBM, WHO, and the Ministry of Health Afghanistan. IAPB is working closely towards the launch of VISION 2020 in Afghanistan in April 2004, again in collaboration with CBM, WHO and Ministry of Health, Afghanistan.

Future priorities include further development of district eye care programmes, programmes for refractive errors, low vision, glaucoma, diabetic retinopathy and public health education. The ultimate aim is to achieve VISION 2020's objective of provision of comprehensive eye care services million by million till all the population has access to an affordable, acceptable and quality eye care.

There needs to be a regional coordination group for coordination of regional activities and with a view of developing linkages within the region between institutes.

- Abdulaziz AlRajhi  
IAPB Regional Co-chair  
Eastern Mediterranean

## Europe

The principal policies of IAPB in Europe have previously been presented at Executive Committee/Task Force meetings – namely the training and continuous medical education of young ophthalmologists in underserved centres in the region, and the technological support for selected surgical units. Some of the salient points are summarised below:

- The annual CBM update course took place in Kiev in November 2003 and once again proved to be very successful. The course in 2004 is provisionally planned for a post-graduate centre in Russia. This was the Eighth course and there were 35 participants from the Ukraine and one from Georgia. IAPB Europe now makes regular contributions to these courses.
- Two VISION 2020 'triplets' took place in the latter part of 2003. One to Odessa (Ukraine) in October as part of a national conference on Paediatric Ophthalmology; there were over 400 participants from Ukraine, Russia and Belarus. The second triplet took place in November in Sarajevo (Bosnia and Herzegovina) and was led by the President of the Royal College of Ophthalmologists with 50 participants from all over the country. A linkage between the University Eye Clinic in Sarajevo and the Norfolk and Norwich Hospital is planned. In September, 11 members of the Moorfields Retinal Service held a course on the acula in Portoroz (Slovenia). Some 150 ophthalmologists from Slovenia, Serbia and Montenegro, Italy and Austria attended the course. Previous courses have been held in Switzerland and the Czech Republic. The Lions International Centre in Prague has continued to run ophthalmic courses for clinicians and ophthalmic nurses throughout the past year.
- A VISION 2020 workshop took place in Uffa (Russia) in April and in Kazakhstan in 2003 and further ones are planned for the summer in Moldova and the autumn in Ukraine in 2005. A workshop on 'Preventive Ophthalmology' was held at the Lions International Centre in Prague in June 2003 and was attended by leading ophthalmologists from Estonia, Latvia, Lithuania, Romania and Ukraine. The ICEH is organizing a course for NGO programme managers and ophthalmologists in London at the end of June.
- New Eye Care Units (ECUs) are planned for Armenia and Moldova. Following the success of the ECU in Samara (Russia) a grant of £1200 was awarded by Ophthalmic Aid to Eastern Europe (OAE) to Sergey Branchevski. This will be used to purchase new sets of cataract equipment and IOLs.
- A grant from OAE of £1500 was made to Dr. Yuliya Semenova towards equipment for the investigation and management of cases of ROP in Kazakhstan.
- In 2003 the American Academy of Ophthalmology donated 13 sets of its successful Basic and Clinical Science Courses (BCSC) to 8 countries in Eastern Europe and in 2004 it plans to send over 30 sets to 14 countries. This excellent support in our region is most commendable.
- IAPB Europe continues to recommend the ICO Basic Science and Clinical examinations to ophthalmologists for training in the region. Candidates can now take the examination in Russian. Last year, 85 candidates from the European region took the basic science test and 24 the clinical examination from 15 countries.
- The Orbis Charitable Trust (OCT) project in Serbia/Montenegro is proceeding, with further visits from the OCT team involving ophthalmologists and a biotechnician. The telemedicine project in selected Central and Eastern European centres, continues to be under discussion.
- VISION 2020 UK continues to expand its activities; one of its current main functions is looking at services provided for the visually impaired. Similar national committees have been formed in Switzerland and The Netherlands and we look forward to the response of the 50 European countries who signed the World Health Assembly Resolution last May. It is planned to have contributions from the VISION 2020 committees in the UK and the Netherlands in the regional session in Dubai.
- The funding for the VISION 2020 coordinator for Europe has been agreed and the budget was approved in the recent Executive Committee / Task force meetings in Geneva. This exciting new development will form the basis for discussion at the IAPB Europe business meeting that will take place in Prague, in June. For the time being IAPB Europe will continue to be managed from the Chairman's office in London.

