IAPB 9th General Assembly

Eye Health: Everyone’s Business

Programme
Durbin PLC supplies quality assured pharmaceuticals, medical equipment and consumable supplies to healthcare professionals in over 180 countries, specialising in the developing world and areas affected by natural disasters.

Saving lives by saving time

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Cover image: national bird of India
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

Education Research Technology Public Health
“Wherever it is needed, for as long as it is needed”

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:

GLOBAL SPONSORS AND SUPPORTERS

**Brien Holden Vision Institute**

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**sight and life**

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**MONSTA**

**ORBIS**

**Sightsavers**
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

CBM, 9GA Global sponsor
www.cbm.org
Guest & Keynote Speakers

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

**Dr Alemayehu Sisay**, Ethiopia
Southern Regions of Ethiopia Programme Manager and Ophthalmologist, ORBIS
Nominating Organisation: ORBIS

**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)

**Dr Biu Sikivou**, Fiji
Pacific Eye Institute Associate Director and Lead Ophthalmologist Diabetes Eye Programme
Nominating Organisation: The Fred Hollows Foundation NZ

**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 Greg Pearl**, Central and South America
Immediate Past President, Volunteer Optometric Services to Humanity (VOSH)
Nominating Organisation: Optometry Giving Sight

**Dr Hillary Rono**, Kenya
North Rift Region of Kenya Ophthalmologist and Eye Surgeon, Sightsavers
Nominating Organisation: Sightsavers

**Aravind Instruments Maintenance Department Team**, India
Nominating Organisation: Aravind Eye Care System (AECS)

**Mr Jared Enock Anekeyah**, Kenya
Hydrologist, Water Resources Management Authority
Nominating Organisation: Operation Eyesight Universal (OEU)

**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 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
## IAPB Board, Council, Committees and Work Group Meetings

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

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<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Meeting</th>
<th>Room</th>
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</thead>
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<tr>
<td>14 September, Friday</td>
<td>13:30 - 17:30</td>
<td>IAPB Executive Committee</td>
<td>Hall H</td>
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<tr>
<td>15 September, Saturday</td>
<td>09:00 - 10:30</td>
<td>IAPB Audit Committee</td>
<td>Hall H</td>
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<tr>
<td>15 September, Saturday</td>
<td>11:00 - 12:30</td>
<td>IAPB Executive Committee</td>
<td>Hall H</td>
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<tr>
<td>15 September, Saturday</td>
<td>14:00 - 17:00</td>
<td>IAPB Advocacy Committee</td>
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<tr>
<td>16 September, Sunday</td>
<td>09:00 - 12:30</td>
<td>IAPB Board of Trustees</td>
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<tr>
<td>16 September, Sunday</td>
<td>14:00 - 17:30</td>
<td>IAPB Council of Members</td>
<td>Hall A and B</td>
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<tr>
<td>17 September, Monday</td>
<td>07:30 - 09:00</td>
<td>IAPB Human Resources Committee</td>
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<tr>
<td>18 September, Tuesday</td>
<td>07:30 - 09:00</td>
<td>IAPB Research Work Group</td>
<td>Hall G</td>
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<tr>
<td>19 September, Wednesday</td>
<td>07:30 - 09:00</td>
<td>IAPB Primary Eye Care Work Group</td>
<td>Hall G</td>
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<tr>
<td>20 September, Thursday</td>
<td>15:30 - 17:00</td>
<td>IAPB Board of Trustees</td>
<td>Hall G</td>
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For more information please write to Alessandro Di Capua:
adicapua@iapb.org
We 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 dialog to bring about positive change.

www.sightandlife.org
# Programme at a Glance

## TIME MONDAY 17th SEPTEMBER TUESDAY 18th SEPTEMBER

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<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Venue</th>
<th>Time</th>
<th>Event</th>
<th>Venue</th>
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<tbody>
<tr>
<td>07:30 - 09:00</td>
<td>Breakfast Seminars</td>
<td>Halls A - F</td>
<td>Breakfast Seminars</td>
<td>Halls A - F</td>
<td>Breakfast Seminars</td>
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<tr>
<td>09:00 - 10:30</td>
<td>Welcome &amp; Sir John Wilson Lecture</td>
<td>Auditorium</td>
<td>Symposium 2: Delivering Programmes: Success Stories</td>
<td>Auditorium</td>
<td>Symposium 2: Delivering Programmes: Success Stories</td>
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<tr>
<td>10:30 - 11:00</td>
<td>Coffee Break &amp; Pavilion Presentations</td>
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<tr>
<td>11:00 - 12:30</td>
<td>Symposium 1: Upscaling Blindness Prevention Efforts</td>
<td>Auditorium</td>
<td>Symposium 3: Health Systems Development</td>
<td>Auditorium</td>
<td>Symposium 3: Health Systems Development</td>
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<tr>
<td>12:30 - 13:30</td>
<td>Lunch / Lunch Seminar &amp; Pavilion Presentations</td>
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<tr>
<td>13:30 - 15:00</td>
<td>Course 1: Diabetic Retinopathy 1/2 Hall A</td>
<td>Course 9: Refractive Error Hall A</td>
<td>Course 2: Cataract Surgery Hall B</td>
<td>Course 10: Global Burden of Disease Hall B</td>
<td>Course 3: Training an Eye Care Team Hall C</td>
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<tr>
<td>15:00 - 15:30</td>
<td>Coffee Break &amp; Pavilion Presentations</td>
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<tr>
<td>15:30 - 17:00</td>
<td>Course 6: Diabetic Retinopathy 2/2 Hall A</td>
<td>IAPB Regional Sessions: Strategies and Approaches to Regional Efforts in Blindness Prevention and to Promote Better Eye Health Auditorium</td>
<td>Course 7: Trachoma Hall B</td>
<td>IAPB Regional Sessions: Strategies and Approaches to Regional Efforts in Blindness Prevention and to Promote Better Eye Health Auditorium</td>
<td>Course 8: Programme Management Hall C</td>
</tr>
<tr>
<td>17:15 - 21:00</td>
<td>Opening Ceremony (17:15 - 19:10) Auditorium</td>
<td>Gala Dinner N-Convention (off-site) (19:00 - 22:00)</td>
<td>Welcome Reception (19:30 - 21:00) Novotel Gardens</td>
<td>Welcome Reception (19:30 - 21:00) Novotel Gardens</td>
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**Notes:**
- IAPB Regional Sessions: Strategies and Approaches to Regional Efforts in Blindness Prevention and to Promote Better Eye Health Auditorium & Halls A - F
- Gala Dinner N-Convention (off-site) (19:00 - 22:00)
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<thead>
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<th>TIME</th>
<th>WEDNESDAY 19th SEPTEMBER</th>
<th>THURSDAY 20th SEPTEMBER</th>
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<tbody>
<tr>
<td>07:30 - 09:00</td>
<td>Breakfast Seminars</td>
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<td>Halls A - F</td>
<td>Halls A - F</td>
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<tr>
<td>09:00 - 10:30</td>
<td>Symposium 4: Social Entrepreneurship and Eye Care</td>
<td>Symposium 6: Challenges in Monitoring Clinical and Programme Outcomes</td>
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<td>10:30 - 11:00</td>
<td>Coffee Break &amp; Pavilion Presentations</td>
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<td>11:00 - 12:30</td>
<td>Symposium 5: Corporate Social Responsibility Panel</td>
<td>Symposium 7: Development and the Millennium Development Goals</td>
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<td>12:30 - 13:30</td>
<td>Lunch &amp; Pavilion Presentations</td>
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<td>Course 14: Glaucoma 1/2 Hall A</td>
<td>Alan Johns Lecture (13:30 - 14:15)</td>
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<td>Course 15: Challenges for Equity in Low Vision Care Hall B</td>
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<td>Course 16: Gender and Blindness Hall C</td>
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<td>Course 17: Neglected Tropical Diseases and Non Communicable Diseases Hall D</td>
<td>Closing Ceremony (14:15 - 15:30)</td>
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<td>AIOS Session: Eye Care for Everyone in India Hall E</td>
<td>Auditorium</td>
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<td>Free Papers 4 Hall F</td>
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<td>15:00 - 15:30</td>
<td>Coffee Break &amp; Pavilion Presentations</td>
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<tr>
<td>15:30 - 17:00</td>
<td>Course 18: Glaucoma 2/2 Hall A</td>
<td>VISION 2020: The Right to Sight – India Session: Technology and Innovation in Eye Care (15:30 - 18:00)</td>
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<td>Course 19: Eye Health for Children Hall B</td>
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<td>Course 20: Technology Hall C</td>
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<td>Rapid Fire 3 Hall D</td>
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<td>Rapid Fire 4 Hall E</td>
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<td>Free Papers 5 Hall F</td>
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<tr>
<td>17:00 - 21:30</td>
<td>MDP 25th Anniversary Lecture (17:00 - 17:45) Auditorium</td>
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<tr>
<td></td>
<td>Vision for Everyone... Everywhere Launch Party and Indian Craft Bazaar (17:45 - 21:30) Novotel Gardens</td>
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For almost 50 years,
Operation Eyesight has provided sight saving treatment and blindness prevention to millions of people.
We don’t just talk about eliminating avoidable blindness. We’re doing it.

