



**THE RIGHT TO SIGHT**

**IAPB**



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### Wanted: Professors with Passion

*Rainaldo Duerksen*

The professor walked into the classroom that morning and without saying much, he started to draw boxes and write numbers on the black-board. Congenital cataract was the subject to be discussed that morning, therefore, what was on the black-board, did not make any sense.

After the professor finished his “masterpiece”, he turned around and faced the rest of the faculty and residents. He had a great smile and his excitement was evident as he began to share his recent enlightenment about concepts of cataract prevalence, incidence, service coverage and the “barrel” of blindness, as described by Prof. Allen Foster.

By now, some of you may have already guessed that I’m talking about Dr. Juan Battle, founder of the PBL programme in Santo Domingo, the capital city of the Dominican Republic. Dr. Battle had participated in a CEH course in Colombia conducted by Dr. Virgilio Galvis and Prof. Allen Foster. He was really excited to see how applied epidemiology could be used and how this information could be in turn be applied to the work he was doing back home.

Rainaldo Duerksen  
Fundacion Vision, Asuncion, Paraguay

I was a resident at that time and I was very impressed by how this man had changed the subject of the day for something that he considered so worthwhile. Those who know Dr. Battle, will also know that this does not happen casually. Now, more than 12 years later, he leads the National VISION 2020 Committee in the Dominican Republic, launched in the summer of 2005.

In my country, Paraguay, a similar thing happened a few years ago, resulting in the first VISION 2020 Committee in Latin America. Today, there are 12 countries in the region that have an active Prevention of Blindness Committee defined by VISION 2020 guidelines.

As I said, applied epidemiology is extremely important, as eventually it determines policies and health investment strategies. Let me explain what I mean. Rumours and a few poorly conducted surveys presented in regional meetings in Latin America suggested that the prevalence of congenital cataract was very high in the region and was probably the leading cause of childhood blindness. Some 12 years ago, this triggered the interest of Prof. Claire Gilbert, an expert in the field based in the London School of Health and Tropical Medicine. She conducted a carefully designed survey to identify the primary

causes of blindness in children based in schools for the blind in Chile and Argentina. It was a big surprise that ROP, contrary to popular belief, was the leading cause of avoidable blindness in children. Soon thereafter, more information coming from other countries, including Paraguay, where I had recently relocated to, showed exactly the same results.

According to the 2002 blindness data provided by WHO, we now are sure that ROP is indeed the leading cause of childhood blindness in our region. It accounts for approximately 30% of the 100,000 blind children in Latin America. I have no doubt that, as it has happened in the developed countries, ROP will become the leading cause of blindness in other regions of the world as they improve on their neonatal care, unless appropriate screening and treatment programmes are put in place.

Having this information was crucial for our region. Pilot programmes were identified or established, regional protocols developed with unified criteria, dissemination of information was encouraged, key hospitals received much necessary equipment, research grants were obtained and some regional companies have even developed low cost and high quality laser units. These efforts came together at the

It’s been a little over a month since the conclusion of the World Ophthalmology Congress in Sao Paulo but the hospitality, colour and vivacity of Latin America is not too far from our minds. For those involved in VISION 2020, Latin America also represents an energetic coming together of different groups—individuals, international NGOs, and regional coalitions—to move eye care forward.

It’s a region where the problems have become more apparent with the commencement of the global initiative—the emergence of ROP as a major issue, for instance—but it is also a place where remarkable leadership has been shown and where the power of individuals to make a big difference has made itself evident.

This issue of IAPB News showcases some of these efforts, from the story of partnerships to bring about an “attitude” of community eye care to a historical perspective on how a regional partnership, PAAO, drove policy change, to the profile of one of the “grand old men” of South American ophthalmology. This issue also carries a preliminary version of a paper linking VISION 2020 and the Millennium Development Goals. We hope to develop this into a formal publication for use in advocacy efforts, and readers’ feedback would be appreciated!

Enjoy...and write in with comments, suggestions, or critiques!



first Latin American ROP meeting held in Lima, Peru in November last year, where a group of experts have established a directory of professionals for each country. We now have solid epidemiology data for every single country of our region, we have completed the situational analysis and a plan of action has been presented to various NGOs and governments.

VISION 2020 Latin America also works with other technical subcommittees (low vision, cataract, diabetic retinopathy and refractive errors). We are working for each of these subcommittees to obtain similar results; many of them are well on their way.

We have come a long way; many countries are increasingly providing a budget for eye care. For example, Brazil spends more than USD 50 million each year to finance cataract surgery alone, to raise their CSR rate from 800 to 2,400 in just a few years.

Key to this process has been the CEH/PBL courses and workshops conducted in the past 10 years, particularly in the last 5 years using the high profile raised by VISION 2020: The Right to Sight, and its founding members.

The longterm success of our initiatives, especially in remote areas, will be determined by how successful we are in the years to come with the inclusion of CEH curricula in the residency training

programmes. Younger generations will have to take charge and lead the way; it should be natural for them to think of the community. This is very important in Latin America, where not a single country has less than 10 ophthalmologists for every million people. In many cases, financial resources are available but there is little knowledge about how to use them effectively. We need ophthalmologists who are willing to listen, learn and to be challenged by applied epidemiology, using it as the basis to improve service delivery.

Every ophthalmology residency programme should have a professor who is excited and willing to draw boxes and write numbers on the blackboard in order to give, not one but all the needlessly blind, the Right to Sight.

## 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:

- March 10 for the March issue
- July 10 for the July issue
- November 10 for the November 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.

## The Importance of VISION 2020 Membership in Latin America

*Dr. Van Lansingh*

Dear Reader:

First of all, I would like to let you know that although WHO considers the Americas and the Caribbean as one region (33 countries in total), due to language barriers and ease of travelling, IAPB has divided the responsibilities for this region between two offices. One of these is in South America and is chaired by Dr. Rainald Duerksen, who oversees VISION 2020 related activities in all the Spanish and Portuguese speaking countries of the region (19) with the exception of Puerto Rico, since it is a free associated state of the USA. The second office is chaired by Ms. Pat Ferguson and looks after all the related activities taking place in the rest of the countries.

Since first envisaged in 2000 in Brazil and with the executive committee established in June 2001 in Buenos Aires, VISION 2020 Latin America has always been about partnership. At the Buenos Aires meeting it was agreed that IAPB would exercise the presidency, while the representatives of the Pan-American Health Organization (PAHO) and of the Pan-American Association of Ophthalmology (PAAO), would share vice-presidency and therefore the responsibilities related to the implementation of the programme in the region. From the very beginning, it had within its members 3 important international NGOs (CBM International, FOAL and Lions International) as well as 2 regional NGOs (Fundacion Oftalmologica del Valle in Ecuador and Fundacion Oftalmologica Hugo D. Nano in Argentina).

From this modest beginning, the organization now has a total of 17

members. Those not yet mentioned above are: ORBIS International, Lighthouse International, SEE International, Ulls del Mon from Spain, Fundacion Mirada Solidaria from Spain, Vision Paraguay from England, Fundacion Vision from Paraguay, Instituto Popular para los Ojos from Venezuela and CONAVIP from Paraguay.

