

Report from the Regional Chair

**IAPB BOARD OF TRUSTEES MEETING
SEPTEMBER 16, 2012**

I. GENERAL REGIONAL OVERVIEW from the Chair

2012 has been an eventful year for the region with much busy travel by IAPB Regional staff to be with our partners at key events and helping to advocate towards progress towards 2020 and the elimination of blindness. There is active collaboration with the Sub-Regional Secretariats and with all IAPB member NGDOs during these activities.

It might be known as the year of NTDs following the London Declaration at the end of January. Since then we have really focused hard on facilitating action in the Pacific Islands SR, particularly to ramp up the mapping of Active Trachoma in the Solomon Islands, Fiji and Kiribati and receiving much interest from Ministries of Health in Vanuatu, Samoa and Tonga. A series of Population based prevalence surveys have been done in the Solomon Islands (3 completed and a 4th being done at present), Fiji (2 completed and 2 more being done), Kiribati (1 completed and several Trachoma Rapid assessments planned for the outer islands). All this activity is complimentary to the much larger mapping exercises being undertaken in other Regions.

In 3 Melanesian countries: Vanuatu, Solomon Islands and PNG there is an added interest – the eradication of Yaws, This is also treated with Azithromycin MDA although through discussions with WHO WPRO the exact treatment and evaluation modalities have yet to be decided.

A very successful NGO NTD Network meeting has just been held in Sydney with delegates from across the world. This has strengthened ties with DFID,ASAID and of course our own AusAID. A welcome spin off has been formalised relationship building and partnership with WaterAid Australia and other WASH organisations.

The Regional Office is well settled in its new quarters and we have been warmly welcomed by the Fred Hollows Foundation , especially by Lesley Podesta, Director of their Global Partnerships Program. IAPB and FHF work closely on Advocacy and Lesley will be part of the IAPB WPR team attending the Western Pacific Regional RCM in Hanoi after this General Assembly to facilitate discussions on the next Action Plan due to start next year. While we all miss Sheona McGraw, her successor Damian Facciolo has settled in very well and is learning how challenging covering such a large and diverse Region can be. He is just back from a useful tour of Vietnam, Cambodia and Lao PDR where thanks to AusAID and NGDO activity and funding a lot is happening to strengthen comprehensive eye health systems.

IAPB WPR's relationship with WHO WPRO is strong and it is good to see that AusAID continues to be positive and supportive. Planning for a joint work plan for 2013-2016 is at an advanced stage and is currently being reviewed to enable further AusAID funding over that period.

All IAPB Secretariats are now fully operational (Pacific Islands Sub-Region, South East Asia and Islands Sub-Region and in China), The process of devolving responsibility to the Sub-Regions continues to strengthen and we are very grateful to IAPB Members (the FHF, Seva International, Seva Canada, HKI, the Brien Holden Vision Institute Foundation. CBM and ORBIS) who found the funds to kick-start the China Secretariat We hope this will provide a sustainable model for all the Secretariats in future. The China IAPB Secretariat concept met with strong support from the Chinese government in Beijing a fact that was confirmed at the China NGO forum

I will not use up your time further as all our team are here at the 9GA and are available should further details be needed. This report contains in the next pages more details of countries in the Region and we hope these will be helpful.

Our Regional session during 9GA will look at reviewing how we can better cover the ground and further strengthen National and Sub-Regional capacity. With more funding in the system we can certainly continue to achieve more but we need to look harder at how all this activity can be sustained through local initiatives once expectations are built up – when hopefully the incentives to maintain an improving higher profile situation will be stronger. We can expect this trend to continue as our Secretariats extend their influence to various parts of the Region but there is still an enormous amount of work to be done in a now terrifyingly short time frame.

Meanwhile we still continue to probe and encourage collaborative initiatives that will prompt changes of attitude, breakdown of barriers and a positive 'can do' attitude.

A handwritten signature in blue ink, reading 'Richard Le Mesurier'.