www.operationeyesight.com

WE SAVE SIGHT

Best wishes for a successful assembly.

Lions Clubs International FOUNDATION
TO LEARN MORE VISIT WWW.LCIF.ORG
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

- **Hotel Novotel:**  
  +91 (0)40 66824422
<table>
<thead>
<tr>
<th>Exhibitor</th>
<th>Booth No.</th>
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<tbody>
<tr>
<td>Appasamy Associates</td>
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<tr>
<td>Association of Schools and Colleges of Optometry in India</td>
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<tr>
<td>Aurolab</td>
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<tr>
<td>Biomedix Optotechnik &amp; Devices</td>
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<td>Brien Holden Vision Institute</td>
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<td>Carl Zeiss</td>
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<td>Clarity Medical Systems</td>
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<td>International Agency for the Prevention of Blindness</td>
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<td>International Centre for Eye Health</td>
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<td>Lions Clubs International Foundation</td>
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<tr>
<td>London School of Hygiene and Tropical Medicine</td>
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<td>World Council of Optometry</td>
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<td>Zabby’s</td>
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</table>
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.

<table>
<thead>
<tr>
<th>Shuttle Bus Schedule</th>
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<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

### 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. Taxies will be available from the Gala Dinner venue.

<table>
<thead>
<tr>
<th></th>
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<th>17 - 20 Sep</th>
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1 Not on 20 Sep  2 On 17 Sep only  3 On 17 and 19 Sep only  4 On 19 Sep only
The moment your patient captures
the beauty of life again.
This is the moment we work for.

// PROGRESS
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Web : www.zeiss.co.in
Optometry Giving Sight funds sustainable eye care services for people who are blind or vision impaired due to uncorrected refractive error.

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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 Hyderabadi 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
Sign up at the information counter... Hurry!

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In association with:
Vision Aid Overseas is dedicated to fighting poverty by transforming access to eye care in developing countries

VISION AID OVERSEAS IS PROUD TO SUPPORT THE IAPB 9th GENERAL ASSEMBLY

visionaidoverseas.org

Vision Aid Overseas is registered charity (in England) no. 1081695
<table>
<thead>
<tr>
<th>TIME</th>
<th>MONDAY 17th SEPTEMBER</th>
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<tbody>
<tr>
<td>07:30 - 09:00</td>
<td>Breakfast Seminars</td>
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<tr>
<td>09:00 - 10:30</td>
<td>Welcome &amp; Sir John Wilson Lecture</td>
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<tr>
<td>10:30 - 11:00</td>
<td>Coffee Break &amp; Pavilion Presentations</td>
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<tr>
<td>11:00 - 12:30</td>
<td>Symposium 1: Upscaling Blindness Prevention Efforts</td>
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<tr>
<td>12:30 - 13:30</td>
<td>Lunch &amp; Pavilion Presentations</td>
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<tr>
<td>13:30 - 15:00</td>
<td>Course 1: Diabetic Retinopathy</td>
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<td>Course 2: Cataract Surgery</td>
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<td>Course 3: Training an Eye Care Team</td>
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<td>Course 4: Sustainability of Eye Health Systems</td>
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<td>Course 5: Data Collection and Information Management</td>
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<td>Course 6: Diabetic Retinopathy</td>
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<td>Course 8: Programme Management</td>
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<td>17:15 - 21:00</td>
<td>Opening Ceremony (17:15 - 19:10)</td>
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<tr>
<td></td>
<td>Welcome Reception (19:30 - 21:00)</td>
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</tbody>
</table>

Halls: A - F

Auditorium

Novotel Gardens
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

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

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

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
| 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 |
| Dr Ivo Kocur | Panel Discussion |
| Mr RD Thulasiraj | |
| Dr Van Lansingh | |

Room: Hall B
Time: 13:30 to 15:00
## Course 3

### 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

<table>
<thead>
<tr>
<th>Title</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>Dr Babar Qureshi</td>
</tr>
<tr>
<td>Human Resources for Eye Health and the Global Health Workforce Alliance (GHWA)</td>
<td>Mr Ronnie Graham</td>
</tr>
<tr>
<td>South to South Collaboration in Human Resource Development</td>
<td>Dr Ahmed Trabelsi</td>
</tr>
<tr>
<td>Sub-Specialty Training</td>
<td>Dr Gullapalli N Rao</td>
</tr>
<tr>
<td>Residency Training: Case of East Africa College of Ophthalmologists</td>
<td>Prof Kenneth Kagame</td>
</tr>
<tr>
<td>Mid-level Workers</td>
<td>Dr Babar Qureshi</td>
</tr>
<tr>
<td>Optometry and Refraction</td>
<td>Mr Wolfgang Gindorfer</td>
</tr>
<tr>
<td>Community Eye Health Workers</td>
<td>Dr Hannah Faal</td>
</tr>
<tr>
<td>Participants’ Q &amp; A</td>
<td>Plenary</td>
</tr>
</tbody>
</table>
Course 4

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

Mr Karl Blanchet

- The Lack of Consensus on the Definition of Sustainability
- The Sustainability Framework: The Sustainability of What?

Dr Robert Lindfield

- Why Monitor Sustainability?
- Sustainability Indicators: How to Measure Them?