It is also important to note that VISION 2020 LA actively works through technical subcommittees with experts on each of the subjects (diabetic retinopathy, childhood blindness/ROP, low vision, refractive errors, monitoring and evaluation, cataract and advocacy and resource mobilization). This allows for greater technical input and specialized courses and workshops over and above the traditional CEH courses taking place in the region.

The cooperation and networking of all these institutions and close collaborators has resulted in the creation of advocacy and information tools such as our own website ([www.v2020la.org](http://www.v2020la.org)) with various publications and educational photos made available, a quarterly bulletin, a list of indicators which are regularly updated, our own information video, etc. I have no doubt that the work conducted by all of us has resulted in over a 100% increase in the countries that have established a VISION 2020 or Prevention of Blindness Committee last year when compared to 2004 (currently a total of 12 out of 19). A similar trend was found when we talk about National Eye Health Plans, where now 7 out of 19 countries have one, compared to only three in 2004.

Much has been gained but there is still a lot of work ahead of us. The priority of the regional office for Latin America is still to help every country in the region establish its

own VISION 2020 Committee by 2007 as the World Health Assembly Resolution of 2003 calls for. However, we believe that this is only part of the task, significant efforts and plenty of advocacy are needed to keep the established committees active. We have to work to strengthen these committees so that the entities that form part of them see its participation as an institutional commitment, ensuring the success of the programme.

The synergies created amongst all these institutions, increased awareness as well as government participation in many of our countries, has resulted in an increase of the cataract surgical rate in a very short time. Take for example Paraguay, where we had an estimated cataract surgical rate of around 600 three years ago and it is estimated to be now over 900. This was the result of a concerted effort by all the institutions that form part of CONAVIP (Paraguayan National VISION 2020 Committee) established in 2002. This success would have been impossible without the Committee, as there were some rivalries between some of these institutions. Now they have a common goal, they share resources and are also working in a refractive error programme for school-aged children in disadvantaged provinces.

Some of our members are also actively participating with IAPB as group C members since last year (Fundacion Vision, Instituto Popular para los Ojos and Fundacion Oftalmologica Hugo D. Nano).

In summary, "Membership and Partnership". Two words that when set in motion, will help us establish the structures and plans to eliminate avoidable blindness by the year 2020 and beyond in Latin America.

## PAAO and Blindness Prevention

*Dr. Enrique Graue Wiechers*

In general, the population of Latin America has been aging; our population is growing less, and living longer. Within the next thirty to fifty years, depending on which country is being discussed, the population of adults over age 65 will have doubled or tripled. Accompanying that fact will come very significant increases in adult diseases of the eye; cataract, diabetic retinopathy, glaucoma and maculopathies will become increasingly common causes of visual impairment.

All existing epidemiologic studies point to cataract as the most significant cause of blindness and low vision in the world. In Latin America, the Barbados Eye Study demonstrated that 30% of cases of blindness were due to cataract, and in spite of its variation across ethnic groups and other demographics, this statistic can be applied to the Americas as a whole.

The Pan-American Association of Ophthalmology has been attempting to come to grips with this problem for many years, and in the last part of the previous century, formed the Prevention of Blindness Committee within the PAAO. This committee worked intensively to create cataract-free zones in parts of Brazil and Peru and has extended that effort to other countries of Latin America.

Subsequent to the launch of VISION 2020, the Pan-American Association of Ophthalmology, as a multinational entity that creates policies affecting eye-health in its member countries, met in Chicago in October 2004 to produce a global declaration which stated:

1. Its conviction of the necessity and benefits to be obtained from the World Health Organization programme

designated as "VISION 2020", which is intended to eliminate the causes of avoidable blindness in the world

2. That it holds that the national committees of the programme for elimination of blindness due to avoidable causes (the "VISION 2020" programme) should be made up of those social organizations involved and representatives chosen by the national ophthalmological societies.
3. That the membership of representative ophthalmologists on the committees should, from time to time, be renewed, and that their terms should be established by each national ophthalmological society.
4. That the efforts made in blindness prevention and cataract surgery campaigns should be directed exclusively toward the marginalized and socio-economically disadvantaged populations in marginalized regions. That the benefits of these activities should exclude any inhabitants who are economically solvent, who have any type of social-safety net that includes medical services, or who have public or private medical insurance.
5. That the policies implemented by the national committees should be in accord with those of the respective national ophthalmological societies, and should work by consensus without harm to the professional interests of ophthalmologists of those countries.
6. That the Pan-American Association of Ophthalmology shall be attentive to and supportive of the development of these campaigns, and use its moral support for their improved development in favor of public eye-health and the professional practice of ophthalmologists.

The Chicago declaration calls on the organized ophthalmology of each one of our member countries to assume, in support of governments, responsibility for solving the health problems that seriously affect sight, and that for that purpose, the signatory countries commit themselves to the formation of national committees to propose optimum strategies, according to the characteristics of each country, to carry out this mission as provided for in the World Health Assembly resolution 56.26, and earlier resolutions WHA25.55, WHA28.54 and WHA51.11 of the Assembly of the World Health Organization.

Despite undertaking this commitment, and in contradiction to it, during the last half of 2005 the practice of sending large numbers of patients to other countries for treatment of their eye-health problems has intensified in some Latin American countries.

For this reason, the Pan-American Association of Ophthalmology declares that it firmly rejects such actions because:

1. They are contrary to the spirit of the VISION 2020 programme and the aforementioned resolutions of the World Health Organization in which it is established that the signatory nations should create national committees made up of representatives of government, non-governmental organizations and the private sector with the aim of proposing strategies in each country for a solution to the avoidable causes of blindness, not only for the year 2020, but as long term policy and for development of appropriate systems of eye-care to the benefit of the nationals of the country with vision problems.
2. The mass transfer of patients to third countries for eye-surgery constitutes only an immediate and transitory solution, unsustainable over the long term. The initial effect of this practice

will be to delay the development of ophthalmology in the participating nations by postponing both a definitive resolution for the vision problems affecting the population and the integration of the national committees developing the blindness-prevention programmes that are referred to by the aforementioned resolutions of the World Health Organization.

3. We are fully convinced that the capabilities of the ophthalmologists of the countries from which patients are being transferred, are equal to those of the ophthalmologists to whom they are being sent for the solution of vision problems.
4. We also, and for the same reasons, reject the admission to

any country of foreign ophthalmologists not duly accredited by the educational and public health authorities of the respective country for the purpose of performing ophthalmic surgery of any type, since that act contravenes the legal and professional practice regulations governing duly accredited ophthalmologists in those countries.

In view of the aforementioned facts, we invite those responsible for the creation and implementation of public health policy in each of the involved countries, to reconsider the implications of any agreements entered into, and to reestablish internal dialogue for the proper direction of each country's blindness prevention

programme. These programmes should include the formation of the national committees to establish short-, medium- and long-range policies directed at the definitive elimination of avoidable blindness proposed by Resolution WHA 56.26, concerning the VISION 2020 Programme, which was approved in the 56th Assembly of the World Health Organization.