Richard Le Mesurier
Regional Chair

Notes about data

Data contained in this report represents a summary of the most current information reported to the International Agency for the Prevention of Blindness (IAPB), correct as at September 2012. Some statistics are drawn from published documents and verified sources (as detailed in the List of Sources on page 19). Other information is drawn from estimates contained in official and informal reporting, and from presentations at meetings.

IAPB anticipates that gaps and inaccuracies may exist. If you are aware of updates or more reliable sources, please contact the IAPB Western Pacific Regional Office: info@iapbwesternpacific.org.

The value of direct country comparisons is limited, particular when different survey methodologies and different timeframes exist for much of the data. Information is presented here to provide a very general snapshot of the situation for eye health in the Western Pacific.

IAPB is working with in-country contacts, government representatives and the World Health Organization to systematize the collection and reporting of data within stronger health systems and improve the quality of information for planning and policy.

Country Profiles

Cambodia

Population	14,138,000
National PBL committee active	Yes
National plan current	Yes
Cataract Surgical Rate	1200
Number of ophthalmologists	38
Blindness prevalence	0.38%
Main causes of blindness	Cataract, corneal scarring, trauma, glaucoma, refractive error
Total expenditure on health as % total government expenditure	9.8%
Diabetes prevalence	2.47%
Improved drinking water coverage, improved sanitation coverage	64%, 31%
Endemic areas for trachoma	Surveys expected in 2013, with US Government support.

Situation in brief

In collaboration with local and international partners, Cambodia's Ministry of Health has made good progress to prevent and control blindness over the last 15 years, reducing prevalence from 1.2% in 1995 to 0.38% in 2007. The National Program for Eye Health (NPEH) was established by the Ministry of Health in 1994 and works to provide technical oversight and build institutional support across government and non-government sectors. Cambodia's eye health program receives support from a wide mix of international groups, and coordinating and managing these inputs represents a large and complex job. The NPEH revised its National Strategic Plan for Blindness Prevention and Control (2011-2015), and this was formally adopted in 2012. IAPB is supporting NPEH to develop and implement the national strategic plan, with a full costing of activities. Human resource development, financing and resource mobilisation, training and surgical practice guidelines and infrastructure development remain priorities for the future. The Avoidable Blindness Initiative, supported by the Australian Government and Australian NGOs, will work to strengthen NPEH capacity over the coming three years. Trachoma surveys will be conducted in 2013.

China

Population	1,348,932,000
National PBL committee active	Yes
National plan current	Yes
Cataract Surgical Rate	900
Number of ophthalmologists	28,338
Blindness prevalence	0.5% (2006 estimate)
Main causes of blindness	Cataract, retina/uvea disease, corneal blindness, glaucoma, refractive error
Total expenditure on health as % total government expenditure	12.1%
Diabetes prevalence	9.29%
Improved drinking water coverage, improved sanitation coverage	91%, 64%
Endemic areas for trachoma	Surveys expected soon

Situation in brief

As the world's most populous nation, the scale of eye health issues in China is huge. In 2012, IAPB established a Secretariat for China with two staff to facilitate coordination and advocacy. Refractive error and cataract are the main causes of vision loss, with the incidence of diabetes rising as the economy grows and lifestyles change. China's government, championed by the Ministry of Health, has been a consistent supporter of the global movement to prevent blindness, principally through support for World Health Assembly resolutions. Domestically, China's national government has in recent years initiated a 'Million Cataract' campaign to reduce the surgical backlog and several provinces have contributed eagerly to this work too. Challenges remain to develop and implement quality standards for training and surgery, improve access to core treatments through universal health insurance programs, and involve private hospitals and other non-government partners more strategically in VISION 2020.

