



IAPB 9th General Assembly

Eye Health: Everyone's Business

Programme



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Exhibition Times

Monday 17th	Wednesday 19th
09:00 - 17:00	09:00 - 17:00
Tuesday 18th	Thursday 20th
09:00 - 17:00	9:00 - 14:00

Global Sponsors and Supporters



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Regional Sponsors and Supporters



Cover image: national bird of India

Welcome

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I am delighted to welcome you to the 9th General Assembly (9GA) of the International Agency for the Prevention of Blindness (IAPB). The assembly offers us a fantastic opportunity to learn from each other, to plan for the future and to set priorities towards the elimination of avoidable blindness.

Prof Hugh Taylor and the programme committee have put together an outstanding programme that covers every topic of interest for our delegates, and Prof Brien Holden and the organising committee have worked tirelessly to put 9GA together in Hyderabad. I am sure you will join me in thanking them for all the wonderful arrangements. Special thanks to Dr Gullapalli N Rao and the L V Prasad Eye Institute for hosting the assembly; their time and energy have been instrumental in ensuring 9GA's success.



The theme for this 9th General Assembly is “Eye Health: Everyone’s Business”. A lot has been achieved since VISION 2020’s launch and blindness prevention, slowly but resolutely, is finding its place in the wider development agenda. However, the issues we face are complex and crop up in a variety of socio-economic contexts. The challenges we tackle require ingenuity and a multidisciplinary approach. Our success depends on governments, development agencies, professional groups, non-governmental organisations (NGOs) and the private sector working together towards the common goals of VISION 2020. Nobody should go blind whose blindness could be avoided, and blindness prevention should be an integrated part of health care services in all countries. These are ambitious goals – tackling and overcoming these challenges is everyone’s business.

Christian G Garms

President and Chairman of the Board, IAPB

It is a great pleasure to welcome you to the 9th General Assembly of the IAPB. I know the organising committee has gone to great lengths to make sure that 9GA will run smoothly, and that you will be exceedingly well looked after and have a memorable time.

The programme committee has also worked hard to develop the scientific programme for this key assembly. We have tried to make sure that we cover all the important areas involved in the prevention of blindness and achieving our goal of the Right to Sight for All. We have outstanding speakers with expertise that range from development issues, social equity and justice to service provision, research and practical clinical care. Together they build on and broaden our assembly's theme, "Eye Health: Everyone's Business." We hope you will find the mixture of symposia, courses, free papers and posters interesting and engaging and the content informative and challenging.

To put together a complex programme like this has taken the voluntary contribution and inspiration of many people and I would like to thank all the members of the programme committee. I also want to thank all those who have agreed to chair a symposium or convene a course for their selfless commitment. Their dedication will make sure that 9GA is an outstanding success. A task such as this cannot be completed without the generous and spirited commitment of many people and it has been my pleasure to help in a small way to guide the development of the programme.

Hugh R Taylor

Vice President, IAPB and Chair, 9GA Programme Committee



When “VISION 2020: The Right to Sight” was launched, the world was confronting the worrying prospect of an ever-escalating burden of blindness. It is to World Health Organization (WHO) and IAPB’s credit that this well-defined initiative was conceived; recent figures suggest a success story in the offing. One other major contributing factor, however, was India’s success in tackling cataract, the leading cause of avoidable blindness, in an effective manner.

India was the first country to launch its National Programme for Control of Blindness in the mid-1970s. This combined with strong governmental commitment; a spirit of volunteerism among eye care professionals; outstanding models of social entrepreneurship; world-class training programmes; indigenous production of equipment and consumables; a lively culture of research; and generous philanthropy from individuals and corporations. This vibrant milieu makes us optimistic of India becoming a leading example of progress by 2020.



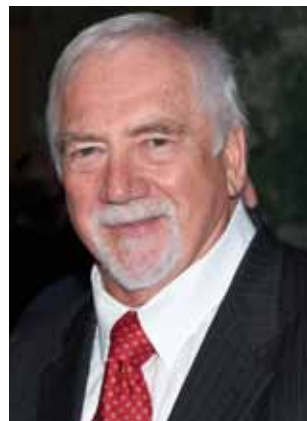
With such history, the choice of India as venue for the 9th General Assembly is only appropriate. Hyderabad is a spectacular blend of the old and the very new. It too has a rich history in blindness prevention and eye care with exciting, cutting-edge work happening here now. Be it care for complex eye problems or eye care training and education, Hyderabad attracts a global clientele. Andhra Pradesh was the first state in the world to launch a state-level VISION 2020 programme. With many interesting and successful models for high-quality, comprehensive care to all people, we have much to offer. On behalf of all our friends in India, I extend a very warm welcome to you.

Gullapalli N Rao

Chairman, L V Prasad Eye Institute

I was most honoured to be asked by Christian Garms to be Chair of the organising committee. I knew my job would be a simple one as the Chair of the local organising committee, Dr Santosh Honavar, is one of the best in the world at bringing such meetings together.

In these somewhat troubled times, there were however special needs for this meeting including being as proactive as possible at ensuring that every delegate from every country had the maximum opportunity to attend 9GA. The organising committee has done all it can to ensure that the process of obtaining Visas was as clear and as unobstructed as possible. Secondly, in a vast country such as India, with its special needs and with the emergence of uncorrected refractive error as a major issue in vision impairment, it was especially important that the theme “Eye Health: Everyone’s Business” reached everybody. This assembly will see a significant participation from optometry and those in the front-line of delivering eye care services in hospital, community and vision centres. On every front the local organising committee and the host institution have pulled out all the stops and over 1500 people are expected to attend.



Congratulations to the whole organising team and I hope you all have a good meeting.

Brien Holden

Chair, 9GA Organising Committee





The International Agency for the Prevention of Blindness (IAPB) represents close to 120 member organisations, including virtually every major international eye health NGO, as well as the global apex bodies for both optometry and ophthalmology, disabled persons' organisations, academic institutions and concerned corporations.

IAPB members are working together to eliminate avoidable blindness and vision impairment worldwide. IAPB was established on 1 January 1975 as a coordinating, umbrella organisation to lead international efforts in blindness prevention activities. The first major achievement of IAPB was to promote the establishment of a WHO Programme for Prevention of Blindness, with which it has remained strongly linked, and which is now embodied in the global initiative VISION 2020: The Right to Sight. VISION 2020 aims to eliminate the main causes of avoidable blindness and to prevent the projected doubling of avoidable vision impairment between 1990 and 2020.



L V Prasad Eye Institute (LVPEI) is a comprehensive eye health facility with its main campus located in Hyderabad, India. A World Health Organization Collaborating Centre for Prevention of Blindness, the institute offers comprehensive patient care, sight enhancement and rehabilitation services, and high-impact rural eye health programmes. It also pursues cutting edge research and offers training in human resources for all levels of ophthalmic personnel.

In its Silver Jubilee year, the growing LVPEI network now includes a Centre of Excellence in Hyderabad, 3 tertiary centres in Bhubaneswar, Visakhapatnam and Vijayawada, 10 secondary and 89 primary care centres that cover remote rural areas in the state of Andhra Pradesh, India, as well as several City Centres. The institute's innovative and comprehensive approach to community eye health, the LVPEI Eye Health Pyramid, has been adopted as a model by the government of India and by other developing countries.



vision for everyone... everywhere

Brien Holden Vision Institute is one of the largest and most successful non-profit social enterprises in the history of eye care. By applying commercial strategies to vision research and product development the Institute has generated income for research and public health programs that provide quality eye care solutions and sustainable services for the most disadvantaged people in our world.

The concern for the devastating shortfall in eye care education in developing communities, especially for correction of refractive error, became action in 1998 for those at the Institute. The lack of training institutes and educational opportunities was creating a human resource gap and a critical eye care shortage for hundreds of millions of people in need of services. The concern and willingness to address the issue gave rise to the International Centre for Eyecare Education (ICEE).

Almost 15 years later, and acknowledging that 640 million people are still without access to permanent eye care, concern has galvanised into action again. To advance the process of addressing the challenge, both ICEE and Brien Holden Vision Institute will more closely align, share one common purpose and one name.

Together, we believe if we harness our efforts and broaden our scope we can achieve much more.

Together, we aim to drive, innovate, educate, collaborate, advocate and negotiate what is needed so that hundreds of millions, even billions, of people worldwide can enjoy the right to sight. Whether it's research to develop the technology to slow the progress of myopia, investment in new systems for diagnosis of disease, delivery of sustainable access to services or provision of eye care education in the most marginalised and remote communities in the world, the Institute will focus on the quality of vision people experience and equity in eye care access worldwide.

We believe in vision for everyone...everywhere.

Share the vision

brienholdenvision.org



BrienHoldenVisionInstitute

Education Research Technology Public Health

Brien Holden Vision Institute Foundation, Australian Business Number 86 081 872 586



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for as long
as it is needed”*



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G M

In 1987, Merck committed to donate Mectizan for the control of river blindness in Africa, Latin America, and Yemen to all who need it for as long as necessary. 25 years later, the Mectizan Donation Program has approved more than 1 billion treatments. Thanks to the donation and the work of our partners, blindness caused by onchocerciasis is becoming an affliction of the past and countries are shifting from the goal of controlling the disease to its elimination.



IAPB would like to thank the following companies and organisations for their support of 9GA:

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At each quadrennial general assembly, IAPB traditionally confers awards for exceptional or significant service to prevention of blindness globally and regionally.

The IAPB Awards recognise the outstanding contribution of individuals (and organisations in the case of the Global Partnership Award) towards eliminating avoidable blindness and visual impairment. These are now widely recognised as the industry's acknowledgement of excellence and achievement in eye care.

The following awards will be presented by IAPB at the 9th General Assembly.

Global Awards



Lifetime Achievement Award

Mr Christian G Garms, Germany

President and Chairman of the Board, IAPB

In recognition of his extraordinary leadership spanning 20 years; first as a convenor of the 5th General Assembly in Berlin; a board member as the representative of CBM; founding chairman of the Task Force for Prevention of Blindness; and finally during his tenure as IAPB President for the last four years; and of his pivotal role in the creation of "VISION 2020: The Right to Sight" initiative and collaboration with the World Health Organization.



Global Achievement Award

Dr Gullapalli N Rao, India

Distinguished Chair of Eye Health, L V Prasad Eye Institute

In recognition of his contribution to developing an outstanding model for provision of eye health from the community to the tertiary level, including postgraduate training and research of international calibre; his role in securing significant budget for eye care in India and in enabling support to prevention of blindness by the Indian government at the international level; and his ongoing leadership in global and national advocacy for eye care development.



Global Partnership Award

Merck & Co. Inc., USA

In recognition of its generosity and commitment to improving global health and increasing access to medicines through its donation of Mectizan and support for programme implementation for the elimination of onchocerciasis as a public health problem in Africa and Latin America.

Regional Awards

Africa

Dr Maria Hagan, Ghana
West Africa Co-Chair, IAPB

Dr Makwanga Mankiew Emile, DRC
Director, National Programme for the Prevention of Blindness

Eastern Mediterranean

Dr Rubina Gillani, Pakistan
Country Manager, The Fred Hollows Foundation

Dr Jaouad Hammou, Morocco
National Coordinator for Prevention of Blindness, Ministry of Health

Europe

Dr Ivo Kocur, Czech Republic
Prevention of Blindness and Deafness, Team Leader, WHO

Dr Timothy J ffytche, United Kingdom
Ophthalmologist

Latin America

Dr Francisco Martinez Castro, Mexico
President, Diabetic Retinopathy Technical Subcommittee, IAPB Latin America

Dr Juan Carlos Silva, Colombia
Regional Advisor Prevention of Blindness, PAHO

North America

Mr John M. Barrows, USA
Vice President for Programs and Director for Sustainability Initiatives, International Eye Foundation

Dr Eugene Helveston, USA
Global Director, ORBIS Cyber-Sight

South East Asia

Dr Khalequzzaman, Bangladesh
Honorary General Secretary, Bangladesh National Society for the Blind

Dr Ravilla Duraisami Ravindran, India
Chairman, Aravind Eye Care System and South East Asia Co-Chair, IAPB

Western Pacific

Ms Sheona McGraw, Canada
Former Regional Programmes Manager, IAPB Western Pacific

Prof Leshan Tan, China
China Coordinator, IAPB

Together with our partners,
we build an inclusive society



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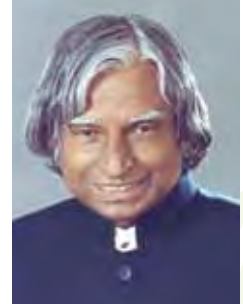
CBM, 9GA Global sponsor
www.cbm.org

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together we can do more

Opening Ceremony: Dr A P J Abdul Kalam

Former President of India

Dr A P J Abdul Kalam is an Indian scientist and administrator who served as the 11th President of India in 2002-2007. During his term as President, he was affectionately known as the People's President. He has received honorary doctorates from 40 universities and several prestigious awards, including the Bharat Ratna, India's highest civilian honour, for his immense contribution to scientific research.



Sir John Wilson Lecture: Prof Srinath Reddy

President, Public Health Foundation of India

Prof K Srinath Reddy, as president of the Public Health Foundation of India, is playing a major role in strengthening training, research and policy development in the area of public health in India.

Prof Reddy is a global leader in preventive cardiology who has worked to promote cardiovascular health, tobacco control, chronic disease prevention and healthy living across the lifespan.



Alan Johns Lecture: Prof Serge Resnikoff

*Senior Consultant, International Health & Development,
DMI Associates*

Prof Serge Resnikoff, MD, PhD, specialises in economic development and institutional capacity-building for better governance in his work for DMI Associates. Prof Resnikoff was previously head of Chronic Diseases Prevention and Management group for WHO in 2004-2008 and director of WHO's Prevention of Blindness and Deafness Programme in 1999-2004. He headed ophthalmology departments in Djibouti and Chad, and was director of the African Institute of Tropical Ophthalmology in Mali in 1989-1995.



Mectizan Donation Program (MDP) 25th year Anniversary Lecture: Dr Tony Ukety

NGDO Coordination Group, Mectizan Donation Program

Dr Tony Ukety, MD, MPH, has a masters degree in public health from the Johns Hopkins School of Public Health and has been a successful clinical ophthalmologist in the Democratic Republic of Congo (DRC) for over 16 years. From 2003, Dr Ukety moved on to work with the NGDO Coordination Group for Onchocerciasis Control within the Prevention of Blindness and Deafness Unit at WHO in Geneva, Switzerland.



The Eye Health Heroes Programme is a communication initiative of the IAPB aiming to recognise exemplary stories of eye care field workers and frontline staff.

Their remarkable stories will help us provide the human narrative behind our goal of eliminating avoidable blindness and visual impairment. IAPB is proud to celebrate our Eye Health Heroes.

Dr Albrecht Hennig, Nepal

Ophthalmologist, Sagarmatha Choudhary Eye Hospital (SCEH)

Nominating Organisation: CBM

Immediate Past President, Volunteer Optometric Services to Humanity (VOSH)

Nominating Organisation:
Optometry Giving Sight

Dr Alemayehu Sisay, Ethiopia

Southern Regions of Ethiopia Programme Manager and Ophthalmologist, ORBIS

Nominating Organisation: ORBIS

Dr Hillary Rono, Kenya

North Rift Region of Kenya Ophthalmologist and Eye Surgeon, Sightsavers

Nominating Organisation: Sightsavers

Mr Baha'a Eldin Kamal Sabry, Egypt

Director of Programs and Sustainability at the Al Noor Magrabi Foundation

Nominating Organisation:
The International Eye Foundation (IEF)

Aravind Instruments Maintenance Department Team, India

Nominating Organisation:
Aravind Eye Care System (AECS)

Dr Biu Sikivou, Fiji

Pacific Eye Institute Associate Director and Lead Ophthalmologist Diabetes Eye Programme

Nominating Organisation:
The Fred Hollows Foundation NZ

Mr Jared Enock Anekeyah, Kenya

Hydrologist, Water Resources Management Authority

Nominating Organisation:
Operation Eyesight Universal (OEU)

Dr Bon Sool Koo, South Korea

Ophthalmologist and Founder of the Korean Foundation for the Prevention of Blindness (KFPB)

Nominating Organisation:
The Korean Foundation for the Prevention of Blindness (KFPB)

Dr Jawwad Ahmad, Pakistan

Coordinator, Prevention of Blindness Programme, Aid to Leprosy Patients (ALP)

Nominating Organisation: Light for the World

Dr John Szetu, Pacific Islands

Director of the Pacific Eye Institute and Regional Medical Advisor for The Fred Hollows Foundation New Zealand

Nominating Organisation:
IAPB Western Pacific

Dr Greg Pearl, Central and South America

Dr Mariano Yee Melgar, Guatemala

Founder and President of the Board of Directors, VISUALIZA

Nominating Organisation: Seva Foundation

Ms Michele de Vaal, Ethiopia

Ethiopia Programme Director, Vision Aid Overseas (VAO)

Nominating Organisation:
Vision Aid Overseas (VAO)

Dr Naomi Nsubuga, Uganda

East Africa Sub-Regional Manager, Brien Holden Vision Institute

Nominating Organisation: Brien Holden Vision Institute

Dr Qing Lu, China

Management Director, He Eye Care Systems

Nominating Organisation:
He Eye Care Systems

Dr Rubina Gillani, Pakistan

Pakistan Country Manager, The Fred Hollows Foundation

Nominating Organisation:
The Fred Hollows Foundation

Dr Shiva Prasad Sahoo, India

Founder, Director and Ophthalmologist of Trilochan Netralaya

Nominating Organisation: Right to Sight

Mr V Rajashekar, India

Assistant Director and Head of the Village Vision Complex, L V Prasad Eye Institute

Nominating Organisation:
L V Prasad Eye Institute



For more information on the heroes and their stories go to
www.9ga.iapb.org/eye-health-heroes

The following IAPB meetings will take place prior, during and after the
9th General Assembly

Date	Time	Meeting	Room
14 September, Friday	13:30 - 17:30	IAPB Executive Committee	Hall H
15 September, Saturday	09:00 - 10:30	IAPB Audit Committee	Hall H
15 September, Saturday	11:00 - 12:30	IAPB Executive Committee	Hall H
15 September, Saturday	14:00 - 17:00	IAPB Advocacy Committee	Hall H
16 September, Sunday	09:00 - 12:30	IAPB Board of Trustees	Hall G
16 September, Sunday	14:00 - 17:30	IAPB Council of Members	Hall A and B
17 September, Monday	07:30 - 09:00	IAPB Human Resources Committee	Hall G
18 September, Tuesday	07:30 - 09:00	IAPB Research Work Group	Hall G
19 September, Wednesday	07:30 - 09:00	IAPB Primary Eye Care Work Group	Hall G
20 September, Thursday	15:30 - 17:00	IAPB Board of Trustees	Hall G

For more information please write to Alessandro Di Capua:
adicapua@iapb.org

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TIME	MONDAY 17th SEPTEMBER		TUESDAY 18th SEPTEMBER	
07:30 - 09:00	Breakfast Seminars	Halls A - F	Breakfast Seminars	Halls A - F
09:00 - 10:30	Welcome & Sir John Wilson Lecture	Auditorium	Symposium 2: Delivering Programmes: Success Stories	Auditorium
10:30 - 11:00	Coffee Break & Pavilion Presentations			
11:00 - 12:30	Symposium 1: Upscaling Blindness Prevention Efforts	Auditorium	Symposium 3: Health Systems Development	Auditorium
12:30 - 13:30	Lunch / Lunch Seminar & Pavilion Presentations			
13:30 - 15:00	Course 1: Diabetic Retinopathy 1/2	Hall A	Course 9: Refractive Error	Hall A
	Course 2: Cataract Surgery	Hall B	Course 10: Global Burden of Disease	Hall B
	Course 3: Training an Eye Care Team	Hall C	Course 11: What's New in Primary Eye Care	Hall C
	Course 4: Sustainability of Eye Health Systems	Hall D	Course 12: Financing Eye Care Institutions in Low Income Countries	Hall D
	Course 5: Data Collection and Information Management	Hall E	Course 13: Effective Advocacy	Hall E
	Free Papers 1	Hall F	Free Papers 3	Hall F
15:00 - 15:30	Coffee Break & Pavilion Presentations			
15:30 - 17:00	Course 6: Diabetic Retinopathy 2/2	Hall A	IAPB Regional Sessions: Strategies and Approaches to Regional Efforts in Blindness Prevention and to Promote Better Eye Health	Auditorium & Halls A - F
	Course 7: Trachoma	Hall B		
	Course 8: Programme Management	Hall C		
	Rapid Fire 1	Hall D		
	Rapid Fire 2	Hall E		
	Free Papers 2	Hall F		
17:15 - 21:00	Opening Ceremony (17:15 - 19:10)	Auditorium	Gala Dinner N-Convention (off-site) (19:00 - 22:00)	
	Welcome Reception (19:30 - 21:00)	Novotel Gardens		

TIME	WEDNESDAY 19th SEPTEMBER		THURSDAY 20th SEPTEMBER	
07:30 - 09:00	Breakfast Seminars	Halls A - F	Breakfast Seminars	Halls A - F
09:00 - 10:30	Symposium 4: Social Entrepreneurship and Eye Care	Auditorium	Symposium 6: Challenges in Monitoring Clinical and Programme Outcomes	Auditorium
10:30 - 11:00	Coffee Break & Pavilion Presentations			
11:00 - 12:30	Symposium 5: Corporate Social Responsibility Panel	Auditorium	Symposium 7: Development and the Millennium Development Goals	Auditorium
12:30 - 13:30	Lunch & Pavilion Presentations			
13:30 - 15:00	Course 14: Glaucoma 1/2	Hall A	Alan Johns Lecture (13:30 - 14:15)	Auditorium
	Course 15: Challenges for Equity in Low Vision Care	Hall B		
	Course 16: Gender and Blindness	Hall C	Closing Ceremony (14:15 - 15:30)	Auditorium
	Course 17: Neglected Tropical Diseases and Non Communicable Diseases	Hall D		
	AIOS Session: Eye Care for Everyone in India	Hall E		
	Free Papers 4	Hall F		
15:00 - 15:30	Coffee Break & Pavilion Presentations			
15:30 - 17:00	Course 18: Glaucoma 2/2	Hall A	VISION 2020: The Right to Sight – India Session: Technology and Innovation in Eye Care (15:30 - 18:00)	Auditorium
	Course 19: Eye Health for Children	Hall B		
	Course 20: Technology	Hall C		
	Rapid Fire 3	Hall D		
	Rapid Fire 4	Hall E		
	Free Papers 5	Hall F		
17:00 - 21:30	MDP 25th Anniversary Lecture (17:00 - 17:45)	Auditorium		
	Vision for Everyone... Everywhere Launch Party and Indian Craft Bazaar (17:45 - 21:30)	Novotel Gardens		



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successful assembly.*



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We take great pleasure in welcoming you to Hyderabad, Andhra Pradesh, India's fifth largest city and a growing, global hub for technology – and eye health. Hyderabad offers world-class facilities to its visitors and is fast becoming the choice destination for conferences. Hyderabad offers its visitors pleasant weather and hospitable culture. It offers a range of sightseeing and culinary options; from centuries-old buildings to restaurants that cater to a wide palate.

Hyderabad International Convention Centre (HICC), the conference venue, is located at the heart of Hyderabad's IT hub. 'Cyberabad', as this part of the city is called, has many new restaurants and hotels, offering a range of options for visitors. This section will give you some basic tips and information to navigate Hyderabad's bustling streets.

CONFERENCE LOCATION

Hyderabad International Convention Centre (HICC)

Cyberabad

Hyderabad 500 081

Telephone: +91-40-66134422

e-mail: enquiries@hicc.com

www.hicc.com

ATM

The HICC convention centre has an ATM.

Business Centre

The Business Centre is located in the Convention Centre's Main Lobby, next to the 9GA Organisers' office

Coat Check and Cloakroom

Complimentary coat check and cloakroom are available at the convention centre

First Aid and Medical Emergency

Apollo Hospital's 24-hour emergency number: 1066

Help Desk

The help desk is located in the convention centre lobby

Internet Zone and Wi-Fi Hotspots

Wi-Fi Hotspots are located at the convention

centre. The lobby staff will issue internet passwords at a variety of usage and price points.

Offices

The 9GA organisers' office is located in the convention centre organisers' suite 2, to the left of the main entrance.

TRANSPORTATION

Airport and Ground Transfer

Rajiv Gandhi International Airport is located at Shamshabad, about 30 km from the city centre.

- Both the domestic and international terminals are at the same airport.
- Visit the website www.hyderabad.aero for complete information on the airport and updated flight schedules. Web check-ins are best managed on your airline's website.
- Metered radio cabs are available to and from the airport and are the most reliable means of transport. A night surcharge of 25% applies from 23:00 to 05:00. Generally it costs about USD 10 (Rs 500) for a one-way trip to or from the airport. They are also available on call for transportation within the city.

Metered Radio Cabs contact details:

- **Meru**
Call +91 (0)40 44224422
Online www.merucabs.com
- **EasyCabs**
Call +91 (0)40 43434343
Online www.easycabs.com

City Transportation

- Auto rickshaws (“tuk-tuks”, although they are not referred to as tuk-tuks in India) and metered cabs are the preferred modes of local transportation in Hyderabad.
- Auto rickshaws are available to and from the main entrance of the convention centre complex.
- Minimum charge for auto rickshaw in Hyderabad is Rs 12 for 1.5 kilometres and Rs 7 per kilometre thereafter.
- A night surcharge of 50% applies from 22:00 to 05:00.
- Metered radio cabs are available on call (see section airport and ground transfer).

Conference Shuttle Bus Service

- Periodic shuttle service is available to and from the official conference hotels. Please see page 26 on shuttle service for more information.