The Pan-American Association of Ophthalmology and the ophthalmological associations across the entire American continent therein represented, hereby reiterate their desire to aid those actions directed at the elimination of avoidable blindness through the legally established channels.

### **Created by Those Who Care: The Bet-El-Noor Eye Care Centre**

Created with the encouragement and support of Christoffel Blindenmission, Bensheim, and helped by the Knights of the Holy Sepulcher in Germany, the Bet-El-Noor Eye Care Center in Bethlehem is the first local institution of its kind, in the sense that it provides completely free treatment to all those in the area who need it, and also implements a preventive outreach programme aimed at the early detection and treatment of visual impairment and ocular infections in children three to eighteen years of age.

The Director of the Ophthalmology Department of the University of Saares (Homburg) has also been a major supporter in the development of the eye centre.

After a somewhat erratic beginning (due to the ongoing local conflict) the Centre turned into a success story, primarily because of the motivation of the collaborators, combined with the urgent need for its services among the population living under precarious conditions with a disastrous economy, poor communication facilities and an unemployment rate of more than 50%.

Trained medical teams from the Centre conduct school eye screening programmes in government and private schools and refer those affected to the Outpatient Clinic for treatment. So far close to 45000 school children have been screened. In addition, identified diabetics are screened biannually, at the request of the UNRWA.

Another service, called S.O.S (Save Our Sight) and also completely free, locates, through local charity institutions, all those with little or no income and suffering from eye problems and has them brought to the Centre's Outpatient Clinic for examination and treatment. The centre also provides examination and treatment to all convents and religious institutions of Bethlehem.

The Outpatient Clinic is also open to the general public who pay for services; this permits us to earn some income to cover part of our expenses.

The Centre also trains auxiliary medical staff to prepare them to handle our constantly expanding services. Educating parents, teachers and those taking care of children in awareness of eye problems, care, hygiene, etc. is also an important activity. Our services are carried out in a well-equipped Centre by qualified and experienced staff.

We hope to be able to continue the implementation of our programmes, especially those related to school children, whose academic and professional futures may depend on them.

## La Asociación Panamericana de Oftalmología y el programa para la erradicación de la ceguera previsible para el año 2020.

Enrique Graue Wiechers.

La población Latinoamérica, en lo general, ha venido envejecido, crecemos menos y vivimos más. Dentro de treinta a cincuenta años, de acuerdo al país de que se hable, la población de adultos por arriba de los 65 años se habrá o duplicado o triplicado. Con ello, sucederá un incremento muy importante de padecimientos del adulto: catarata, retinopatía diabética, glaucoma y maculopatía serán causas cada vez más comunes de baja visión.

Todos los estudios epidemiológicos señalan a la catarata como la causa más importante de ceguera o baja visión en el mundo. En Latinoamérica el estudio de Barbados\* demostró que el 30% de los casos de ceguera se debían a la presencia de catarata y aunque, con sus diferencias étnicas y particularidades, esa tasa puede ser aplicada a todo el continente americano.

Desde hace ya muchos años la Asociación Panamericana de Oftalmología ha procurado enfrentar este problema. De hecho, desde el último tercio del siglo XX se instituyó en forma permanente, el Comité de prevención de ceguera. Este comité trabajo en forma intensa con la creación de zonas libres de catarata en regiones de Brasil y Perú, y se extendió a otros países de Latinoamérica.

En años recientes en el seno de la Agencia Internacional Para la Prevención de Ceguera (IAPB) y del International Council Of Ophthalmology surgió el programa de eliminación global de las causas previsibles de ceguera que concluyó con la iniciativa de la Organización Mundial para la Salud con el proyecto llamado 20/20 y que fue firmado por los todos los países que integran esa organización. (Resolución WHA56.26 aprobado en la 56ª Asamblea de la Organización Mundial de la Salud).

En este sentido, la Asociación Panamericana de Oftalmología, en su carácter de gestora de políticas multinacionales que puedan incidir incidan sobre la salud ocular de los habitantes de los países que la integran, se reunió en Octubre del 2004 en la ciudad de Chicago para emitir una declaración global señalando:

1. Su convicción de la necesidad y beneficios del programa denominado 20/20, de la Organización Mundial de la Salud, destinado a eliminar las causas de ceguera previsible en el mundo.
2. Que considera que los comités nacionales del programa de Eliminación de causas previsibles de ceguera (programa 20/20), deben estar constituidos por representantes de organizaciones sociales interesados en el tema y por representantes electos por la sociedad oftalmológica nacional.
3. Que los representantes oftalmólogos en estos comités deben, periódicamente, ser renovados y que esta periodicidad debe establecerla cada sociedad oftalmológica nacional.
4. Que los esfuerzos en prevención de ceguera y en campañas de cirugía de catarata deben estar dirigidos, exclusivamente, a clases desprotegidas, socioeconómicamente débiles y que radiquen en regiones marginadas. Deben de excluirse de los beneficios de estas actividades, a todos aquellos habitantes que, por sus características, sean solventes económicamente, tengan algún tipo de protección social que incluya servicios médicos, cuenten con seguridad social o servicios médicos particulares.
5. Que las políticas que implementen estos comités nacionales deben ser acordes con aquellas de las Sociedades Nacionales Oftalmológicas y funcionar de común acuerdo sin

afectar los intereses profesionales de los oftalmólogos del país.

6. Que la Asociación Panamericana de Oftalmología estará atenta y solidaria con el desarrollo de las campañas y utilizará su fuerza moral para el mejor desarrollo de éstas en interés de la salud pública ocular y del ejercicio profesional de los oftalmólogos.

La declaración de Chicago establece que la Oftalmología organizada en cada una de nuestras naciones asume, solidariamente con el Estado, la responsabilidad de la solución de los problemas oculares que afectan gravemente la visión y, para el efecto, los países firmantes, se comprometieron a integrar comités nacionales a fin de plantear las mejores estrategias, acordes con las características de cada uno de ellos, para llevar a cabo esta misión tal y como se plantea en la resolución WHA56.26 y, las previas, WHA22.29, WHA25.55, WHA28.54 y WHA51.11 de la Asamblea de la Organización Mundial para la Salud.

A pesar de la suscripción de este compromiso y en contraposición a él, en el último semestre del 2005, en algunos países latinoamericanos, se han intensificado acciones consistentes en el envío multitudinario de pacientes a otros países para la solución de sus problemas visuales.

En este sentido, la Asociación Panamericana de Oftalmología manifiesta que rechaza firmemente dichas acciones en virtud de que:

1. Son contrarias al espíritu del Proyecto 20/20 y a las resoluciones de la Organización Mundial para la Salud, citadas anteriormente, en donde se establece que las naciones firmantes deberán constituirse en comités nacionales integrados por el Estado, organizaciones no gubernamentales y el sector privado, a fin de plantear las estrategias nacionales para la solución

Enrique Graue Wiechers  
Presidente de la Asociación  
Panamericana de oftalmología.