- Timothy ffytche  
IAPB Regional Chair,  
Europe

## South East Asia

### India

In order to provide need-based management training for 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.

#### Management Priorities in Eye Care Delivery

This course was conducted at LAICO from 18 - 24, January 2004. The one-week course was designed to provide an overview and appreciation for different principles and practices of management that contributes to more effective and efficient delivery of eye care services. This course focused on strategic areas like Leadership Development and Strategic Planning, Social Marketing and Demand Generation, Service Delivery and Operations Management, Quality Assurance and Patient Satisfaction, An exposure to core financial concepts, Monitoring and information system, Managing the staff and designing a comprehensive eye care service reflecting community needs.

Various management concepts were taught through case studies, supplemented by didactic lectures, reading assignments and exercises. As part of the application process, the participants were required to describe at least one of the problems that they are facing. Some of these were used as learning cases.

There were 24 (4 IAPB sponsored + 20 Direct) candidates who had participated in this one week training course. These participants were from India, Nepal, Indonesia, Peru, Ecuador, Fiji and Kenya

#### Management Training for Eye Care Programme Managers

This training course was planned for the Eye Care Programme Managers at Lions Aravind Institute of Community Ophthalmology from 2nd-13th February 2004. The course was

designed to enhance the knowledge and skills for developing capacity to think and manage the resources and programmes in a most effective manner. The participants in this course had the opportunity to undergo lectures from various experts in India and abroad. The course also incorporated group exercises, case study discussions, brainstorming, role-plays, case analysis, and experience sharing sessions, field visits, and presentations.

The course was broadly divided into two modules. The module in the first week covered situation assessment, planning and analysis of the burden of blindness, and the second week sessions covered the management skills required to implement the plan in an effective manner. A total of 28 participants had participated in this course.

#### Manpower and Management Development workshop

This workshop was organized by LAICO, Madurai, for the eye hospitals supported by the Lions Club International as part of their support programmes in India. It was conducted from 15<sup>th</sup> -20<sup>th</sup> March, 2004. Six eye hospitals participated in this workshop. During the workshop each hospital had developed their strategies and related action plans in the area of getting more patients, improving quality and productivity, financial viability and also develop a mission and vision statement for their respective hospitals. All the strategies and action plans were presented in the presence of consultants and the technical advisors.

#### Pediatric Ophthalmology Training

The LV Prasad Eye Institute, Hyderabad offers this training to create institutional capacity for Paediatric eye surgery by training a team from each participating institute. Teams that have so far undergone training through this programme include groups from Indonesia, Bangladesh, Kenya, Sri

Lanka and Myanmar, apart from several hospitals in India

#### WHO Inter-Country Workshop on Corneal Ulcer Treatment

A 3-day workshop was organized from 7th - 9th December 2003 by Aravind Eye Hospital under the aegis of WHO, New Delhi to discuss and develop guidelines for treatment of corneal ulcers in primary, secondary & tertiary care levels in South East Asian Region. WHO-IAPB representatives formed the faculty, and cornea experts from the South East Asian Region participated in the workshop.

The expert group finalized the framework and contents of the guideline manual and an action plan was developed. The finalized document will be published and disseminated among the South East Asian countries.

#### VISION 2020: The Right to Sight India forum

VISION 2020 India forum will be a registered body to co-ordinate and implement the VISION 2020 activities in alignment to global objectives and targets. Preparatory work leading to the registration of the forum is nearing completion. Current efforts are on to define the activities of the forum with clear articulation of the deliverables and to identify a person to head the forum.

#### Indonesia

A VISION 2020 workshop was held to develop district level Action Plans - at Bali 10-12 June 2004 before the annual meeting of Perdami (the Annual meeting of the Indonesian Ophthalmologists society). The goal is that every district/province will have their plan of action that will be implemented. The action plans will focus on cataract, refractive error, childhood blindness and xerophthalmia.

#### Bangladesh

A VISION 2020 workshop is planned in Bangladesh in March 2004 to plan the National Action Plans and

align various organizations towards achieving the set goals. This National VISION 2020 Workshop on "Capacity Building in Eye Care" will be held during 5 to 7 March 2004 at the Chittagong Eye Infirmary and Training Complex (CEITC), Chittagong, Bangladesh. INGOs (SSI, Orbis and CBM), Government and the National NGOs will be actively participating in this workshop.