BEVERAGE BREAKS

- Beverage service is available at vantage points in the convention centre and at the exhibition hall.
- Limited complimentary coffee and tea will be served during the Assembly at designated hours.
- There are two beverage breaks between the sessions – 10:30 to 11:00 and 15:00 to 15:30 each day. Beverages can also be ordered any time during the day at

the Novotel’s coffee shop, in the corridor connecting the convention centre to Hotel Novotel.

LUNCH

- The food Court is located at the exhibition hall and in the foyer.
- The food court will serve a complimentary buffet lunch to registered delegates on production of lunch coupons (available in the delegate kit).
- Lunch break between the sessions is from 12:30 to 13:30.
- Vegetarian and non-vegetarian food will be served.

FOOD AND BEVERAGES AGAINST PAYMENT

- Food and beverages are available for sale at the Hotel Novotel coffee shop and in the convention centre lobby throughout the meeting hours.

WATER

- Complimentary water dispensers will be available at vantage points in the convention centre, scientific session halls, and the exhibition hall.

CONTACTS FOR THE ASSEMBLY

LVPEI Board numbers:

+91 (0)40 3061 2345

HICC Exhibition Contact:

Ms Padmaja, +91 (0) 96423 26166

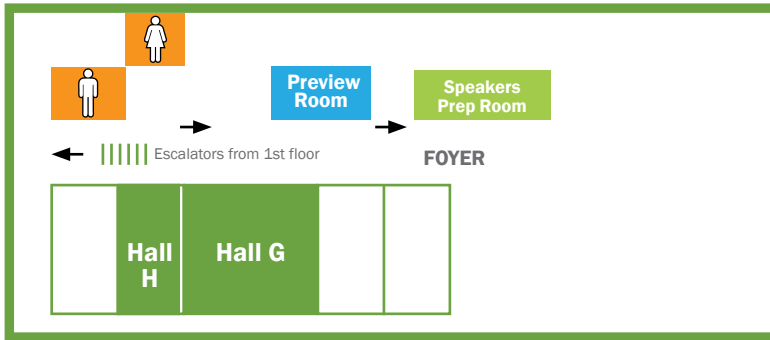
Kuoni Destination Management:

Mr Thirupathi, +91 (0) 98484 40272

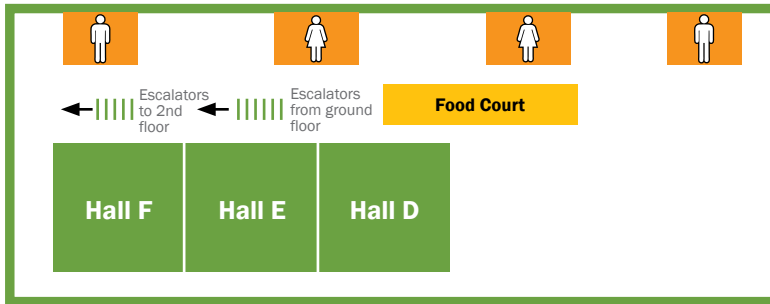
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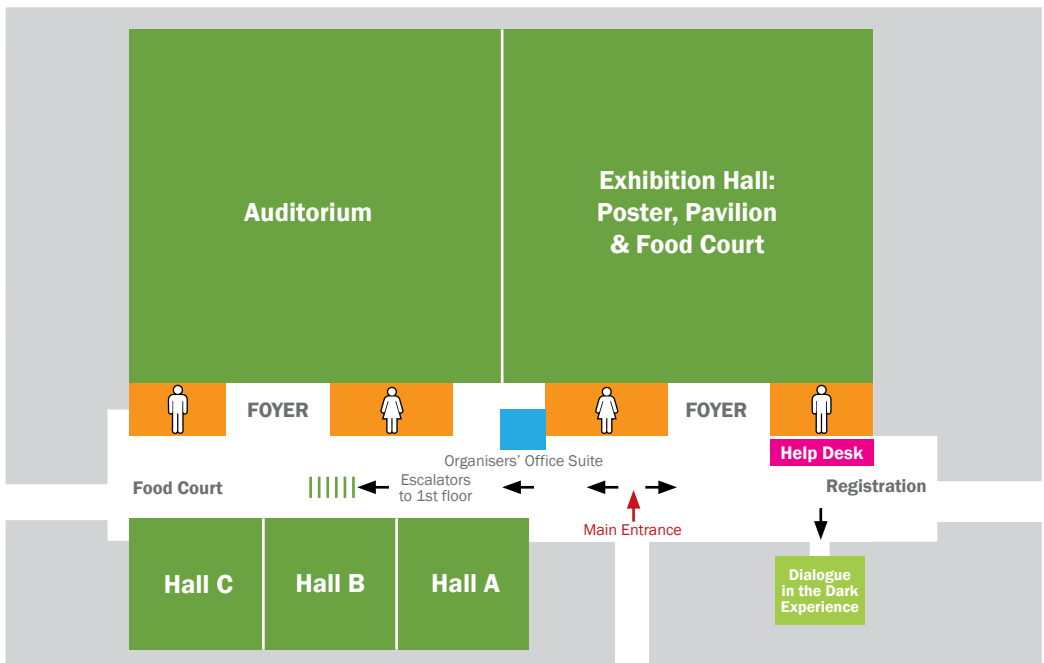
HICC Second Floor Plan



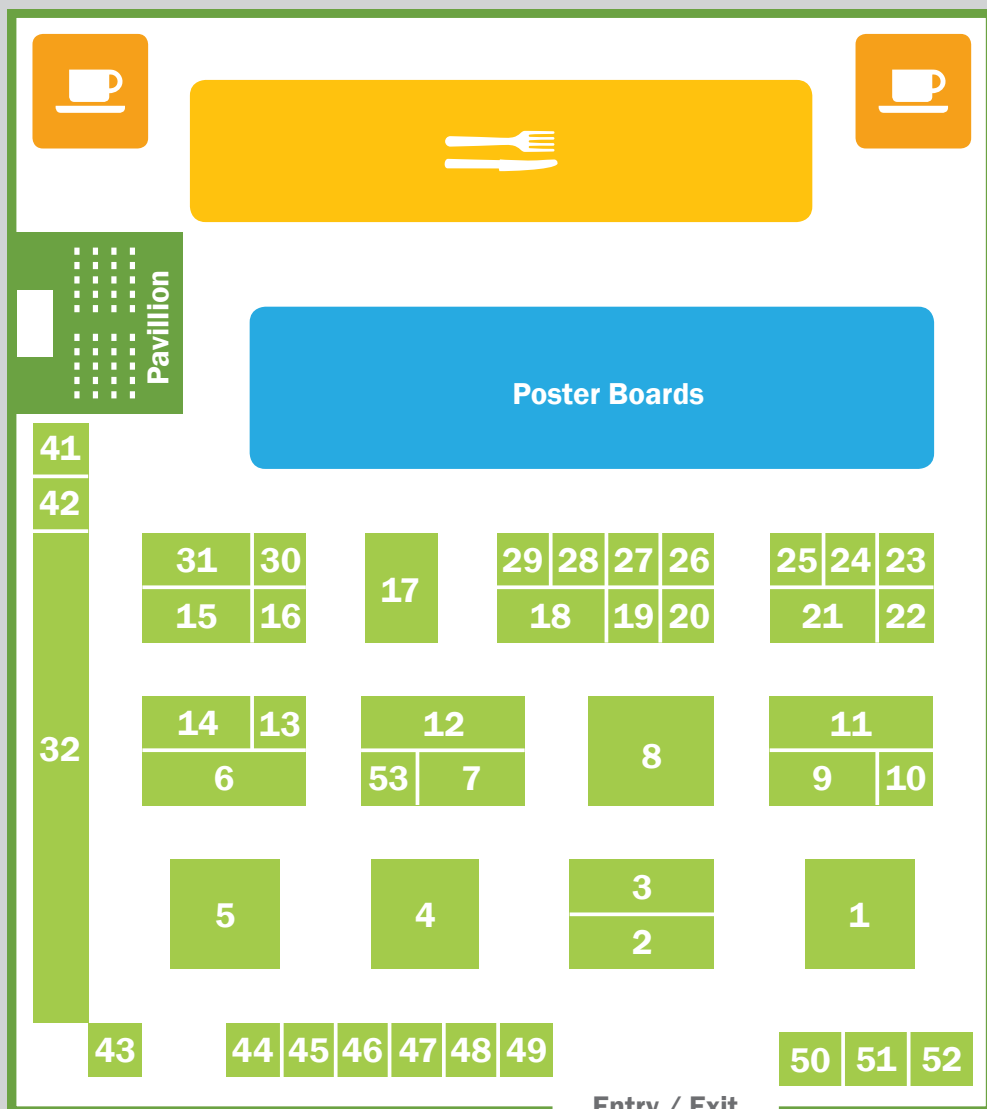
HICC First Floor Plan



HICC Ground Floor Plan



Exhibitor	Booth No.	Exhibitor	Booth No.
Appasamy Associates	32	Kjaer & Kjaer	24
Association of Schools and Colleges of Optometry in India	03	L V Prasad Eye Institute	11
Aurolab	18	Lions Clubs International	
Biomedix Optotechnik & Devices	21	Foundation	07
Brien Holden Vision Institute	02	London School of Hygiene and Tropical Medicine	43
Carl Zeiss	05	Mectizan Donation Program	09
CBM	04	Middle East Africa Council of Ophthalmology	47
Clarity Medical Systems	21	Operation Eyesight Universal	15
Community Eye Health Journal	43	Optomed	25
Deepak Enterprises	17	Optometry Giving Sight	10
Ellex	20	ORBIS	12
Essilor	01	Scan Optics	19
EXCEL OPTICS	48	Sight and Life	13
Fondation L'Occitane	14	Sightsavers	06
Forus Health	29	Singapore Eye Research Institute	30
The Fred Hollows Foundation New Zealand	49	VISION 2020:	
Helen Keller International	16	The Right to Sight – India	45
Icare Finland	22	Vision Aid Overseas	31
India Vision Institute	44	Vision Alliance	46
Indian Optometry Federation	03	Volk Optical	26
Indo-German Surgical Corporation	28	World Council of Optometry	31
International Agency for the Prevention of Blindness	08	Zabby's	27
International Centre for Eye Health	43		
International Council of Ophthalmology	50		
International Eye Foundation	53		
Keeler	26		
Khosla Surgical Industries	23		



Exhibition Hall

A free shuttle bus service is available for delegates between the Assembly venue (HICC) and the official hotels in the morning and in the afternoon/evening. The service will run from Monday September 17 to Thursday September 20. All pick-ups and drop-offs will be made at the designated hotel assembly points and at the entrance of the HICC.

	ONWARDS: Hotel to Venue		RETURN: Venue to Hotel	
	17 - 20 Sep	18 Sep to GALA	17 - 20 Sep	18 Sep from GALA
LV Prasad Eye Institute	06:00 09:00 07:00 10:00 08:00 16:00 ¹	18:30	15:30 18:30	
Best Western Jubilee Ridge, The Westin, At Home	06:10 18:15 ¹ 08:00 19:15 ¹ 09:00 20:15 ² 16:00 ¹ 21:15 ² 17:15 ¹			
Daspalla, Lemon Tree & Red Fox, M Hotel	06:20 18:15 ¹ 08:10 19:15 ¹ 09:10 20:15 ² 16:00 ¹ 21:15 ² 17:15 ¹	18:00 18:30 19:00 19:30	15:30 16:30 17:30 18:30 19:45 ³ 20:45 ³ 21:45 ³ 22:45 ⁴	21:30 22:00 22:30 23:00 23:30
Oyster Suites	06:30 18:15 ¹ 08:20 19:15 ¹ 09:20 20:15 ² 16:00 ¹ 21:15 ² 17:15 ¹			
Ellaa Hotel, Aditya Sarovar Premiere	06:15 18:00 ¹ 08:15 19:15 ¹ 09:15 20:00 ² 16:00 ¹			

¹ Not on 20 Sep ² On 17 Sep only ³ On 17 and 19 Sep only ⁴ On 19 Sep only

Shuttle Bus Service for the Gala Dinner – Tuesday 18 September

Between 18:00 and 19:30 buses will be running from the official hotels to the Gala Dinner venue. The return from the Gala Dinner venue will run between 21:30 and 23:30. Return transfer will provide a drop-off to the official hotels. Any guests remaining after the last scheduled transfer will be responsible for their own transportation. Taxis will be available from the Gala Dinner venue.

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Attire for the Social Programme

The social events at the GA provide you with a wonderful opportunity to try out traditional Indian formal attire – Sarees for women and Kurtas for men. The foyer will house a ‘shop’ to pick up Sarees or Salwar-Kameez, (with experienced staff to help you drape them). Men can also pick up Indian Kurtas (long, full-sleeved traditional Indian wear). The shop will be open on all four days of the Assembly.

Welcome Reception

Venue: Novotel Garden at HICC (on-site)

Date and time: Monday 17th September 2012; 19:30 to 21:00

All delegates and their accompanying persons are invited, no RSVP required.

IAPB is delighted to invite all delegates to attend the Indian themed Welcome Reception on the evening of 17 September 2012 – the first day of its biggest General Assembly so far. The reception will provide abundant networking opportunities with the best and brightest from the eye health community. The reception will include Indian Kebabs (hors d’oeuvres) and Hyderabad’s famous biryani. Coupon for one alcoholic/non-alcoholic beverage per person is included in the delegate kit must be presented for a complimentary beverage; there will be a cash bar for additional beverages.

Gala Dinner

Venue: N-Convention, Madhapur (off-site, distance: 3 km)

Date and time: Tuesday 18th September 2012; 19:00 to 22:30

Dress: Formal. (You are encouraged to wear traditional Indian attire. Please order your Saree/Kurta before Tuesday 10 AM to ensure that you are ready for Tuesday’s Gala dinner)

All delegates and their accompanying persons are invited, no RSVP required. **Invitation card, included in your delegate kit must be presented to gain entry.**

The L V Prasad Eye Institute is celebrating its silver jubilee this year and 9GA marks the culmination of their year-long celebrations. LVPEI invites all delegates to the 9GA Gala dinner that will showcase the best of Hyderabad cuisine. The venue, the N-Convention, will give you a taste of contemporary Hyderabad, with a touch of the eternal beauty of its cultural heritage. Transportation will be provided to and from the conference venue and official conference hotels.

Vision for Everyone... Everywhere; Launch Party & Indian Craft Bazaar

Venue: Novotel Gardens at HICC (on-site)

Date and Time: Wednesday 19th September 2012; 17:45 to 21:30

Dress: Smart casual

Brien Holden Vision Institute, along with the International Agency for the Prevention of Blindness, invites you to attend the launch party of an extraordinary enterprise and commitment to the future of eye care and vision for everyone... everywhere. The event marks the alignment of Brien Holden Vision Institute and the International Centre for Eyecare Education (ICEE). Together, under one name and one common purpose, the Brien Holden Vision Institute aims to drive, innovate, educate, collaborate, advocate and negotiate what is needed so that hundreds of millions, even billions, of people worldwide can enjoy the right to sight.

We invite you to share the vision - Vision for Everyone... Everywhere.

Join Professor Brien Holden, Dr Gullapalli N Rao, Professor Kovin Naidoo, Special Guest Mr Bob McMullan and Brien Holden Vision Institute to celebrate this remarkable milestone.

The event will also feature an Indian Craft Bazaar that will showcase authentic crafts from the region and local artisans who will demonstrate their work. This will be an outstanding opportunity not only to buy original pieces of work but also to see the artisans at work.

Dialogue in the Dark

Venue: Novotel – Granite Room

Date and Time: Available in coffee and lunch breaks, Monday to Thursday

Access: Free

All delegates are invited to attend a 'Dialogue in the Dark' experience.

This unique experience will challenge your taste buds (and your table manners) but also provide an experience of a lifetime - visually impaired guides will serve coffee and create a surprise experience in complete darkness, operating in a 'world' where the sighted are dependent on them for help and guidance. The internationally acclaimed 'Dialogue in the Dark', rated as one of the top 25 unusual 'dining' experiences by Forbes International that one must experience in their lifetime, has been re-created especially for 9GA delegates.

Sign-up now at the 'Dialogue in the Dark' information counter in the foyer. Limited spaces available each day. Experience co-sponsored by IAPB and CBM and delivered by ACE.

LVPEI's Village Vision Complex Tour

The L V Prasad Eye Institute is famous for the "Eye Health Pyramid" – a hub-and-spoke approach to eye care that has been adopted by the Government of India too. The tour takes us to "Kuchakulla Ramachandra Reddy Eye Centre" (KRREC) in Toodukurthy, a remote village 130 kms from Hyderabad – a three-hour road journey.

A limited number of spaces are still available, Please visit the LVPEI stand nr. 11 for more information. The full-day tour includes a visit to one of the 10 vision centres (primary eye care centre) attached to KRREC.

DIALOGUE IN THE DARK

Don't miss a lifetime experience



Enjoy your coffee in a different world

Entry is free for all delegates
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TIME	MONDAY 17th SEPTEMBER	
07:30 - 09:00	Breakfast Seminars	Halls A - F
09:00 - 10:30	Welcome & Sir John Wilson Lecture	Auditorium
10:30 - 11:00	Coffee Break & Pavilion Presentations	
11:00 - 12:30	Symposium 1: Upscaling Blindness Prevention Efforts	Auditorium
12:30 - 13:30	Lunch & Pavilion Presentations	
13:30 - 15:00	Course 1: Diabetic Retinopathy	Hall A
	Course 2: Cataract Surgery	Hall B
	Course 3: Training an Eye Care Team	Hall C
	Course 4: Sustainability of Eye Health Systems	Hall D
	Course 5: Data Collection and Information Management	Hall E
	Free Papers 1	Hall F
15:00 - 15:30	Coffee Break & Pavilion Presentations	
15:30 - 17:00	Course 6: Diabetic Retinopathy	Hall A
	Course 7: Trachoma	Hall B
	Course 8: Programme Management	Hall C
	Rapid Fire 1	Hall D
	Rapid Fire 2	Hall E
	Free Papers 2	Hall F
17:15 - 21:00	Opening Ceremony (17:15 - 19:10)	Auditorium
	Welcome Reception (19:30 - 21:00)	Novotel Gardens

Keynote Lecture

Time: 09:00 - 10:30

Room: Auditorium

Sir John Wilson Lecture

Chair: Gullapalli N Rao

Speaker: Prof Srinath Reddy

Sir John Foster Wilson CBE (1919-1999) was a remarkable personality who campaigned all his life for the cure and prevention of avoidable blindness, and safeguarding the rights of the blind. In the mid-1970s the late Sir John Wilson with others, began to draw the international community's attention to the problem of global blindness. These efforts led to the setting up of the International Agency for the Prevention of Blindness (IAPB) on 1 January 1975, with Sir John Wilson as the Founder President. He also founded the organisation now known as Sightsavers International and Impact; NGOs renowned for their work in the eye care sector.

IAPB instituted the Sir John Wilson Lecture in his memory at the 7th General Assembly in Dubai, 2004. Previous speakers include Dr R Pararajasegaram and Prof Allen Foster.

Prof Srinath Reddy, President of the Public Health Foundation of India and renowned public health specialist, will deliver the Sir John Wilson Lecture at the 9th General Assembly. He will be speaking on "Vision in a World of NCDs".

Symposium 1

Room: Auditorium
Time: 11:00 to 12:30

Upscaling Blindness Prevention Efforts: Advocacy and Paradigm Shift Needed

Co-convenors: Prof Kovin Naidoo and Mr Peter Ackland

Description

VISION 2020 has made significant strides in blindness prevention efforts. However, despite the combined efforts of civil society, governments and professional associations, many of the targets set are appearing increasingly elusive. Therefore, in the next ten years the challenge for IAPB and partners is to significantly upscale efforts. Merely increasing the current strategies will not create the critical mass that is needed to catapult eye care services to the next level. New, innovative and creative approaches need to be explored.

The symposium will examine the macro solutions that are needed to significantly increase blindness prevention efforts.

Time	Speakers	Title
11:00	Mr Robert F McMullan	The Australian Advocacy Success Story
11:12	Prof Don de Savigny	Scaling Up: Lessons for VISION 2020
11:24	Mr Brian Doolan	The Global Costs of Avoidable Blindness and the Economic Benefits of Achieving the Objectives of VISION 2020
11:36	Mr Peter Ackland	The World Bank and Eye Health: Opportunities for Collaboration
11:48	Speakers + Dr Babar Qureshi Prof Allen Foster Ms Lesley Podesta	Panel Discussion
12:10	Plenary	Participants' Q & A

Course 1

Room: Hall A

Time: 13:30 to 15:00

Diabetic Retinopathy: New Paradigms for Management in Areas of Limited Resources - Part 1

Convenor: Dr Perumalsamy Namperumalsamy and Dr Andreas Mueller

Description

An epidemic of diabetes is taking place worldwide, due to changes in lifestyle and diet. This has led to a concomitant increase in diabetic eye disease, which has prompted one specialist in the area to speculate in a recent review (Diabetes Care. 2012; 35: 556-564) that diabetic retinopathy (DR) could one day become the world's leading cause of blindness. In this context, there is great interest in the problems surrounding the provision of diabetic eye care in settings of limited resources, where the growth of diabetes prevalence is most marked.

Objectives

To better understand the growing scope of the global DR problem, while acquainting participants with novel strategies to combat the disease in areas with limited resources.

Speakers

Dr Perumalsamy Namperumalsamy

Prof Ma Zhizhong

Dr David Friedman

Dr Andreas Mueller and
Prof Richard Le Mesurier

Prof Kanagasingam Yogesan

Title

Overview of the Epidemic of Diabetic Retinopathy

Peking University Eli Lilly Diabetic
Retinopathy Project

Diabetic Eye Care Programmes in Bangladesh
and Indonesia

Differences in Approaches to Blindness
Prevention from Diabetes Mellitus – Examples
from the Western Pacific

The Use of Telemedicine to Manage DR in
Western Australia

Course 2

Room: Hall B

Time: 13:30 to 15:00

Cataract Surgery: Understanding the Metrics

Convenor: Dr Van Lansingh

Description

This course will present the two common metrics used as indicators of cataract surgery: the cataract surgical rate (CSR) and cataract surgical coverage (CSC). Presenters will also discuss how these metrics are obtained, the information they provide, and their limitations. Other possible metrics will also be presented.

Objectives

At the conclusion of this course, participants will:

- Know how the CSR and CSC are calculated
- Understand how the data for the CSR and CSC are obtained
- Know the relationships between the two metrics and the information that the metrics provide
- Comprehend the difficulty in setting CSR targets and why setting CSR targets may not be helpful without other metrics
- Learn about other metrics that may help in providing a more complete picture

Speakers

Title

Dr G V Murthy	Calculation of the CSR and CSC and Visual Acuity Thresholds
Dr Susan Lewallen	Data Collection for CSR/CSC: Surveys, Interaction between Ophthalmic Organisations, Governments & RACSS/RAAB Studies
Dr Marissa Carter	What Can Be Learned from the CSR/CSC; What Remains Unknown and What Metrics Could Provide More Information
Dr Juan Carlos Silva	Using CSR/CSC and Other Metrics to Set Targets and Guide Policy
Speakers +	Panel Discussion
Dr Ivo Kocur	
Mr RD Thulasiraj	
Dr Van Lansingh	

Course 3

Room: Hall C

Time: 13:30 to 15:00

Training an Eye Care Team

Convenor: Dr Babar Qureshi

Co-convenors: Dr Abdulaziz AlRajhi and Mr Ronnie Graham

Description

This course is intended to look at different models of training for an eye care team.

Objectives

The course will address the elements for the initiation, running and utilisation of training programmes globally, and their product through high quality management systems.

Speakers

Title

Dr Babar Qureshi	Introduction
Dr Suzanne Gilbert	Human Resource Programme Committee: A Global Approach to Human Resource Development (HRD)
Mr Ronnie Graham	Human Resources for Eye Health and the Global Health Workforce Alliance (GHWA)
Dr Ahmed Trabelsi	South to South Collaboration in Human Resource Development
Dr Gullapalli N Rao	Sub-Specialty Training
Prof Kenneth Kagame	Residency Training: Case of East Africa College of Ophthalmologists
Dr Babar Qureshi	Mid-level Workers
Mr Wolfgang Gindorfer	Optometry and Refraction
Dr Hannah Faal	Community Eye Health Workers
Plenary	Participants' Q & A

Course 4

Room: Hall D
Time: 13:30 to 15:00

Sustainability of Eye Health Systems

Co-convenors: Mr Karl Blanchet and Dr Robert Lindfield

Description

This course will describe the various factors affecting the sustainability of eye health systems. Models of delivery will be described as well as ways of measuring the sustainability of eye health systems. Sustainability is defined in this context in a comprehensive way that goes far beyond the notion of financial viability.

Objectives

At the conclusion of this course, participants will:

- Understand the various components that determine the sustainability of a health system
- Understand the differences between horizontal and vertical models of service delivery
- Know how to measure and describe sustainability in an eye care system
- Analyse the level of sustainability and use this information to make operational, managerial and strategic decisions

Speakers

Title

Mr Karl Blanchet	The Lack of Consensus on the Definition of Sustainability
Mr Karl Blanchet	The Sustainability Framework: The Sustainability of What?
Dr Robert Lindfield	Why Monitor Sustainability?
Mr Karl Blanchet	Sustainability Indicators: How to Measure Them?
Dr Robert Lindfield	The Analysis of Sustainability Diagrams
Plenary	Discussion How Can Measuring Sustainability Help Eye Care Providers and Policy Makers?

Course 5

Room: Hall E

Time: 13:30 to 15:00

Data Collection and Information Management

Convenor: Dr Joan McLeod

Co-convenors: Prof Nathan Congdon and Dr Daniel Etya'ale

Description: This course describes data collection issues at various levels for different decision-making purposes. Speakers will address tools from the perspectives of point of service to implementers, donors and industry, and also at national and regional levels. The strengths and limitations of current approaches, and the potential for integration in health systems will be discussed by each speaker.