- definitiva de las causas previsible de ceguera, no sólo para el año 2020, sino para sostener esta política a largo plazo y desarrollar sistemas de atención oportuna que beneficien a sus compatriotas afectados de la visión.
2. El enviar en forma masiva a otros países pacientes para efectuárseles cirugía ocular, sólo constituye una solución inmediata y transitoria, insostenible a lo largo del tiempo. Su efecto inicial, será el detener el desarrollo oftalmológico de las naciones que en él participen al postergar la resolución definitiva de los problemas visuales que afectan a su población y la integración de los comités nacionales que desarrollen los proyectos de prevención de ceguera a los que hacen alusión las resoluciones citadas de la Organización Mundial de la Salud.
  3. Estamos totalmente convencidos de que la capacidad de los oftalmólogos de los países que actualmente envían pacientes fuera de su país es igual, a aquella de los oftalmólogos receptores para la solución de los problemas que afectan la visión.
  4. Rechazamos, asimismo y por igual motivo, el internamiento, en territorios nacionales, de oftalmólogos extranjeros con el propósito de practicar cirugías oftalmológicas de cualquier naturaleza sin haber sido debidamente acreditados por las autoridades educativas y sanitarias de cada país, pues esta conducta contraviene las disposiciones legales y de ejercicio profesional de los oftalmólogos nacionales debidamente acreditados.

Con fundamento en lo anterior, invitamos a los responsables de la elaboración e implementación de

políticas de salud en los países involucrados, a reconsiderar los alcances que, en su caso, tengan los convenios celebrados y a restablecer los diálogos nacionales para encauzar correctamente los programas nacionales de prevención de ceguera. Estos, deberán concluir con la integración de comités nacionales que establezcan políticas a corto, mediano y largo plazos, encaminadas a la erradicación definitiva de la ceguera previsible que plantea la Resolución WHA56.26 del Programa 20/20 aprobado en la 56ª Asamblea de la Organización Mundial de la Salud.

La Asociación Panamericana de Oftalmología y las sociedades y asociaciones oftalmológicas del todo el continente americano en ella representadas, reiteran su voluntad de colaborar con las acciones encaminadas a erradicar la ceguera previsible a través de los cauces legalmente establecidos.

### Awards and Honours

**Dr Allen Foster** is the 2005 recipient of International Blindness Prevention Award of the Foundation of the American Academy of Ophthalmology. Dr Foster was presented with the award during the opening ceremonies of the 2005 annual meeting of the American Academy of Ophthalmology (AAO).

**Dr Allen Foster** has been appointed as the President of Christoffel Blindenmission (CBM). He took up his position from January 2006. Mr Christian Garms stepped down as CBM's Executive Director and will pursue his international commitments in early 2006.

**Mr Christian Garms** of CBM, in recognition of his extraordinary role in the development of the global initiative VISION 2020: The Right to Sight, was awarded the "Verdienstkreuz der Bundesrepublik Deutschland". This award is comparable to the Order of the British Empire (OBE) in the UK.

**Dr Ahmed Trabelsi**, Co-Chair of IAPB EMR and President of Nadi El-Bassar, was awarded the "Prix du Président de la République pour la solidarité mondiale" au titre de l'année 2005 (Prize of H.E. President of the (Tunisian) Republic for global solidarity), on the occasion of Tunisia celebrating the 57<sup>th</sup> Anniversary of the proclamation of the Universal Declaration of Human Rights, by H.E. President Zine El Abidine Ben Ali. In his special address on the occasion, H.E. President Ben Ali extended his congratulations and expressed his gratitude for Nadi El Bassar's generous efforts in the field of Prevention of Blindness and preservation of sight.

### Obituary

Dr Marilyn Scudder passed away on May 16, 2006. Many may know Dr Marilyn Scudder by reputation if not in person. Marilyn first started work at Mvumi, Tanzania as a young doctor in the early 1970s. She went back to the USA to train in ophthalmology, returning to Tanzania in 1975 to become one of the first eye consultants at KCMC hospital in Moshi. After nearly 20 years at KCMC she moved to Mvumi in 1994 where she continued to provide eye care of the highest quality.

Her work encompassed the very latest in laser eye surgery to basic eye care for poor people living in the central areas of Tanzania. Marilyn regularly undertook eye "safaris", often for a week or more, visiting a variety of Mission hospitals in Central and South Tanzania. Mvumi has also been an important centre for training ophthalmic assistants and eye nurses. Marilyn's energy and dedication have been an inspiration to all around her.

## Linking Clinicians to Communities

Maria Eugenia Nano

The concept of prevention of blindness, closely linked to **community eye health**, has begun to take an important place in the field of ophthalmology in Argentina.

**Community Eye Health** is the meeting point of the ophthalmologist with his/her community, with the work supported and enhanced by ophthalmology societies, other health professionals, governments, Non-Governmental Organizations (NGOs), philanthropic institutions, and the media. Each of these groups is individually committed to achieving a better quality of life in the communities where they work.

Argentina and 15 other countries out of a total of 19 countries in Latin America and the Caribbean (18 Spanish and one Portuguese speaking), represented by their Ministers of Health, have signed the **VISION 2020: The Right to Sight, Global Declaration of Support** in Buenos Aires on July 20, 2001. In addition, the creation of National Prevention of Blindness Committees with active participation of the governments is also an important step toward addressing preventable blindness in Latin America. To that end, the Argentinean Council of Ophthalmology (CAO) is actively working on the establishment of such a committee in Argentina, so as to join the 12 countries in the region that are also working to create and implement their National Eye Health Plans.

One of our major goals is to demonstrate what the Community Eye Health approach can achieve, using the invaluable support the International Agency for the Prevention of Blindness (IAPB) as well as the technical input from WHO/PAHO through the VISION 2020 programme. However, this is not enough; we need to provide all interested parties with the available working tools. A second goal is to obtain a higher profile for the ophthalmologist who has the willingness and commitment to go beyond his/her consulting room, into his/her community, working in collaboration with non-government organizations. A key element in this activity is the sharing of information.

It is now some years since Community Eye Health first became a part of the congresses of ophthalmology, residency training programmes, the media and advertising community and the scientific ophthalmology publications in Argentina. This is why we have finally been able to include community eye health related articles in every issue of the *Medico Oftalmologo* magazine ([www.oftalmologos.org.ar/mo](http://www.oftalmologos.org.ar/mo)), the official publication of the CAO. This has provided a forum through which institutions and people working in different locations of the country may share data and experiences. We have recently observed that ophthalmologists are increasingly becoming involved in community work. The publication of papers on avoidable blindness has opened a debate and to our surprise, received a good response from many ophthalmologists.

It is perhaps not surprising that Argentina organized the first Iberoamerican VISION 2020

Congress, with the participation of more than 250 persons from Latin America of whom around 70% were from Argentina.

The participation in courses and congresses has generated a great deal of interest among young ophthalmologists. They have created a registry of active physicians in this area so as to facilitate their interaction and cooperation, thereby enhancing their activities. This has been part of the Congress of Ophthalmology Residency and Fellowship programmes since last year.

Several international NGOs are also supporting the development of specific programmes in our country, focusing on VISION 2020 priorities. The implementation of ROP pilot projects in the province of San Juan and for cataracts in the provinces of Santa Fe, Chaco, La Rioja, San Juan and Buenos Aires are being developed together with CBM. Successful workshops on Low Vision (LV) have been conducted in collaboration with CBM and the cooperation of ICEVI, OPS and FOAL (ONCE Foundation for Latin America), in an effort to include LV in the curricula of the residency programmes of the country.