Mr Karl Blanchet

- The Analysis of Sustainability Diagrams

Plenary

- Discussion
- How Can Measuring Sustainability Help Eye Care Providers and Policy Makers?
Course 5

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**

<table>
<thead>
<tr>
<th>Speaker</th>
<th>Title</th>
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<tbody>
<tr>
<td>Prof Nathan Congdon</td>
<td>Cataract Outcomes - Data Collection of a Multi-Centre, Multi-Country Study of Cataract Outcomes in Asia, Africa and Latin America</td>
</tr>
<tr>
<td>Dr Daniel Etya’ale</td>
<td>The IAPB AFRO Database - What, How, Where Applicable and Potential Integration in Health Systems</td>
</tr>
<tr>
<td>Dr Danny Haddad</td>
<td>Mass Drug Administration Data Collection Tools and Mapping Through Repeated Rounds of Impact Surveys</td>
</tr>
<tr>
<td>Dr Andrea Zin</td>
<td>Monitoring and Evaluating ROP Clinical and Programme Outcomes in Latin America</td>
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<tr>
<td>Dr Hans Limburg</td>
<td>RAABs- How Frequently Should These Be Done at National or Sub-National Level? Their Uses, Limitations and Costs</td>
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<tr>
<td>Prof Kovic Naidoo</td>
<td>Brien Holden Vision Institute: Rapid Assessment of Refractive Error (RARE)</td>
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<tr>
<td>Dr B R Shamanna</td>
<td>MIS Challenges in Community-Oriented Programmes</td>
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<tr>
<td>Dr Serge Resnikoff</td>
<td>National and Regional Information Management – Mapping Burden of Eye Disease – Role of Social Networking Technologies in Data Collection</td>
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<tr>
<td>Ms Catherine Lee</td>
<td>Measurement and Evaluation from a donor’s perspective. Lessons from the Clinton Giustra Sustainable Growth Initiative (CGSGI) Peru cataract project</td>
</tr>
</tbody>
</table>
13:30 Prevalence and Magnitude of Under-Correction of Refractive Error in Rural Central India: The Central India Eye and Medical Study, Vinay Nangia
13:57 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

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tbody>
<tr>
<td>Prof Peter Scanlon</td>
<td>Lessons from the UK National Diabetic Retinopathy Screening Programme for Areas with Limited Resources</td>
</tr>
<tr>
<td>Dr Mohita Sharma</td>
<td>An Integrated Mobile Service for Treatment of Diabetic Retinopathy in Rural India</td>
</tr>
<tr>
<td>Plenary</td>
<td>Questions and Panel Discussion</td>
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</tbody>
</table>
Course 7

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tbody>
<tr>
<td>Dr Danny Haddad</td>
<td>Global Status of Trachoma</td>
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<tr>
<td>Mr Simon Bush</td>
<td>2020 INSight: Global Roadmap for Elimination of Blinding Trachoma</td>
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<tr>
<td>Dr Sheila West</td>
<td>New Guidelines for Elimination of Blinding Trachoma</td>
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<tr>
<td>Dr Paul Courtright</td>
<td>Best Practices in ‘S’</td>
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<tr>
<td>Mr Chad MacArthur</td>
<td>Best Practices in ‘A’</td>
</tr>
<tr>
<td>Dr Michael Gichangi</td>
<td>Kenya Trachoma Action Plan</td>
</tr>
</tbody>
</table>
Course 8

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

**Chairs:** Abu Raihan and Elizabeth Kishiki

**Room:** Hall D  
**Time:** 15:30 to 17:00

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**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

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 Ukpor 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, Yoghesh 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

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
18:25 - 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

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, Sandeep Buttan

2/2 Experience with the State-Initiated Aarogyasri Health Insurance Programme to Prevent Treatable Childhood Blindness in Socially and Economically Disadvantaged People, Madhu Kutumbaka

3/3 “Sarv Shiksha Abhiyan” (A National Childhood Blindness Prevention Programme) 5-year Data from Laxmi Eye Institute from North West Rural Maharashtra, Monica Samant

4/4 Using the Key Informant Methodology to Investigate Visual Impairment amongst Children with Disabilities in Bangladesh, Islay Mactaggart

5/5 Impact of Retinoblastoma on Family Functioning and Parent Quality of Life in India, Vijaya Gothwal

6/6 Childhood Blindness – Evaluation of Impact and Effectiveness of the Child Eye Care Project in Tribal Populated District of Rajasthan, Meenakshi Chundawat

7/7 Return on Investment of Childhood Blindness Program in Bangladesh, Abu Raihan

8/8 Coping Strategies of the Parents of Children with Disabilities in India, Shailaja Reddy

9/9 ‘Focusspec’: A solution to improve the lives of millions children and adults, Jan Veld

10/10 Paediatric Visual Impairment in Rural Andhra Pradesh and Treatment Outcomes – A Retrospective Study, Avinash Mahindrakar

11/11 Patterns of Paediatric Ocular Disease in Rural Bihar: A Hospital-Based Study, Tarannum Fatima

12/12 Impact of Correction of Refractive Errors on Quality of Life of Children aged 10 to 15 Years, Jachin Williams

13/13 Compliance of Spectacle Wear among Primary School Children in Chennai, Anuradha Narayanan

14/14 Adherence of Primary Level Students to Wearing Glasses. Department of La Libertad, Peru 2010-2011, Rosa De Casusol

15/15 Refractive Error Services in Kenya: Meeting the Population’s Needs?, Priya Morjaria

16/16 Clinical Profile of Amblyopic Children at a Tertiary Care Eye Institute, Anupam Sahu

17/17 Prevalence of Binocular Vision Anomalies at Bansara Eye Care Centre, Shillong, Meghalaya

18/18 Demographic and Clinical Retrospective Analysis of the Patients of Squint and Amblyopia Clinic of Tertiary Eye Centre, Kritika Singh

19/19 Development and Validation of an Amblyopia Awareness Questionnaire, Krithica Srinivasan
20/20 Success Rate of Four Steps Amblyopia Therapy, Jeewan Srivastava

21/21 Clinical Study to Assess the Outcome of Pleoptic Therapy in Amblyopic Patients above 12 years of Age, Unnati Vaish

22/22 Intravenous General Anaesthesia without Intubation and Peribulbar Block in Strabismus Surgery Camps – A Community Approach, Madhusudan Jhamwar

23/23 Test-Retest Variability in Intermittent Exotropia and their Comparison with Normals, Sneha Aggarwal

24/24 Non-Traumatic Unilateral Cataracts in Children. How Useful are Long Term Outcomes of Surgery? Parikshit Gogate

25/25 Anticholinergic Toxicidrome in a Rubella Baby after Topical Homatropine, Leila Mohan

26/26 Quality of Life of Children Following Successful Treatment of Paediatric Cataract, Shreya Shah

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, Khumbo Kalua

28/28 The Gender Issue in Congenital Cataract Care, Marzieh Katibeh

29/29 To Investigate the Functional Impact of Amblyopia on Visual Skills in Children, Chinmay Deshpande

30/30 Barriers to follow-up for pediatric cataract surgery in Maharashtra, India. How regular follow-up is important for good outcome.

31/31 Importance of Monitoring Outcomes and Tracking Follow-Up in Childhood Blindness Initiatives Supporting Paediatric Cataract Surgeries, Rishiraj Bora

32/32 Long Term Outcomes of Bilateral Congenital and Developmental Cataracts Operated in Maharashtra, India, Parikshit Gogate

33/33 Visual Outcome Following Paediatric Cataract Surgeries in a Tertiary Eye Care Centre in Mumbai, Neepa Dave

34/34 Prevention of blindness from retinopathy of prematurity in Mexico: cross sectional study of the quality of neonatal care and programs for control, Luz Zepeda-romero

35/35 Evolving Trends of Retinopathy of Prematurity over a Decade of the Indian Twin Cities ROP Study (ITCROPS), Divya Balakrishnan

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, Subhadra Jalali

37/37 Cost Analysis of Alternative Methods of Screening for Retinopathy of Prematurity (ROP) in West Maharashtra, Rajesh Kapse

38/38 Retinopathy of Prematurity in Western India: It’s Time We Woke Up, Sucheta Kulkarni

39/39 Steps to Prevent Blindness due to ROP in Lima, Peru, Luz Gordillo

40/40 Pediatric Ocular Injuries, Bhartendu Shukla

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*


**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, *Adhiseshan 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 Maheshgauri*

**59/59** Present Status of the Free Spectacles Issued to School Children under the “Sarva Shiksha Abhyan” (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**