Objectives: By the end of the course, participants will be able to:

- Define data collection needs at various levels of eye care
- Apply monitoring tools for different programme needs
- Use existing data for making decisions about planning services
- Prepare results-based reports for stakeholders at various levels
- Explore the use of social networking technology in data collection

Speakers

Title

Prof Nathan Congdon	Cataract Outcomes - Data Collection of a Multi-Centre, Multi-Country Study of Cataract Outcomes in Asia, Africa and Latin America
Dr Daniel Etya'ale	The IAPB AFRO Database - What, How, Where Applicable and Potential Integration in Health Systems
Dr Danny Haddad	Mass Drug Administration Data Collection Tools and Mapping Through Repeated Rounds of Impact Surveys
Dr Andrea Zin	Monitoring and Evaluating ROP Clinical and Programme Outcomes in Latin America
Dr Hans Limburg	RAABs- How Frequently Should These Be Done at National or Sub-National Level? Their Uses, Limitations and Costs
Prof Kovin Naidoo	Brien Holden Vision Institute: Rapid Assessment of Refractive Error (RARE)
Dr B R Shamanna	MIS Challenges in Community-Oriented Programmes
Dr Serge Resnikoff	National and Regional Information Management – Mapping Burden of Eye Disease – Role of Social Networking Technologies in Data Collection
Ms Catherine Lee	Measurement and Evaluation from a donor's perspective. Lessons from the Clinton Giustra Sustainable Growth Initiative (CGSGI) Peru cataract project

Free Papers 1

Chairs: Christopher Leak and Kesi Naidoo

Room: Hall F

Time: 13:30 to 15:00

- 13:30 Prevalence and Magnitude of Under-Correction of Refractive Error in Rural Central India: The Central India Eye and Medical Study, *Vinay Nangia*
- 13:39 Prevalence of Visual Impairment and Spectacles Usage Pattern in Volta Region, Ghana - Results from Rapid Assessment of Refractive Errors (RARE) Study, *Anne Ebri*
- 13:48 Evaluation of the Causes of Blindness and Improving the Functional Vision in Children in Schools for the Blind in Pune, *Albert Israfil*
- 13:57 The Use of Instant Vision Assessment Device (IVAD) in Determining Refractive Errors, *George Woo*
- 14:06 iPhone Technology and VISION 2020: Validation of Near Eye Tool for Refractive Assessment (NETRA) – pilot study, *Christopher Leak*
- 14:15 Effective Scale-up of Refractive Error and Primary Eye Care Service within a District Health System: Results of the Seeing is Believing Programme in the Province of KwaZulu-Natal, South Africa, *Kesi Naidoo*
- 14:24 Cluster Randomised Trial to Compare Spectacle Delivery Systems at Outreach Eye Camps in South India, *Dhivya Ramasamy*
- 14:33 Enhancing Patient Care by Improving Ophthalmic Structure Education, *Bruce Spivey*
- 14:42 An All-India Strategic Plan for the Development of Vision Care in India, *Neilsen De Souza*
- 14:51 A Pilot Evaluation of Inequities Analysis of Visual Impairment and Blindness for RAAB Methodology in El Salvador, *Anna Rius*

Course 6

Room: Hall A

Time: 15:30 to 17:00

Diabetic Retinopathy: New Paradigms for Management in Areas of Limited Resources - Part 2

Convenor: Dr Perumalsamy Namperumalsamy and Dr Andreas Mueller

Description

An epidemic of diabetes is taking place worldwide, due to changes in lifestyle and diet. This has led to a concomitant increase in diabetic eye disease, which has prompted one specialist in the area to speculate in a recent review (Diabetes Care. 2012; 35: 556-564) that diabetic retinopathy (DR) could one day become the world's leading cause of blindness. In this context, there is great interest in the problems surrounding the provision of diabetic eye care in settings of limited resources, where the growth of diabetes prevalence is most marked.

Objectives

To better understand the growing scope of the global DR problem, while acquainting participants with novel strategies to combat the disease in areas with limited resources.

Speakers

Prof Peter Scanlon

Dr Mohita Sharma

Plenary

Title

Lessons from the UK National Diabetic Retinopathy Screening Programme for Areas with Limited Resources

An Integrated Mobile Service for Treatment of Diabetic Retinopathy in Rural India

Questions and Panel Discussion

Course 7

Room: Hall B

Time: 15:30 to 17:00

Trachoma: Progress Towards Elimination

Convenor: Dr Danny Haddad

Description

This course will examine the global progress made in eliminating trachoma as a blinding disease in the 57 endemic countries since the inception of the Global Alliance to Eliminate Blinding Trachoma (GET 2020) was established in 1997. The panel will provide updates on the current status of trachoma in the world and lay out the road map for what will be necessary to achieve the elimination goal, with only eight years remaining before the target date of 2020. The next part of the course will discuss best practices in scaling up the efforts of the WHO-endorsed SAFE strategy (Surgery, Antibiotics, Facial cleanliness, Environmental change). Country case studies will be presented to provide a more concrete example of what will need to be done.

Objectives

Participants will become clear as to what needs to be done over the next eight years to realise the achievable aim of eliminating blinding trachoma by the year 2020.

Speakers

Title

Dr Danny Haddad	Global Status of Trachoma
Mr Simon Bush	2020 INSight: Global Roadmap for Elimination of Blinding Trachoma
Dr Sheila West	New Guidelines for Elimination of Blinding Trachoma
Dr Paul Courtright	Best Practices in 'S'
Mr Chad MacArthur	Best Practices in 'A'
Dr Michael Gichangi	Kenya Trachoma Action Plan

Course 8

Room: Hall C

Time: 15:30 to 17:00

Programme Management

Co-convenors: Dr Gullapalli N Rao and Dr Rohit Khanna

Description

This course will provide a global overview of different successful eye care programmes. It will provide an insight into the programmes in terms of their integration with other service providers and the role of technology in making implementation more efficient.

Objectives

Participants will acquire a deeper understanding of the factors that have led to successful programmes and how to monitor and evaluate these programmes, the challenges and opportunities in implementation and the way forward.

Speakers

Prof Kovin Naidoo

Dr Mohammad Muhit

Dr Perumalsamy Namperumalsamy

Dr G Chandra Sekhar

Dr Boateng Wiafe

Dr Padmaja Kumari Rani

Title

Refractive Error

Childhood Blindness

Diabetic Retinopathy

Glaucoma

Primary Eye Care

Integrating Primary Eye Care and Primary Health Care

Rapid Fire 1

Room: Hall D

Time: 15:30 to 17:00

Chairs: Abu Raihan and Elizabeth Kishiki

- 15:30 Prevention of Blindness from Retinopathy of Prematurity in Mexico: Cross Sectional Study of the Quality of Neonatal Care and Programmes for Control, *Luz Zepeda-Romero*
- 15:34 Paediatric Ocular Injuries, *Bhartendu Shukla*
- 15:38 Return on Investment of Childhood Blindness Programme in Bangladesh, *Abu Raihan*
- 15:42 'Focusspec': A Solution to Improve the Lives of Millions of Children and Adults, *Jan in't Veld*
- 15:46 Visual Ability: Every Child's Business, *Joseph Rathinam*
- 15:50 Bringing Low Vision Services for Children Closer to the Community: An Example from Tanzania, *Elizabeth Kishiki*
- 15:54 A Randomised Control Trial of Models of Low Vision Service Delivery, *Beula Christy*
- 15:58 Causes and Assessment of Vision Impairment in Students in Schools for the Blind in Yemen: Need for Optical Low Vision Services, *Khalid Al-Mohammadi*
- 16:02 Impact of Retinoblastoma on Family Functioning and Parent Quality of Life in India, *Vijaya Gothwal*
- 16:06 Prevalence of Binocular Vision Anomalies at Bansara Eye Care Center, Shillong, Meghalaya, *Dakaruhipaya War*
- 16:10 What Determines Whether Parents of Children with Cataract Accept Cataract Surgical Services in a Low Resource Setting? Qualitative Research Findings from Rural Communities in Malawi, *Khumbo Kalua*
- 16:14 Role of Women Community Health Workers (WCHWs) in Elimination of Avoidable Blindness – Habibpur Block, Malda District, West Bengal, India, *Rashi Ray*
- 16:18 Empowering Women to Improve Use of Eye Services: Lessons Learned, *Marceline Finda*
- 16:22 VISION 2020 Eye Care to the Unreached – VVRCWA-Drusti Eye Hospital – Our Experiences in Tribal Eye Care, *Narasinga Rao Jada*
- 16:26 Four Pillars of Community Eye Care Outreach Programmes – Effective and Replicable Human Resource Utilisation, *Awadh Dubey*
- 16:30 Utilisation of Community-Based Health Assistants in Delivering Primary Eye Care Services in a Resource Poor Setting of Rural Bangalore, Karnataka, *Daisy John*
- 16:34 Role of Ophthalmologists and NGOs in Eye Care, *Kabita Baishya*
- 16:38 Primary Eye Care – Embedding into the Existing Health System and Community Engagement, *Mangala Gamage*
- 16:42 Impact of Community Engagement in Eye Care Services – an Experience by Aravind Eye Care System, India, *Meenakshi Sundaram Ramasamy*
- 16:46 Ensuring Eye Health Services through Community Institution-Building: A Case Study from Sunderbans, *Sudipta Mohanty*
- 16:50 The Impact of Effective Community Engagement in Implementing Prevention of Blindness Interventions, *Ahmed Abdel-Rahim*

Rapid Fire 2

Room: Hall E

Time: 15:30 to 17:00

Chairs: Renee du Toit and Suzanne Gilbert

- 15:30 Why the Eye Health Sector is Losing the Public Relations War, *Joe Boughton-Dent*
- 15:34 Community Eye Care Programmes: The Engine for Change with Public Eye Health in Rural India, *Anand Sudhan*
- 15:38 Extending Eye Care Services into Rural Nigeria: The VISION 2020 Eye Clinic Ukporkor Experience, *Sebastian Nwosu*
- 15:42 Vision Centres for Primary Eye Care Delivery in India, *Anand Sudhan*
- 15:46 Determinants of Primary Eye Care through Vision Centres in Rural India, *Vilas Kovai*
- 15:50 Utilisation of Vision Centre Services in Thane District, Near Mumbai, *Yogesh Shah*
- 15:54 Partnership Across the Socio-economic Spectrum: Sustainable Vision for Grass Roots, *Hitendra Ahooja*
- 15:58 Strategic Network for Comprehensive Eye Care Services - a Model Process in Andhra Pradesh, Karnataka and Tamil Nadu, *Jesuraj Ratchagar*
- 16:02 "Sometimes When it is Busy I do Short Cuts": A Qualitative Exploration of Factors Influencing the Effectiveness of Care Provided by Mid-Level Eye Care Personnel in the Pacific, *Renee Du Toit*
- 16:06 Organisational Capacity-Building to Develop Sustainable Eye Hospitals - Sharing LAICO's Experience, *Suresh Rajaram*
- 16:10 Situational Analysis of Ophthalmic Nursing Services in Botswana, *Chatawana Molao*
- 16:14 Costing of Eye Care Services, *Col Madan Deshpande*
- 16:18 Indicators for Scaling Up Sustainable Eye Programmes through Mentoring: Results of a Global Partnership, *Suzanne Gilbert*
- 16:22 Role of Optical Shops and Pharmacies in Financial Sustainability and Impact on Service Delivery of Operation Eyesight (OE) Partner Hospitals, *Santosh Moses*
- 16:26 Development of Optical Dispensing in Mongolia, *David Wilson*
- 16:30 Impact on Quality of Life Pre- and Post- Uncorrected Presbyopia Correction, *Hiral Korani*
- 16:34 Review of a Spectacle Technician Training Course in Vietnam, *Jodi Martin*
- 16:38 The Community Eye Health Journal: A Tool for Reaching Primary Eye Care Practitioners? *Elmien Ellison*
- 16:42 Adequacy of Optometry Curricula in Facilitating Community Eye Care and Ameliorating Avoidable Blindness, *Nilesh Thite*
- 16:46 The Right to Sight and to Walk Without Fear, *Larry Schwab*
- 16:50 Vision 2020 Australia Global Consortium, *Sophie Plumridge*

Free Papers 2

Room: Hall F

Time: 15:30 to 17:00

Chairs: Joao Furtado and Hans Limburg

- 15:30 Dietary Glycaemic Index and Risk of Age-Related Cataract: A Retrospective Analysis from a Population-Based Study in South India, *Suneetha Sapur*
- 15:39 Long-term Impact of Cataract Surgery and Factors Affecting the Decision to Uptake Surgery: Qualitative Results from a Six-Year Follow-Up Study in the Philippines and Bangladesh, *Lisa Danquah*
- 15:48 Cataract Surgical Rates in Latin America 2005-2011, *Joao Furtado*
- 15:57 High Volume Cataract Surgery – Temporal Section SICS Under Topical Anesthesia, *Shalini Garg*
- 16:06 Ophthalmologists' Practice Pattern and Challenges in the Management of Glaucoma in Nigeria, *Fatima Kyari*
- 16:15 Evaluation of the Evidence for Selective Laser Trabeculoplasty (SLT) for the Treatment of Glaucoma in Communities with Limited Access to Ophthalmic Services, *Michael Belkin*
- 16:24 Economic Burden of Diabetes in Urban Indians, *Parikshit Gogate*
- 16:33 Assessment of Diabetic Retinopathy and RAAB, *Hans Limburg*
- 16:42 Randomised Control Trial of Uptake of Two Screening Methods for Diabetic Retinopathy: A Retinal Camera in a Diabetic Clinic versus Ophthalmologists Screening in an Eye Clinic, *Claudette Hall*
- 16:51 The Kerala Comprehensive Diabetic Retinopathy Training Model, *Rameez Hussain*

Opening Ceremony

Room: Auditorium

Time: 17:15 to 19:10

17:15 - 17:20	Welcome Address by Dr Gullapalli N Rao
17:20 - 17:25	Lighting of the Lamp accompanied by traditional Indian classical prayer music
17:25 - 17:30	Address by the Chair of 9GA Scientific Committee, Prof Hugh Taylor
17:30 - 18:00	Key Note Address by Chief Guest Dr A P J Abdul Kalam and Release of Special Issue of Indian Journal of Ophthalmology
18:00 - 18:10	IAPB Global Awards
18:10 - 18:15	Address by Sujaya Krishnan, National Programme for the Control of Blindness
18:15 - 18:20	Address by Maryanne Diamond, World Blind Union
18:20 - 18:25	Address by Lord Colin Low, International Council for the Education of the Visually Impaired
18:25 - 18:35	Address by the President of IAPB, Christian Garms
18:35 - 18:40	Vote of Thanks by Chair of 9GA Organising Committee, Prof Brien Holden
18:40 - 19:10	Thematic Indian Dance-Ballet

Followed by Welcome Reception in the Novotel Garden. Please see page 29 for details.

Poster Presentations

Room: Exhibition Hall

Time: 09:00 to 17:00

Poster number/board number, title, author

Childhood Blindness

- | | | | |
|-----|--|-------|---|
| 1/1 | Paediatric Eye Health Awareness Initiative - A Comprehensive Awareness Programme for Childhood Eye Health in Rural Rajasthan, <i>Sandeep Buttan</i> | 10/10 | the lives of millions children and adults, <i>Jan Veld</i>
Paediatric Visual Impairment in Rural Andhra Pradesh and Treatment Outcomes – A Retrospective Study, <i>Avinash Mahindrakar</i> |
| 2/2 | Experience with the State-Initiated Aarogyasri Health Insurance Programme to Prevent Treatable Childhood Blindness in Socially and Economically Disadvantaged People, <i>Madhu Kutumbaka</i> | 11/11 | Patterns of Paediatric Ocular Disease in Rural Bihar: A Hospital-Based Study, <i>Tarannum Fatima</i> |
| 3/3 | “Sarv Shiksha Abhiyan” (A National Childhood Blindness Prevention Programme) 5-year Data from Laxmi Eye Institute from North West Rural Maharashtra, <i>Monica Samant</i> | 12/12 | Impact of Correction of Refractive Errors on Quality of Life of Children aged 10 to 15 Years, <i>Jachin Williams</i> |
| 4/4 | Using the Key Informant Methodology to Investigate Visual Impairment amongst Children with Disabilities in Bangladesh, <i>Islay Mactaggart</i> | 13/13 | Compliance of Spectacle Wear among Primary School Children in Chennai, <i>Anuradha Narayanan</i> |
| 5/5 | Impact of Retinoblastoma on Family Functioning and Parent Quality of Life in India, <i>Vijaya Gothwal</i> | 14/14 | Adherence of Primary Level Students to Wearing Glasses. Department of La Libertad, Peru 2010-2011, <i>Rosa De Casusol</i> |
| 6/6 | Childhood Blindness – Evaluation of Impact and Effectiveness of the Child Eye Care Project in Tribal Populated District of Rajasthan, <i>Meenakshi Chundawat</i> | 15/15 | Refractive Error Services in Kenya: Meeting the Population’s Needs?, <i>Priya Morjaria</i> |
| 7/7 | Return on Investment of Childhood Blindness Program in Bangladesh, <i>Abu Raihan</i> | 16/16 | Clinical Profile of Amblyopic Children at a Tertiary Care Eye Institute, <i>Anupam Sahu</i> |
| 8/8 | Coping Strategies of the Parents of Children with Disabilities in India, <i>Shailaja Reddy</i> | 17/17 | Prevalence of Binocular Vision Anomalies at Bansara Eye Care Centre, Shillong, <i>Meghalaya</i> |
| 9/9 | ‘Focusspec’: A solution to improve | 18/18 | Demographic and Clinical Retrospective Analysis of the Patients of Squint and Amblyopia Clinic of Tertiary Eye Centre, <i>Kritika Singh</i> |
| | | 19/19 | Development and Validation of an Amblyopia Awareness Questionnaire, <i>Krithica Srinivasan</i> |

- | | | | |
|-------|---|-------|--|
| 20/20 | Success Rate of Four Steps Amblyopia Therapy, <i>Jeewan Srivastava</i> | 31/31 | Importance of Monitoring Outcomes and Tracking Follow-Up in Childhood Blindness Initiatives Supporting Paediatric Cataract Surgeries, <i>Rishiraj Bora</i> |
| 21/21 | Clinical Study to Assess the Outcome of Pleoptic Therapy in Amblyopic Patients above 12 years of Age, <i>Unnati Vaish</i> | 32/32 | Long Term Outcomes of Bilateral Congenital and Developmental Cataracts Operated in Maharashtra, India, <i>Parikshit Gogate</i> |
| 22/22 | Intravenous General Anaesthesia without Intubation and Peribulbar Block in Strabismus Surgery Camps – A Community Approach, <i>Madhusudan Jhamwar</i> | 33/33 | Visual Outcome Following Paediatric Cataract Surgeries in a Tertiary Eye Care Centre in Mumbai, <i>Neepa Dave</i> |
| 23/23 | Test-Retest Variability in Intermittent Exotropia and their Comparison with Normals, <i>Sneha Aggarwal</i> | 34/34 | Prevention of blindness from retinopathy of prematurity in Mexico: cross sectional study of the quality of neonatal care and programs for control, <i>Luz Zepeda-romero</i> |
| 24/24 | Non-Traumatic Unilateral Cataracts in Children. How Useful are Long Term Outcomes of Surgery? <i>Parikshit Gogate</i> | 35/35 | Evolving Trends of Retinopathy of Prematurity over a Decade of the Indian Twin Cities ROP Study (ITCROPS), <i>Divya Balakrishnan</i> |
| 25/25 | Anticholinergic Toxicity in a Rubella Baby after Topical Homatropine, <i>Leila Mohan</i> | 36/36 | Procedures, Successes and Future Directions Based on more than a Decade of ROP Operational Research: The Indian Twin Cities ROP Study (ITCROPS) Experience, <i>Subhadra Jalali</i> |
| 26/26 | Quality of Life of Children Following Successful Treatment of Paediatric Cataract, <i>Shreya Shah</i> | 37/37 | Cost Analysis of Alternative Methods of Screening for Retinopathy of Prematurity (ROP) in West Maharashtra, <i>Rajesh Kapse</i> |
| 27/27 | What determines whether parents of children with cataract accept cataract surgical services in a poor resource setting? Qualitative research findings from rural communities in Malawi, <i>Khumbo Kalua</i> | 38/38 | Retinopathy of Prematurity in Western India: It's Time We Woke Up, <i>Sucheta Kulkarni</i> |
| 28/28 | The Gender Issue in Congenital Cataract Care, <i>Marzieh Katibeh</i> | 39/39 | Steps to Prevent Blindness due to ROP in Lima, Peru, <i>Luz Gordillo</i> |
| 29/29 | To Investigate the Functional Impact of Amblyopia on Visual Skills in Children, <i>Chinmay Deshpande</i> | 40/40 | Pediatric Ocular Injuries, <i>Bhartendu Shukla</i> |
| 30/30 | Barriers to follow-up for pediatric cataract surgery in Maharashtra, India. How regular follow-up is important for good outcome. | 41/41 | Bringing Education into Focus: Improving the Eyesight of |

- Vietnamese Children through School-Based Vision Care Services, *Ngoc Pham*
- 42/42 Impact of Visual Impairment on School-Going Children in India, *Vijaya Gothwal*
- 43/43 Pre-School Vision Screening in Republic of Korea in 2011, *Yun-Geong Park*
- 44/44 Effectiveness of Nurses and Teachers in the Screening of Refractive Errors in Primary Students from the Region La Libertad, Trujillo, Peru 2010-2011, *Jaime Pereyra*
- 45/45 Utilising Schoolteachers for Addressing Visual Impairment for School Screening Sustainability, *Korani Jyothi*
- 46/46 Screening Eye Examination for School Children in Two Divisions of a District in Southern India - Cost Analysis, *Madhu Kutumbaka*
- 47/47 Vision Disorders among School-Aged Children: A Comparison between Children with Learning Disabilities and Normal Children, *Nurul Farhana Abu Bakar*
- 48/48 Vision Screening in Primary Schools is not Justified in an Urban Setting in Bolivia, *Covadonga Bascaran*
- 49/49 Cost-Effective Screening of School Children – Vavuniya District, Sri Lanka, *Muthusamy Malaravan*
- 50/50 Teacher Training in Vision Screening: An Innovative Community-Based Strategy to Address the Challenges of Childhood Blindness, *Wilson Jai Xavier*
- 51/51 Ocular Findings of School Screening and Eye Camp in Nepal, *Dinesh Kaphle*
- 52/52 Looking through the Eyes of a Child - Perceptions, Practices and Behaviour amongst Primary School Children in North India, Regarding Eyes in Health and Disease, *Sandeep Buttan*
- 53/53 Year 1- Serving Chicago School Children at the Illinois Eye Institute (IEI) at Princeton Vision Clinic, *Sandra Block*
- 54/54 Partnerships in School Vision Screening Programme in Sri Lanka, *Palitha Mahipala*
- 55/55 An Innovative Approach to Teachers' Training – The Cornerstone of a School Screening Programme – Our Experience, *Adhisheshan Priya*
- 56/56 ORBIS-IRO Alliance in Efforts for the Eradication of Refractive Errors in School Children of Northern Peru: Characteristics and Magnitude of the Problem, *Joan Omawale McLeod*
- 57/57 Single Day Mass Vision Screening of School Children – A Novel Approach, *Anuradha Narayanan*
- 58/58 Prevalence of Vitamin-A Deficiency and Refractive Errors in Primary School-Going Children, *Rupali Maheshgaury*
- 59/59 Present Status of the Free Spectacles Issued to School Children under the “Sarva Shiksha Abhyas” (SSA) Programme in Trivandrum District, Kerala State, India during the Period 2008-2009, *Simon George*
- 60/60 Refractive Error Correction in School Children: An Overview of Service Models in Use in Cape Town, *Deon Minnies*
- 61/61 Spectacle Compliance amongst

Rural Secondary School Children in
Pune District, India,
Debapriya Mukhopadhyaya

Refractive Errors

62/62 Prevalence of Refractive Errors
among High School Children in
South India: A Cross-Sectional
Study, *Deepika John*

63/63 Pattern of Refractive Errors
in Adults of Rural Tripura,
Goutam Datta

64/64 Uncorrected Refractive Error
and Presbyopia among Junior
High School Teachers in Jakarta,
Indonesia, *Silvana Faillace*

65/65 Visual Impairment due to Refractive
Errors Leading to Low Vision,
Trupti Khaladkar

66/66 Utility of Pinhole as Screening
Device for Detecting Uncorrected
Refractive Errors in the Community,
Sai Nandyala

67/67 Major Ocular Biometric Parameters
and Binocular Vision Status in
Young Adult Myopes,
Sanila Lawrance

68/68 Efficacy of a Remote Based
Computerised Visual Acuity
Measurement, *Ramesh S Ve*

69/69 How Uni-Ocular Diminution of Vision
Affects Binocular Vision in Indian
Adults, *Sanjeev Singh*

70/70 Reading Rate in Individuals with
Vision Impairment, *Mumtaz Qazi*

71/71 Refractive Error and Presbyopia
Awareness amongst Inanda,
Ntuzuma, KwaMashu (INK)
Residents in KwaZulu-Natal, South
Africa, *France Nxumalo*

72/72 Ophthalmic Nurse Refraction Up-
Skilling in the Solomon Islands,
Mitasha Marolia

73/73 Development of Optical Dispensing
in Mongolia, *David Wilson*

74/74 Developing a National Solution
for Refractive Error: The Eritrea
Approach, *Mary Wepo*

75/75 Comparison of Australian Spectacle
Schemes and Provider Perspectives
on a National Spectacle Scheme for
Aboriginal and Torres Strait Islander
Australians, *Anna Morse*

76/76 Role of Optical Shops and
Pharmacies in Financial
Sustainability and Impact on
Service Delivery of Operation
Eyesight (OE) Partner Hospitals,
Santosh Moses

77/77 Building Refractive Services
through Effective Partnerships and
Coalitions, *Petronella Nichols*