However, all that glitters is not gold; there still remains a lot to do. On the one hand, there is a greater commitment from ophthalmologists and thus, from the community to which they belong. Although the Argentinian government has created a space for collaboration in the ROP field, with the participation of paediatricians, ophthalmologists and NGOs, we have not yet succeeded in developing these areas of cooperation in other areas of avoidable blindness.

## Rapid Assessment of Cataract Surgical Services (RACSS) in Latin America

Juan Carlos Silva, Hans Limburg

### The need

For adequate public health planning, it is necessary to identify and define the problem, measure its magnitude and identify the key determinants. The options for intervention should follow the discussion of the key determinants and be consistent with the analysis of the problem. To advocate for eye care it is necessary to ensure that the problem is first perceived as a relevant public health problem and that the arguments make a compelling case that the problem is significant enough to warrant attention.

### The solution

In 2001, the World Health Organization (WHO) published a manual and a software package for the Rapid Assessment of Cataract Surgical Services (RACSS). It uses a cluster sampling methodology to select people of 50 years and older, for eye examinations. Because 80% or more of all blindness occurs in people aged 50+, limiting the survey to this age group keeps the sample size low and the survey procedures manageable. The software package provides modules for data cleaning and automatic data analysis, hence it can be used when epidemiologists or statisticians are not available.

Between 1999 and 2005, several countries in South and Central America requested technical and financial cooperation to conduct RACSS surveys. With the technical support of both authors and financial support from CBM and the Pan American Health Organization (PAHO), Paraguay, Cuba and Venezuela finished national rapid assessments. Urban surveys have been finished in Buenos Aires, Argentina, in Guadalajara, Mexico and in Campinas in Brazil. Rural surveys were developed in Piura and Tumbes districts in Peru and Chimaltenango department in Guatemala.

Countries had various reasons for conducting RACSS. Most were

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looking to develop plans of action or policies for cataract intervention based on community needs, to monitor existing cataract intervention programmes on a regular basis, and to use it for advocacy and resource mobilization.

### Data collection

In each country the sample size was calculated based on the population under examination, the expected prevalence of bilateral cataract blindness, the desired precision, confidence and design effect according to the cluster size. The sample size varied from 2136 in Paraguay to 4806 in Guatemala.

Local survey coordinators selected 3 to 5 survey teams for the fieldwork. Each team consisted of a (resident) ophthalmologist, an ophthalmic assistant / nurse and a general health worker, in association with a local health worker. Field workers were trained in the examination of the eye, how to conduct the survey in the villages and how to complete the survey form. The theoretical training was followed by a practical exercise, often in one of the selected clusters.

The survey equipment is very simple and consists of a simplified vision-testing E card, a tape or rope of 6 metres (20 feet), torch, direct ophthalmoscope, binocular head loupe and occluder with pinhole, besides detailed maps of the selected clusters and survey forms.

The fieldwork sometimes was a big challenge for the survey teams especially in rural and remote areas. After cleaning the data with in-built consistency checks and double data entry, the RACSS program could automatically generate the various results.

### Findings

The prevalence of bilateral blindness with a VA < 20/400 (best corrected) in people aged 50 years and above varied from 1.0% in the urban areas of Argentina to around 3.5% in the rural areas of Guatemala. The prevalence at the national level varied from 2.3 to 3.1%.

The proportion of blindness due to cataract in people aged 50 years and

above varied in a range from 39% in the urban areas of Brazil and Argentina to about 65% in the rural areas of Guatemala. In the national surveys of Paraguay and Venezuela, around 60% of blindness is due to cataract.

The coverage for eyes with visual acuities of less than 20/200 was 83% in a well developed urban area in Brazil and 12% in the rural districts of Peru.

Visual acuity after cataract surgery showed considerable variation: in rural areas up to 31% of eyes operated with IOLs could not see 20/200, against 8% of eyes operated with IOLs in well developed urban areas.

### Lessons

- It is feasible to generate and keep good quality data in the countries,
- Both governments and NGOs can take the responsibility of conducting a survey.
- Results of such surveys are very useful for planning and for advocacy purposes.
- Blindness due to cataract is still a major problem in Latin America, especially in rural and poor communities.
- Inequity in the distribution and coverage of eye care services is the rule in the region.
- Quality of cataract surgery is still an issue to be solved in many countries.
- The emphasis on the clinical aspects of ophthalmology in Latin America is not benefiting all segments of the population.

NB. The RACSS manual and software is out of print, but can be downloaded from the following websites:

[http://www.who.int/ncd/vision2020\\_actionplan/documents/racss/installation\\_racss.htm](http://www.who.int/ncd/vision2020_actionplan/documents/racss/installation_racss.htm)

<http://www.v2020.org/toolkit/contents/racss.htm>

An updated and expanded version of the RACSS package, called Rapid Assessment for Avoidable Blindness (RAAB) will be available for distribution in the first half of 2006.

For the Poor of Peru

Spending time with his dozen grandchildren may now rank among his greatest pleasures, but for Peruvian ophthalmologist Francisco Contreras, nothing quite beats the challenge of making it possible for the most disadvantaged people in his country to receive good quality eye care. With more than 70 percent of Peru's population living in poverty, and around 20 percent in extreme poverty, imbalances in access to health care are inevitable. But, to the young Contreras, they were certainly not acceptable. As a resident in a public hospital in one of Lima's poorest sectors, Contreras decided he wanted to "do something" about it.

A two-year stint at the University of California didn't diminish his resolve, and he returned to Peru in 1966 to take charge of a very small outpatient clinic attached to a large public hospital. "I asked for some young people to share the work," he recalls. "But other than that, there were no real resources." Soon they added a small inpatient wing, with six beds. "Leprosy was a big problem in Peru in those days," says Contreras. "And few

He managed to get support from a Masonic group and the national leprosy society to set up a surgical unit within the eye clinic. This caught the attention of the government, who helped extend the clinic's facilities with an ocular pathology laboratory. The ocular division of the Santo Tosibio de Mogravejo Hospital in Lima then became a World Health Organization collaborating center. "This was the beginning of a series of collaborations," says Contreras. ORBIS International helped fund the expansion of the clinic, and training partnerships were established with Dr Michael Hogan's team in San Francisco. ORBIS also sponsored the first eye bank in the country, attached to Contreras' hospital, around 1982.

Having got one eye facility successfully off the ground, Contreras went on to develop the Hospital San Bartolome, also in downtown Lima, into a modern eye center. Here, the government stepped in fairly early, designating it as a National Eye Hospital, and establishing a full-scale residency programme in ophthalmology. The hospital received considerable support from other Latin American countries as well, as it promised training opportunities in a specialty that until very recently had received little attention. Exchange programmes with Johns Hopkins University in Washington D C and the Walter Reed Hospital were put in place. This hospital too quickly established a reputation, and before long became a WHO collaborating center for blindness prevention.