### Thailand

The 19<sup>th</sup> Congress of the Asia-Pacific Academy of Ophthalmology was held in Bangkok, 29 November – 3 December 2003. Two sessions relating to VISION 2020 and IAPB were held.

The first session (1st Dec, 2003) was on Prevention of Blindness and was an integral part of the Congress. This session was structured into three modules focusing on Disease intervention, Human resources development, appropriate technology and infrastructure. In each of the modules the invited speakers made the presentations from a national perspective. In all, speakers from 15 countries participated.

The second session (3rd Dec, 2003) was a parallel meeting of the Bi-Regional IAPB. This was open to all the delegates. During this session presentations were by the invited speakers about overview of Global Progress of VISION

2020, Regional Updates, report on Resource Mobilization followed by reports from the various VISION 2020 working groups – Monitoring, Low Vision, Refractive Errors, Cataract and Childhood Eye Care services.

### Nepal

A VISION 2020 coordination body has been formed in Nepal to coordinate all the VISION 2020 related activities. The VISION 2020 secretariat office is housed at the Ministry of Health under the Health Secretary (Chairman of Apex Body for Eye Health).

### Other Activities

CBM SARO (S) organised a training programme in Basic Clinical Low Vision at Joseph Eye Hospital, Trichy, Tamil Nadu, India for partner hospitals in Nov - Dec 2003. Ms. Karin V. Dijk, advisor in Low Vision conducted the programme. Hands-on training was followed by practice sessions in rehabilitation projects near these hospitals. Subsequently, Ms. Karen Van Dijk trained the rehabilitation partners in Low vision, at Mobility India, Bangalore also. Two hospitals in Kerala and one each in Karnataka and Maharashtra have started Low Vision services.

In January 2004, training on assessment and aid to multi-handicapped children was conducted for select partners of

CBM in coordination with Hilton Perkins, U. S. A.

CBM SARO (S) organized a community based rehabilitation workshop and seminar 13-15 November 2003. All the CBR projects supported by CBM attended the workshop. Some of the major focus areas of the workshop were identification, prevention and early intervention for Low Vision and Blindness.

Personnel from CBM SARO (S) attended training programmes and workshops in India and abroad that had VISION 2020 and eye care management as focus.

Subsequent to a visit from SARO (S) team, to deliver services to patients in the war-locked regions of Mannar and Killinochchi, Sri Lanka essential equipment and IOLs were donated to Dr. Ponnampalam Memorial Hospital at Killinochchi. The Hospital has started performing ophthalmic surgeries with the aid of surgeons from Jaffna Teaching Hospital.

In the month of September 2003, CBM had organized training to the personnel involved in production of low cost drugs at Center for Sight run by Sri Lanka Eye Foundation. Dr. Susan Spoerer from U.K., conducted the three-week training programme.

- R. D. Thulasiraj  
IAPB Regional Chair, South Asia

## Western Pacific

### Fiji

Work with Dr. Biu Sikivou, Chairperson of the VISION 2020 Fiji Committee, continued on the Fiji National Action Plan as requested by the Fiji Ministry of Health and the local WHO Office. By the end of January a final draft was presented to the Ministry of Health, members of the VISION 2020 Fiji Committee and several NGO representatives.

The main components of the plan were discussed at some length,

focusing on a number of issues relating to HRD and Eye Health Information Systems. The need for alignment on reporting protocols, standardisation, surgical and medical outcome monitoring and lines of communication were emphasised.

Broadly speaking the plan was well received. Certain aspects were thought to need modification to make them more user-friendly. In addition it was agreed that a much bigger workshop would be required

to allow all those responsible for implementing it to have a say in the detailed implementation planning and so confer national ownership for the Plan. Fiji has recently had a NCD Plan and an HIV Plan published and it was felt that the National Eye Care Plan should follow the same format. A date for the Workshop is planned for the end of April. It will involve 60 local Fijian stake holders and be hosted by the MOH. AusAID will provide most of the funding for the workshop. The Fiji National Eye

Care Action Plan will commence implementation from this year.

#### **Australia National Vision Forum**

On 24/25 March, VISION 2020 Australia held a National Vision Forum at the National Convention Centre in Canberra. This meeting included all the major stakeholders in Australia and involved National Government representatives, The Aboriginal Health Program and representatives of the Aboriginal Communities, NGOs and Consumers as well as eye health delivery groups and research interests. The meeting was preceded by an electronic survey to find out peoples' expectations and views concerning an integrated National Action Plan for Australia. The purpose of the meeting was to work towards formulating the foundations for such a Plan as well as to advise government on its response, due in May 2005, to the mandates contained in the WHA Resolution on Avoidable Blindness.