78/78 Establishing a Community Outreach
Refraction Clinic Programme at
Quiha Eye Hospital, Tigray, Federal
Democratic Republic of Ethiopia,
Karen Sparrow

79/79 Management of Uncorrected
Refractive Error in Uganda:
Ophthalmic Clinical Officers'
Perspectives, *Alison Guthrie*

80/80 Towards Centralised Spectacle
Distribution for the Pacific Region:
The ICEE Experience,
Mitasha Marolia

81/81 Vision Centres in Urban Slums: A
Novel Strategy for Management of
Uncorrected Refractive Errors,
Prema Chande

82/82 Barriers to Refractive Error
Services in Sri Lanka from Eye
Care Providers' Perspectives,
Parthasarathi Kalaiselvan

83/83 Presbyopia and Gender: Results
of a Population-Based Presbyopia
Study in Durban, South Africa,
Prasidh Ramson

- | | | | |
|-------|---|---------|---|
| 84/84 | Near Visual Acuity is More and Equally Important as Distance for the Visually Impaired in All Age Groups in Various Centres at Mumbai, <i>Yogita Rajgandhi</i> | 95/95 | The Development of Optometry as an Independent Profession Collaborating in the Delivery of Health Care in India, <i>Rajesh Wadhwa</i> |
| 85/85 | Prevalence of Presbyopia and Near-Vision Impairment in the Population over 34 Years of Age in Nicaragua, Central America, <i>Kovin Naidoo</i> | 96/96 | Development and Standardisation of Optometric Education in India, <i>Prema Chande</i> |
| 86/86 | Impact on quality of life pre and post uncorrected presbyopia correction, <i>Hiral Korani</i> | 97/97 | Adequacy of Optometry curricula in facilitating community eye care and ameliorating avoidable blindness, <i>Nilesh Thite</i> |
| 87/87 | Addressing Uncorrected Presbyopia through Small Business Development within the Primary Health Care (PHC) System – Experiences from a South African Pilot, <i>Sebastian Fellhauer</i> | 98/98 | Role of Optometrists in Prevention Of Blindness, <i>Vasiur Rahman</i> |
| 88/88 | Refractive Error, Presbyopia and Spectacle Coverage: Results of a RARE Study in Kamuli District, Uganda, <i>Naomi Nsubuga</i> | 99/99 | Optometry Practice in a Metro Provides Primary Eye Care, <i>Ajay Shinde</i> |
| 89/89 | Utility and Uncorrected Refractive Error, <i>Nina Tahhan</i> | 100/100 | Indications of Refractive Surgery in Indian Scenario, <i>Sudhir Rachapalle</i> |
| 90/90 | Review of a Spectacle Technician Training Course in Vietna, <i>Jodi Martin</i> | | |
| 91/91 | Addressing Refractive Error in Vietnam – Development of Refraction Training and Optometry Programme, <i>Phuong Huynh</i> | | |
| 92/92 | An Evaluation of Developing Local Refraction Trainers in Vietnam using the EyeTeach Educator Programme, <i>Suit Ho</i> | | |
| 93/93 | Workplace Evaluation of Trained Refractive Personnel in Vietnam, <i>Suit Ho</i> | | |
| 94/94 | Raising Eye Care Awareness through World Sight Day and World Optometry Day, <i>Rajesh Wadhwa</i> | | |



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TIME	TUESDAY 18th SEPTEMBER	
07:30 - 09:00	Breakfast Seminars	Halls A - F
09:00 - 10:30	Symposium 2: Delivering Programmes: Success Stories	Auditorium
10:30 - 11:00	Coffee Break & Pavilion Presentations	
11:00 - 12:30	Symposium 3: Health Systems Development	Auditorium
12:30 - 13:30	Lunch & Pavilion Presentations	
13:30 - 15:00	Course 9: Refractive Error	Hall A
	Course 10: Global Burden of Disease	Hall B
	Course 11: What's New in Primary Eye Care	Hall C
	Course 12: Financing Eye Care Institutions in Low Income Countries	Hall D
	Course 13: Effective Advocacy	Hall E
	Free Papers 3	Hall F
15:00 - 15:30	Coffee Break & Pavilion Presentations	
15:30 - 17:00	IAPB Regional Sessions: Strategies and Approaches to Regional Efforts in Blindness Prevention and to Promote Better Eye Health	Auditorium & Halls A - F
19:00 - 22:00	Gala Dinner - N-Convention Centre (off-site) (19:00 - 22:00)	

Symposium 2

Room: Auditorium

Time: 09:00 to 10:30

Delivering Programmes: Success Stories

Convenor: Dr Babar Qureshi

Co-convenors: Mr Robert F McMullan and Prof Hugh Taylor

Description

Since the launch of VISION 2020 many demonstration models to deliver VISION 2020 programmes have been tested. There are many success stories, and countries and regions have used this success to scale up their initiatives, making a huge impact on quality of life for millions of people with visual impairment.

The symposium will look at the models globally and in particular how to scale up these initiatives, as that will certainly be required over the next decade if we are to eliminate avoidable blindness.

Time	Speakers	Title
09:00	Dr Babar Qureshi	Introduction to the Symposium
09:05	Prof Mohammed Daud Khan	Scaling up Eye Care Initiatives in Pakistan
09:20	Mr RD Thulasiraj	Scaling up Quality in Eye Care Services
09:30	Prof Richard Le Mesurier	Resource Generation: An Important Element of Success in Eye Care (an Experience in Australia)
09:40	Dr Kunle Hassan	Good Practice Model in an NGO Sector in Nigeria: A Support to the Eye Care System
09:50	Dr Abdulaziz AlRajhi	Advocacy as a Tool for Scaling Up Political and Professional Commitment in VISION 2020
10:00	Mr Simon Bush	Onchocerciasis and Community-Based Distribution
10:10	Plenary	Participants' Q & A

Symposium 3

Room: Auditorium

Time: 11:00 to 12:30

Health Systems Development

Co-convenors: Prof Clare Gilbert and Dr Haroon Awan

Description

In recent years much attention has been paid in health development literature to the need to strengthen health systems to ensure sustainable and equitable health care delivery. Health system strengthening has become a cornerstone for both national government and donor community policy.

The symposium will introduce participants to the importance of health systems, with a description of the World Health Organization's health systems framework. Some of the pitfalls of bypassing national health systems will be highlighted. Examples of health systems research will be presented, followed by examples of how the findings of this kind of research can be applied to the health workforce. The important role of policy development and implementation will be outlined.

Time	Speakers	Title
11:00	Prof Don de Savigny	What are Health Systems and Why Should We Engage?
11:15	Dr Daniel Etya'ale	Pitfalls in Bypassing National Health Systems
11:30	Mr Karl Blanchet	Examples of Health Systems Research in Eye Care
11:45	Prof Oduote Kayode	Improving Availability of Eye Health Workers in Rural and Remote Areas of West Africa: Role of Retention Strategies
12:00	Mr Nick Banatvala	Health System Strengthening and Multi-Sectoral Approaches in the Draft Action Plan for the Prevention of Blindness and Visual Impairment 2014-2019
12:15	Plenary	Participants' Q & A

Course 9

Room: Hall A

Time: 13:30 to 15:00

Refractive Error: Change in the Approach

Convenor: Prof Kovin Naidoo

Description

There are 640 million people, mostly in the developing world, who are blind or visually impaired because they do not have access to an eye examination and a pair of spectacles. Despite the best efforts of civil society, governments and the private sector, current efforts will not be able to achieve the targets we set for VISION 2020. In order to make significant gains, a realistic appraisal of current efforts, up-scaling of services and the development of new approaches need to be explored and developed, while being aware of regional and national challenges.

Objectives

The refractive error workshop will endeavour to achieve the above by focusing on the following areas:

- Human resources
- Service delivery models
- Technology and innovation
- Public-private partnerships
- Research challenges

Speakers

Title

Prof Kovin Naidoo	Overview of Refractive Error: Prevalence and Delivery Models
Dr Babar Qureshi	Producing the Necessary Human Resources: Ophthalmology and Mid-Level Personnel
Dr Luigi Bilotto	Producing the Necessary Human Resources: Optometry
Mr Hasan Minto	School Eye Health and Refractive Errors
Prof Nathan Congdon	The Refractive Error Research Agenda

Course 10

Room: Hall B

Time: 13:30 to 15:00

Global Burden of Disease: Impact of Vision Loss

Co-convenors: Prof Rupert Bourne and Prof Hugh Taylor

Description

The second Global Burden of Disease (GBD) study commenced in 2007 in order to obtain comparable estimates on the burden of disease, injuries and risk factors for 1990 and 2005. The results are to be released in 2012. This collaboration includes multiple universities and the World Health Organization. The Vision Loss expert group is one of the largest of the GBD expert groups with 83 members who are principally ophthalmologists and optometrists with an interest in ophthalmic epidemiology. This course will coincide with the publication of the primary outputs of the GBD. The course will explore the purpose of the GBD and the methods used in its exhaustive systematic review of all prevalence studies of visual impairment and blindness since 1980. The original GBD developed the concept of Disability Adjusted Life Years (DALYs). Improvements in the calculation of disability weights for visual impairment and blindness incorporated in this latest iteration of the GBD will also be described and discussed, as will the results of the analysis of the visual impairment data. Methods of dissemination of these important findings to commissioners and providers of eye care globally will also be explored.

Objectives

Participants will understand how the Global Burden of Disease is calculated, the weights given to vision loss and the relative contribution made by vision loss.

Speakers

Title

Prof Rupert Bourne	Global Burden of Visual Impairment and Blindness: The Systematic Review Process and Findings
Dr Hans Limburg	The Contribution of Rapid Assessment Studies to the GBD
Prof Janet Leasher	Global Coverage of Vision Data for the GBD Study
Prof Jill Keeffe	Disability Weights for Visual Impairment and Blindness
Dr Serge Resnikoff	Contribution of the GBD and Dissemination of Results

Course 11

Room: Hall C

Time: 13:30 to 15:00

What's New in Primary Eye Care?

Co-convenors: Dr Boateng Wiafe and Mr Ronnie Graham

Description

Over the last few years there has been a growing awareness amongst health planners in Africa and elsewhere that the revitalisation of the primary health care agenda is vital to achieve both the Millennium Development Goals (MDGs) and national health targets. This awareness has been reflected in a number of top-level calls to action, including the World Health Report 2003 and 'Now More Than Ever' in 2008, in addition to a new emphasis on health system strengthening and the work of the Global Health Workforce Alliance. Following the WHO call for a revitalised primary health care system, WHO in 2009 affirmed the essential role of primary health care and community-based interventions to prevent vision impairment. However, to establish effective primary eye care (PEC) systems a number of challenges have to be overcome and this has been the attention of the IAPB primary eye care group in recent months.

Objectives

This course will share current concepts and some recommendations on how to establish effective primary eye care systems.

Speakers

Title

Dr Hannah Faal	PEC 2020 and Beyond
Dr Jean-Marie Dangou	Overview of Primary Health Care (PHC) Reform Process in Africa and Integration of Eye Health into the WHO Package of Essential Non-communicable (PEN) Disease Interventions
Dr Grace Fobi	How to Apply the CDD Concept to PEC
Prof Clare Gilbert	Building an Evidence Base for PEC
Mr Ronnie Graham	Advocacy in PEC
Dr Boateng Wiafe	Strategies to Operationalise PEC
Ms Renee du Toit	Eye Health Tool Kit
Dr Robert Lindfield	Best Practices, Kenya

Course 12

Room: Hall D

Time: 13:30 to 15:00

Financing Eye Care Institutions in Low Income Countries

Convenor: Ms Victoria Sheffield

Description

This course will describe creative ways in which eye care institutions are earning revenue from the services they provide. Given the global trend toward self-financing for eye care, presenters will discuss specific revenue generating options that work and how they work.

Objectives

- Learn about creative financing options utilised in developing countries, e.g. sliding fee structures, optical services, insurances schemes, government financing, cross subsidisation.
- Understand which services are the best revenue generators, while addressing the greatest number of patient needs.
- Determine how to develop competitive pricing structures.
- Determine how donor funds should be integrated into overall financing and how to allocate revenue and donor funds to support the eye care institution's services.
- Understand the challenges and pitfalls in maintaining revenue-generating activities.
- Learn how policy, leadership and donor expectations can help or hinder financing options.

Speakers

Title

Dr Kunle Hassan	Creative Financing Options for Developing Countries
Mr Juan Francisco Yee	Best Revenue Generators Serving the Most People
Ms Sashi Priya	How to Establish a Pricing Structure
Dr Soliman Aref	Allocating Revenue and Donor Funds to Services for the Poor
Prof He Wei	Challenges and Pitfalls to Maintaining Revenue Generating Services
Dr Rainald Duerksen	How Policy, Leadership and Donors Help or Hinder Financing Options
Speakers +	Panel Discussion
Mr John Barrows	
Dr Rainald Duerksen	
Mr David Green	
Mr Raheem Rahmathullah	
Dr G Chandra Sekhar	

Plenary

Participants' Q & A

Course 13

Room: Hall E

Time: 13:30 to 15:00

Effective Advocacy

Co-convenor: Mr Peter Ackland, Mr R D Thulasiraj and Mr William Felch

Description

Many individuals and organisations involved with eye health and VISION 2020 would claim that advocacy is an important part of their role and contribution to achieving the elimination of avoidable blindness. But what is advocacy? It means different things to different people and is shaped by local custom and process. In some languages there is no word that has the equivalent meaning and translates simply from the English use and meaning of the word.

In this course we will draw out common understanding of what being an advocate means and share the learning from various success stories across the world of what tactics and approaches have been adopted to persuade decision makers to make positive policy and practice changes.

Objectives

- Brief participants on IAPB's advocacy objectives to achieve VISION 2020
- Help participants learn about strategies, tactics, and tools, for advocacy and make advocacy materials available to them
- Identify, and learn from advocacy success stories
- Enable participants to exchange views on opportunities and constraints

Speakers

Title

Mr R D Thulasiraj	The need for Advocacy and its Importance in Promoting Eye Health in India
Mr Peter Ackland	IAPB's Advocacy Goals for VISION 2020 and the IAPB Advocacy Training Programme
Dr Abdulaziz AlRajhi	Advocacy Strategies and Lessons Learned based upon the Eastern Mediterranean Region (EMR)'s Success in Securing Support for Recent WHA Resolutions
Ms Jennifer Gersbeck	Advocacy Strategies and Lessons Learned Based upon the Success in Securing Australian Government Support for the Australian Blindness Initiative
Mr William Felch Plenary	The International Council of Ophthalmology (ICO) Advocacy Network Q&A Session + Secrets of Successful Advocacy based on the Experiences of Audience

Free Papers 3

Room: Hall F

Time: 13:30 to 15:00

Chairs: Anand Vinekar and Sara Varughese

- 13:30 Pre- and Post-Training Evaluation of ROP Awareness Programme in India, *Aparna Gupta*
- 13:39 Comparing Cost-Utility Analysis between “KIDROP” – A Tele-ROP Model with Alternate Strategies for Retinopathy Of Prematurity Screening in Remote Areas in India, *Anand Vinekar*
- 13:48 Sibling Motivational Card – Evaluating a New Screening Initiative for Early Detection of Paediatric Ocular Disease, *Kannusamy Veena*
- 13:57 Bridging the Gap between Eye Care and the Provision of Comprehensive Social Services for Children who are Blind or have Low Vision; Lessons Learned through Perkins’ Global Partnership, *Aubrey Webson*
- 14:06 Meeting the Educational Needs of Children with Visual Impairment – A Study from India, *Hemalatha Arunachalam*
- 14:15 Inclusive Education of Children with Disabilities: Comparison of Services and Needs, *Kanagala Uma*
- 14:24 Scaling Up: Perkins International’s Experience-Building Programmes that Serve Children with Disabilities in Communities with Little to No Existing Service, *Steven Rothstein*
- 14:33 From Eye Care to Disability-Inclusive Development: The Impact on Eye Care Services of a Change in Focus of an International NGO, *Sara Varughese*
- 14:42 Low Vision Aids in Paediatric Age Group: How Far is the Dream? – A Two-Year Analysis in a Tertiary Care Eye Hospital in South India, *Dey Biswajit*
- 14:51 The Sv. Fyodorov Eye Microsurgery Federal State Institution: 25 Years of the Innovative Medical Project, *Alexander Doga*

IAPB Regional Sessions

Room: see below
Time: 15:30 to 17:00

Strategies and Approaches to Regional Efforts in Blindness Prevention and Promotion of Better Eye Health

IAPB's Regional Chairs will speak on challenges and achievements in efforts to prevent blindness and promote better eye health services within their regions. The sessions will seek to showcase the diversity of work across the region and promote learning that can be shared across the region.

Opportunities will also be provided for delegates to contribute their thoughts on what the main focus of IAPB efforts should be in the region over the next 4 years.

South East Asia Region

Chairs: Prof Rabiul Husain and Dr Taraprasad Das

Auditorium

Western Pacific Region

Chairs: Prof Richard le Mesurier

Hall A

Africa Region

Chair: Prof Kovin Naidoo

Hall B

Europe Region

Chairs: Prof Volker Klauss and Prof Janos Nemeth

Hall C

Latin America Region

Chairs: Dr Rainald Duersken and Dr Juan Batlle

Hall D

North America Region

Chair: Prof Louis Pizzarello

Hall E

Eastern Mediterranean Region

Chair: HRH Prince Abdulaziz Bin Ahmad Bin Abdulaziz Al Saud and Dr Abdulaziz AlRajhi

Hall F

Poster Presentations

Room: Exhibition Hall

Time: 09:00 to 17:00

Poster number/board number, title, author

Low Vision

- 101/1 Paediatric Low Vision: Magnitude, Interventions, Determinants and Compliance, *Rahul Deshpande*
- 102/2 Causes And Assessment Of Vision Impairment In Students In Schools For The Blind In Yemen: Need For Optical Low Vision Services, *Khalid Al-mohammadi*
- 103/3 Leading Causes Of Registration for Blindness and Low Vision in Belize, *Sally Baxter*
- 104/4 Prevalence and Causes of Low Vision and Blindness in an Urban Population – The Chennai Glaucoma Study, *Rashima Asokan*
- 105/5 Type of Disease, Acceptance and Follow Up of Patient in Low Vision Clinic in an Eye Institute in Maharashtra, *Anirban Paik*
- 106/6 Development of Low Vision Services among CBM Partners in South India: Issues and Challenges Faced, *Nagarathana*
- 107/7 Low Vision Intervention in Children: How Much Does it Help?, *Nirosha Marasinghe*
- 108/8 Developing Low Vision Service Delivery System: The Sri Lankan Experience, *Sudarma Liyanage*
- 109/9 Bringing Low Vision Services for Children Closer to the Community: an Example from Tanzania, *Elizabeth Kishiki*
- 110/10 Profile of Children with Low Vision in India – A Hospital-Based Study, *Gopalakrishnan Sarika*

- 111/11 Quality of life in visually impaired Indian population, *Deepak Bagga*
- 112/12 Visual Acuity Improvement Following Use of Visual Aids in Visually Impaired Children, *Praveen K*
- 113/13 A Randomized Control Trial of Models of Low Vision Service Delivery, *Beula Christy*

Inclusive Development and Mainstreaming the Needs of Disabled Persons

- 114/14 Rapid Assessment of Disability (RAD) Questionnaire, *Manjula Marella*
- 115/15 Analysis of Visual Findings for Persons with Intellectual Disability by Level of Country Development, *Sandra Block*
- 116/16 A Survey Report on Eye Examination of Challenged Students in West Bengal, India, *Anirban Dey*
- 117/17 Report on Ocular Problems in Children with Learning Disability, *Jameel Hussaindeen*
- 118/18 A Self-Help Group's Work in Mainstreaming the Needs of the Disabled, *Dharmendrakumar Jena*
- 119/19 Integrating Children with Low Vision into Mainstream Education, thus contributing to the Millennium Development Goal of Universal Primary Education, *Sabitra Kundu*
- 120/20 Understanding Inclusive Development and Mainstreaming

	within the Context of Eye Care Services, <i>Nagarathana</i>		An Exploratory Study, <i>Bikash Mohanta</i>
121/21	Mainstreaming Disability in Emmanuel Hospital Association (EHA), <i>Jubin Varughese</i>	131/31	Prevalence of Severe Visual Impairment in Adults – House to House Survey, <i>Lavanya Rao</i>
122/22	Convention on the Rights of Persons with Disabilities: Implications and Opportunities, <i>Maryanne Diamond</i>	132/32	Ocular Morbidity in a Slum Area of Delhi, <i>Vinayak Bhatia</i>
123/23	Empowering Persons with Disabilities through Integration in an Inclusive Society, <i>Nirad Bag</i>	133/33	Clinical study of causes of visual disability amongst patients approaching a civil hospital, <i>Aniket Patil</i>
124/24	Study on Information, Education and Communication Materials Available in India for Promoting Inclusive Education of Children with Disabilities, <i>Ranjish Kattady</i>	134/34	The Prevalence of Self-Reported Visual Impairment/Blindness in Economically Disadvantaged Regions of South Africa, <i>Jyoti Jaggersnath</i>
125/25	Self-Advocacy for Inclusive Development: A Model Approach by Sightsavers North, <i>Somesh Dwivedi</i>	135/35	Prevalence of Non-Vision Impairing Conditions (NVIC) among Char Population in Bangladesh, <i>Khairul Islam</i>
126/26	Inclusive Decentralised Planning in Madhya Pradesh, India, <i>Umesh Baurai</i>	136/36	Prevalence of Ocular Diseases in Patients Presenting with Non-Visual Complaints, <i>Namrata Kabra</i>
127/27	The Cost and Benefit of Achieving the VISION 2020 Goal to Eliminate Avoidable Blindness, <i>Jeremy Thorpe</i>	137/37	Empowering women to improve use of eye services: lessons learned, <i>Marceline Finda</i>
		138/38	Role of Women Community Health Workers (WCHWs) in Elimination of Avoidable Blindness – Habibpur Block, Malda District, West Bengal, India, <i>Rashi Ray</i>
		139/39	Gender and Eye Health - A Study on the Urban Slums of Kolkata, India, <i>Sampa Paul</i>
		140/40	Four pillars of community eye care outreach program- effective and replicable human resource utilization, <i>Awadh Dubey</i>
		141/41	Utilization of Community Based Health Assistants in delivering Primary Eye Care Services in a
Community Engagement and Eye Care			
128/28	Socioeconomic Inequalities and Blindness Burden in the Population of South India, <i>Krishnaiah Sannapaneni</i>		
129/29	Knowledge and Awareness of Ocular Diseases in Rural Population of Central Nepal, <i>Fathimath Nestha</i>		
130/30	Eye Health Care-Seeking Behaviour of the Rural Elderly in Mayurbhanj District of Odisha –		

- resource poor setting of Rural Bangalore, Karnataka, *Daisy John*
- 142/42 Why the eye health sector is losing the public relations war, *Joe Boughton-dent*
- 143/43 Role of ophthalmologists and NGOs in eye care, *Kabita Baishya*
- 144/44 Primary Eye Care – Embedding into the Existing Health System and Community Engage, *Mangala Gamage*
- 145/45 Extending Eye Care Services Into Rural Nigeria: The Vision 2020 Eye Clinic Ukpore Experience
- 146/46 Ensuring Eye Health Services through Community Institution Building: A Case Study of Sunderba, *Sudipta Mohanty*
- 147/47 The impact of effective community engagement in implementing prevention of blindness interventions, *Ahmed Abdel-rahim*
- 148/48 Community eye care programs: The engine for change with Public eye health in rural India, *Anand Sudhan*
- 149/49 Utilization of services of Vision Center in Thane district just outside Mumbai city, *Yogesh Shah*
- 150/50 Maintaining Quality while Delivering Cost-Effective Eye Care to the Community in a Tertiary Care Eye Institute in Central India, *Deepshikha Agrawal*
- 151/51 Engaging Community Leaders Effectively in Camps Helped in Achieving High Volume, Low Cost Surgeries, *Ramprasad Lakhotiya*
- 152/52 A Model for District Implementation of VISION 2020 in the Philippines, *Shelley Ann Mangahas*
- 153/53 Andhra Pradesh Tribal Eye Care Project (APTECP) – Overview, *Srinivasa Pallerla*
- 154/54 Mobilisation of Government Resources and Innovation in Community Awareness Development on Eye Care and Disability Issues amongst Tribal and Backward Community in Dumka and nearby Districts, Jharkhand, *Anand Abhinav*
- 155/55 Access Eye Care Services: Partnership between Eye Care Provider and Development Organisation, *Manish Mahendra*
- 156/56 Community Engagement in Eye Care under Sightsavers Dhaka Urban Comprehensive Eye Care Project (DUCECP), *Mohammad Islam*
- 157/57 A Key Global Resource: Volunteers and Public Health, *Mary Phyllida Roe*
- 158/58 Investigating Gender-Related Barriers to Eye Care amongst Cataract Patients in Tamil Nadu, *Sanil Joseph*
- 159/59 Outreach Eye Programme PLUS: A Model to Address Underserved, Inaccessible Marginalised Population, *Shawkat Shakoor*
- 160/60 Experience of 13 Years of Community Eye Care through Outreach among the Tribal Peoples of Melghat, Maharashtra, India, *Shyamala Anand*
- 161/61 Delivering Comprehensive Eye Care Services in Meghalaya, North East India, *Simanta Saikia*