The challenges, however, were just beginning. It had been nearly two decades since Contreras began the battle against blindness in his region. "I realised that very little was being done in the remote Andean region," he says. In Peru, as in other Latin American countries, "a majority of the population lives in the cities. And though there are enough trained practitioners, their numbers are unequally spread." So he and his team took eye care to the region, initially through camps. "And so

began the work towards the world's first cataract free zone."

These efforts drew Conteras toward conceptualizing and putting into action the plans for the first 'cataract-free zone.' This was supported in the early stages by Helen Keller International, and was carried out, first in the uplands, and then in the Campinas regions. In 1987, Chimbote became the first 'zona libre de cataracta'. Nearly a decade later, in 1999, Contreras was honoured for these efforts by the American Academy of Ophthalmology with their International Prevention of Blindness Award.

Contreras has also been an active advocate of health care reform in the region, in his capacity as regional chair of IAPB and president of the Pan American Association of Ophthalmologists. In Latin America, his work has become an inspirational model for the eye care community. While a Google search might reveal that 'Francisco Contreras' is one of the most common names in the region, with no less than a dozen (at least) distinguished writers, doctors, academics and artists of that name, with ophthalmologists there's no mistaking which Francisco Contreras they're talking about!

Forty years after he began work in the small eye clinic in one of the poorest neighbourhoods of Lima, Contreras still seeks, finds, and meets challenges in eye care. "Cataract remains a big problem, despite all these years of work," he remarks. "We have the human resources, but they are not where the problems are. And optometry is recognized as a profession only in some countries-so we need to build a base of support professionals.

But all that is part of the game, and the years of experience, of seeing the suffering and the poverty, haven't blunted the edge, or diminished the compassion. His face creases into a smile. "I like to help people...you feel in your heart that this is correct, this is the thing to be doing...and that's what keeps me going."



Name  
Dr. Francisco Contreras

Born in  
April 2, 1926, Peru

Current Position  
Professor of Ophthalmology, Cayetano Heredia Peruvian University

- Previously-held positions
- Peruvian National Eye Institute, Founder Director
  - Pan American Association of Ophthalmology, Past President
  - Peruvian Society of Ophthalmology, Past President

ophthalmologists wanted to work with leprosy patients—so they had to go find centres outside Lima." This too, seemed unacceptable to him.

Usha Raman, Ph.D  
Editorial Consultant, IAPB Hyderabad

## Supplying Demand: The VISION 2020 Low Vision Resource Centre

Abi Smith

The VISION 2020 Low Vision Resource Centre (LVRC) was launched in July 2003 for the purpose of centralising the purchase and development of low vision devices and assessment materials at low prices. It aims to speed up the establishment of low vision clinics, improve accessibility of low vision services to visually impaired people and make high quality, low cost equipment and devices available, particularly in countries where low vision services are underdeveloped due to financial constraints.

Housed and managed by the Hong Kong Society for the Blind (HKSB), the project was initially supported by contributions from CBM International, Foundation Dark and Light, HKSB and Sight Savers International, and is monitored by a Board of Governors nominated by the sponsoring organisations with a WHO observer.

After 30 months' service, the LVRC is dispensing low vision devices to sixty-two developing countries in Africa, Asia, Eastern Europe, the Middle East, South America and the

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Pacific. The LVRC now offers 114 different devices and items of equipment, which are listed with specifications and prices in the LVRC page within the HKSB website: <http://www.hksb.org.hk/VH/hksb/lvrc/LVRC%20Front.htm>. Service providers interested in the devices and equipment can make enquires by email, and download the order form.

LVRC's basic quality control method has been one-hundred percent inspection with rectification, for the majority of the low vision devices (LVDs) received from its suppliers. Since the number of nonconforming units for each type of LVD can vary from one batch to the next, each batch is given the same comprehensive attention, with nonconforming items replaced to ensure all items going into the stock are of acceptable quality. Average fail rates for the LVDs received from LVRC suppliers in 2005 vary from less than 1% in hand-held magnifiers, to 12% for illuminated stand magnifiers.

As client numbers and demand continued to increase in 2005, the LVRC employed a Centre Assistant to serve in the centre and support the work of Centre Coordinator

Mr. Joseph Cho, and Assistant Centre Coordinator Miss Kat Lo. To better understand whether the needs and expectations of its clients are being fully met, LVRC will send out questionnaires to her clients and invite them to comment on various aspects of its services, from the ordering process to receipt of goods; quality of the devices to content of the LVRC webpage.

The sales income of LVRC for the period January to December 2005 was US\$278,360.94; more than double that of the previous year, and the number of devices and vision assessment equipment dispensed by LVRC increased from 18,056 in 2004 to 36,083. Of the dispensed equipment, 45% was sent to Asia, 25% to Africa and 20% to Eastern Europe, with the remaining 10% shared between countries in South America, Middle East and the Pacific. Booming sales demonstrate that the centre is both a useful and a sustainable resource, and the income and expenditure statement for January – December 2005 indicates a healthy surplus of US\$44,771, which according to the centre's non-profit ethos, will be reinvested to further improve its service.



## The Millennium Development Goals and VISION 2020\*

Marijs Carrin

One of the key roles of advocacy efforts towards achieving the goals of VISION 2020 is to demonstrate and make use of the connections between these goals and the objectives of other global and national development programmes. This can help achieve synergies between such programmes and VISION 2020, and in the process bring about a convergence of resources, activities and, most importantly, mindsets. The Millennium Development Goals represent the articulation, at a global level, of some of the most crucial facets of human development. Seven out of the eight Millennium Development Goals depend on measures that are linked to the achievement of VISION 2020 objectives.

### GOAL 1: Eradicate extreme poverty and hunger

*Target 1: Halve, between 1990 and 2015, the proportion of people whose income is less than \$1 a day.*

*Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger.*

### The Facts

- Over 161 million people in the world are visually impaired; 37 million are blind and 124 million have low vision. It is predicted that without extra interventions, these numbers will rise to 75 million blind and 200 million visually impaired by the year 2020.
- The largest cause of visual impairment is carried by the least economically developed regions, where more than 90% of the world's visually impaired are living.

- As much as 75% of blindness is avoidable (preventable or curable).
- Many of the causes of avoidable blindness in low-income countries are directly related to poverty, including hunger, malnutrition and limited access to health, education, water and sanitation services.
- Of the 600 million people with disabilities worldwide, 82% live below the poverty line, 20% belong to the 'poorest of the poor' and only 3-4% benefit from development activities.
- Malnutrition affects 852 million people, causing blindness, illness and death.
- Measures to control diseases such as cataract, trachoma and onchocerciasis, as well as conditions such as refractive error and low vision, and childhood blindness, contribute to improvements in economic productivity, economic development, health and health equity.

### VISION 2020

VISION 2020 recognises the poverty trap of people living with visual impairment, their likeliness of being excluded from basic health, education and social services and thereby their exposure to isolation, ill health and economic exclusion.

A successful VISION 2020 initiative would result in 24 million people blind by 2020 instead of the projected increase of 75 million blind. VISION 2020 seeks to ensure the best possible vision for all people, thereby contributing directly to improvements in quality of life and creating more favourable economic, social and health conditions for individuals and the society at large.