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 Morses*

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*
<table>
<thead>
<tr>
<th>Page</th>
<th>Title</th>
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</thead>
<tbody>
<tr>
<td>84/84</td>
<td>Near Visual Acuity is More and Equally Important as Distance for the Visually Impaired in All Age Groups in Various Centres at Mumbai, Yogita Rajgandhi</td>
</tr>
<tr>
<td>85/85</td>
<td>Prevalence of Presbyopia and Near-Vision Impairment in the Population over 34 Years of Age in Nicaragua, Central America, Kovin Naidoo</td>
</tr>
<tr>
<td>86/86</td>
<td>Impact on quality of life pre and post uncorrected presbyopia correction, Hiral Korani</td>
</tr>
<tr>
<td>87/87</td>
<td>Addressing Uncorrected Presbyopia through Small Business Development within the Primary Health Care (PHC) System – Experiences from a South African Pilot, Sebastian Fellhauer</td>
</tr>
<tr>
<td>88/88</td>
<td>Refractive Error, Presbyopia and Spectacle Coverage: Results of a RARE Study in Kamuli District, Uganda, Naomi Nsubuga</td>
</tr>
<tr>
<td>89/89</td>
<td>Utility and Uncorrected Refractive Error, Nina Tahhan</td>
</tr>
<tr>
<td>90/90</td>
<td>Review of a Spectacle Technician Training Course in Vietna, Jodi Martin</td>
</tr>
<tr>
<td>91/91</td>
<td>Addressing Refractive Error in Vietnam – Development of Refraction Training and Optometry Programme, Phuong Huynh</td>
</tr>
<tr>
<td>92/92</td>
<td>An Evaluation of Developing Local Refraction Trainers in Vietnam using the EyeTeach Educator Programme, Suit Ho</td>
</tr>
<tr>
<td>93/93</td>
<td>Workplace Evaluation of Trained Refractive Personnel in Vietnam, Suit Ho</td>
</tr>
<tr>
<td>94/94</td>
<td>Raising Eye Care Awareness through World Sight Day and World Optometry Day, Rajesh Wadhwa</td>
</tr>
<tr>
<td>95/95</td>
<td>The Development of Optometry as an Independent Profession Collaborating in the Delivery of Health Care in India, Rajesh Wadhwa</td>
</tr>
<tr>
<td>96/96</td>
<td>Development and Standardisation of Optometric Education in India, Prema Chande</td>
</tr>
<tr>
<td>97/97</td>
<td>Adequacy of Optometry curricula in facilitating community eye care and ameliorating avoidable blindness, Nilesh Thite</td>
</tr>
<tr>
<td>98/98</td>
<td>Role of Optometrists in Prevention Of Blindness, Vasiur Rahman</td>
</tr>
<tr>
<td>99/99</td>
<td>Optometry Practice in a Metro Provides Primary Eye Care, Ajay Shinde</td>
</tr>
<tr>
<td>100/100</td>
<td>Indications of Refractive Surgery in Indian Scenario, Sudhir Rachapalle</td>
</tr>
</tbody>
</table>
Essilor presents the most advanced anti-fog solution - Optifog Coating. This coating along with Optifog activator optimizes lens performance by preventing fog buildup. While consuming hot beverages or food, during outdoor activities or when moving from a cold to hot environment, ordinary lenses become foggy. This leaves the wearer feeling insecure and uncomfortable, especially if it happens in an environment where precision and safety are a priority. Optifog Coating prevents this from happening and provides clear vision even in adverse conditions.
<table>
<thead>
<tr>
<th>TIME</th>
<th>TUESDAY 18th SEPTEMBER</th>
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<tbody>
<tr>
<td>07:30 - 09:00</td>
<td>Breakfast Seminars</td>
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<tr>
<td></td>
<td>Halls A - F</td>
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<tr>
<td>09:00 - 10:30</td>
<td><strong>Symposium 2:</strong> Delivering Programmes: Success Stories</td>
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<td>Auditorium</td>
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<tr>
<td>10:30 - 11:00</td>
<td>Coffee Break &amp; Pavilion Presentations</td>
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<tr>
<td>11:00 - 12:30</td>
<td><strong>Symposium 3:</strong> Health Systems Development</td>
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<td>Auditorium</td>
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<tr>
<td>12:30 - 13:30</td>
<td>Lunch &amp; Pavilion Presentations</td>
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<tr>
<td></td>
<td><strong>Course 9:</strong> Refractive Error</td>
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<td>Hall A</td>
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<td><strong>Course 10:</strong> Global Burden of Disease</td>
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<td>Hall B</td>
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<td></td>
<td><strong>Course 11:</strong> What’s New in Primary Eye Care</td>
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<td>Hall C</td>
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<td></td>
<td><strong>Course 12:</strong> Financing Eye Care Institutions in Low</td>
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<td>Income Countries</td>
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<td>Hall D</td>
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<td><strong>Course 13:</strong> Effective Advocacy</td>
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<td>Hall E</td>
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<td>Free Papers 3</td>
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<td>Hall F</td>
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<tr>
<td>15:00 - 15:30</td>
<td>Coffee Break &amp; Pavilion Presentations</td>
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<tr>
<td>15:30 - 17:00</td>
<td><strong>IAPB Regional Sessions:</strong></td>
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<tr>
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<td>Strategies and Approaches to Regional Efforts in Blindness</td>
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<td>Prevention and to Promote Better Eye Health</td>
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<td></td>
<td>Auditorium &amp; Halls A - F</td>
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<tr>
<td>19:00 - 22:00</td>
<td><strong>Gala Dinner</strong></td>
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<td>N-Convention Centre (off-site)</td>
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<td>(19:00 - 22:00)</td>
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</tbody>
</table>
Symposium 2

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.

<table>
<thead>
<tr>
<th>Time</th>
<th>Speakers</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:00</td>
<td>Dr Babar Qureshi</td>
<td>Introduction to the Symposium</td>
</tr>
<tr>
<td>09:05</td>
<td>Prof Mohammed Daud Khan</td>
<td>Scaling up Eye Care Initiatives in Pakistan</td>
</tr>
<tr>
<td>09:20</td>
<td>Mr RD Thulasiraj</td>
<td>Scaling up Quality in Eye Care Services</td>
</tr>
<tr>
<td>09:30</td>
<td>Prof Richard Le Mesurier</td>
<td>Resource Generation: An Important Element of Success in Eye Care</td>
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<td></td>
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<td>(an Experience in Australia)</td>
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<tr>
<td>09:40</td>
<td>Dr Kunle Hassan</td>
<td>Good Practice Model in an NGO Sector in Nigeria: A Support to the Eye Care System</td>
</tr>
<tr>
<td>09:50</td>
<td>Dr Abdulaziz AlRajhi</td>
<td>Advocacy as a Tool for Scaling Up Political and Professional Commitment in VISION 2020</td>
</tr>
<tr>
<td>10:00</td>
<td>Mr Simon Bush</td>
<td>Onchocerciasis and Community-Based Distribution</td>
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<tr>
<td>10:10</td>
<td>Plenary</td>
<td>Participants’ Q &amp; A</td>
</tr>
</tbody>
</table>
Symposium 3

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.

