

The purpose of IAPB Briefing Papers is to inform IAPB members and others about important and emergent issues affecting VISION 2020: The Right to Sight.





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Key Message:

"Poor eye health in children is detrimental to all aspects of their development and education and the development of society. However, there are simple solutions for the commonest eye and visual problems. School health Programmes are already playing a key role in improving the eye health and vision of children and their families but more can be done to make the activities more comprehensive".

Background

The impact of eye conditions and visual loss in children:

School Health, including eye and visual health, is inextricably linked to educational achievement, quality of life, social interactions and economic productivity. Educating children in health, in the school setting is as fundamental as acquiring and building knowledge, and is critical to their ability to learn and therefore fully benefit from education. Health education allows them to acquire the knowledge, attitudes and practices necessary for a healthy life. An effective school health programme can be one of the most cost effective investments a nation can make.

Magnitude and Major Causes of Poor Eye Health in Children

Children in all regions of the world are affected by a range of eye diseases and conditions, some of which lead to permanent visual impairment in childhood, or later in life. Many of these conditions are preventable or treatable. In the poorest Communities in the world, up to 50% of children aged 0-10 years have active Trachoma, caused by Chlamydia infection. Untreated this can lead to corneal scarring and blindness in adult life, particularly among women. In countries with under 5 mortality rates above 50/1,000 live births, Vitamin A deficiency is a public health problem, leading to increased mortality as well as corneal blindness; in the poorest countries of Africa and Asia, immunization coverage is not high enough to prevent epidemics of measles and Measles-related corneal ulceration. Cataract also affects children in all regions, and early detection and surgical management by paediatric teams leads to improved visual functioning even if surgery is performed too late to give good visual acuity. Refractive Errors occur in children in all regions of the world, but the pattern of prevalence and the type of Refractive Error vary. Allergies, red sticky eyes and injuries are other eye problems that will be frequently seen amongst children. Interventions are available for most of the causes of childhood blindness outlined above. Much can be done in schools, which can also impact on preschool age children, the family and community.

Integration of Eye Health into School health

Eye health needs in children				What can be done in schools		
	0-5 yrs	6-10 yrs	11-15 ys	Curriculum	Within primary schools	Within secondary schools
Allergies; red eye etc	++	++	++	Causes, treatment and what not to do	Hand and face washing	Hand and face washing
Injuries	-	++	++	Prevention and treatment	Safe environment	Safe environment
Refractive error	-	+	++	Symptoms; benefits of spectacle wearing	Vision testing and referral of children with reading difficulties.	Vision testing by teachers with mechanisms to provide spectacles
Trachoma (rural areas)	A	++	-	Prevention and treatment	Water supply and sanitation; face washing; leaky tin	
Vitamin A deficiency (rural areas)	++++	+	-	Prevention and treatment	Nutrition; home gardening; hand washing and sanitation; deworming	



Children with disability

Visually disabled children should be integrated into main stream education but will need to engage special education services. Schools should counsel children on how to help and interact with other children and adults who are irreversibly low vision or blind

Conclusions

It is imperative to pay the greatest attention to those most in need, burdened by eye diseases and receiving inadequate services. The preferred approach for the delivery of a school health programme is an alignment between education and health systems, so that services are available and accessible to all children. Where these services are in place, they respond to current and anticipated health conditions, social and economic circumstances and needs of the children through appropriately managed public and private actions and investments for improving school health.



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