VISION 2020's strategic objectives contribute to reducing conditions of marginalisation and poverty as follows:

- Implementation of sustainable and equitable comprehensive eye care services at the district level involving human resources development and infrastructure development.

### GOALS 2 and 3: Achieve universal primary education and Promote gender equality and empower women

*Target 3: Ensure that, by 2020, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.*

*Target 4: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015.*

### The Facts

- It is estimated that around 90% of visually impaired children in developing countries are deprived of schooling. This may be due to various socio-economic and physical barriers such as different kinds of discrimination and lack of access to basic education and health services
- Lack of infrastructure, affordable health care, production of accessible and suitable school materials and qualified teachers prevent visually impaired people from attending school in many low-income countries.
- Blindness among adults in the family results in decreased school attendance and performance; e.g., blind adults in many low-income countries are dependent on school-age children/family members for their guidance.

Marijs Carrin  
Programme Resources Officer,  
VISION 2020: The Right to Sight

\* A longer version of this paper was presented at the meeting of the Board of Trustees of IAPB in Sao Paulo, Brazil, on 17 February 2006. A formal publication is under preparation and will be made available to members as an advocacy tool later this year. Readers are invited to send in their comments and suggestions for this document.

- Severe itching from onchocerciasis reduces school performance.
- Trachoma is 2-4 times more common among women than men and cataract surgery rates are 1.2-1.7 times higher for men than for women - which has a negative impact on families and their children.
- Low vision and functional blindness resulting from lack of early interventions and refractive error reduces school performance.
- Women and girls bear approximately two-thirds of the burden of blindness in the world. Where women and girls already face social, cultural and economic disadvantages based on their gender, this is likely to be accentuated for women and girls with visual impairment, who will be at greater risk of marginalisation, neglect and abuse

#### VISION 2020

- The control of blindness in women and children is a top priority within VISION 2020. Strategies include providing good primary health care and personnel trained in primary health care, and development of models to provide affordable optical correction and low vision aids.
- Public health interventions such as immunisation; maternal and child health care; health education; good nutrition; essential drugs; clean water supplies and good sanitation (through the SAFE strategy), control of endemic diseases; and treatment of common conditions, strive to increase the number of boys and girls in school, free from hunger and blindness
- The provision of prevention and treatment services for eye conditions reduces the

hardship for families - in particular those with school-age children.

- VISION 2020 programmes contribute directly to reducing the burden of Trachoma and Onchocerciasis.
- Strategies already being implemented by VISION 2020 partners include vision screening in schools in India, screening for ROP in Latin America and India, and training in paediatric eye care in India.

#### GOAL 4: Reduce child mortality

*Target 5: Reduce, by two-thirds, between 1990 and 2015, the under-five mortality rate.*

#### The Facts

- Many of the conditions associated with childhood blindness are also causes of child mortality (e.g. premature birth, measles, congenital rubella syndrome, vitamin A deficiency, and meningitis). Additionally, conditions of poverty and marginalisation place children with visual impairment at greater risk of contracting secondary illnesses. Very poor children are four times as likely to be blind as those born into high-income countries.
- Approximately 40% of the causes of childhood blindness are preventable and treatable.
- Around 500 000 children become blind each year, mostly in developing countries. This equates roughly to one child becoming blind each minute.
- Up to 60% of children in developing countries are likely to die within one year of becoming blind.

#### VISION 2020

- VISION 2020 contributes to lowering the risk of child mortality through interventions to control childhood blindness and promotion of primary health care. This involves a

range of public health interventions such as maternal and child health care, community health care, education, tertiary and child care, as outlined under GOAL 2.

- Through its trachoma control interventions and the adoption of the SAFE strategy, VISION 2020 gives mothers the necessary training and education about hygiene & sanitation and nutrition; this contributes to improvements in their own health as well as that of their children.

#### GOAL 6: Combat HIV/AIDS, malaria and other diseases

*Target 7: Have halted by 2015 and begun to reverse the spread of HIV/AIDS.*

*Target 8: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases.*

#### The Facts

- People living with a disability are equally -or more- likely to be exposed to risk factors that lead to HIV/AIDS, malaria, and related illnesses due to marginalisation in society, discrimination, illiteracy and poverty, thereby increasing the risk to contract communicable and non-communicable diseases.
- 90% of care for people living with HIV/AIDS happens at home. Usually, women—daughters, mothers, wives and especially grandmothers—provide most of this care. The 8 million children that are orphaned by AIDS in Sub-Saharan Africa are being cared for by older relatives.
- One of the impacts on eye care of the HIV/AIDS epidemic is the fact that eye care workers themselves are succumbing to it. Many large eye clinics or hospitals have lost clinical officers, nurses or doctors to AIDS. Given the shortage of trained personnel, a single death

can have a major impact on a programme.

- Other major diseases such as Trachoma and Onchocerciasis affect at least 84 million and 18 million people worldwide respectively. Trachoma and Onchocerciasis are endemic in rural and impoverished urban areas of low-income countries and have the ability to impair education and worker productivity.

#### VISION 2020

- Grandparents play an increasingly crucial role in caring for people living with HIV/AIDS and AIDS orphans; the treatment of age-related cataract and other age related eye diseases, will contribute to increasing the productive life span of older people.
- VISION 2020 partners are working to bridge the gap in human resources for eye care by implementing training for ophthalmologists, ophthalmic assistants, primary health care workers and other eye care professionals.
- VISION 2020 programmes contribute directly to the reduction in the burden of Trachoma and Onchocerciasis through cost-effective control interventions.

#### GOAL 7: Ensure environmental sustainability

*Target 10: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation.*

#### The Facts

- Environmental degradation is responsible for approximately 25% of all preventable illnesses in the world.
- Environmental unsustainability is closely linked to ill health. For instance, deforestation can leave areas more prone to flooding and land slides, increasing the occurrence of water-borne diseases which can cause diarrhoea, which in turn may cause diseases such as Vitamin

A deficiency and childhood blindness.

- Research in Sub Saharan Africa has found that people with disability tend to have a lower standard of housing conditions and less access to clean water, thus impacting household health.

#### VISION 2020

Trachoma, strongly related to poverty and the main cause of preventable blindness, affects approximately 4 million people worldwide, who are among the poorest of the poor. Facilitating access to clean water and sanitation is an essential component in trachoma control initiatives implemented by VISION 2020 partners.

#### GOAL 8: Develop a global partnership for development

*Target 16: In cooperation with developing countries, develop and implement strategies for decent and productive work for youth*

#### VISION 2020

VISION 2020 promotes human resource development to train and motivate eye care teams to deliver comprehensive eye care the primary and secondary levels of service delivery.

*Target 17: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries*

#### VISION 2020

VISION 2020 programmes ensure the availability of essential drugs for blindness prevention through its international, national and regional partnerships for the control of Onchocerciasis, Trachoma and Childhood blindness:

- **Onchocerciasis:** APOC and OEPA involve national governments, and affected communities of 25 participating countries, international and local

Nongovernmental Development Organisations, and Merck & Co Pharmaceuticals -committed to donating Mectizan (Ivermectin) - for as long as needed, wherever needed - to help eliminate onchocerciasis as a major public health problem.