<table>
<thead>
<tr>
<th>Time</th>
<th>Speakers</th>
<th>Title</th>
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<tbody>
<tr>
<td>11:00</td>
<td>Prof Don de Savigny</td>
<td>What are Health Systems and Why Should We Engage?</td>
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<tr>
<td>11:15</td>
<td>Dr Daniel Ety’a’ale</td>
<td>Pitfalls in Bypassing National Health Systems</td>
</tr>
<tr>
<td>11:30</td>
<td>Mr Karl Blanchet</td>
<td>Examples of Health Systems Research in Eye Care</td>
</tr>
<tr>
<td>11:45</td>
<td>Prof Odusote Kayode</td>
<td>Improving Availability of Eye Health Workers in Rural and Remote Areas of West Africa: Role of Retention Strategies</td>
</tr>
<tr>
<td>12:15</td>
<td>Plenary</td>
<td>Participants’ Q &amp; A</td>
</tr>
</tbody>
</table>
Course 9

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

Prof Kovin Naidoo

Title: Overview of Refractive Error: Prevalence and Delivery Models

Dr Babar Qureshi

Title: Producing the Necessary Human Resources: Ophthalmology and Mid-Level Personnel

Dr Luigi Bilotto

Title: Producing the Necessary Human Resources: Optometry

Mr Hasan Minto

Title: School Eye Health and Refractive Errors

Prof Nathan Congdon

Title: The Refractive Error Research Agenda
Course 10

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

<table>
<thead>
<tr>
<th>Speakers</th>
<th>Title</th>
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</thead>
<tbody>
<tr>
<td>Prof Rupert Bourne</td>
<td>Global Burden of Visual Impairment and Blindness: The Systematic Review Process and Findings</td>
</tr>
<tr>
<td>Dr Hans Limburg</td>
<td>The Contribution of Rapid Assessment Studies to the GBD</td>
</tr>
<tr>
<td>Prof Janet Leasher</td>
<td>Global Coverage of Vision Data for the GBD Study</td>
</tr>
<tr>
<td>Prof Jill Keefee</td>
<td>Disability Weights for Visual Impairment and Blindness</td>
</tr>
<tr>
<td>Dr Serge Resnikoff</td>
<td>Contribution of the GBD and Dissemination of Results</td>
</tr>
</tbody>
</table>
Course 11
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

<table>
<thead>
<tr>
<th>Title</th>
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<tbody>
<tr>
<td>Dr Hannah Faal</td>
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<tr>
<td>PEC 2020 and Beyond</td>
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<tr>
<td>Dr Jean-Marie Dangou</td>
</tr>
<tr>
<td>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</td>
</tr>
<tr>
<td>Dr Grace Fobi</td>
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<tr>
<td>How to Apply the CDD Concept to PEC</td>
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<tr>
<td>Prof Clare Gilbert</td>
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<tr>
<td>Building an Evidence Base for PEC</td>
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<tr>
<td>Mr Ronnie Graham</td>
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<td>Advocacy in PEC</td>
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<tr>
<td>Dr Boateng Wiafe</td>
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<tr>
<td>Strategies to Operationalise PEC</td>
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<tr>
<td>Ms Renee du Toit</td>
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<tr>
<td>Eye Health Tool Kit</td>
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<tr>
<td>Dr Robert Lindfield</td>
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<tr>
<td>Best Practices, Kenya</td>
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</tbody>
</table>
**Course 12**

**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**

<table>
<thead>
<tr>
<th>Title</th>
<th>Speakers</th>
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<tbody>
<tr>
<td>Creative Financing Options for Developing Countries</td>
<td>Dr Kunle Hassan</td>
</tr>
<tr>
<td>Best Revenue Generators Serving the Most People</td>
<td>Mr Juan Francisco Yee</td>
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<tr>
<td>How to Establish a Pricing Structure</td>
<td>Ms Sashi Priya</td>
</tr>
<tr>
<td>Allocating Revenue and Donor Funds to Services for the Poor</td>
<td>Dr Soliman Aref</td>
</tr>
<tr>
<td>Challenges and Pitfalls to Maintaining Revenue Generating Services</td>
<td>Prof He Wei</td>
</tr>
<tr>
<td>How Policy, Leadership and Donors Help or Hinder Financing Options</td>
<td>Dr Rainald Duerksen</td>
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<tr>
<td>Panel Discussion</td>
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</tbody>
</table>

**Speakers +**

- Mr John Barrows
- Dr Rainald Duerksen
- Mr David Green
- Mr Raheem Rahmathullah
- Dr G Chandra Sekhar

**Plenary**

Participants’ Q & A
Course 13

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

<table>
<thead>
<tr>
<th>Speakers</th>
<th>Title</th>
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<tbody>
<tr>
<td>Mr R D Thulasiraj</td>
<td>The need for Advocacy and its Importance in Promoting Eye Health in India</td>
</tr>
<tr>
<td>Mr Peter Ackland</td>
<td>IAPB’s Advocacy Goals for VISION 2020 and the IAPB Advocacy Training Programme</td>
</tr>
<tr>
<td>Dr Abdulaziz AlRajhi</td>
<td>Advocacy Strategies and Lessons Learned based upon the Eastern Mediterranean Region (EMR)’s Success in Securing Support for Recent WHA Resolutions</td>
</tr>
<tr>
<td>Ms Jennifer Gersbeck</td>
<td>Advocacy Strategies and Lessons Learned Based upon the Success in Securing Australian Government Support for the Australian Blindness Initiative</td>
</tr>
<tr>
<td>Mr William Felch</td>
<td>The International Council of Ophthalmology (ICO) Advocacy Network</td>
</tr>
<tr>
<td>Plenary</td>
<td>Q&amp;A Session + Secrets of Successful Advocacy based on the Experiences of Audience</td>
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</tbody>
</table>
Free Papers 3

Chairs: Anand Vinekar and Sara Varughese

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

13:30 Pre- and Post-Training Evaluation of ROP Awareness Programme in India, Aparna Gupta


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

IAPB Regional Sessions

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 Pizzarrello  
Hall E

Eastern Mediterranean Region
Chair: HRH Prince Abdulaziz Bin Ahmad Bin Abdulaziz Al Saud and Dr Abdulaziz AlRajhi  
Hall F
## Poster Presentations

**Poster number/board number, title, author**

### Low Vision

<table>
<thead>
<tr>
<th>Poster Number</th>
<th>Title</th>
<th>Author</th>
</tr>
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<tbody>
<tr>
<td>101/1</td>
<td>Paediatric Low Vision: Magnitude, Interventions, Determinants and Compliance, Rahul Deshpande</td>
<td></td>
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<tr>
<td>102/2</td>
<td>Causes And Assessment Of Vision Impairment In Students In Schools For The Blind In Yemen: Need For Optical Low Vision Services, Khalid Al-mohammadi</td>
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<tr>
<td>103/3</td>
<td>Leading Causes Of Registration for Blindness and Low Vision in Belize, Sally Baxter</td>
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<tr>
<td>105/5</td>
<td>Type of Disease, Acceptance and Follow Up of Patient in Low Vision Clinic in an Eye Institute in Maharashtra, Anirban Paik</td>
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<td>106/6</td>
<td>Development of Low Vision Services among CBM Partners in South India: Issues and Challenges Faced, Nagarathana</td>
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<td>107/7</td>
<td>Low Vision Intervention in Children: How Much Does it Help?, Niorosha Marasinghe</td>
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<td>108/8</td>
<td>Developing Low Vision Service Delivery System: The Sri Lankan Experience, Sudarma Liyanage</td>
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<td>109/9</td>
<td>Bringing Low Vision Services for Children Closer to the Community: an Example from Tanzania, Elizabeth Kishiki</td>
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<td>110/10</td>
<td>Profile of Children with Low Vision in India – A Hospital-Based Study, Gopalakrishnan Sarika</td>
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<td>111/11</td>
<td>Quality of life in visually impaired Indian population, Deepak Bagga</td>
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<td>112/12</td>
<td>Visual Acuity Improvement Following Use of Visual Aids in Visually Impaired Children, Praveen K</td>
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<tr>
<td>113/13</td>
<td>A Randomized Control Trial of Models of Low Vision Service Delivery, Beula Christy</td>
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### Inclusive Development and Mainstreaming the Needs of Disabled Persons

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

121/21 Mainstreaming Disability in Emmanuel Hospital Association (EHA), Jubin Varughese

122/22 Convention on the Rights of Persons with Disabilities: Implications and Opportunities, Maryanne Diamond

123/23 Empowering Persons with Disabilities through Integration in an Inclusive Society, Nirjesh Bag

124/24 Study on Information, Education and Communication Materials Available in India for Promoting Inclusive Education of Children with Disabilities, Ranjish Kattady