The first day of the meeting concentrated on the background and on the results of the survey. Much discussion ensued, with participants arranged into representative work groups. Contributions were heard from a wide spectrum of stakeholders. Distinctions were made between a VISION 2020 Australia Work Plan, A VISION 2020 Action Plan for Australia and how this might fit into a broader concept of an overall Australian National Eye Health Program. VISION 2020 Australia's three main focus areas of Eye health for the Australian Community, Aboriginal Eye Health and Australia's role in Global and Regional Eye health advocacy, promotion and aid were agreed to be the basis for going forward with

Australia's response to the WHA Resolution.

The second day of the meeting concentrated on each of these three main focus areas with work groups separating to hear presentations on and then to discuss priorities for each of the focus areas. It was agreed that Aboriginal Health and in this context, eye health, had been badly neglected for many years and had to be a high priority for the future. The cultural characteristics were such that a wide holistic view was necessary in considering appropriate planning.

Regarding Eye Health for the Australian Community as a whole, The Vision Initiative is the central thrust for preventing and eventually eliminating avoidable blindness. This program was originally piloted in Victoria and is about to commence implementation in Queensland. It involves community awareness and eye health promotion both for consumers and for professionals working in the eye health and related sectors. The work group also discussed advocacy strategies, World Sight Day and the Optometry Giving Sight project. The OGS project has enormous potential worldwide for resource mobilization and (like the Vision Initiative) for Eye Health awareness and promotion.

While the National Vision Forum did not finally result in confirmation of specific policy advice for government's response to the WHA Resolution, nor a confirmed integrated National Plan, the stage has now been clearly set for working groups to address the agreed priorities and outstanding issues with a time frame to make recommendations to government within the next 10 months.

#### **Other Developments**

Some further progress has been made on looking at ways in which eye health professionals and government in New Zealand can work together on questions related to the elimination of avoidable blindness by 2020. Despite the situational differences between Australia and New Zealand, these questions are similar to those covered in the Australian National Vision Forum. Given the WHA Resolution time frame and the New Zealand government's need to respond by May 2005, it is hoped that negotiations will continue to advance with support from the Royal Australia and New Zealand College of Ophthalmology, the World Council of Optometry and the New Zealand government Health and Social Development Ministries.

Meanwhile New Zealand continues to provide appropriate and valuable assistance to neighbouring countries like Samoa, Cook Islands, Tonga, Tuvalu and Kiribati through individual initiatives and through organisations like VOSO, Lions and governmental agencies (especially NZAID).

#### **Plans for second quarter**

20-24 April - Mongolia National Planning Workshop, Ulaanbaatar. MOH/INGOs

12-14 May - Cambodia National Planning Meeting, Phnom Penh, MOH/INGOs

31 May-4 June - WP Regional NCD Workshop, Manila, WHO and partners

7-10 June - VISION 2020 Workshop, China – CBM and other INGOs/NGOs

- *Richard Le Mesurier*  
Coordinator VISION 2020  
Western Pacific

## **HONOURS**

**Dr. Gullapalli N Rao**, Senior Vice President/President Elect and Chief Executive of IAPB was presented the HRH Prince Abdulaziz bin Ahmad bin Abdulaziz Al-Saud Award for the prevention of blindness, at the 21<sup>st</sup> Annual Symposium of the King Khaled Eye Specialist Hospital (KKESH) and the 17<sup>th</sup> Annual Scientific Meeting of the Saudi Ophthalmological Society (SOS) at Riyadh, KSA, in March 2004.

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## Submissions to IAPB News

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### Guidelines to authors

#### General guidelines

The IAPB News welcomes unsolicited manuscripts relating to community eye health/public health and also institutional profiles. All submissions must be double-spaced, title and authors (with affiliations) clearly indicated, with complete references in standard format. Authors may submit good photographs related to the subject for possible inclusion on the cover page.

Articles are reviewed internally by the editorial board and accepted articles are included in the order received, except in cases where timeliness or topicality becomes important. Authors may be required to revise articles based on the review of the editorial board.