Fiji

Population	861,000
National PBL committee active	No
National plan current	No
Cataract Surgical Rate	1354
Number of ophthalmologists	7
Blindness prevalence	2.6% over 40 (2009)
Main causes of blindness	Cataract, diabetic retinopathy, uncorrected refractive error
Total expenditure on health as % total government expenditure	10.1%
Diabetes prevalence	10.41%
Improved drinking water coverage, improved sanitation coverage	98%, 83%
Endemic areas for trachoma	Surveys underway

Situation in brief

Fiji's Minister for Health this year signed a Declaration of Support for VISION 2020, following advocacy by IAPB. Work continues to deliver eye care across the country with close collaboration between the Ministry of Health and NGOs. Fiji is home to the Pacific Eye Institute (PEI), a regional training institute for ophthalmic doctors, nurses and mid-level personnel. The Ministry of Health funds a VISION 2020 office, and IAPB's sub-regional work is coordinated from Suva. A PBL committee exists, but is largely inactive, and there is a National Ophthalmic Clinical Services Network Committee. Cataract surgery is conducted at the three base hospitals. A camera and laser supports the diabetes program at 3 hospitals, though the service is not yet fully operational the north. In the west, diabetes services include outreach screening and laser clinic. In the central division, screening only is conducted during outreach. Patients with sight threatening retinopathy are referred to the CWMH/PEI clinic for tertiary treatment and laser. Guidelines for Diabetic Retinopathy Screening, an initiative of the Fred Hollows Foundation NZ, have been developed. Optometrists work in private practice, while ophthalmic nurses are trained to refract. Low cost and ready-made spectacles are dispensed through PEI and the private sector. The country's national plan for eye health is awaiting endorsement.

Kiribati

Population	99,000
National PBL committee active	Yes
National plan current	Drafting
Cataract Surgical Rate	1690
Number of ophthalmologists	1 in training
Blindness prevalence	1%
Main causes of blindness	Cataract, diabetic retinopathy, corneal blindness
Total expenditure on health as % total government expenditure	13%
Diabetes prevalence	24.92%
Improved drinking water coverage, improved sanitation coverage	No data available
Endemic areas for trachoma	Surveys underway

Situation in brief

One eye doctor from Kiribati is completing her MMed (Ophthal) at Pacific Eye Institute. Two ophthalmic nurses are also being trained. To strengthen eye care provision across the country, IAPB funded and hosted a Primary Eye Care Workshop to work with nurses in rural health centres. A prevalence survey of trachoma will be conducted in 2012. With support from IAPB, the Ministry of Health is continuing to draft the first national plan for Kiribati.

Lao PDR

Population	6,201,000
National PBL committee active	No
National plan current	New plan recently developed
Cataract Surgical Rate	586 (2011 update)
Number of ophthalmologists	19 (8 basic eye doctors)
Blindness prevalence	0.5%
Main causes of blindness	Cataract, corneal scarring, glaucoma
Total expenditure on health as % total government expenditure	5.9%
Diabetes prevalence	2.67%
Improved drinking water coverage, improved sanitation coverage	67%, 63%
Endemic areas for trachoma	Surveys expected in 2013, with US Government support

Situation in brief

Lao is a landlocked nation with a small population. More than 80% of the people live outside urban centres and in mountainous areas. Expanded outreach services and strong provincial-based facilities are therefore essential to reach the poor. Like many sectors, eye health relies on external donors and NGOs to fund services, programs and equipment. To some degree, eye care is integrated into the public health care system. In September 2012, WHO and IAPB supported a National Workshop in Vientiane to develop a 3-year action plan for the prevention of blindness for the Ministry of Health. Training and the development of human resources is a key area for action, with a shortage of doctors to manage the cataract backlog (estimated to be around 10,000), and HR across all sectors of the health system. Many health professionals study in nearby Thailand, where language is similar and higher education more advanced. Lao has a tiny private health system, and wealthier patients tend to seek surgery and treatment across the border. A prevalence survey for avoidable blindness is planned for 2014, to update the last rapid assessment conducted in 2007. Surveys for trachoma are in planning for 2013.