125/25 Self-Advocacy for Inclusive Development: A Model Approach by Sightsavers North, Somesh Dwivedi

126/26 Inclusive Decentralised Planning in Madhya Pradesh, India, Umesh Baurai

127/27 The Cost and Benefit of Achieving the VISION 2020 Goal to Eliminate Avoidable Blindness, Jeremy Thorpe

Community Engagement and Eye Care

128/28 Socioeconomic Inequalities and Blindness Burden in the Population of South India, Krishnaiah Sannapaneni

129/29 Knowledge and Awareness of Ocular Diseases in Rural Population of Central Nepal, Fathimath Nestha

130/30 Eye Health Care-Seeking Behaviour of the Rural Elderly in Mayurbhanj District of Odisha – An Exploratory Study, Bikash Mohanta


132/32 Ocular Morbidity in a Slum Area of Delhi, Vinayak Bhatia

133/33 Clinical study of causes of visual disability amongst patients approaching a civil hospital, Aniket Patil

134/34 The Prevalence of Self-Reported Visual Impairment/Blindness in Economically Disadvantaged Regions of South Africa, Jyoti Jaggernath

135/35 Prevalence of Non-Vision Impairing Conditions (NVIC) among Char Population in Bangladesh, Khairul Islam

136/36 Prevalence of Ocular Diseases in Patients Presenting with Non-Visual Complaints, Namrata Kabra

137/37 Empowering women to improve use of eye services: lessons learned, Marceline Finda

138/38 Role of Women Community Health Workers (WCHWs) in Elimination of Avoidable Blindness – Habibpur Block, Malda District, West Bengal, India, Rashi Ray

139/39 Gender and Eye Health - A Study on the Urban Slums of Kolkata, India, Sampa Paul

140/40 Four pillars of community eye care outreach program- effective and replicable human resource utilization, Awadh Dubey

141/41 Utilization of Community Based Health Assistants in delivering Primary Eye Care Services in a
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 Ukpor 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 Andhra Pradesh Tribal Eye Care Project (APTECP) – Overview, Srinivasa Pallerla

153/53 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

154/54 Access Eye Care Services: Partnership between Eye Care Provider and Development Organisation, Manish Mahendra

155/55 Community Engagement in Eye Care under Sightsavers Dhaka Urban Comprehensive Eye Care Project (DUCECP), Mohammad Islam

156/56 A Key Global Resource: Volunteers and Public Health, Mary Phyllida Roe

157/57 Investigating Gender-Related Barriers to Eye Care amongst Cataract Patients in Tamil Nadu, Sanil Joseph

158/58 Outreach Eye Programme PLUS: A Model to Address Underserved, Inaccessible Marginalised Population, Shawkat Shakoor

159/59 Experience of 13 Years of Community Eye Care through Outreach among the Tribal Peoples of Melghat, Maharashtra, India, Shyamala Anand

160/60 Delivering Comprehensive Eye Care Services in Meghalaya, North East India, Simanta Saikia
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<td>Self-Financing for Eye Care in India – Community Assisted and Financed Eye Care Project (CAFE), Giridhar Pyda</td>
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<td>Vision 2020 Australia Global Consortium, Sophia Plumridge</td>
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<td>The Right to Sight and to Walk Without Fear, Larry Schwab</td>
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<td>Organisational Capacity Building to Develop Sustainable Eye Hospitals – Sharing LAICO’s Experience, Suresh Rajaram</td>
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<td>The Community Eye Health Journal: a Tool for Reaching Primary Eye Care Practitioners?, Elmienn Ellison</td>
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<td>Parliamentary Friends Group for Eye Health and Vision Care, Jennifer Gersbeck</td>
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<td>Meeting the Training Needs of Latin America through Coordination and Integration of Educational Programmes for Ophthalmic Personnel, Narendra Patel</td>
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<td>Communities of Practice for Community Ophthalmology – Possibility, Practicability and Viability, Samya Riad</td>
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<td>An Investigation into the Working Relationship between Community Distributors and First Line Health Facility Staff on an Onchocerciasis Control Programme in Cameroon, Andy Cassels-Brown</td>
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<td>Current Level of Utilisation of Eye Care Services and Barriers to Accessibility among Handloom-Weavers in Rural Andhra Pradesh, Vemuri Suresh</td>
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<td>Mapping Eye Care Human Resources in Sub-Saharan Africa, Karl Blanchet</td>
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<td>Campaign “Open Your Eyes!” (In Italian: “Apri gli Occhi!”), Filippo Amore</td>
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<td>Review and Customisation of an Ophthalmic Training Programme for the Pacific, Neil Murray</td>
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<td>Bridging the Information Gap in Latin America part I – Strategic Planning and Tools, Kristen Eckert</td>
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<td>177/77</td>
<td>In-Service Training for Remote Primary Health Care Staff in Australia: A Novel and Useful Mode of Education Delivery, Anna Morse</td>
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<td>178/78</td>
<td>Strategic Network for Comprehensive Eye Care Services - a Model Process in Andhra Pradesh, Karnataka and Tamilnadu, Jesuraj Ratchagar</td>
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<td>Role of Effective Partnerships in Providing Eye Care in Rural India – A Study in Southern Rajasthan, Meenakshi Chundawat</td>
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**Cornea**

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<td>Eye Banking in India: Status, Problems and Solutions - An Overview, Vinayak Bhatia</td>
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<td>Engaging Community for Breaking the Barriers in Promoting Eye Donation: Rotary Aravind International Eye Bank, Madurai, Selvam Subbiah</td>
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<td>182/82</td>
<td>Awareness of Eye Donation in the Urban Slum Population of New</td>
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Delhi, India, Noopur Gupta

183/83 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

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 Eccentric 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
International Ophthalmology Development Register

Make a difference!

IODR will match your skills to the needs of educational institutions, international non-government organisations and teaching hospitals in the Asia Pacific region.

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- Interested in volunteering? 30% of our members are!
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The IODR project is a partnership between RANZCO and The Fred Hollows Foundation. Contact: Lauren Hodgson, phone: +61 2 9690 1001 email: IODRadmin@ranzco.edu

IODR is a web based register that records the expertise and interests of RANZCO Fellows, the needs and opportunities offered by international educational ophthalmology institutions, training hospitals and international non-government organisations working in the Asia-Pacific region.

A new way to get involved
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<td>Breakfast Seminars</td>
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<td>09:00 - 10:30</td>
<td><strong>Symposium 4</strong>: Social Entrepreneurship and Eye care</td>
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<td>10:30 - 11:00</td>
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<td>11:00 - 12:30</td>
<td><strong>Symposium 5</strong>: Corporate Social Responsibility</td>
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<td>12:30 - 13:30</td>
<td>Lunch &amp; Pavilion Presentations</td>
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<td>13:30 - 15:00</td>
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<td>Course 14:</td>
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<td>Course 15:</td>
<td>Challenges for Equity in Low Vision Care</td>
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<td>Course 16:</td>
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<td>Eye Care for Everyone in India</td>
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<td>Coffee Break &amp; Pavilion Presentations</td>
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<td>15:30 - 17:00</td>
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<td>Course 18:</td>
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<td>Rapid Fire 4</td>
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<td>MDP 25th Anniversary Lecture (17:00 - 17:45)</td>
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<tr>
<td>Vision for Everyone... Everywhere Launch Party and Indian Craft Bazaar (17:45 - 21:30)</td>
<td>Novotel Gardens</td>
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Day 3 - Wednesday 19th

Symposium 4

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.