162/62	Working with Local NGOs to Provide Eye Care for Disadvantaged Communities in Cambodia, <i>Somatheavy Khou</i>	173/73	Mapping Eye Care Human Resources in Sub-Saharan Africa, <i>Karl Blanchet</i>
163/63	Self-Financing for Eye Care in India – Community Assisted and Financed Eye Care Project (CAFE), <i>Giridhar Pyda</i>	174/74	Campaign “Open Your Eyes!” (In Italian: “Apri gli Occhi!”), <i>Filippo Amore</i>
164/64	Vision 2020 Australia Global Consortium, <i>Sophia Plumridge</i>	175/75	Review and Customisation of an Ophthalmic Training Programme for the Pacific, <i>Neil Murray</i>
165/65	The Right to Sight and to Walk Without Fear, <i>Larry Schwab</i>	176/76	Bridging the Information Gap in Latin America part I – Strategic Planning and Tools, <i>Kristen Eckert</i>
166/66	Organisational Capacity Building to Develop Sustainable Eye Hospitals – Sharing LAICO’s Experience, <i>Suresh Rajaram</i>	177/77	In-Service Training for Remote Primary Health Care Staff in Australia: A Novel and Useful Mode of Education Delivery, <i>Anna Morse</i>
167/67	The Community Eye Health Journal: a Tool for Reaching Primary Eye Care Practitioners?, <i>Elmien Ellison</i>	178/78	Strategic Network for Comprehensive Eye Care Services - a Model Process in Andhra Pradesh, Karnataka and Tamilnadu. , <i>Jesuraj Ratchagar</i>
168/68	Parliamentary Friends Group for Eye Health and Vision Care, <i>Jennifer Gersbeck</i>	179/79	Role of Effective Partnerships in Providing Eye Care in Rural India – A Study in Southern Rajasthan <i>Meenakshi Chundawat</i>
169/69	Meeting the Training Needs of Latin America through Coordination and Integration of Educational Programmes for Ophthalmic Personnel, <i>Narendra Patel</i>	Cornea	
170/70	Communities of Practice for Community Ophthalmology – Possibility, Practicability and Viability, <i>Samya Riad</i>		
171/71	An Investigation into the Working Relationship between Community Distributors and First Line Health Facility Staff on an Onchocerciasis Control Programme in Cameroon, <i>Andy Cassels-Brown</i>		
172/72	Current Level of Utilisation of Eye Care Services and Barriers to		
		180/80	Eye Banking in India: Status, Problems and Solutions - An Overview, <i>Vinayak Bhatia</i>
		181/81	Engaging Community for Breaking the Barriers in Promoting Eye Donation: Rotary Aravind International Eye Bank, Madurai, <i>Selvam Subbiah</i>
		182/82	Awareness of Eye Donation in the Urban Slum Population of New

- 183/83 Delhi, India, *Noopur Gupta*
Survey of Schools for the Blind and Community Based Rehabilitation (CBR) Programme on Childhood Blindness, Meghalaya, India, *Valensha Surong*
- 184/84 Awareness and Perception on Eye Donation among the Stakeholders in Srikakulam District, South India, *Sheeladevi Sethu*
- 185/85 Old Age Homes, A Useful Source of Eye Donation to Illuminate the Life of Blind Persons: A Study of Old Age Homes in Kolkata, India, *Manasi De*
- 186/86 Knowledge, Attitude and Practice (KAP) Study for Corneal Disease in Rural India, *Noopur Gupta*
- 187/87 Trachoma Surveys by the Segment and "TT40" Methods in Seven Districts in Kenya, *Jefitha Karimurio*
- 188/88 Evaluating the Normative Data of Corneal Curvature and Axial Length among Tribal Population Residing in the State of Meghalaya, *Graceciabell Sna*
- 189/89 Prevalence of Dry Eye Disease in the Rural Population of North India, *Noopur Gupta*
- 190/90 Spectrum of Dry Eye in Post-Orbital Radiation Therapy Patients, *Anusha Anaparthi*
- 191/91 Corneal Staining and Comfort with Silicone Hydrogel Lens using Two Multipurpose Solutions, *Renu Satish*
- 192/92 A Case Series of Three Patients with Bilateral Corneal Abrasion and Role of Eye Pad in Healing of Corneal Abrasion, *Dhavat Sukharamwala*
- 193/93 Amniotic Membrane Transplantation with Lateral Tarsorrhaphy in Management of Combined Neurotrophic and Neuroparalytic Keratitis in Hansen's Disease with Bilateral VII Nerve Palsy, *Medha Rajyan*
- 194/94 Overnight Corneal Swelling with Silicone Hydrogel Contact Lenses, *Premjit Bhakat*
- 195/95 Visual Rehabilitation with Rigid Gas Permeable Contact Lens in Post-Lasik Keratectasia, *Parthasarathi Kalaiselvan*
- 196/96 Visual Rehabilitation in Ectatic Cornea Following Corneal Collagen Cross Linking, *Preeji Mandathara*
- 197/97 Endothelial Keratoplasty: A Review of Indications at a Tertiary Eye Care Centre in South India, *Ashik Mohamed*
- 198/98 Comparison of Corneal Hysteresis and Corneal Resistance Factor in Keratoconic Patients Before and After Corneal Collagen Cross Linking with Riboflavin using Ocular Response Analyser, *Mithali Paranjape*
- 199/99 Corneal Endothelial Recovery in Patients Undergoing Small Incision Cataract Surgery: Comparison between Diabetics and Non-Diabetics, *Priya Gupta*
- 200/100 Neonatal Infectious Keratitis - Experience at a Tertiary Care Centre, *Sunita Chaurasia*

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TIME	WEDNESDAY 19th SEPTEMBER	
07:30 - 09:00	Breakfast Seminars	Halls A - F
09:00 - 10:30	Symposium 4: Social Entrepreneurship and Eye care	Auditorium
10:30 - 11:00	Coffee Break & Pavilion Presentations	
11:00 - 12:30	Symposium 5: Corporate Social Responsibility	Auditorium
12:30 - 13:30	Lunch & Pavilion Presentations	
13:30 - 15:00	Course 14: Glaucoma	Hall A
	Course 15: Challenges for Equity in Low Vision Care	Hall B
	Course 16: Gender and Blindness	Hall C
	Course 17: Neglected Tropical Diseases and Non Communicable Diseases	Hall D
	AIOS Session: Eye Care for Everyone in India	Hall E
	Free Papers 4	Hall F
15:00 - 15:30	Coffee Break & Pavilion Presentations	
15:30 - 17:00	Course 18: Glaucoma	Hall A
	Course 19: Eye Health for Children	Hall B
	Course 20: Technology	Hall C
	Rapid Fire 3	Hall D
	Rapid Fire 4	Hall E
	Free Papers 5	Hall F
17:00 - 21:30	MDP 25th Anniversary Lecture (17:00 - 17:45)	Auditorium
	Vision for Everyone... Everywhere Launch Party and Indian Craft Bazaar (17:45 - 21:30)	Novotel Gardens

Symposium 4

Room: Auditorium

Time: 09:00 to 10:30

Social Entrepreneurship and Eye Care

Convenor: Prof Kovin Naidoo

Description

Blindness and visual impairment is cited as both the cause and the effect of poverty. This reality demands a much broader perspective to blindness prevention efforts that transcends the narrow confines of eye care in order to encompass a development perspective. Social Entrepreneurship is a powerful tool for merging eye care services with the development agenda by not only creating opportunities for individuals, but also expanding sustainable solutions for the eradication of avoidable blindness and visual impairment.

This symposium will focus upon understanding social entrepreneurship and how social entrepreneurship can be applied in the blindness prevention context.

Time	Speakers	Title
09:00	Ms Abigail Noble	Social Entrepreneurship: A Powerful Agent for Change
09:15	Ashoka Representative	Social Entrepreneurship in Action: The Ashoka Experience
09:30	Prof Kovin Naidoo	Role of Social Entrepreneurship in Eye Care: Upscaling and Sustainability
09:45	Mr David Green	Financing Social Entrepreneurship Efforts
10:00	Plenary	Participants' Q & A

Symposium 5

Room: Auditorium

Time: 11:00 to 12:30

Corporate Social Responsibility: Towards More Effective Public-Private Partnerships

Convenor: Mr Phillip Albano

Description

Industry plays a critical role in supporting national eye care systems. Whether it is providing innovative technologies, pharmaceuticals or training opportunities, the impact of corporations on the public eye care sector is wide ranging and critical to our achieving VISION 2020 goals. What is perhaps less understood or appreciated is industry's support for charitable eye care efforts and the considerations it takes into account before entering into public-private partnerships.

This symposium will explore with leaders in the field the theory and practice of corporate social responsibility, highlight key public-private partnerships and discuss ways in which industry, governments, NGOs and others might partner more effectively in the future to achieve VISION 2020.

The symposium will be run as a panel discussion.

Panel members

Ms Caroline Roan	Vice President for Corporate Responsibility, Pfizer
Ms Karuna Bhatia	Head of Sustainability, India and South Asia, Standard Chartered Bank
Mr Claude Darnault	Directeur du Développement Durable, Chief Sustainability Officer, Essilor International
Mr Sebastian Fries	Chief Giving Officer, TOMS
Dr Hunter Cherwek	Strategic Markets Medical Director, Alcon
Mr V Raghunathan	CEO, GMR Varalakshmi Foundation
Mr Ashok Devineni	Executive Chairman of the Board of Nava Bharat Ventures Ltd

Course 14

Room: Hall A

Time: 13:30 to 15:00

Glaucoma: Methods for Case Detection and Treatment in Areas with Limited Resources – Part 1

Co-convenors: Prof Mingguang He and Prof Nathan Congdon

Description

Glaucoma is the leading cause of irreversible blindness in the world, and one of the few eye diseases that cuts across lines of economic status in geography: equally important and widespread in rich and poor countries, in Africa, Asia, Europe and the Americas. However, due to the complexity of diagnosis and treatment, glaucoma has not always received the same level of attention as some other eye diseases within the VISION 2020 campaign.

Objectives

To better understand the current problem of glaucoma in the world, while acquainting participants with novel strategies to combat the disease in areas with limited resources, and remaining key programmatic questions.

Speakers

Title

Prof Nathan Congdon	Overview of the Global Glaucoma Problem: What do We Need to Know?
Prof Mingguang He	The Guangdong Comprehensive Rural Eye Service Training (CREST) Programme in Glaucoma
Prof Rupert Bourne	Methods to Screen and Treat for Angle Closure Glaucoma (ACG)
Prof David Friedman	Lessons from the Zhongshan Angle Closure Prevention (ZAP) Trial
Dr Ramaswami Krishnadas	The New Aravind Shunt
Prof Augusto Azuara-Blanco	Effectiveness in Angle Closure Glaucoma of Lens Extraction (EAGLE) trial

Course 15

Room: Hall B

Time: 13:30 to 15:00

Challenges for Equity in Low Vision Care

Co-convenors: Prof Jill Keeffe and Mr Hasan Minto

Description

The course will present the results of research and the global mapping of low vision services to gain an understanding of barriers experienced in access to low vision services. Case studies will provide examples of programmes where barriers have been addressed to provide better access to services and will demonstrate the impact of services for adults and children with low vision. Methods for integration of low vision services in eye care and rehabilitation services will be described. The importance of universal design for people with visual impairment will be demonstrated with examples of lack of access, and techniques and design principles that provide access to all.

Objectives

To provide participants with examples of services, changes in the environment and equipment that address equity for people with low vision.

Speakers

Prof Jill Keeffe

Ms Sumrana Yasmin

Dr Haroon Awan

Mr Joseph Cho

Mr Hasan Minto

Ms Penny Hartin

Title

Results from the Global Mapping Survey

Case Studies of Projects Addressing Inequity

Evidence: Impact of Successful Projects

Universal Design: Accessibility for People with Low Vision

Low Vision in the Context of Development

Challenges in Equity

Course 16

Room: Hall C

Time: 13:30 to 15:00

Gender and Blindness: Innovative Ways to Reach Women (and Men) Who Need Eye Care Services

Convenor: Dr Paul Courtright

Description

The course will include short presentations from a number of innovative programmes that have increased use of eye care services, particularly by women and girls in different settings around the world. A panel will discuss key issues on how to sustain gender specific activities (both financially and programmatically) in various community ophthalmology settings.

Objectives

- Increase awareness of the correlation between gender and use of eye care services at the community level
- Provide experiences from settings that have undertaken gender-specific community interactions
- Provide knowledge and skills relating to best practices in gender based interventions

Speakers

Title

Dr Paul Courtright	Introduction
Ms Marceline Finda	Thinking Outside the Eye Care Box: Engaging with Community-Based Microfinance Programmes
Dr Ahmed Mousa	The Conditions do Matter: Differences in Use of Services for Cataract and Trichiasis after Implementation of a Community-Based Eye Health Programme
Ms Preeti Janani	Engaging with Communities for Improved Health from a Gender Perspective
Mr R P Kandel	Community-Based Women's Groups: Experiences from Nepal and other Countries
Ms Penny Lyons & Dr Ken Bassett	Advocacy with and Across Programmes: Successes and Challenges

Course 17

Room: Hall D

Time: 13:30 to 15:00

Neglected Tropical Diseases and Non Communicable Diseases: Link to Eye Health

Convenor: Dr Serge Resnikoff

Description

In the history of international health, various diseases groupings have been made mainly for political and operational reasons. Recently, in addition to the three so-called “priority diseases” (HIV/AIDS, Tuberculosis and Malaria), two new groupings have been designed and turned into initiatives: the Neglected Tropical Diseases (NTDs) and the Non Communicable Diseases (NCDs). NTDs are strongly associated with impoverished environments while NCDs share common risk factors. Both represent a major burden of disease because of their chronicity and high level of related disability.

Objectives

To explore how the NTD and NCD initiatives link to eye health, and highlight the opportunities for collaboration and integration of interventions.

Speakers

Title

Dr Serge Resnikoff	Introduction: The Global Burden of Disease and the Rationale for Disease Groupings
Dr Silvio Mariotti	NTDs: History of the Initiative, its Content, Strategies and Future Developments
Dr Adrian Hopkins	NTDs and Eye Health: Lessons Learnt and Opportunities for Collaboration
Dr Nick Banatvala	NCDs: History of the Initiative, its Content, Strategies and Future Developments
Dr Damodar Bachani	NCDs and Eye Health: Converging Interests and Opportunities for Collaboration
Plenary	Questions and Panel Discussion

Session: Eye care for Everyone in India – Success Stories

Room: Hall E
Time: 13:30 to 15:00

Hosted by All India Ophthalmological Society (AIOS)

Chairpersons: Dr N S D Raju and Dr A K Grover

Moderator: Dr Lalit Verma

Speaker	Title
Dr A K Grover	Going Solo: High Volume, Stringent Quality, Total Control
Dr N S D Raju	Day Care Centres: Small is Beautiful
Dr Debasish Bhattacharya	Group Practice: Disha—A Success Story
Dr Mahipal S Sachdev	Corporate is King
Dr Gullapalli N Rao	Community Ophthalmology – Reach the Unreached, LVPEI Model
Dr R V Azad	Government Institutes - Meeting Manpower Requirements, RP centre
Dr Perumalsamy Namperumalsamy	Private Institutes - Broad Base, Broader Appeal
Dr S S Badrinath	Tertiary Care – An Ideal Blend of Cutting-Edge Technology and Commitment to Society, Sankara Nethralaya
Plenary	Questions and Panel Discussion

Free Papers 4

Room: Hall F

Time: 13:30 to 15:00

Chairs: Brinda Ramachandran and William Felch

- 13:30 A Prospective Study to Report the Impact of Consent on Cornea Retrieval, *Brinda Ramachandran*
- 13:39 Management of Corneal Diseases through Community Outreach Programme in a Tertiary Eye Care Hospital – two-year overview, *Pallavi Joshi*
- 13:48 Effect of Tobacco Inhalation in “Beedi” Workers in the Development of Age Related Macular Degeneration (ARMD), *Saibaba Alampur*
- 13:57 ARCLIGHT™ Ophthalmoscope and Otoscope, *John Sandford-Smith*
- 14:06 Improving Access to Eye Care Education and Service in Asia-Pacific Region, *Gerhard Schlenther*
- 14:15 Combating Avoidable Blindness through Improved Training – Development of a Competency-Based Programme to Enhance Clinical Skills of Graduates in Managing Common Primary Eye Care Disorders, *Harpreet Kapoor*
- 14:24 International Council of Ophthalmology (ICO) Curricula for Ophthalmic Education, *Lindsey Washburn*
- 14:33 ICO Teaching the Teachers Initiative, *William Felch*
- 14:42 Status Report on Optometry Schools in India, *Vinod Daniel*
- 14:51 Developing Tertiary Eye Care Centres toward the Goal of Alleviating Global Blindness: The Aravind Eye Care System as a Case Study, *Luxme Hariharan*

Course 18

Room: Hall A

Time: 15:30 to 17:00

Glaucoma: Methods for Case Detection and Treatment in Areas with Limited Resources – Part 2

Co-convenors: Prof Mingguang He and Prof Nathan Congdon

Description

Glaucoma is the leading cause of irreversible blindness in the world, and one of the few eye diseases that cuts across lines of economic status in geography: equally important and widespread in rich and poor countries, in Africa, Asia, Europe and the Americas. However, due to the complexity of diagnosis and treatment, glaucoma has not always received the same level of attention as some other eye diseases within the VISION 2020 campaign.

Objectives

To better understand the current problem of glaucoma in the world, while acquainting participants with novel strategies to combat the disease in areas with limited resources, and remaining key programmatic questions.

Speakers

Dr Suman Thapa

Prof Amel Ouertani

Plenary

Title

Challenges of Glaucoma Care in the Himalayas: Tibet and Nepal

Management of Glaucoma in an African Context

Questions and Panel Discussion

Course 19

Room: Hall B

Time: 15:30 to 17:00

Eye Health for Children

Convenor: Prof Clare Gilbert

Description

Eye health for children encompasses a wide range of medical disciplines (developmental abnormalities and molecular genetics, infectious diseases, trauma, the consequences of prematurity and teratology). However, the reasons why children acquire eye diseases or become or remain visually impaired often has more to do with the social determinants of health than whether services are available. Interventions and programmes are required at all levels of service delivery, from the family through to tertiary level care.

Objectives

This course will focus on eye health and its integration into established school health programmes, primary eye care for children and the benefits of participatory planning.

Speakers

Dr Hannah Faal

Prof Clare Gilbert

Dr Milka Mafwiri

Dr Mohammad Muhit

Mr Hasan Minto

Plenary

Title

Comprehensive School Eye Health Programmes

Improving the Efficiency of Vision Testing Programmes in Schools

Evaluation of the “10 Key Activities for Healthy Eyes in Healthy Children”

Participatory Planning of Services for Children

Integrating Eye Health into School Health Programmes

Questions and Panel Discussion

Course 20

Room: Hall C

Time: 15:30 to 17:00

Technology: Improving the Standards

Convenor: Ms Ingrid Mason

Description

The new IAPB procurement consortium and web based Standard List are initiatives designed to make the provision of good quality but affordable equipment, drugs and consumables available to as many eye health programmes as possible. This course will introduce participants to the Standard List and also discuss how the private and not for profit sector can collaborate to solve the enduring problem of poor equipment maintenance. As part of the plenary session there will be an opportunity to identify other technology related issues that IAPB may work on in future.

Objectives

This course will give participants a greater understanding of:

- How to register and use the IAPB Standard List of equipment, drugs and consumables and join the procurement consortium
- How to ensure training and support supervision for bio-medical technicians for the increasingly sophisticated equipment that is being used in the field, and identify where bio-medical training centres in ophthalmic equipment could be established

Speakers

Title

Ms Ingrid Mason

Introduction to the Course

Mr Philip Hoare

Online Demonstration of the IAPB Standard List and the Objectives of the Procurement Consortium

Ms Ingrid Mason

The Enduring Concerns Around Equipment Maintenance

Dr Daniel Etya'ale

Online Demonstration of the Equipment Information Contained within the IAPB Africa Database

Plenary

Participants' Q & A plus Identification of Other Technology Related Issues for Future Attention

Rapid Fire 3

Room: Hall D

Time: 15:30 to 17:00

Chairs: Tran Duong and James Standefer

- 15:30 Rapid Assessment of Avoidable Blindness and Willingness to Pay for Cataract Surgery in Tribal Region of Surat District, Gujarat, *Rohan Chariwala*
- 15:34 Pre-Operative Evaluation of the Patient with a Mature Cataract, *Baxter McLendon*
- 15:38 Constraints to Uptake of Cataract Surgery among Blind Women in a Rural District of Tamil Nadu, India, *Franklin Stanley*
- 15:42 Results of Corrective Surgery: Secondary Lens Implantation at a Cataract Surgery Training Centre, *Mehul Shah*
- 15:46 The Household Economic Impact of Cataract Surgery in Vietnam: A Collaborative Study between The Fred Hollows Foundation and the George Institute for Global Health, *Tran Duong*
- 15:50 Task-Shifting in Eastern Africa: Attrition and Productivity of Cataract Surgeons in Tanzania, Malawi, and Kenya, *Edson Mwaipopo*
- 15:54 A Comparative Study on Outcomes of Manual Small Incision Cataract Surgery at Base Hospital versus Surgical Eye Camps with Improved Settings, *Bidya Pant*
- 15:58 Long Term Visual Outcome after Cataract Surgery in a District Community Eye Centre in Remote Nepal, *Sunu Dulal*
- 16:02 Retrospective Analysis of Eye Care in High Volume Cataract Surgeries in Sub-Himalayan Districts of Uttarakhand based on Key Performance Indicators from 2009 to January 2012, *Deva Kar*
- 16:06 Visual Function and Quality of Life after Cataract Surgery in Kaniyambadi Block, a Cross-Sectional Study, *Smitha Jasper*
- 16:10 Impact of Clinical Audits on Cataract Management Protocols at an Eye Hospital, *Elizabeth Kurian*
- 16:14 Barriers to Follow-Up for Paediatric Cataract Surgery in Maharashtra, India: How regular Follow-Up is Important for Good Outcome, *Parikshit Gogate*
- 16:18 Role of Quality Assurance in Increasing Programme Efficiency: Evidence from an ORBIS Supported Project in Rural Bangladesh, *Lutful Husain*
- 16:22 Awareness of Glaucoma in Punjab, *Nitin Batra*
- 16:26 Glaucoma, a Challenge in a Rural Area in Burkina Faso, *Jérôme Sanou*
- 16:30 IOP and its Correlations in a Population-Based Study in Central India: The Central India Eye and Medical Study, *Krishna Bhojwani*
- 16:34 Clinical Effectiveness of Contrast Sensitivity Function in Patients with Primary Open Angle Glaucoma (POAG) and Ocular Hypertension (OHT), *Mousumi Saikia*
- 16:38 Clinical Comparison of the Diaton Transpalpebral Tonometer with the Goldmann Applanation Tonometer in Normal Subjects, *Himanshu Gupta*
- 16:42 Impact of Glaucomatous Field Defects on Vision Related Quality of Life, *Mousumi Dutta*
- 16:46 Evaluation of Normative Retinal Nerve Fibre Layer Thickness among the Tribal Population Residing in Meghalaya, *Banshanhi Nongkhlaw*
- 16:50 Review of Trabeculectomy Surgery at a Secondary Level Facility in Kwara State, Niger, *Kolawole Ogundimu*
- 16:54 Is VISION 2020 Ready for Glaucoma? *James Standefer*

Rapid Fire 4

Room: Hall E

Time: 15:30 to 17:00

Chairs: Tefitha Karimurio and Dr Mansur Rabiul

- 15:30 Trachoma Surveys by the Segment and "TT40" Methods in Seven Districts in Kenya, *Jefitha Karimurio*
- 15:34 1) Successful External DCR: Factors to be Considered. 2) A New Approach: Better Surgical Outcome with External DCR, *Sybil Meshramkar*
- 15:38 Assessment of Visual Impairment in AIDS Patients with Immune Recovery Uveitis, *Ashraf A*
- 15:42 Impact of Training Peer Educators Working for HIV/AIDS Prevention into Primary Eye Care for Increasing Their Social Acceptance and Thereby Reaching Out to the Unreached, *Namrata Goswami*
- 15:46 Clinical Study of Causes of Visual Disability amongst Patients Approaching a Civil Hospital, *Aniket Patil*
- 15:50 RAAB and DR in Jizan Province of Saudi Arabia, *Mostafa Wasli*
- 15:54 Frequency of Diabetic Retinopathy in Diabetic Patients between 15-65 Years of Age Attending the Endocrinology Unit of Hayatabad Medical Complex, Pakistan – Hospital Based Study, *Faryal Baddia*
- 15:58 Diabetic Retinopathy Screening in a High Risk Population, *Ajay Sharma*
- 16:02 Knowledge, Attitude and Practice in Self-Reported Diabetics in Tertiary Eye Care Centre in Eastern India. The LVPEI Eye and Diabetes Study (LEADS), Report # 2, *Batriti Wallang*
- 16:06 Kilimanjaro Diabetic Programme: Experiences with Screening for Diabetic Retinopathy with a Fundus Photographic System, *Heiko Philippin*
- 16:10 Diabetic Retinopathy – Remote Screening Model using IT (working with Diabetologists), *Vijayakumar Valaguru*
- 16:14 Kilimanjaro Diabetic Programme: Strengthening Eye Health by Including Screening of Diabetic Retinopathy as part of Diabetic Clinics, *William Makupa*
- 16:18 Diabetic Retinopathy (DR) Screening Programme in Urban Area – Lessons Learned, *Kuldeep Dole*
- 16:22 Barriers to Treatment for Diabetic Retinopathy (DR) in Bangladesh and Indonesia, *Erica Khetran*
- 16:26 Cost Utility of Mobile Telescreening of Diabetic Retinopathy in Rural South India, *Sudhir Rachapalle*
- 16:30 Review of Current Diabetic Retinopathy Management Guidelines in the Context of Low-Resource Settings, *Rahul Chakrabarti*
- 16:34 Knowledge, Attitude and Practice Pattern of General Practitioners and Paramedics towards Diabetes and Diabetic Retinopathy in Central India, *PK Bajaj*
- 16:38 Vitreoretinal Fellowship in UK and its Impact on Eye Care in Sarawak, *Chek Ngo*
- 16:42 A Study to Evaluate Preventive Aspects in Sports Related Ocular Injuries, *Avinash Mishra*
- 16:46 Normative Data for Macular Thickness and Volume in Residents of Meghalaya Using Stratus Optical Coherence Tomography, *Deepa Khonglah*
- 16:50 Quality of Life in the Visually Impaired Indian Population, *Deepak Bagga*

Free Papers 5

Room: Hall F

Time: 15:30 to 17:00

Chairs: Praveen Vashisht and G V Rao

- 15:30 Application of the Stakeholder Theory and Collaborative Advantage to the VISION 2020 Initiative, *Samya Riad*
- 15:39 Placing Programmes into the Global Picture of VISION 2020: Using Theory of Change to Ensure Effective Service Delivery Programmes and Theoretical Frameworks that Reflect the Community's Voice, *Gillian Cochrane*
- 15:48 Coordination of VISION 2020 in West Africa, an Example of Partnership, *Doulaye Sacko*
- 15:57 A Pilot Study to Involve Village Based Volunteers in Integrated Primary Eye Care Services under National Rural Health Mission in India, *Praveen Vashist*
- 16:06 Public Private Partnership Models for Eye Care Service Delivery, *Asim Sil*
- 16:15 Initiating a Gender Balanced Eye Care System for Rural Women towards a Comprehensive Health Care System through PHCs. Current Situation and Future Initiatives of all CBM Partner Organisations, *Bridgetta Prema*
- 16:24 Cluster-Based Planning for Elimination of Avoidable Blindness – Rajganj Block, Jalpaiguri District, West Bengal, *Anup Zimba*
- 16:33 Team Building and Strategic Planning for Eye Care Hospitals for Sustainability, *G V Rao*
- 16:42 A Bottom-Up Approach to Influencing National Strategies for Eye Care in Peru, *Raheem Rahmathullah*
- 16:51 Evaluating the National Eye Care Programme in the UK, *Andy Cassels Brown*

Mectizan Donation Program (MDP) 25th year Anniversary Lecture

Room: Auditorium

Time: 17:00 to 17:45

Updates on Onchocerciasis (River Blindness) Control and Elimination: Lessons Learnt and Opportunities for Collaboration

Chair: Prof Hugh Taylor

Speaker: Dr Tony Ukety

Following a brief description of onchocerciasis (river blindness), a review of the major achievements of various health interventions will be presented, starting with the impact of vector control in most of the Onchocerciasis Control Programme (OCP) endemic countries in West Africa. Since 1987 the free donation of Mectizan® – as much as needed and for as long as needed – has revolutionised the fight against river blindness. Annual or semi-annual ivermectin mass treatment gradually became the main intervention against onchocerciasis, and was expanded to the remaining endemic countries in sub-Saharan Africa, to thirteen foci in six Latin American countries and to Yemen. Its implication in the formation of several public-private partnerships as well as the initiation of multiple health interventions and new programmes such as the neglected tropical diseases (NTDs) will also be discussed. In addition to the striking achievements observed in Latin America since 2007, the prospects of eliminating onchocerciasis in Africa will be presented. Finally, the lecture will be concluded by discussing the challenges the global onchocerciasis programmes are facing and possible solutions in addressing them during the next decades.