- **Trachoma:** The Global Elimination of Trachoma (GET 2020) initiative is a collaboration of national governments, nongovernmental development organisations, academic institutions, and Pfizer International - the pharmaceutical company that owns the patent of azithromycin, a long-acting antibiotic which may be used to fight trachoma.
- **Childhood blindness:** Immunisation against measles, a cause of childhood blindness, is an essential component of a typical childhood blindness prevention programme promoted by VISION2020.

*Targets 12-15, 18: Actions countries must take at regional, national and international level in support of MDGs 1-7.*

#### VISION 2020

VISION 2020's strength lies in partnership at all levels:

- At international level, VISION 2020 is a collaboration between IAPB representing over 60 international and national organisations involved in blindness prevention work and the WHO, acting on behalf of its 192 Member States.
- At the national, regional and community levels, VISION 2020 fosters a strong partnership among the Ministry of Health, international/national organisations, professional organisations, and civil society groups - brought together in a national prevention of blindness and/or VISION 2020 committee - aiming to facilitate the implementation of effective and efficient eye-care services in all districts.

## International News

**March 2006**

The final report on World Sight Day 2005 was published to the VISION 2020 website in January this year, and can be downloaded from [http://www.v2020.org/world\\_sight\\_day/index.asp](http://www.v2020.org/world_sight_day/index.asp). Updates from those organisations which could not meet the January deadline will continue to be added to the web pages dedicated to each region, which are accessible from the same page.

Meanwhile, plans are under way for World Sight Day 2006 (WSD06) in line with the theme of Low Vision and Refractive Error. The World Blind Union in particular has been active in pursuit of the theme, and WBU representatives will receive training this month on linking with Regional and National offices and committees to maximise the impact of WSD06 events worldwide.

A series of short videos is being developed to promote VISION 2020 and World Sight Day through regional TV broadcasters, and new posters and literature for WSD06 are also on their way. International PR efforts will aggressively target professional eye health and public health publications, as well as mainstream international media, with the aim of raising awareness of the importance of integrated eye care for public health systems.

The global website is currently being redeveloped, with its new incarnation due for launch in April. The new site is designed for maximum accessibility, and will have a new emphasis on the identities and activities of VISION 2020 members and supporters. The site will continue to be a resource to members, with links to essential tools and information, but will leverage its excellent search engine ranking and profile by communicating more effectively with the general public, driving traffic towards member organisations.

New VISION 2020 Resource Mobilisation Officer, Marijs Carrin continues to develop the VISION 2020 'case for support', demonstrating the link between blindness and poverty, with particular emphasis on the United Nations' Millennium Goals (MDGs), and thus the social and economic impact of the successful implementation of VISION 2020. The MDGs derive from the United Nations Millennium Declaration 2000. They call on member states to work together to eliminate extreme poverty and hunger, to improve health, and to promote human development and sustainable economic progress in the world's poorest nations. When approved, the case for support document will become an invaluable PR and Advocacy tool, targeting donors, governments, institutions and professionals, as well as interested members of the public.

This document will be the second new piece of VISION 2020 literature to be published this year, following the creation of the new VISION 2020 leaflet, printed in English just in time for distribution at the IAPB Board of Trustees meeting in February. The leaflet gives a brief exposition of the aims, objectives, structure and background of the VISION 2020 initiative, and is a useful update on the old Introduction to VISION 2020 leaflet. The leaflet will be translated and distributed to members and Regional offices in time for World Sight Day, but can be requested in the meantime from IAPB Central Office in Hyderabad, or from the Registered Office in London. As always, we welcome ideas and suggestions for awareness building activities from members. Please write to Abi Smith, at the London office (email: [communications@v2020.org](mailto:communications@v2020.org))

### WHO/EMRO support for VISION 2020 activities

In order to enhance the implementation of prevention of blindness activities under the Global Initiative of VISION 2020 and strengthen the capacity of Member States to eliminate avoidable blindness and visual impairment, the WHO Regional Office works closely with Ministries of Health, IAPB/EMR, local and regional NGOs, the Arab League and WHO collaborating centers. In fact, the WHO/EMRO has provided over two million dollars in support to Member States under the prevention of blindness programme during the biennium 2004 – 2005 from regular and extra budgetary resources. Special attention was given to the priority countries (Afghanistan, Djibouti, Iraq, Pakistan, Palestine, Somalia, Sudan and Yemen).

Due to the strong advocacy of the Regional Director and His Royal Highness, Chairman of IAPB/EMR, blindness has been identified as a regional health priority by the 52<sup>nd</sup> session of the Regional Committee and the 117<sup>th</sup> session of the Executive Board, which endorsed a similar resolution requesting Member States to provide necessary support. In order to address the issue of prevention of blindness under the global initiative of VISION 2020 all EM Member States signed the declaration of support along with WHO and IAPB. A National Committee has been formed in eighteen countries and ten countries have drafted the national plan. The WHO Regional Office has conducted various other programmes towards human resource development, childhood blindness, expansion of partnerships among others, in almost all the EMR countries.

For a complete report, please write to [emr@emr-iapb.org](mailto:emr@emr-iapb.org) or [agency@lvpei.org](mailto:agency@lvpei.org)



## Become a Part of IAPB

Dear Colleagues,

IAPB is in the midst of a membership drive. VISION 2020 is quickly gathering momentum and around the globe countries are developing and implementing blindness prevention programmes. We have barely 15 years to meet our goal of controlling avoidable blindness across the world. To achieve our goals we must all work together. There is no better way of fostering cooperation than becoming a member of IAPB.

In the past two years, IAPB has raised significant funding from several sources who are excited about contributing to a truly global effort. None of this would have happened if a number of NGOs did not make a commitment in the early days of VISION 2020. Their efforts are starting to pay off and now we can do even better with more members.

Currently, 65 organizations hold membership in IAPB. We want and need to have many more organisations taking part. The governance of IAPB has been streamlined and made more responsive. We have also simplified the membership categories as is summarised below.

Level	Benefits	Cost
A	Recognition Use of Logo Election of 4 members to Board of Trustees (BOT)	\$35000 per year
B	Recognition Use of logo Election of 1 member to BOT	\$10000 per year
C	Recognition Attendance at annual meeting of Council of Members	\$1000 per year

Our partner in VISION 2020 is the World Health Organization and its Programme for Blindness Prevention. This partnership has been a strong one, enhancing the VISION 2020 agenda. As we progress we look forward to a continuing and enhanced relationship with WHO. Membership in IAPB further strengthens this partnership. The more diverse and broad based we become, the more IAPB will bring to this relationship.

Contributions to IAPB allow us to maintain the integrity of IAPB and its secretariat. Every effort is being made to get the most for our money. However, for any organization to be successful, it must have adequate funding. If VISION 2020 is to achieve its goals, then we all need to pitch in. Now is the time for all groups who are committed to blindness prevention to join IAPB. In particular, those organizations who are just getting involved in eye work will benefit greatly from meeting with established groups in the field. Please contact me directly or through the IAPB office if you are interested in becoming a member, or if you would like more information. I hope to hear from you soon.

*Louis Pizzarello*, MD, MPH  
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