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<th>Title</th>
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<td>09:00</td>
<td>Ms Abigail Noble</td>
<td>Social Entrepreneurship: A Powerful Agent for Change</td>
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<td>09:15</td>
<td>Ashoka Representative</td>
<td>Social Entrepreneurship in Action: The Ashoka Experience</td>
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<tr>
<td>09:30</td>
<td>Prof Kovin Naidoo</td>
<td>Role of Social Entrepreneurship in Eye Care: Upscaling and Sustainability</td>
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<tr>
<td>09:45</td>
<td>Mr David Green</td>
<td>Financing Social Entrepreneurship Efforts</td>
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<td>Participants’ Q &amp; A</td>
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Symposium 5

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

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

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<tr>
<th>Title</th>
<th>Prof Nathan Congdon</th>
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<tr>
<td>Overview of the Global Glaucoma Problem: What do We Need to Know?</td>
<td>Prof Mingguang He</td>
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<td>The Guangdong Comprehensive Rural Eye Service Training (CREST) Programme in Glaucoma</td>
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<td>Methods to Screen and Treat for Angle Closure Glaucoma (ACG)</td>
<td>Prof Rupert Bourne</td>
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<td>Lessons from the Zhongshan Angle Closure Prevention (ZAP) Trial</td>
<td>Prof David Friedman</td>
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<td>The New Aravind Shunt</td>
<td>Dr Ramaswami Krishnadas</td>
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<tr>
<td>Effectiveness in Angle Closure Glaucoma of Lens Extraction (EAGLE) trial</td>
<td>Prof Augusto Azuara-Blanco</td>
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Course 15

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
  - Title: Results from the Global Mapping Survey
- Ms Sumrana Yasmin
  - Title: Case Studies of Projects Addressing Inequity
- Dr Haroon Awan
  - Title: Evidence: Impact of Successful Projects
- Mr Joseph Cho
  - Title: Universal Design: Accessibility for People with Low Vision
- Mr Hasan Minto
  - Title: Low Vision in the Context of Development
- Ms Penny Hartin
  - Title: Challenges in Equity
Course 16

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

Dr Paul Courtright
Ms Marceline Finda
Dr Ahmed Mousa
Ms Preeti Janani
Mr R P Kandel
Ms Penny Lyons & Dr Ken Bassett

Title

Introduction
Thinking Outside the Eye Care Box: Engaging with Community-Based Microfinance Programmes
The Conditions do Matter: Differences in Use of Services for Cataract and Trichiasis after Implementation of a Community-Based Eye Health Programme
Engaging with Communities for Improved Health from a Gender Perspective
Community-Based Women’s Groups: Experiences from Nepal and other Countries
Advocacy with and Across Programmes: Successes and Challenges
Course 17

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.

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<td>Dr Serge Resnikoff</td>
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<td>NTDs: History of the Initiative, its Content, Strategies and Future Developments</td>
<td>Dr Silvio Mariotti</td>
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<td>NTDs and Eye Health: Lessons Learnt and Opportunities for Collaboration</td>
<td>Dr Adrian Hopkins</td>
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<td>NCDs: History of the Initiative, its Content, Strategies and Future Developments</td>
<td>Dr Nick Banatvala</td>
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<td>NCDs and Eye Health: Converging Interests and Opportunities for Collaboration</td>
<td>Dr Damodar Bachani</td>
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Session: Eye care for Everyone in India – Success Stories

Hosted by All India Ophthalmological Society (AIOS)

**Chairpersons:** Dr N S D Raju and Dr A K Grover  
**Moderator:** Dr Lalit Verma

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

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

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

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<td>Comprehensive School Eye Health Programmes</td>
<td>Dr Hannah Faal</td>
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**Course 20**

**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 biomedical training centres in ophthalmic equipment could be established

**Speakers**

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Rapid Fire 3

**Chairs:** Tran Duong and James Standefer

**Room:** Hall D

**Time:** 15:30 to 17:00

- **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 Mwapopo**
- **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

Chairs: Tefitha Karimurio and Dr Mansur Rabiu

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 Meshramka
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
16:34 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
Day 3 - Wednesday 19th

Free Papers 5

**Chairs:** Praveen Vashisht and G V Rao

**Room:** Hall F  
**Time:** 15:30 to 17:00

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

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.
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<td>Productivity Pattern Responsible for High Quality Cataract Surgeries in a Charitable Eye Hospital</td>
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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:
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Population Residing in the State of Meghalaya, Banshanhi Nongkhlaw

Assessment of Visual Impairment in AIDS Patients with Immune Recovery Uveitis, Ashraf A

Vitreoretinal Fellowship in UK and its Impact on Eye Care in Sarawak, Chek Ngo

Innovation to Improve Access and Equity

PUSHP (Paramount Unit for School Health Programme), Abdul Moiz Shams

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

Using ORBIS Telemedicine Cyber-Sight for Training and Patient Care in the Prevention of Avoidable Blindness, Lynda Smallwood

Technology Addresses the MLOPs Training Gap, Vinoth Palanichamy

Social Inequities in a Working Population of an Industrialised Country, Anna Rius

Comprehensive Eye Care - A Way to Improve Access and Equity, Jawwad Ahmad

Vision Centres, A New Method for Classification, Stephanie Looi

Development of a Vision Centre Operations Training Course, Michael Morton

Vision Centers for Primary Eye Care Delivery in India, Anand Sudhan

Determinants of Primary Eye Care through Vision Centers in Rural India, Vilas Kovai

Innovation to Improve Access and Equity – Aravind’s Primary Eye Care Experience, Mohammed Ggowth

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

Role of Outreach Surgical Eye Camps in Arunachal Pradesh, Lobsang Tsetim

A Retrospective Study of Eye Camp Model used at a Tertiary Eye Hospital, Meena Nagar

Partnership across the socio economic Spectrum: Sustainable vision for grass roots, Hitendra Ahooja

Public Private Partnership in Cataract Surgery - A Case Study from Bihar, Suvendu Mitra

Care for the Underprivileged in a Privileged Country, Jean Roosen

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!

fondation.loccitane.com
cbonnet@fondation.loccitane.com

In India since 1966, Sightsavers works to eliminate avoidable blindness and promote equal opportunities for disabled people.

www.sightsaversindia.in
INTERESTED IN APPLYING FOR THE NEXT L’OCCITANE SIGHT AWARD?

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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

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.

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<td>Dr Abu Raihan</td>
<td>Challenges of Developing an Institution-Wide M&amp;E Paradigm: the ORBIS Experience</td>
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<tr>
<td>09:12</td>
<td>Dr Paul Courtright</td>
<td>Capacity-Building in Monitoring Programme and Surgical Outcomes</td>
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<tr>
<td>09:24</td>
<td>Prof Rupert Bourne</td>
<td>Key Outcomes in Assessing the Quality of Glaucoma Care</td>
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<tr>
<td>09:36</td>
<td>Dr Andrea Zin</td>
<td>Assessing the Success and Coverage of ROP Programmes in Brazil</td>
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<tr>
<td>09:48</td>
<td>Dr Johnson Ngorok</td>
<td>Monitoring Outcomes in Trachoma Programmes</td>
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<tr>
<td>10:00</td>
<td>Mr Akoto Kwame Osei</td>
<td>Monitoring Outcomes of Programmes for Vitamin A Deficiency</td>
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<tr>
<td>10:12</td>
<td>Plenary</td>
<td>Participants’ Q &amp; A</td>
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Symposium 7

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.