Poster Presentations

Room: Exhibition Hall

Time: 09:00 to 17:00

Poster number/board number, title, author

Cataract

201/1	Changing Profile of Patients Approaching a Tertiary Eye Hospital for Cataract Surgery in North India: A Five-Year Perspective, <i>Sandeep Buttan</i>	210/10	Productivity Pattern Responsible for High Quality Cataract Surgeries in a Charitable Eye Hospital, <i>Manoj Verma</i>
202/2	Impact of Visual Impairment on Vision-Related Quality of Life in Older Persons with Cataract Treated in a Mobile Surgical Unit, <i>Liana Ventura</i>	211/11	Itinerant Cataract Campaign in Bahia, 2011, <i>Ive Cunha</i>
203/3	To Study the Correlation of Day-To-Day Lifestyle with Age Related Cataract, <i>Sonam Talwar</i>	212/12	Impact of Routine Monitoring of Cataract Surgery in Rural Hospitals in Andhra Pradesh, India, <i>Matta Sumathi</i>
204/4	Eliminating Preventable Blindness: The Knowledge, Attitudes and Practice of the Elderly, Cataract Blind Population in Pune, India, <i>Alison Balcombe</i>	213/13	Barriers for Uptake of Cataract Surgery in Secondary Eye Care Facility in South India, <i>Dattatri Rao Chowduri</i>
205/5	Rapid Assessment of Avoidable Blindness and Willingness to pay for cataract surgery in tribal region of Surat district of Gujarat state, India, <i>Rohan Chariwala</i>	214/14	Barriers Among Unilateral and Bilateral Blind People Identified in Eye Camps in Tribal Areas, rural India, <i>Vilas Kovai</i>
206/6	Prevalence and Visual Outcomes of Cataract Surgery in Rural South India, a Cross Sectional Study, <i>Renu Raju</i>	215/15	Task shifting in eastern Africa: Attrition and productivity of cataract surgeons in Tanzania, Malawi, and Kenya, <i>Edson Mwaipopo</i>
207/7	Awareness in the Community Regarding Age Related Cataract and the Facilities Provided under the National Programme for Control of Blindness for Cataract Surgery, <i>Simon George</i>	216/16	Productivity of Non-Doctor Cataract Surgeons (NDCS) in Ethiopia, <i>Zelalem Eshetu</i>
208/8	Pre-Operative Visual Acuity for Cataract Surgery between 2000 and 2010 in China, <i>Wei He</i>	217/17	Factors Associated with Prevalence of Cataract Surgery and Post-Operative Visual Outcome in Rural Central India. The Central India Eye and Medical Study, <i>Vinay Nangia</i>
209/9	Pre-operative Evaluation Of The Patient With A Mature Cataract, <i>Baxter McLendon</i>	218/18	Satisfying Demand for High Technology Cataract Surgery by Poor Patients Without Going Broke, <i>Raheem Rahmathullah</i>
		219/19	The household economic impact of cataract surgery in Vietnam: a collaborative study between

- the Fred Hollows Foundation and the George Institute for Global Health, *Tran Duong*
- 220/20 Constraints to Uptake Cataract Surgery among Blind Women in a Rural District of Tamil Nadu, India, *Franklin Stanley*
- 221/21 Comprehensive District Eye Care Programme to Reduce Blindness through Cataract Operations, *Syed Islam*
- 222/22 Perioperative Prophylaxis for Endophthalmitis After Cataract Surgery: A Survey of Iranian Ophthalmologists, *Marzieh Katibeh*
- 223/23 Role of Intracameral Moxifloxacin in High Volume Cataract Surgeries, *Mrinal Borgohain*
- 224/24 Bandage Contact Lens In the Management of Surgically Induced Necrotising Scleritis Following Manual Small Incision Cataract Surgery, *Pallavi Patil*
- 225/25 Keeping Patients Safe: Developing and Implementing a Method to Monitor Patient Safety during Cataract Surgery in an Eye Hospital in India, *Robert Lindfield*
- 226/26 Retrospective analysis of eye care in high volume cataract surgeries in Sub Himalayan districts of Uttarakhand based on key performance indicators from 2009 to Jan 2012, *Deva Kar*
- 227/27 Long term visual outcome after cataract surgery in a district community eye center in remote Nepal, *Sunu Dulal*
- 228/28 Impact of Cataract Surgery in Reducing Blindness and Severe Visual Impairment, *Rajiv Khandekar*
- 229/29 A comparative study on outcome of manual small incision cataract surgery at base hospital versus surgical eye camps with improved settings, *Bidya Pant*
- 230/30 Phaco versus SICS: Outcome of Cataract Surgery in an Eye Hospital in Cameroon, *Robert Lindfield*
- 231/31 Impact of clinical audits on cataract management protocols at eye hospital, *Elizabeth Kurian*
- 232/32 Visual Function and Quality of Life after Cataract Surgery in Kaniyambadi Block, a Cross Sectional Study, *Smitha Jasper*
- 233/33 A New Vision: Combating Blindness in Dhaka, M Nurun *Nabi Nabi*
- 234/34 Incidence of Clinical and Subclinical Cystoid Macular Edema in Diabetic and Non-Diabetic Patients after Cataract Surgery by Means of Optical Coherence Tomography, *Aditi Moghe*
- 236/36 Preparing for the Congo: Outcomes of an Ophthalmic Nurse Cataract Surgeon's Clinical Observership in the UK, *Henri Samoutou*
- 237/37 Profile of Patients Presenting for One-Week Postoperative Visit Following Uncomplicated Phacoemulsification for Senile Cataract, *Nazia Begum*
- 238/38 To Compare the Visual Outcome and Intra-Operative Complications Between Phacoemulsification and Manual Small Incision Cataract Surgery in india, *Vishal Y*
- 239/39 Results of corrective surgery:

secondary lens implantation at a cataract surgery training centre,
Mehul Shah

Glaucoma

- 240/40 Awareness of Glaucoma In Punjab, *Nitin Batra*
- 241/41 Barriers to Diagnosing, Treating and Teaching Glaucoma in Developing Countries, *James Standefer*
- 242/42 Accuracy and Safety of Goldmann Applanation Tonometry Over Daily Disposable Soft Contact Lenses, *Jyothi Thomas*
- 243/43 IOP and its correlations in a population based study in Central India. The Central India Eye and Medical Study, *Krishna Bhojwani*
- 244/44 Clinical comparison of the Diaton Transpalpebral Tonometer with the Goldmann Applanation Tonometer in normal subjects, *Himanshu Gupta*
- 245/45 Validity of Glaucoma Risk Score in Hospital-Based Population, *Fiona Gonsalves*
- 246/46 Agreement between Glaucoma Specialists and Optometrists in Gonioscopy and Optic Disc Assessment, *Addepalli Kumar*
- 247/47 Evaluation of the Effectiveness of Ophthalmic Assistants as Screeners for Glaucoma in North India, *Subodh Sinha*
- 248/48 Cup-Disc Ratio: Agreement between Fundus Biomicroscopic Estimation and Fundus Camera Measurement, *Mahima Chandra*
- 249/49 Clinical Effectiveness Of Contrast Sensitivity Function In Patients With Primary Open Angle Glaucoma (POAG) And Ocular

Hypertension (OHT),
Mousumi Saikia

- 250/50 Impact of Glaucomatous Field Defects on Vision Related Quality Of Life, *Mousumi Dutta*
- 251/51 Review of Trabeculectomy Surgery At A Secondary Level Facility In Kwara State, Niger, *Kolawole Ogundimu*
- 252/52 Wetlab Training for Trabeculectomy in Burkina Faso, *Karl Rigal*
- 253/53 Glaucoma, A challenge in a rural area in Burkina Faso, *Jérôme Sanou*
- 254/54 Glaucoma Awareness among People Attending Ophthalmic Outreach Service in Eastern Nepal, *Rajendra Gyawali*
- 255/55 Is VISION 2020 Ready for Glaucoma? *James Standefer*

Diabetic Retinopathy and ARMD

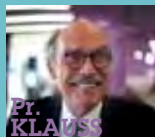
- 256/56 Diabetic Retinopathy in Dharavi Slums, *Sunita Mohan*
- 257/57 RAAB +DR in Jizan Province of Saudi Arabia, *Mostafa Wasli*
- 258/58 Frequency of Diabetic Retinopathy in diabetic patients between 15-65 years of age attending the Endocrinology unit of Hayatabad Medical Complex; Peshawar, Pakistan-A, *Faryal Baddia*
- 259/59 Diabetic Retinopathy Screening in High Risk Population, *Ajay Sharma*
- 260/60 Kilimanjaro Diabetic Program: Experiences with Screening for Diabetic Retinopathy with a Fundus Photographic System, *Heiko Philippin*
- 261/61 Kilimanjaro Diabetic Program:

	Strengthening Eye Health By Including Screening of Diabetic Retinopathy as part of Diabetic Clinics, <i>William Makupa</i>	271/71	Diabetic Retinopathy Screening in Rural Area of Bangladesh: Dreams, Problems and Hope, Sk. Md. <i>Abdul Miah</i>
262/62	Economic Burden of Diabetes in Urban India, <i>Pablo Chandra</i>	272/72	Quality of Life in Self-Reported Type 2 Diabetics with Retinopathy in Tertiary Eye Care Centre in Eastern India. The LVPEI Eye and Diabetes Study (LEADS) Report # 3, <i>Preeti Semwal</i>
263/63	Diabetic Retinopathy – Remote Screening Model Using IT (Working With Diabetologists), <i>Vijayakumar Valaguru</i>	273/73	Development and Evaluation of Feasibility of Implementing Guidelines for the Management of Diabetic Retinopathy for Low-Resource Settings, <i>Rahul Chakrabarti</i>
264/64	Cost Utility of Mobile Telescreening of Diabetic Retinopathy in Rural South India, <i>Sudhir Rachapalle</i>	274/74	Enhancing Access to Diabetic Retinopathy Services through Partnerships Beyond Eye Care – Our Experience, <i>Sasipriya Karumanchi</i>
265/65	Diabetic Retinopathy (DR) Screening Programme in Urban Area - Lessons Learned, <i>Kuldeep Dole</i>	275/75	Novel Therapeutic Approach for Diabetic Retinopathy, <i>Deepa Pathak</i>
266/66	Impact of Rural Vision Health Guardians as Eye Health, Diabetes and Hypertension Educators – Sight to Resight Project Experience, <i>Padmaja Rani</i>	276/76	Are We Effective – Arming Against ARMD? <i>Caroline Edwin</i>
267/67	Knowledge, Attitude and Practice Pattern of General Practitioners and Paramedics towards Diabetes and Diabetic Retinopathy in Central India, <i>P K Bajaj</i>	277/77	Characterisation of Scotoma in Wet Age Related Macular Degeneration, <i>Deepali Damkondwar</i>
268/68	Knowledge, Attitude and Practice in Self-Reported Diabetics in Tertiary Eye Care Center in Eastern India. The LVPEI Eye And Diabetes Study (LEADS) Report # 2, <i>Batriti Wallang</i>	278/78	Associations of Early Age Related Macular Degeneration with Ocular and General Parameters. The Central India Eye and Medical Study, <i>Maithili Kulkarni</i>
269/69	Review of Current Diabetic Retinopathy Management Guidelines in the Context of Low-Resource Settings, <i>Rahul Chakrabarti</i>	279/79	Normative Data for Macular Thickness and Volume in Residents of Meghalaya Using Stratus Optical Coherence Tomography, <i>Deepa Khonglah</i>
270/70	Barriers to Treatment for Diabetic Retinopathy (DR) in Bangladesh and Indonesia, <i>Erica Khetran</i>	280/80	Evaluation of Normative Retinal Nerve Fibre Layer Thickness among the Tribal

- Population Residing in the State of Meghalaya, *Banshanhi Nongkhlaw*
- 281/81 Assessment of Visual Impairment in AIDS Patients with Immune Recovery Uveitis, *Ashraf A*
- 282/82 Vitreoretinal Fellowship in UK and its Impact on Eye Care in Sarawak, *Chek Ngo*
- Innovation to Improve Access and Equity**
- 283/83 PUSHUP (Paramount Unit for School Health Programme), *Abdul Moiz Shams*
- 284/84 To Evaluate Effectiveness of Diagnostic and Management Decision by Teleophthalmology Compared to In-Clinic Assessment of Patients and Validate the Concept of Teleophthalmology in Indian Context, *Abhishek Dagar*
- 285/85 Using ORBIS Telemedicine Cyber-Sight for Training and Patient Care in the Prevention of Avoidable Blindness, *Lynda Smallwood*
- 286/86 Technology Addresses the MLOPs Training Gap, *Vinoth Palanichamy*
- 287/87 Social Inequities in a Working Population of an Industrialised Country, *Anna Rius*
- 288/88 Comprehensive Eye Care - A Way to Improve Access and Equity, *Jawwad Ahmad*
- 289/89 Vision Centres, A New Method for Classification, *Stephanie Looi*
- 290/90 Development of a Vision Centre Operations Training Course, *Michael Morton*
- 291/91 Vision Centers for Primary Eye Care Delivery in India, *Anand Sudhan*
- 292/92 Determinants of Primary Eye Care through Vision Centers in Rural India, *Vilas Kovai*
- 293/93 Innovation to Improve Access and Equity – Aravind's Primary Eye Care Experience, *Mohammed Gowth*
- 294/94 Validation of Screening for Potentially Blinding Eye Diseases by Vision Technicians and Ophthalmologists and their Referral Agreement at Vision Centres in Rural South India, *Vasantha Suram*
- 295/95 Role of Outreach Surgical Eye Camps in Arunachal Pradesh, *Lobsang Tsetim*
- 296/96 A Retrospective Study of Eye Camp Model used at a Tertiary Eye Hospital, *Meena Nagar*
- 297/97 Partnership across the socio economic Spectrum: Sustainable vision for grass roots, *Hitendra Ahooja*
- 298/98 Public Private Partnership in Cataract Surgery – A Case Study from Bihar, *Suvendu Mitra*
- 299/99 Care for the Underprivileged in a Privileged Country, *Jean Roosen*
- 300/100 Indicators for Scaling Up Sustainable Eye Programs through Mentoring: Results of a Global Partnership, *Suzanne Gilbert*

INTERESTED IN APPLYING FOR THE NEXT L'OCCITANE SIGHT AWARD?

L'OCCITANE en Provence is a French sensorial brand, developing authentic and natural body, face, and home products. Its Foundation also works with the senses and has chosen to **support the professional integration of the visually impaired in France and to participate in the fight against blindness in the developing countries.**



In 2011, the Foundation launched the **L'OCCITANE Sight Award**. A sum of €50,000 was granted to the researcher Volker Klauss, in recognition of his commitment and to enable him to continue his work to fight blindness in developing countries.

The L'OCCITANE Foundation will present its next **L'OCCITANE Sight Award** during the **WOC 2014 TOKYO**.

APPLICATIONS WILL BE OPEN ON THE FOUNDATION WEBSITE FROM JANUARY 2013.

VISIT OUR EXHIBITION STAND FOR MORE INFORMATION!

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TIME	THURSDAY 20th SEPTEMBER	
07:30 - 09:00	Breakfast Seminars	Halls A - F
09:00 - 10:30	Symposium 6: Challenges in Monitoring Clinical and Programme Outcomes	Auditorium
10:30 - 11:00	Coffee Break & Pavilion Presentations	
11:00 - 12:30	Symposium 7: Development and the Millennium Development Goals	Auditorium
12:30 - 13:30	Lunch & Pavilion Presentations	
13:30 - 14:15	Alan Johns Lecture	Auditorium
14:15 - 15:30	Closing Ceremony	Auditorium
15:00 - 15:30	Coffee Break	
15:30 - 18:00	VISION 2020: The Right to Sight – India Session: Technology and Innovation in Eye Care	Auditorium

Symposium 6

Room: Auditorium

Time: 09:00 to 10:30

Challenges in Monitoring Clinical and Programme Outcomes

Convenor: Prof Nathan Congdon

Co-convenor: Dr Andrea Zin

Description

There is an increasing realisation that monitoring the outcomes of eye health programmes and clinical interventions is critical to improving quality. While a standard vocabulary (presenting visual acuity, cataract surgical rate, etc.) has been developed and come into wide use for cataract programme monitoring, much progress remains to be made in the evaluation of programmes on glaucoma, trachoma, refractive error and other conditions.

This symposium will touch on strategies to improve monitoring for a variety of different programmes, while also discussing how large organisations such as INDGOs, governments and hospitals can develop Monitoring and Evaluation (M&E) protocols and improve their capacity for monitoring and evaluation.

Time	Speakers	Title
09:00	Dr Abu Raihan	Challenges of Developing an Institution-Wide M&E Paradigm: the ORBIS Experience
09:12	Dr Paul Courtright	Capacity-Building in Monitoring Programme and Surgical Outcomes
09:24	Prof Rupert Bourne	Key Outcomes in Assessing the Quality of Glaucoma Care
09:36	Dr Andrea Zin	Assessing the Success and Coverage of ROP Programmes in Brazil
09:48	Dr Johnson Ngorok	Monitoring Outcomes in Trachoma Programmes
10:00	Mr Akoto Kwame Osei	Monitoring Outcomes of Programmes for Vitamin A Deficiency
10:12	Plenary	Participants' Q & A

Symposium 7

Room: Auditorium

Time: 11:00 to 12:30

Development and the Millennium Development Goals

Co-convenors: Dr Hannah Faal and Prof Clare Gilbert

Description

Development has many dimensions, social, environmental or human, encompassing learning and livelihoods, energy and nutrition, housing and human rights, as well as health care. The overall goal of development is the well-being of all individuals and communities.

This symposium will give examples of how disability, eye care and eye health can and should be part of the broader development agenda.

Time	Speakers	Title
11:00	Dr Haroon Awan	Development and Health
11:15	Ms Lynda Cherry & Dr Kashinath Bhoosnurmath	Participation in Development
11:45	Ms Patricia Ferguson & Dr Santosh Moses	The Impact of Development in Marginalised Communities: Eye Health, Productivity and Sustainability
11:30	Mr Johannes Trimmell	Inclusion of Disability in Millennium Development Goals: Implications for Eye Health
12:00	Mr Dominic Haslam	Beyond 2015 and the Current Millennium Development Goals (MDGs): What Next? A Civil Society Perspective
12:15	Plenary	Participants' Q & A

Keynote Lecture

Room: Auditorium

Time: 13:30 - 14:15

Alan Johns Lecture

Chair: Dr Ramachandra Pararajasegaram

Speaker: Dr Serge Resnikoff

Alan Johns CBE was an educator and a strong advocate for blindness prevention. He was a Past-President, IAPB and also its first Secretary General. Alan Johns was also the Executive Director of Sightsavers.

IAPB instituted the Alan Johns Lecture in his memory at the 6th General Assembly in Beijing, China, in 1999. Previous speakers include Prof Al Sommer, Mr Christopher Friend and Dr Zulma Ortiz.

Prof Serge Resnikoff MD PhD, Senior Consultant, International Health & Development, DMI Associates will be delivering the Alan Johns Lecture at the 9th General Assembly.

Closing Ceremony

Room: Auditorium

Time: 14:15 - 15:30

14:15 - 14:35	Address by the outgoing and incoming IAPB President
14:35 - 14:45	Hyderabad Declaration by Johannes Trimmel
14:45 - 14:50	Best Paper and Poster Award
14:50 - 15:05	Address by Mr Desiraju "India's Vision"
15:05 - 15:20	Eye Health Heroes Awards
15:20 - 15:30	Closing remarks by Chair of 9GA Organising Committee, Prof Brien Holden

Plenary Session

Room: Auditorium

Time: 15:30 to 18:00

Technology and Innovation in Eye Care Hosted by VISION 2020: The Right to Sight – India

Convenor: Ms Sujaya Krishnan

Co-convenor: Mr R D Thulasiraj

Description

In order to provide quality comprehensive eye care services that are keeping pace with modernisation and reach, we need to have newer, cost effective and appropriate, innovative technology in planning, infrastructure development, and management and research areas. We would like to learn how to leverage the technology, access unreached populations across the world and create a system delivering high quality and sustainable eye care services. The primary focus of this session is to learn to build the capacity of eye care institutions and develop new models which would take on the challenges of environment, power, clinical and diagnostic techniques, management and research.