Each issue will include no more than one article from the same organisation or institution. This is to ensure that all organisations involved in blindness prevention have a fair chance of being represented.

The deadline for receipt at the IAPB Hyderabad Office, for each issue is as follows:

- January 10 for the January issue
- April 10 for the April issue
- July 10 for the July issue
- October 10 for the October issue

To ensure proper editorial review and processing, early submission is encouraged.

### Guidelines for specific sections

1. Articles on community eye health/public health should be no more than 1200 words. Articles may describe a project that is in progress or one that has been completed, an on-going community health initiative or a learning experience, or review efforts in specific areas of disease control and treatment. The author's name and affiliation must be clearly provided. Articles may be written in a fairly unstructured format, but they must include a clear introduction and statement of the paper's scope, description and discussion of the results. Authors may include tables and/or figures but photographs cannot be used in the body of the article (however, good photographs may be used on the cover page). All tables and figures should follow a standard format, with title and legends clearly indicated. Figures should be provided on glossy paper, drawn in India ink or computer generated. References (8 maximum) should follow a standard style (U.S. National Library of Medicine style).
2. Institutional/organisational profiles of around 500 – 750 words. From time to time, IAPB News will carry profiles of organisations engaged in blindness prevention and community eye health activities around the world. These profiles will include a brief history of the organisation, scope of activity, and achievements.
3. News: Every quarter, each region reports on progress in VISION 2020 activities and related programmes in blindness prevention. Information to be included in this section should be sent through the Regional Chair.
4. Short announcements may be provided as box items, of no more than 300 words, describing new training programmes, introducing new appointments within the VISION 2020 effort, or recognizing sponsorship, or other special items of information that do not fit within one of the categories described above.

### EDITORIAL BOARD

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## The Seventh General Assembly

20-24 September 2004 Dubai, KSA

The **Al Bustan Rotana Hotel** will be the venue for the Assembly. Updates related to the venue, accommodation, visa process and exhibition will be circulated soon.

The theme of the 7th General Assembly is Partnership, and this is reflected in the plenary sessions held each morning. Plenary sessions cover Partnership in Structure, in Practice, and Partnership with Industry and Media. During other plenary sessions there will be two named addresses (the Sir John Wilson address and the Alan Johns address), a Keynote Address, and a session on Future Developments. There will also be free paper sessions for presenters from the Eastern Mediterranean region, and for international presenters.

During the afternoons, 23 courses, 6 symposia and 1 session for regional meetings have been arranged. The courses are organized according to the following themes: planning for VISION 2020 (6 courses); control of the major blinding eye diseases (5 courses); control of other blinding eye diseases (5 courses); information, education and communication (3 courses); and effective eye care delivery series (4 courses). The symposia are being organized by different organizations and groups who are involved in the prevention of blindness, research, professional issues, and who provide services for people who are blind or visually impaired. Posters will be displayed throughout the Assembly.

### Registration Information

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

	Up to 15 May 2004	From 16 May 2004
International Participant	US\$ 300	US\$ 350
EMR participant	US\$ 150	US\$ 200
Accompanying person	US\$ 100	US\$ 150

The registration form should be completed and returned to the IAPB Office, Hyderabad with the fee.

### SCHEDULE OF MEETINGS

#### Board / Committee Meetings

Friday, 17 September - Business Meeting of IAPB Executive Committee and Task Force with WHO / PBD.

#### Assembly dates

**Monday, 20 September to Friday, 24 September 2004**

#### Board / Committee Meetings

Friday, 17 September - Business meeting of IAPB Executive Committee and Task Force with WHO / PBD.

Saturday, 18 September - Joint Meeting of Partnership Committee, IAPB Executive Committee, Task Force and VISION 2020 Supporting Members with WHO / PBD.

Sunday, 19 September  
(2.00-5.00 pm) - Meeting of the IAPB Board.

Friday, 24 September - Meeting of the New Executive Committee of IAPB

#### Social Events

Sunday, 19 September - Desert Safari sponsored by HRH Prince Abdulaziz

Monday, 20 September  
(6.30-8.00 pm) - Welcome Reception

Thursday, 23 September  
(7.00-10.00 pm) - Banquet & Awards Ceremony

#### Other Meetings

25t to 26 September 2004. - ISGEO Congress

Saturday and Sunday

Contact Dr Paul Courtright at [pcourtright@kcmc.ac.tz](mailto:pcourtright@kcmc.ac.tz) for more information

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