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

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

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

Room: Auditorium
Time: 15:30 to 18:00
POSTER PRESENTATIONS

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

308/8 Abhisheyam 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
Costs of Receiving and Managing Donated Eye Care Products, 
*Vivasan Pillay*

319/19 Patient Care Audit: Impact Assessment of Socio-Economic and Behavioural Aspects, 
*Gimms Andrews*

320/20 Impact of Impaired Vision and Eye Disease on Quality of Life in Papua New Guinea, 
*Prakash Paudel*

321/21 Eye-Q in Pursuit of Excellence through Benchmarking, 
*Deepa Krishnan*

322/22 Validating a Tool to Assess Knowledge, Attitude and Practice in Eye Health, 
*Gail Ormsby*

323/23 Utility of Key Performance Indicators and Balanced Score Card in Community Eye Care, 
*Kaushik Murali*

324/24 Factors Responsible for Sustainability of Vision Centres in Urban Slums of Mumbai – A Patient Perspective Study, 
*Lynn Mathew K*

325/25 Vision Services' Utilisation and Need in Papua New Guinea, 
*Mitashi Marolia*

326/26 Measuring UK Vision Strategy Impact, 
*Nick Astbury*

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, 
*Renee Du Toit*

328/28 Role of Quality Assurance in increasing program efficiency:

Evidence from an ORBIS supported project in rural Bangladesh, 
*Lutful Husain*

329/29 Measuring Effectiveness of Primary Eye Care Programmes in Rural Areas: Aravind Eye Care System’s Approach, 
*Ganesh Babu Subburaman*

330/30 Evaluation: A Tool to Assess and Improve the Effectiveness of Eye Care Training Programmes, 
*Imran Khan*

331/31 Midterm Review of VISION 2020 in Nepal, 2010, 
*Madan Upadhyay*

332/32 Community-Based Rehabilitation (CBR) Evaluation Framework, 
*Manjula Marella*

333/33 The Incidence of Blindness in Israel was Halved during the First Decade of the 21st Century, 
*Michael Belkin*

334/34 VISION 2020 – India Initiative for Comprehensive Eye Care Strategic Plan Development for Madhya Pradesh in India, 
*Praveen Vashist*

335/35 Changing Trends of Population and Blindness in Oman – A Review of Three Censuses and Three Prevalence Surveys, 
*Rajiv Khandekar*

336/36 Situational Analysis of Ophthalmic Nursing Services in Botswana, 
*Chatawana Molao*

337/37 A Study To Evaluate Preventive Aspects in Sports-Related Ocular Injuries, 
*Avinash Mishra*
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<td>Silvana Faillace</td>
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NEW online
IAPB Standard List

World’s first online procurement platform specifically developed for eye care service providers in developing countries

Register now and get access for free
Visit: iapb.standardlist.org

Led by IAPB in collaboration with
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<td>Women’s Networking Event - Experiences from the Eye Health Sector. <strong>Hall A</strong></td>
<td>The ORBIS 30th Anniversary Breakfast, <strong>ORBIS. Hall A</strong></td>
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<td>10:30 - 10:45</td>
<td>CBM’s Global Involvement in Eye Care, <strong>CBM</strong></td>
<td>Eye-Sun Protection Factor, <strong>Essilor</strong></td>
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<td>10:45 - 11:00</td>
<td>Combining Ear and Hearing Care with Eye Care Services, <strong>WHO</strong></td>
<td>Manuals for Developing Eye Health Interventions, <strong>Sightsavers</strong></td>
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<td>12:30 - 12:45</td>
<td>The L’OCCITANE Sight Award, <strong>L’OCCITANE Foundation</strong></td>
<td>Modern Purchasing for Eye Care Professionals: IAPB Online Standard List, <strong>IAPB Procurement Consortium. Hall E</strong></td>
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<td>12:45 - 13:00</td>
<td>Optometry Resources, <strong>Brien Holden Vision Institute</strong></td>
<td>Private-Private Eye Care Service Partnership Experience in African Countries, <strong>Appasamy Associates</strong></td>
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<td>13:00 - 13:15</td>
<td>Steps to Prevent Blindness due to ROP in Lima, Peru, <strong>ORBIS</strong></td>
<td>Korle Bu Optical Services: Can Social Entrepreneurship Support Community Eye Care Development? <strong>Vision Aid Overseas</strong></td>
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<td>13:15 - 13:30</td>
<td>Mobilising Resources from the Global Optical Community in Support of Sustainable Eye and Vision Care Projects, <strong>Optometry Giving Sight</strong></td>
<td>Early Screening for ROP: Role in Rural India, <strong>Clarity Medical Systems</strong></td>
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<td>15:00 - 15:15</td>
<td>New Directions in the SightFirst Programme, <strong>Lions Clubs International Foundation</strong></td>
<td>Vision Centre Toolkit, <strong>Brien Holden Vision Institute</strong></td>
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<td>15:15 - 15:30</td>
<td>Supporting and Maintaining Eye Care Equipment in Developing Countries: An Experience from Asia and Africa, <strong>Appasamy Associates</strong></td>
<td>“Sight and Life” and “100 Years of Vitamin”, <strong>Sight and Life</strong></td>
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<td>Methodology Used for the Price of Sight and the Benefits Framework Report, *The Fred</td>
<td>Community Eye Health Activities in the SAARC Countries: Current Scenario, Association of</td>
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<td>Community Ophthalmologists of India. Hall A</td>
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<td>Human Resources Development, Sightsavers. Hall B</td>
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<td>IAPB), Vision Alliance. Hall D</td>
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<td>Turning a Blind Eye on Poverty, Brien Holden Vision Institute and ORBIS</td>
<td>VOSH and its Role in the Delivery of Sustainable Eye and Vision Care, VOSH International</td>
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<td>VARILUX, Essilor</td>
<td>Community Eye Health Strategies in Sightsavers’ Programmes, Sightsavers</td>
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<td>12:30 -</td>
<td><strong>LUNCH SESSION. Hall G</strong> Prevention of Vitamin A Deficiency in Indian Children through</td>
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<td>Nutritional Interventions, <em>Sight &amp; Life</em></td>
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<td>12:30 -</td>
<td>Supporting Patients Through Customised Solutions, Carl Zeiss</td>
<td>National Networks in Eye care – Examples Around the World, CBM</td>
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<td>12:45 -</td>
<td>Saving Procurement Costs, Deepak Enterprises</td>
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<td>Maharashtra, India, ORBIS</td>
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<td>13:15 -</td>
<td>New Directions in the SightFirst Programme: South Asia, Lions Clubs International</td>
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<td>15:00 -</td>
<td>Asia National Networks: Impact on Eye Care in the Region, CBM</td>
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<td>REDROP: A Novel, Low-Cost Method of ROP Screening Enrolment in Unscreened Regions,</td>
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<td>Clarity Medical Systems</td>
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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.

**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
Manuscripts 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
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.

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 underprivileged 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

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

DAY 3 - Wednesday 19th

BREAKFAST SEMINARS

07:30 - 09:00
Hall A
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 Enrollment 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

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.

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.

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.
Now For All Newborns
Learn More About UNEED during IAPB.

Join Us For Pavilion Sessions:
Tuesday, September 18, 2012 at 1.15pm
Wednesday, September 19, 2012 at 3.15pm

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

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India

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 range 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 neonatal wide field imaging systems, BioMedix Ultrasound A Scan Biometers & Pachy meters and Phacoemulsification Systems.

Ranjan Bhandary
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www.biomedixdevices.com
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.

Professor Brien Holden
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www.brienholdenvision.org
Australia

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

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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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, Scleral Fixation, CTR, Iris Claw and Square Edge as well as Hydrophilic Aspheric Square Edge foldable lenses.

Ravi Kumar, Managing Director
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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 focused 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.

K.Chandrasekhar
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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.

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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.

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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.

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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.

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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
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www.indianoptometryfederation.org
India

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 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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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.

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UK
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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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
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www.keeler.co.uk
India

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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USA

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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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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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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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.

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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.

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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  
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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-mydriatic 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  
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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

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
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
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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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.

Dr Klaus Kraemer
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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
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India

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.

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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).

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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 Klaus went through a monumental list of abstract submissions to ensure that only the best join us at the Assembly – thank you.

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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!
World Sight Day

11 October 2012

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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.