Time	Speakers	Title
15:30	Mr R D Thulasiraj	Introduction
15:43	Ms Sujaya Krishnan	Government's Initiatives
15:56	Dr N K Agarwal	Screening Technology for Effective Eye Care Service Delivery
16:07	Dr Kanav Kahol	Technology and Innovation in Eye Care
16:23	Dr Ramachandra Pararajasegaram	Community Approach
16:34	Dr Damodar Bachani	Research in the Area of Technology and Innovation in Eye Care
16:45	Dr R R Sudhir	Technology Innovation for Medical Records
16:56	Mr Manu Kapoor	Corporate's Role in Health Care
17:07	Dr Caroline Harper	International Non-Governmental Organisations' Perspective
17:18	Prof Brien Holden	Reaching Out to the Community through Technology and Innovation
17:29	Prof Kovin Naidoo	Training of Health Personnel in Technology and Innovation
17:40	Dr Taraprasad Das	New Technology for Image Analysis in Diabetic Retinopathy
17:50	Plenary	Questions and Panel Discussion

Poster Presentations

Poster number/board number, title, author

Room: Exhibition Hall

Time: 09:00 to 14:00

Community Engagement and Eye Care

301/1 Impact of Community Engagement in Eye Care Services – An Experience by Aravind Eye Care System, India, Meenakshi Sundaram Ramasamy

302/2 Blindness and Inequality: What can we Learn from 30 years of Prevalence Surveys? *Jacqueline Ramke*

303/3 Impact Assessment of Quality Assurance Programme at Tertiary Level Eye Care Hospital in North India, *A K Arora*

304/4 VISION 2020: Eye Care to Unreached. VVRCWA-Drusti Eye Hospital – Our Experiences in Tribal Eye, *Narasinga Rao Jada*

305/5 EyeTeach India: Developing Effective Teaching Skills in Eye Care Educators, *Neilsen De Souza*

306/6 Global Shortage of Ophthalmologists will Persist Despite More Than 200,000 in Practice and Training Worldwide, *Lindsey Washburn*

acceptance and thereby reaching out to the unreached, *Namrata Goswami*

308/8 Abhishyam Foundation's Impact on Rural Eye Care – An Eye-Opener! *Usha Heranjal*

309/9 Demographic Profile of Beneficiaries of the Fixed Facility Under NPCB, *Zinkal Shah*

310/10 Enhancing Female Access to Eye Health Services in Sri Lanka, *Anitha Munasinghe*

311/11 Eye Care Delivery Performance of One Year-Trained Vision Technicians in Vision Centres, *Prakash Paudel*

312/12 Criteria for Establishing a Secondary Eye Care Centre, *Sashi Athota*

313/13 Strengthening Community Eye Care – The Kerala Model, *Thomas Cherian*

314/14 Increase Accessibility of Eye Care Services at the District Level: A Partnership Experience with Ministry of Health (MOH) in Selected Districts of Bangladesh, *Wahidul Islam*

316/16 Achieving VISION 2020 in Eastern Africa: Lessons from a Capacity Building Programme, *Titus Nyange*

317/17 Costing of eye care services, *Col Madan Deshpande*

318/18 A Systematic Approach for Identifying and Evaluating the

Measuring Programme Effectiveness, Sustainability, and Impact

307/7 Impact of training peer educators working for HIV-AIDS prevention into primary eye care for increasing their social

- | | | | |
|--------|---|--------|--|
| | Costs of Receiving and Managing Donated Eye Care Products, <i>Vivasan Pillay</i> | | Evidence from an ORBIS supported project in rural Bangladesh, <i>Lutful Husain</i> |
| 319/19 | Patient Care Audit: Impact Assessment of Socio-Economic and Behavioural Aspects, <i>Gimms Andrews</i> | 329/29 | Measuring Effectiveness of Primary Eye Care Programmes in Rural Areas: Aravind Eye Care System's Approach, <i>Ganesh Babu Subburaman</i> |
| 320/20 | Impact of Impaired Vision and Eye Disease on Quality of Life in Papua New Guinea, <i>Prakash Paudel</i> | 330/30 | Evaluation: A Tool to Assess and Improve the Effectiveness of Eye Care Training Programmes, <i>Imran Khan</i> |
| 321/21 | Eye-Q in Pursuit of Excellence through Benchmarking, <i>Deepa Krishnan</i> | 331/31 | Midterm Review of VISION 2020 in Nepal, 2010, <i>Madan Upadhyay</i> |
| 322/22 | Validating a Tool to Assess Knowledge, Attitude and Practice in Eye Health, <i>Gail Ormsby</i> | 332/32 | Community-Based Rehabilitation (CBR) Evaluation Framework, <i>Manjula Marella</i> |
| 323/23 | Utility of Key Performance Indicators and Balanced Score Card in Community Eye Care, <i>Kaushik Murali</i> | 333/33 | The Incidence of Blindness in Israel was Halved during the First Decade of the 21st Century, <i>Michael Belkin</i> |
| 324/24 | Factors Responsible for Sustainability of Vision Centres in Urban Slums of Mumbai – A Patient Perspective Study, <i>Lynn Mathew K</i> | 334/34 | VISION 2020 – India Initiative for Comprehensive Eye Care Strategic Plan Development for Madhya Pradesh in India, <i>Praveen Vashist</i> |
| 325/25 | Vision Services' Utilisation and Need in Papua New Guinea, <i>Mitasha Marolia</i> | 335/35 | Changing Trends of Population and Blindness in Oman – A Review of Three Censuses and Three Prevalence Surveys, <i>Rajiv Khandekar</i> |
| 326/26 | Measuring UK Vision Strategy Impact, <i>Nick Astbury</i> | 336/36 | Situational Analysis of Ophthalmic Nursing Services in Botswana, <i>Chatawana Molao</i> |
| 327/27 | Sometimes When It Is Busy I Do Short Cuts: A Qualitative Exploration of Factors Influencing the Effectiveness of Care Provided by Mid-Level Eye Care Personnel in the Pacific, <i>Renee Du Toit</i> | 337/37 | A Study To Evaluate Preventive Aspects in Sports-Related Ocular Injuries, <i>Avinash Mishra</i> |
| 328/28 | Role of Quality Assurance in increasing program efficiency: | | |

Trauma

- 338/38 To Analyse Demographical and Clinical Information of Penetrating Eye Injuries, *Mehul Shah*
- 339/39 Role of Visual Evoked Potential in Ocular Trauma, *Vinod Kumar*

Other

- 340/40 Management of Ptosis with Spectacles, *Narendra Kumar*
- 341/41 Swinging Door Lateral Orbitotomy for Management of Anteriorly Placed Orbital Tumours, *Atreyee Pradhan*
- 342/42 1) Successful External DCR: Factors to be Considered 2) A New Approach : Better Surgical Outcomes with External DCR, *Sybil Meshramkar*

Inclusive Development and mainstreaming the needs of Disabled

- 343/43 Visual Ability: Every Child's Business, *Joseph Rathinam*

Measuring Programme Effectiveness, Sustainability and Impact

- 344/44 Measuring Effectiveness of Comprehensive Outreach Screening Programme: Aravind Eye Care System Experience, *Ganesh Babu*

- 345/45 Measuring effectiveness of Primary Eye Care programs in rural areas: Aravind Eye Care System's approach, *Ganesh Babu Subburaman*

- 346/46 World Initiative VISION 2020 in South-Eastern Europe – in the Middle of the Road, *Petja Ivanova Vassileva*

Community Engagement and Eye Care

- 347/47 A Comparative Study on Refractive Error and Eye Diseases in Private and Government Schools in three districts of South India, *Marie Mouttapa*

Diabetic Retinopathy

- 348/48 Improving Uptake of Screening, Referral and Treatment Services for Diabetic Retinopathy through Education of Patient Networks in Jakarta, *Silvana Faillace*



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Satellite programme at a glance

BREAKFAST SEMINARS	Time	MONDAY 17th SEPTEMBER	TUESDAY 18th SEPTEMBER
	07:30 - 09:00	Women's Networking Event - Experiences from the Eye Health Sector. Hall A	The ORBIS 30th Anniversary Breakfast, ORBIS. Hall A
			Optometry in India: Making Giant Strides, India Vision Institute. Hall B
			Combining Ear and Hearing Care with Eye Care Services, WHO. Hall C
			Modern Purchasing for Eye Care Professionals: IAPB Online Standard List, IAPB Procurement Consortium. Hall E
PAVILION PRESENTATIONS: EXHIBITION HALL	10:30 - 10:45	CBM's Global Involvement in Eye Care, CBM	Eye-Sun Protection Factor, Essilor
	10:45 - 11:00	Combining Ear and Hearing Care with Eye Care Services, WHO	Manuals for Developing Eye Health Interventions, Sightsavers
	12:30 - 12:45	The L'OCCITANE Sight Award, L'OCCITANE Foundation	Modern Purchasing for Eye Care Professionals: IAPB Online Standard List, IAPB Procurement Consortium
	12:45 - 13:00	Optometry Resources, Brien Holden Vision Institute	Private-Private Eye Care Service Partnership Experience in African Countries, Appasamy Associates
	13:00 - 13:15	Steps to Prevent Blindness due to ROP in Lima, Peru, ORBIS	Korle Bu Optical Services: Can Social Entrepreneurship Support Community Eye Care Development? Vision Aid Overseas
	13:15 - 13:30	Mobilising Resources from the Global Optical Community in Support of Sustainable Eye and Vision Care Projects, Optometry Giving Sight	Early Screening for ROP: Role in Rural India, Clarity Medical Systems
	15:00 - 15:15	New Directions in the SightFirst Programme, Lions Clubs International Foundation	Vision Centre Toolkit, Brien Holden Vision Institute
	15:15 - 15:30	Supporting and Maintaining Eye Care Equipment in Developing Countries: An Experience from Asia and Africa, Appasamy Associates	"Sight and Life" and "100 Years of Vitamin", Sight and Life

BREAKFAST SEMINARS	Time	WEDNESDAY 19th SEPTEMBER	THURSDAY 20th SEPTEMBER
	07:30 - 09:00	<p>Methodology Used for the Price of Sight and the Benefits Framework Report, The Fred Hollows Foundation. Hall A</p> <p>An Update on the Work and Collaborative Efforts of the Vision Alliance, (WBU, ICEVI and IAPB), Vision Alliance. Hall D</p>	<p>Community Eye Health Activities in the SAARC Countries: Current Scenario, Association of Community Ophthalmologists of India. Hall A</p> <p>Human Resources Development, Sightsavers. Hall B</p>
PAVILION PRESENTATIONS: EXHIBITION HALL	10:30 - 10:45	Turning a Blind Eye on Poverty, Brien Holden Vision Institute and ORBIS	VOSH and its Role in the Delivery of Sustainable Eye and Vision Care, VOSH International
	10:45 - 11:00	VARILUX, Essilor	Community Eye Health Strategies in Sightsavers' Programmes, Sightsavers
	12:30 - 13:30	LUNCH SESSION. Hall G Prevention of Vitamin A Deficiency in Indian Children through Nutritional Interventions, Sight & Life	
	12:30 - 12:45	Supporting Patients Through Customised Solutions, Carl Zeiss	National Networks in Eye care – Examples Around the World, CBM
	12:45 - 13:00	Saving Procurement Costs, Deepak Enterprises	Long term Outcomes of Bilateral Congenital and Developmental Cataracts Operated in Maharashtra, India, ORBIS
	13:00 - 13:15	Sompeta to Sinazongwe: 50 Years of Commitment to Eliminating Avoidable Blindness, Operation Eyesight Universal	
	13:15 - 13:30	New Directions in the SightFirst Programme: South Asia, Lions Clubs International Foundation	
	15:00 - 15:15	Asia National Networks: Impact on Eye Care in the Region, CBM	
	15:15 - 15:30	REDROP: A Novel, Low-Cost Method of ROP Screening Enrolment in Unscreened Regions, Clarity Medical Systems	

DAY 1 - Monday 17th

BREAKFAST SEMINAR

07:30 - 09:00

Hall A

Women's Networking Event - Experiences from the Eye Health Sector

Kathy Spahn, Helen Keller International; Dr Rubina Gillani, The Fred Hollows Foundation and Dr. Caroline Harper, Sightsavers

This promises to be an inspiring breakfast meeting of women in eye health from around the world. For the first time, female member representatives and supporters of IAPB have come together during the General Assembly to create an opportunity to meet other women, hear stories, laugh together and enjoy each other's company. To set the theme for the morning, three inspiring women from leading International NGOs in the eye health sector will share their stories and challenges.

PAVILION PRESENTATIONS

The Pavilion is located in the Exhibition Hall

10:30 - 10:45

CBM's Global Involvement in Eye Care, *CBM*

Dr Colin Cook, CBM Senior Advisor for Medical Eye Care

An overview of CBM's global work in eye care is presented: CBM's vision and mission; where have we come from, where are we now, where are we going; the importance of CBM's work in the field of medical eye care in our overall programme strategy.

10:45 - 11:00

Combining Ear and Hearing Care with Eye Care Services, *WHO*

Dr Shelly Chadha, Technical Officer, Prevention of Deafness, WHO

WHO estimates that over 275 million persons in the world suffer with disabling hearing loss. 50% of hearing loss can be prevented through a primary health care approach. As the demand for ear and hearing care services grows, this field has a lot to learn from the established eye care service delivery models. Opportunities may also exist for integration of services at the community level, enabling us to 'do more with less'.

12:30 - 12:45

The L'OCCITANE Sight Award, *L'OCCITANE Foundation*

Ms Mary Bonneaud, General Delegate of the L'OCCITANE Foundation and Prof Volker Klauss, winner of the L'OCCITANE Award 2011

In 2011, the L'OCCITANE Foundation launched the L'OCCITANE Sight Award. A sum of €50,000 was granted to the researcher Prof Volker Klauss, in recognition of his work to fight blindness in developing countries. The L'OCCITANE Foundation will present its next L'OCCITANE Sight Award during the WOC 2014 Tokyo. Applications will be open from January 2013.

12:45 - 13:00

Optometry Resources, *Brien Holden Vision Institute*

Mr Luigi Bilotto, Human Resource Development Director, Brien Holden Vision Institute

Human Resource Development is dominating the international health arena due to the integral role of appropriate education in finding sustainable solutions. Optometry must critically respond to the global challenge of blindness and visual impairment not only by increasing its workforce but also by promoting access to quality education to the most marginalised. To support the development of programmes, foster uniformity in academia and concurrently respond to the widespread lack of educational resources, the Brien Holden Vision Institute has compiled materials to support core optometry curriculum.

13:00 - 13:15

Steps to Prevent Blindness due to ROP in Lima, Peru, *ORBIS*

Dr Luz J. Gordillo, Instituto Damos Vision (IDV)

A situational analysis and intervention were conducted to reduce ROP as a cause of blindness in Lima, Peru. The results showed that the standardisation of knowledge in oxygen therapy of caregivers in the NICU decreased the number of ROP babies and severe ROP cases for treatment.

13:15 - 13:30

Mobilising Resources from the Global Optical Community in Support of Sustainable Eye and Vision Care Projects, *Optometry Giving Sight*

Mr Clive Miller, CEO

An overview of the mission and purpose of Optometry Giving Sight – how and why it was established; its donors and supporters; projects funded and outcomes achieved; and its support for IAPB.

15:00 - 15:15

New Directions in the SightFirst Programme, *Lions Clubs International Foundation*

Ms Linda Romano-Derr

Lions Clubs International Foundation's SightFirst Programme is the Lions global blindness prevention initiative. The presentation will provide more information on the programme's funding policies and procedures, with an emphasis on the new directions it is taking.

15:15 - 15:30

Supporting and Maintaining Eye Care Equipment in Developing Countries – An Experience from Asia and Africa, *Appasamy Associates*

Dr Arun Kumar Galli L.

Appasamy Associates was established in 1978. Over the years, Appasamy has built a reputation for manufacturing high quality ophthalmological equipment and consumables, and for marketing them at affordable prices in India and elsewhere. The organisation is also renowned for its reliable after-sales support, making a critical difference to cost-dependent eye care services in India and developing countries. This session discusses the experiences of this famous Indian ophthalmology company.

DAY 2 - Tuesday 18th

BREAKFAST SEMINARS

07:30 - 9:00

Hall A

The ORBIS 30th Anniversary Breakfast, *ORBIS*

In their 30th anniversary year, ORBIS invites you to join them in celebrating their past, present and future.

Key Note Speaker:

Dr Gullapalli N Rao - "Eye Health in the Developing World; Successes, Challenges and Solutions"

Special Address:

Dr Daniel Etya'ale - "How to Choose Where you Invest in Programmes to Treat and Prevent Blindness"

Master of Ceremonies:

Mr Robert F Walters, Chairman and CEO of ORBIS

Indian and continental breakfasts will be served throughout.

07:30 - 09:00
Hall B

Optometry in India: Making Giant Strides, *India Vision Institute*

Prof Brien Holden, Mr Vinod Daniel, Mr Rajesh Wadhwa, Mr Vivek Mendonsa, Ms Lakshmi Shinde

This breakfast session will update the broader vision care community on the giant strides the optometry profession has made in India.

The session will be moderated by the India Vision Institute in a round table format involving three peak bodies of Indian optometry; the Indian Optometry Federation, the Optometry Council of India and the Association of Schools and Colleges of Optometry. The breakfast session will be an interactive forum that addresses the current status of each organisation, the path ahead and how attendees can contribute to the development of the profession in India.

07:30 - 9:00
Hall C

Combining Ear and Hearing Care with Eye Care Services, *WHO*

Dr Shelly Chadha Technical Officer, Prevention of Deafness, WHO HQ, Geneva
Dr Sandeep Buttan

With the increasing global prevalence of hearing loss and related ear diseases, this session will look at the need to establish programs focusing on ear and hearing care. Expanding the scope of existing eye care services to include ear and hearing care, is one such approach. This merger can take place at the community or primary level of services and would ensure greater awareness, early identification and referral of ear diseases and hearing loss.

07:30 - 09:00
Hall E

Modern Purchasing for Eye Care Professionals: IAPB Online Standard List, *IAPB Procurement Consortium*

Mr Philip Hoare, IAPB and Mr Michal Michael Wortmann, CBM

The IAPB procurement consortium seeks to demonstrate the world's first online procurement platform specifically developed for the NGO eye care sector. In this session, the presenters will showcase contributors to this project and the benefits for NGOs and their partner organisations as well as for suppliers.

PAVILION PRESENTATIONS

The Pavilion is located in the Exhibition Hall

10:30 - 10:45

Eye-Sun Protection Factor, *Essilor*

Ms Radhika Francis

Essilor's presentation will focus on Eye-Sun Protection Factor (ESPF) and the elimination of Ultra Violet (UV) light reflection in its lens. UV light has been proven to accelerate eye ageing, skin cancer and the appearance of cataracts. It is estimated that around 15 million people worldwide become blind from cataracts annually, of which up to 20% may be caused or aggravated by UV exposure. Essilor's innovation involves a new anti-reflective coating on the backside of the lens – introducing "Broad Spectrum Technology", which virtually eliminates UV light reflection into the eyes while maintaining the optimum transparency of the lens.

10:45 - 11:00

Manuals for Developing Eye Health Interventions, *Sightsavers*

Mr Pankaj Vishwakarma

The presentation will highlight information about different manuals that have been developed for developing programmes to address various eye conditions such as diabetic retinopathy, low vision, refractive error and also on setting up a tertiary level eye hospital and running a refresher training course for ophthalmic technicians.

12:30 - 12:45

Modern Purchasing for Eye Care Professionals: IAPB Online Standard List, *IAPB Procurement Consortium*

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and their partner organisations as well as for suppliers.

12:45 - 13:00

Private-Private Eye Care Service Partnership Experience in African Countries, *Appasamy Associates*

Dr Arun Kumar Galli L.

Appasamy Associates' presentation discusses their experiences of starting private-private eye care service partnerships in Lusaka, Zambia and Addis Ababa, Ethiopia. These are full-fledged eye hospitals providing comprehensive eye care services to the people of Africa at affordable prices. These centres also aim to train African ophthalmologists and enhance their surgical skills so that in the future, Africa will be self-sufficient in producing high-calibre ophthalmologists.

13:00 - 13:15

Korle Bu Optical Services: Can Social Entrepreneurship Support Community Eye Care Development? *Vision Aid Overseas*

Dr Imran A. Khan OD, MSc, MPH, FAAO

Vision Aid Overseas is working with the Moorfields Lions Korle Bu Trust to develop optical services at the Korle Bu Teaching Hospital in Accra, Ghana. The aim of the project is to develop a high quality optometry and spectacle dispensing facility that generates an income stream used to develop eye care services in under-privileged communities. Vision Aid Overseas' International Programme Director, Dr Imran Khan, will update colleagues on the success of the programme and the use of a social-entrepreneurial model to increase access to eye care in developing settings.

13:15 - 13:30

Early screening for ROP: Role in Rural India, *Clarity Medical Systems*

Dr Anand Vinekar

15:00 - 15:15

Vision Centre Toolkit, *Brien Holden Vision Institute*

Ms Stephanie Looi, Global Service Development Manager, Brien Holden Vision Institute

Vision centres are an important method of reducing the escalating number of people suffering from avoidable blindness. The Vision Centre Toolkit, developed by the Brien Holden Vision Institute, is an educational resource that provides eye care personnel with theoretical and practical direction for the development and operation of vision centres.

15:15 - 15:30

Sight & Life and 100 years of Vitamins, *Sight & Life*

Two billion people suffer from malnutrition. They are trapped in a vicious spiral of deprivation, which can be reversed by something as simple as nutrition. Vitamins have played an essential role in protecting our health. Sight & Life welcomes delegates to join them in celebrating 100 years of discovery, science and innovation in vitamins

DAY 3 - Wednesday 19th

BREAKFAST SEMINARS

07:30 - 09:00

Hall A

Presentation of the Methodology Used for the Price of Sight and the Benefits Framework Report, *The Fred Hollows Foundation*

Mr Jeremy Thorpe, Partner, PwC Australia and Mr Marty Jovic, Associate Director, PwC Australia

The need to eliminate avoidable blindness and vision impairment has been articulated in VISION 2020: The Right to Sight Global Initiative, but there has not been an holistic understanding of the costs involved to achieve this goal, nor the benefit resulting from its achievement. Here, the cost and benefit story to estimate the impact of the VISION 2020 goal globally will be brought together.

07:30 - 09:00

Hall D

An Update on the Work and Collaborative Efforts of the Vision Alliance (WBU, ICEVI and IAPB), *Vision Alliance*

The Vision Alliance is made up of the World Blind Union, The International Council for the Education of the Visually Impaired and the International Agency for the Prevention of Blindness. The alliance was created to reflect the fact that the three organisations have many similar and complementary objectives and that by collaborating together on key activities the alliance could add greater value. This breakfast session will provide those attending with an update on the Alliance's collaborative work on:

1. Preparedness and response of WBU, ICEVI and IAPB and their members to emergency situations.

2. Low Vision

The session will also provide an opportunity

for attendees to input their ideas on other potential areas for collaboration

PAVILION PRESENTATIONS

The Pavilion is located in the Exhibition Hall

10:30 - 10:45

Turning a Blind Eye on Poverty, Brien Holden Vision Institute & Orbis

Prof Kovin Naidoo, Global Programmes Director, Brien Holden Vision Institute and Ms Lene Overland, Director of Programme, ORBIS Europe, Middle East and Africa

This presentation highlights the link between poverty and blindness by profiling the South African War on Poverty Project and the study on poverty and eye health, conducted by the Brien Holden Vision Institute, ORBIS and the African Vision Research Institute. The study has revealed valuable information regarding the relationship between vision impairment and an individual's socio economic status.

10:45 - 11:00

VARILUX, Essilor

Mr Arun Nagaraj, Essilor

This presentation discusses the benefits of VARILUX lenses. Until fairly recently, most clinicians thought of optics in terms of sphere and cylinder. Then came the application of wavefront optics to laser vision correction. Essilor has developed a multi-patented design and manufacturing process, called W.A.V.E technology (wavefront advanced vision enhancement), to correct higher order aberrations that have historically been present in even the very best progressive lenses. With W.A.V.E Technology, lens designers can now for the first time, pinpoint and correct many of the higher order aberrations created by the lens

itself. The result is Varilux ® Physio™, a general wear progressive lens that delivers enhanced vision by using wavefront optics to literally micromanage the path that light takes when it passes through the spectacle lens on its way to the eye.

LUNCH SESSION

12:30 - 13:30

Hall G

Prevention of Vitamin A Deficiency in Indian Children through Nutritional Interventions, Sight & Life

Dr Klaus Kraemer, Director, Sight and Life
Clayton A. Ajello, Senior Technical Advisor,
Vitamin Angels

The most recent meta-analysis of 16 published vitamin A supplementation trials confirmed a 24% reduction in risk of all-cause mortality in children aged six months to five years in response to vitamin A. Evidence also suggested that vitamin A produced a large reduction in the incidence and prevalence of night blindness and in the prevalence of xerophthalmia. Cultural, economic, environmental and social factors in India may make vitamin A status especially poor. WHO-recommended universal vitamin A supplementation in India fails to reach 50% or more of children under five-years old. This panel will present practical approaches for preventing vitamin A deficiency in Indian children through nutritional interventions.

LUNCH WILL BE PROVIDED

12:30 - 12:45

Supporting Patients through Customised Solutions, Carl Zeiss

Carl Zeiss is committed to helping blind people the world over. As part of this endeavour Carl

Zeiss has developed custom made, economical solutions which enable doctors in various fields to give the best care to their patients

12:45 - 13:30

Saving Procurement Costs, Deepak Enterprises

Dr Deepak Agrawal

An eye facility/project requires numerous products (equipment, instruments, consumables) to be completely functional. No single company manufactures all the products needed to equip and supply them. Purchases from several companies mean multiple purchase orders, several shipments, several customs clearances, separate inventories and multiple payments. This leads to administrative, transport, logistical and financial costs, several times over. This presentation aims to help us address these issues.

13:00 - 13:15

Sompeta to Sinazongwe: 50 years of Commitment to Eliminating Avoidable Blindness, Operation Eyesight Universal

Dr Santosh Moses, Assistant Director, Eye Health, Operation Eyesight India

Dr Ben Gullison, a Canadian physician working in Sompeta, Andhra Pradesh and Arthur Jenkyns, a Calgary businessman, inspired the foundation of Operation Eyesight Universal (OEU) in 1963. Since its inception OEU has focused its energy and developed expertise, by evolving and implementing innovative approaches to eliminate avoidable blindness. We supply local medical professionals with the training, equipment and facilities they require to help their own people. Today, Operation Eyesight works collaboratively with partners in India, Ghana, Kenya and Zambia to set objectives and develop strategic plans that will ultimately achieve quality, comprehensive, sustainable eye health services.

13:15 - 13:30

New Directions in the SightFirst Programme: South Asia, Lions Clubs International Foundation

Dr S.C. Shetty

Lions Clubs International Foundation's Sight First Programme is the Lions global blindness prevention initiative. The presentation will focus on the programme's efforts in South Asia and ways in which 9GA participants may work with SightFirst and local Lions clubs.

15:00 - 15:15

Asia National Networks: Impact on Eye Care in the Region, CBM

Dr Sara Varughese, CBM Regional Director, South Asia Region

The presentation will focus on examples of blindness prevention and medical eye care programmes that are supported by CBM in Asia.

15:15 - 15:30

REDROP: A Novel, Low-Cost Method of ROP Screening Enrolment in Unscreened Regions, Clarity Medical Systems

Dr Anand Vinekar

DAY - 4 Thursday 20th

BREAKFAST SEMINARS

07:30 - 9:00

Hall A

Community Eye Health Activities in SAARC Countries: Current Scenario, Association of Community

Ophthalmologists of India

Convenors: Dr Swapan K Samanta

Chairman: Col Prof Madan Deshpande

Co-Chairman: Dr B Nageswar Rao Subuddhi

The Session will cover national level activities under prevention of blindness programmes in the SAARC countries.

The session will look at India's effective National Programme for Control of Blindness, with its slogan, "Eye Clinic at your door" to access the unreached population. It will also look at Bangladesh, Nepal and the countries under SAARC which are also working towards this goal.

07:30 - 9:00

Hall B

Human Resources Development, *Sightsavers*

Ronnie Graham

PAVILION PRESENTATIONS

The Pavilion is located in the Exhibition Hall

10:30 - 10:45

VOSH and its Role in the Delivery of Sustainable Eye and Vision Care, *VOSH International*

Dr Greg Pearl – Immediate Past President

An overview of VOSH – Volunteer Optometrists Serving Humanity – whose volunteers conduct about 80 week-long campaigns each year to offer close to 100,000 free eye exams and eyeglasses primarily to people in Latin America who have no access to optometric care.

10:45 - 11:00

Community Eye Health Strategies in Sightsavers Programmes, *Sightsavers*

Mr Abraham George

The presentation will highlight different strategies that have been developed for reaching out to the community for the purpose of screening and referral of people with visual problems. The session will be based on the experience from different community eye health programmes that have been implemented by Sightsavers.

12:30 - 12:45

CBM National Networks in Eye Care – Examples around the World, *CBM*

Dr Colin Cook, CBM Senior Advisor for Medical Eye Care

Examples of blindness prevention and medical eye care programmes that are supported by CBM in other regions around the world are presented

12:45 - 13:00

Long-Term Outcomes of Bilateral Congenital and Developmental Cataracts Operated in Maharashtra, India, *ORBIS*

Dr Parikshit M. Gogate

Children who underwent paediatric cataract surgery in 2004-8 were traced and re-examined prospectively in 2010-11 in order to study the long-term outcome of congenital and developmental cataract surgery in Western India. Results showed that paediatric cataract surgery gives near normal visual acuity and vision function to affected children.

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Join Us For Pavilion Sessions:

Tuesday, September 18, 2012 at 1.15pm

Wednesday, September 19, 2012 at 3.15pm

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intsales@retcam.com | (925) 463.7984 ext. 257

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BioMedix

REFRACTION UNIT

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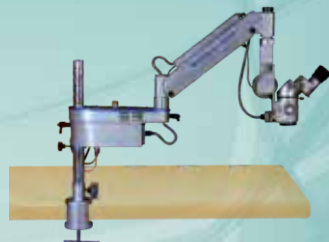
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PORTABLE OPERATING MICROSCOPE BRILLIANT SHIFT



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20, SBI Officer's Colony, First Street, Arumbakkam, Chennai - 600 106, INDIA

Tel : (91-44) 32980153, 32980154. Fax : (91-44) 23631208.

website: www.appasamy.com

Email : info@appasamy.com

appasamy.exim@gmail.com

Appasamy Associates

Appasamy Associates is a household name among Indian vision care professionals. Started in 1978 as a small business to manufacture cryo-surgical instruments, it has expanded into a total solution provider for ophthalmologists and hospitals alike in the field of vision care. After its success in India, Appasamy is now present in many countries in Asia and Africa. Appasamy is known for providing quality eye care products at affordable prices, with the best after-sales support.

Dr Arun Kumar
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India



Association of Schools and Colleges of Optometry India (ASCO)

ASCO is the sole association of Indian schools and colleges of Optometry. The key objectives of ASCO are to significantly enhance the quality of Optometry education across India, while stepping up the numbers of qualified graduates to address the chronic shortage of fresh optometrists. Equally, ASCO aims to provide pan-India training in various specialities and refreshers/continuing education courses and workshops for working optometrists. ASCO is a non-profit body run by an elected governing body and with regional representation, to be able to reach out to 120 schools & colleges in India.

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AUROLAB

AUROLAB is an integral part of Aravind Eye Care System, the world's largest eye care service provider. AUROLAB is a non-profit organisation and manufactures IOLs, surgical sutures, blades, pharmaceuticals, equipment and related eye care products. AUROLAB products are of world class quality (CE certified), affordable and are exported to more than 130 countries.

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BioMedix

Biomedix are manufacturers and sellers of a wide variety of ophthalmic equipment in India. The range of products include Haag Streit Slit Lamps, Optical Biometers, Octopus Auto Perimeters, Iridex Laser Photo coagulators, Optos OCT & Widefield Scanning laser ophthalmoscopes & Ultra sound equipment, Konan specular microscopes, Clarity neo natal wide field imaging systems, BioMedix Ultrasound A Scan Biometers & Pachy meters and Phacoemulsification Systems.

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India



Brien Holden Vision Institute

The Brien Holden Vision Institute and the Brien Holden Vision Institute Foundation have one name and one common purpose – the best possible vision for everyone, everywhere.

Together we aim to drive, collaborate, innovate, educate, advocate and negotiate what is needed so that hundreds of millions, even billions, of people worldwide can enjoy the right to sight.

Whether developing new technology to slow the development of myopia or delivering sustainable access to eye care services in the most marginalised communities, the organisations are focused on the quality of vision people experience and equity in eye care access.

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Brien Holden Vision Institute Foundation (formerly ICEE)
 is a Public Health Division of Brien Holden Vision Institute



BrienHoldenVisionInstitute

Carl Zeiss

Carl Zeiss is an international leader in the fields of optics and opto-electronics. With its innovative technologies and leading-edge solutions, Carl Zeiss is successful in the fields of Semiconductor Manufacturing Technology, Industrial Metrology, Microscopy, Medical Technology, Vision Care and Consumer Optics/Optronics and has contributed to technological progress all over the world for more than 160 years, enhancing the quality of life of many people around the globe.

Ramachandra Bhat
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India



CBM

CBM is an international Christian development organisation, committed to improving the quality of life of persons with disabilities in the poorest communities of the world. Based on its Christian values and over 100 years of professional expertise, CBM addresses poverty as a cause and a consequence of disability, and works in partnership to create a society for all.

Mr Pierre-Bernard Le Bas, Vice-President
Fundraising & Communication
contact@cbm.org
CBM works in more than 80 countries
in all – international Office based in
Bensheim, Germany
www.cbm.org



Clarity Medical Systems

Clarity Medical Systems, the manufacturer of RetCam, is a medical device company that develops, manufactures and markets integrated optical systems and services to enhance the clinician's ability to diagnose, manage and treat eye disorders. These patented devices combine innovative 21st century optical, electronic and information technologies that change the very nature of the provision of eye healthcare.

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USA



DEEPAK Enterprises

DEEPAK Enterprises manufactures and exports all ophthalmic equipment, instruments, consumables, medicines and

kits all over the world, including remote areas. DE specialise in working with NGOs and Governments. Established in 1976, DE are ISO 9001, ISO 13485, CE, ISI, US FDA registered.

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India



Ellex

Since 1985, Ellex has been building a knowledge base and reputation for excellence in ophthalmology. Today, more than 16,000 Ellex laser and ultrasound systems are used by ophthalmologists around the world to treat and diagnose the leading causes of blindness, including our industry-leading SLT technology for the treatment of glaucoma.

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Australia



Essilor

Essilor is the world leader for corrective lenses. The success of the group, which is present in more than 100 countries, is the result of a strategy that has been driven by innovation for more than 160 years.

From design to manufacture, the group develops a wide range of lenses to correct and protect eyesight. Its mission is to enable everyone in the world to see well using lenses tailored to their needs. The group therefore devotes 150 million euros a year on research

and development to offer increasingly efficient products.

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India



Excel Optics

Excel Optics Limited manufactures Intraocular Lenses (PMMA and Hydrophilic Lenses) with ISO and CE certification and brand value, widely popular all over India and overseas. The range includes Multi Pc, Single Pc, A C, Sceleral Fixation, CTR, Iris Claw and Square Edge as well as Hydrophilic Aspheric Square Edge foldable lenses.

Ravi Kumar, Managing Director
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www.exceloptics.net
INDIA



Fondation L'OCCITANE

L'OCCITANE en Provence is a French sensorial brand, developing authentic and natural body, face, and home products.

Its Foundation also works with the senses and has chosen to support the professional integration of the visually impaired in France and to participate in the fight against blindness in developing countries.

Charlotte Bonnet
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France



Forus Health

Forus Health Pvt. Ltd., established in January 2010, has been focussed on creating innovative products in Healthcare which touch and change the lives of people living in emerging countries like India.

Forus has developed "3nethra"; a single, intelligent, portable, non-invasive, non mydriatic, low cost, ultra low power, all-in-one device that helps in anterior & posterior imaging and refraction.

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www.forushealth.com
India



Helen Keller International (HKI)

HKI is an international non-governmental development organization, with offices in 23 countries. Our mission is to save the sight and lives of the most vulnerable and disadvantaged.

We combat the causes and consequences of blindness and malnutrition by establishing programs based on evidence and research in vision, health and nutrition.

Nick Kourgialis
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www.hki.org
United States



The Fred Hollows Foundation New Zealand

The Fred Hollows Foundation NZ is dedicated to eradicating avoidable blindness. We are inspired by the life and work of a very special New Zealander, Professor Fred Hollows (1929 – 1993).

Our mission is to work with local partners and communities to ensure all people in the areas where we work have access to high quality, comprehensive eye care.

Louisa Semmons
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Victoria Dawson-Wheeler
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www.hollows.org.nz
New Zealand



Icare Finland

Icare's product line consists of intelligent, new generation tonometers measuring IOP (intra-ocular pressure) by unique, patented rebound technology.

Requiring neither anaesthetic drops nor specialised skills for its use, the quick and painless Icare tonometer makes IOP measuring easy in glaucoma screening programs of masses and home tonometry by the patient.

Kirsi Järvinen
kirsi.jarvinen@icarefinland.co
www.icarefinland.com
Finland



India Vision Institute

India Vision Institute is a joint venture of Brien Holden Vision Institute and L V Prasad Eye Institute formulated for generating assets to establish a vision industry of global significance and impact in India.

Vinod Daniel

Vinod.daniel@indiavisioninstitute.org

www.indiavisioninstitute.org

India



certified. INDO-GERMAN export instruments to all sight saving organisations and manufactures cataract sets for ECCE, SICS and phacoemulcification.

INDO-GERMAN also supply set for DCR, lid, vitreous and corneal transplant and all other eye surgical instruments.

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sales@indogerman.com

www.indogerman.com

INDIA



Indian Optometry Federation

Indian Optometric Federation, a united voice of optometry groups embracing a unified approach to vision care for India and the Association of Schools and Colleges of Optometry India, an education body, are working together to raise public awareness of optometry, achieve official recognition for the profession, provide continuing professional development for optometrists and improve access to comprehensive eye care.

Brig Sondhi

iof_ceo@yahoo.com

www.indianoptometryfederation.org

India



The International Agency for the Prevention of Blindness (IAPB)

Leading Blindness Prevention Efforts Worldwide.

The International Agency for the Prevention of Blindness (IAPB) was established in 1975 as a coordinating, umbrella organisation to lead international efforts in blindness prevention activities.

Our first major achievement was to promote the establishment of a WHO programme for prevention of blindness, with which we have remained strongly linked, and which is now embodied in the global initiative, VISION 2020: The Right to Sight.

Peter Ackland

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www.iapb.org

UK

Indo-German Surgical Corporation

INDO-GERMAN SURGICAL CORPORATION has been in ophthalmology for 56 years and manufactures ophthalmic instruments in steel and titanium and are ISO and CE



International Council of Ophthalmology

The International Council of Ophthalmology works with ophthalmologic societies and others to enhance ophthalmic education and improve access to the highest quality eye care in order to preserve and restore vision for the people of the world

Lindsey Washburn
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www.icoph.org
USA



International Eye Foundation - SightReach Surgical®

Dedicated to building capacity and sustainability of existing eye hospitals in developing countries to improve quality of services and efficiency resulting in more people being served.

IEF's SightReach Surgical® Program increases access to affordable, quality ophthalmic instruments, equipment, and supplies to eye care providers around the world, especially in developing countries.

Victoria M. Sheffield
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www.sightreachsurgical.com
USA



Keeler / Volk Optical

Keeler has manufactured top quality Ophthalmic instruments in the UK since 1917 and continue to lead the market today with innovative instruments like Non Contact Tonometer, Indirect Ophthalmoscopes, Portable Slit Lamp and Cryo machine.

Volk is known worldwide as the premier designer and manufacturer of highest quality ophthalmic lenses. Volk's unmatched image quality can be appreciated across a comprehensive range of lenses.

Mahadev Dhuri
Mahadev.dhuri@halma.com
www.volk.com
www.keeler.co.uk
India



Keeler

KHOSLA Surgical Industries

KHOSLA Surgical Industries are a 53-year-old company manufacturing hand crafted ophthalmic instruments of titanium and stainless steel. KHOSLA also deals in diagnostic equipment like slit lamps, lensometers, viscoelastics, hpmc etc., disposable & reusable blades, knives, drapes of various sizes, ophthalmoscopes, retinoscopes, operating room furniture, IOLs - PMMA & foldable.

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India



Kjaer & Kjaer

Your daily challenge is to deliver aid exactly where it is needed; Kjaer & Kjaer's daily aim is to make it possible. Kjaer & Kjaer are a transport solution provider for international companies, organizations and expatriates in the International Aid & Development sector. Kjaer & Kjaer is authorized by Ford and Honda.

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 Denmark



L V Prasad Eye Institute

L V Prasad Eye Institute conducts cutting-edge eye research; provides comprehensive patient care, world-class eye banking, sight enhancement and rehabilitation services at the Institute and through its rural network; and trains eye care professionals across all levels. The Institute is a WHO Collaborating Centre for the Prevention of Blindness and a Global Resource Centre for VISION 2020: The Right to Sight initiative.

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 India



Lions Clubs International Foundation

Lions Clubs International Foundation supports the efforts of Lions clubs worldwide in serving their local communities and the world community as they carry out essential humanitarian projects.

Phillip Albano
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 United States



London School of Hygiene and Tropical Medicine

The International Centre for Eye Health (ICEH) is a research and education group based at the London School of Hygiene & Tropical Medicine (LSHTM). ICEH publishes the Community Eye Health Journal and works to improve eye health and eliminate avoidable visual impairment and blindness, with a focus on low-income populations.

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www.iceh.org.uk
www.cehjournal.org
 UK



Mectizan Donation Program

The Mectizan Donation Program, established in 1987, oversees Merck's donation of Mectizan for the control of onchocerciasis worldwide. In 1998, Merck expanded the mandate of the program to include lymphatic filariasis elimination through the co-administration of Mectizan and albendazole, donated by GlaxoSmithKline, in African countries and Yemen where lymphatic filariasis and onchocerciasis are co-endemic.

Dr. Adrian Hopkins
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www.mectizan.org
 USA



Middle East Africa Council of Ophthalmology (MEACO)

MEACO is one of four supranational organizations recognized by the International Council of Ophthalmology, representing the national and sub-regional ophthalmological societies in Africa, Middle East, Turkey and Iran. Our mission is to unite and strengthen the relationship of all ophthalmologists and ophthalmic societies in the region through enhancing education, training, research and practice in ophthalmology and allied fields.

Vestal Fick
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www.meaco.org
Saudi Arabia



Operation Eyesight Universal

Since our inception in 1963 Operation Eyesight Universal has focused our energies on, and developed expertise by, evolving and implementing innovative approaches in our mission to eliminate avoidable blindness among the vulnerable sections of the developing countries in Africa and India.

Ms Pat Ferguson, President & CEO
fergusonf@operationeyesight.com
www.operationeyesight.com
Canada



Optomed

Optomed Oy (Ltd.) manufactures and sells a digital, hand-held retinal camera – the Smartscope M5. Light weight and small size make the camera truly portable, enabling

non-mydratic fundus imaging with a 40° viewing angle. With the interchangeable eye anterior module the Smartscope provides high resolution images of the eye surface also.

Rob Johnson
rob.johnson@optomed.com.cn
www.optomed.com
Finland



Optometry Giving Sight

Optometry Giving Sight is the only global fundraising organisation dedicated to the elimination of refractive error blindness and impaired vision. It does this by raising funds from the global optical community in support of sustainable eye and vision care projects in communities that are currently under served.

Clive Miller
Clive.miller@givingsight.org
www.givingsight.org
Australia, USA, Canada, UK, Ireland, Italy, Norway

OPTOMETRYGIVINGSIGHT

ORBIS

ORBIS is a nonprofit humanitarian organization that works in developing countries to save sight worldwide. ORBIS prevents and treats blindness through hands-on training, public health education, improved access to quality eye care, and partnerships with local health care organizations in an effort to eliminate avoidable blindness.

Lene Overland
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www.orbis.org





Launch party

and networking opportunity

Brien Holden Vision Institute, along with the International Agency for the Prevention of Blindness, invites you to attend the launch party of an extraordinary enterprise and commitment to the future of eye care and vision for everyone...everywhere.

Join Professor Brien Holden, Dr Gullapalli Rao, Professor Kovin Naidoo, Special Guest Mr Bob McMullan and Brien Holden Vision Institute to celebrate this remarkable milestone on the path to vision for everyone...everywhere.



International selection of hors d'oeuvres and beverages will be served.

Venue: Novotel Garden at HICC, Assembly Venue

Date and Time: 19 September 2012, 17:45 hrs

Dress: Smart casual

vision
for everyone...everywhere

brienholdenvision.org  



BrienHoldenVisionInstitute

saving sight worldwide

In this, our 30th anniversary year, we invite you to join us in celebrating ORBIS' past achievements, find out more about our current projects and hear our plans for the future.

Where to find us;

The Pavilion

13:00 Monday 17th September, 10:30 Wednesday 19th September
& 12:45 Thursday 20th September

30th Anniversary Breakfast

07:30 - 08:45 Tuesday 18th September at the HICC

Our Stand

Meet our team on **stand 12**

©G Bugbee, J Hyams and ORBIS



Scan Optics

Scan Optics manufactures medical equipment to help prevent blindness throughout the world. Scan Optics makes portable table mounted and floor stand mounted ophthalmic microscopes for cataract surgery, hand held slit lamps and indirect Ophthalmoscopes. Scan Optics is committed to quality in all aspects of our business. In the last 25 years our products have been sold to more than 130 countries around the world.

Anjula Thaper

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www.scanoptics.com.au



Sight and Life

Building bridges for better nutrition. Sight and Life care about the world's most vulnerable populations and exist to help improve their nutritional status. Acting as their advocates, we guide original nutrition research, disseminate its findings and facilitate dialogue to bring about positive change.

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www.sightandlife.org
Switzerland



Sightsavers

Sightsavers has been working in India since 1966 to eliminate avoidable blindness and to ensure that people who are irreversibly

blind are supported adequately to lead lives of independence and dignity. Partnering over 100 organizations in 17 states, we work sustainably towards eye healthcare, educational support and rehabilitation of people with visual impairment.

Elizabeth Kurian, CEO

ekurian@sightsavers.org
www.sightsaversindia.in
India



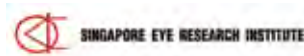
Sightsavers

Singapore Eye Research Institute

The Singapore Eye Research Institute (SERI) is Singapore's national research institute for eye research. It is the focal point of eye research in Singapore, serving as the research arm of all local eye institutions. It has strong ties with key academic & biomedical institutions in Singapore & globally. SERI is recognised as a leading research entity in Asia, conducting broad-based "bench to bedside to population" research for various eye diseases.

Sharmila Kannan

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Singapore



VISION 2020: The Right to Sight – INDIA

VISION 2020: The Right to Sight – INDIA is a national NGO, part of a global initiative

of WHO and IAPB with an aim to eliminate avoidable blindness by 2020. VISION 2020 India is an umbrella organisation with 110 eye care INGOs and NGOs as its members. Advocacy and Capacity Building are its main strategies to achieve comprehensive, equitable and quality eye care services.

Dr G V Rao, CEO

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www.vision2020india.org



Vision Aid Overseas (VAO)

Vision Aid Overseas is an INGO dedicated to fighting poverty by transforming access to eye care in low-income countries. 670 million people worldwide are visually impaired due to uncorrected refractive error.

VAO works focus on developing primary eye care services by working with the public sector, NGOs, clinicians and volunteers.

Jeremy Jalie

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www.visionaidoverseas.org

United Kingdom



Vision Aid Overseas

Vision Alliance

Vision Alliance is an alliance of the International Agency for the Prevention of Blindness (IAPB), International Council on Education for People with Visual Impairment (ICEVI) and World Blind Union (WBU).

Dr Penny Hartin

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Dr. MNG Mani

sgicevi@vsnl.net

www.worldblindunion.org

www.icevi.org

www.iapb.org



World Council of Optometry

The World Council of Optometry (WCO) is an international organisation with a mission to facilitate the enhancement and development of eye and vision care worldwide, via education, policy development and humanitarian outreach.

Laura Prieto, WCO Manager

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www.worldoptometry.org

Worldwide, based in UK



Zabby's

Zabby's is a manufacturer and exporter of all surgical, ophthalmic and diagnostic equipment, IOLs, hospital furnishers, and hospital solutions provider.

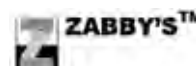
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INDIA



We would like to take this opportunity to thank all our partners and supporters worldwide who have supported us in delivering yet another successful assembly.

We would like to extend our deep gratitude to **Prof Hugh Taylor**, who with the support from **Gillian Cochrane** and the programme committee, put together a scientific programme that caters to every eye care professional. **Dr Santosh Honavar**, **Prof Nathan Congdon** and **Prof Volker Klauss** went through a monumental list of abstract submissions to ensure that only the best join us at the Assembly – thank you.

We are indebted to **Prof Brien Holden** for committing substantial time and resources over an extended period to ensure this Assembly's success and to **Amanda Davis** and **Stephanie O'Connell** from **Brien Holden Vision Institute** for support with the planning and delivering the event. We would also like to extend a special thanks to **Baz Brown**, **Shane Parker**, **Emimari Riquezes** and **Courtenay Holden** from **Brien Holden Vision Institute** for their design and creative input. We thank **Jo Humphries** for managing trade PR and **Clive Miller** for help with fundraising.

Many thanks also to **Philip Albano** for coordinating the Corporate Social Responsibility Panel.

IAPB sincerely thanks **Dr Gullapalli N Rao** and **Dr Santosh Honavar** for their tireless enthusiasm and the hours of planning for the GA. **Dr Sreedevi Yadavalli** helped manage PR for the event. **Ms Sreedevi Penmetcha**, along with **Ms Preethi Tornal** helped with the rising tide of offline registrations. **Mr Gopal Aiyer**, **Mr Krishnaswamy** and **Mr Subba Rao** from LVPEI finance helped rein in the myriad flows of registration fees.

Additionally, we would like to thank the employees at LVPEI for helping make 9GA a success – **Dr Usha Gopinathan**, **Mr Sam Balasundaram**, **Mr Yousuf Arfath**, **Mr Y Murali**, **Mr Ghanshyam Singh**, **Mr Venkatesh M Reddy**, **Mr Babu Rao**, **Mr Sashi Athota** and many others.

Thanks to **Brien Holden Vision Institute** and **India Vision Institute (IVI) Scholarship Programme**, 9GA has a strong contingent of optometrists. **Vinod Daniel** and his team, **Abhishek Kalbarga**, **Jissa James**, **Priya Gupta**, **Niranjan** and **Chandra Sheker** put in a lot of effort to make this possible. VISION 2020: The Right to Sight India's CEO, **Dr G V Rao** and his team **Vrinda Arora**, **Sreedevi** and **Mahaveer** also supported the GA with enthusiasm, thank you. The Government of India's blindness prevention programme – NPCB also stepped in to support the GA by deputing one ophthalmologist from every district in India. We thank **Mr Keshav Desiraju** and **Ms Sujaya Krishnan** from the Indian Ministry of Health & Family Welfare for their support. The **Government of Australia** also supported the GA through **AusAID** funding for delegates.

Sameena Kauser from eInFused and her team helped manage the website. **Jayanti Rajagopalan (“Jonty”)** helped bring an authentic Hyderabad atmosphere to the event.

Many thanks also to the entire team at HICC for hosting and planning the event in partnership with us. Specifically we would like to thank **Padmaja** and **Parul** who worked extra hours to ensure that all details were in place.

Thanks to **Toyota Gibraltar Stockholdings Ltd** and **UNESCO Chair in Visual Health and Development** for their kind donation towards 9GA.

Finally, but not the least, a special thanks to the IAPB team that has been working on the planning and development of this 9th General Assembly over the last two years: **Christina Sanko** spent the better part of two years bringing the Assembly to fruition and by shouldering the all-important task of fundraising. **B V Tejah** handled GA communication and worked tirelessly with LVPEI to facilitate all registrations, visa issues and abstract submissions. **Joanna Conlon** set the pace for the Assembly preparations, while **Alessandro Di Capua** worked hard to engage IAPB members and drive registrations, lead logistics and board arrangements.

Peter Ackland drove the Scientific Programme and helped rope in world-class speakers. **Blandine Labry** put all the 9GA finances in line and **Celene Leong** handled offline registrations and provided invaluable back office support. **Sabrina Bologna** worked with our exhibitors ensuring their needs are met, while **Deepthi Voolapalli** took on the very important task of liaising with delegates and provided visa support. **Abi Smith** put together the communications plans and secured support from media partners. **Julian Metcalfe** came up with the Assembly’s theme “Eye Health: Everyone’s Business” and **Priya Morparia** helped proof the scientific programme.

We also want to record our deep gratitude to our Media Partners for 9GA: **Touch Ophthalmology, mivision and the Indian Optician**.

Finally, a huge thanks to each and every one of you who has taken the time out from your busy schedules to join us here in Hyderabad to make sure that Eye Health, is and remains, everyone’s business.

See you in 2016 for IAPB’s 10GA!



11 OCTOBER 2012



*The International Agency for the Prevention of Blindness (IAPB), Registered Charity No: 1100559,
Company Limited by Guarantee No: 4620869. Registered in England and Wales.*



Picture courtesy: Sightsavers

IAPB Membership – working together...

Join IAPB

Build the collective voice for eye health

Broaden your partnership potential

Access resources and build your capacity

Raise your organisation's global profile

Come and meet us at the IAPB Stand No. 8
or email Alessandro at adicapua@iapb.org

www.iapb.org





Eye Health: Everyone's Business

From economic productivity loss in the poorest communities, to impacts on personal dignity and empowerment, eye health is already everyone's business. 9GA is an opportunity to explore how we broaden the responsibility for eye health, reaching beyond traditional health care boundaries to put eye health on everyone's agenda, addressing the fact that an estimated 285 million people are blind or visually impaired worldwide.



Organising partner