Mongolia

Population	2,756,000
National PBL committee active	Yes
National plan current	Awaiting endorsement
Cataract Surgical Rate	442
Number of ophthalmologists	113
Blindness prevalence	0.5%
Main causes of blindness	Cataract, glaucoma, refractive error
Total expenditure on health as % total government expenditure	8.8%
Diabetes prevalence	6.74%
Improved drinking water coverage, improved sanitation coverage	82%, 51%
Endemic areas for trachoma	Unknown

Situation in brief

With WHO and IAPB support, a workshop was held in April 2012 to develop a 5-year national plan for the prevention of blindness; the plan is expected to be approved by the Ministry of Health later in 2012. Key issues for Mongolia include affordability of cataract services to the poor, and a shortage of eye care services – especially for cataract – in provinces outside Ulaan Baatar. Broadly speaking, there is a shortage of survey data in Mongolia and more work needs to be done to monitor cataract surgery outcomes. Sub-specialty eye care services in tertiary government hospitals to address glaucoma and diabetic retinopathy are also required. Refractive services also need to be expanded in the government system.

Papua New Guinea

Population	6,858,000
National PBL committee active	Yes
National plan current	Drafting
Cataract Surgical Rate	716
Number of ophthalmologists	6
Blindness prevalence	3.9% over 50
Main causes of blindness	Cataract, corneal blindness, uncorrected refractive error
Total expenditure on health as % total government expenditure	8.5%
Diabetes prevalence	6.1%
Improved drinking water coverage, improved sanitation coverage	40%, 45%
Endemic areas for trachoma	Suspected

Situation in brief

Right across the health system, Papua New Guinea struggles with a chronic shortage of health professionals and the country has some of the poorest health outcomes in the Western Pacific. Donors and NGOs from Australia and New Zealand provide funding and programs for eye health in PNG, though local NGOs have emerged in recent years and many areas are now benefiting from upgraded facilities and vision centres. PNG's National Prevention of Blindness committee met twice in 2012 to discuss training gaps for mid-level eye workers and the endorsement of the national eye plan, which has been drafted and costed. The Committee was formally launched this September at the annual national Medical Symposium in Port Moresby. The WHO Country Representative attended and the event was featured in local media. 14 eye doctors have been trained since the ophthalmology program began in the early 1990s.

Philippines

Population	93,261,000
National PBL committee active	Yes
National plan current	Drafting
Cataract Surgical Rate	1085
Number of ophthalmologists	1467
Blindness prevalence	2.6% over 50
Main causes of blindness	Cataract, uncorrected refractive error, glaucoma
Total expenditure on health as % total government expenditure	7.1%
Diabetes prevalence	8.22%
Improved drinking water coverage, improved sanitation coverage	74%, 92%
Endemic areas for trachoma	No

Situation in brief

The National Committee for Sight Preservation exists to coordinate blindness prevention activities across the Philippines, with contributions from a mix of government and non-government agencies. IAPB supports advocacy and coordination components. Awareness raising activities take place in the capital and through many provinces, particularly during Sight Saving Month in August. More broadly, prevention of blindness activities cover the range of advocacy, planning, training workshops and infrastructure support (including surgical outreach) conducted at a local level. The Department of Health, through the National Center for Disease Prevention and Control, also works with local government units to advance VISION 2020. The Department is now working with stakeholders to finalise a 5-year Strategic Plan for the National Prevention of Blindness Program (2012-2016). In April, IAPB and other partners supported a workshop to consult for the plan. Policy issues to ensure the universal health system, PhilHealth, covers cataract surgery for poor patients and training of mid-level workers remain immediate and ongoing challenges for the Philippines.

Samoa

Population	183,000
National PBL committee active	Yes
National plan current	Drafting
Cataract Surgical Rate	1680
Number of ophthalmologists	1
Blindness prevalence	0.7%
Main causes of blindness	Cataract, diabetic retinopathy
Total expenditure on health as % total government expenditure	18.3%
Diabetes prevalence	7.05%
Improved drinking water coverage, improved sanitation coverage	96%, 98%
Endemic areas for trachoma	Rapid assessment planned for 2012

Situation in brief

Eye care is provided by ophthalmic nurses at Tupua Tamasese Meaole Hospital and on Savaii. One eye doctor is currently in training. The Ministry of Health is drafting a national plan with support from IAPB. A NZ-trained optometrist is also assisting in the provision of eye services in Samoa. A locally-based NGO, Senese, deals primarily with refractive error. Cataract surgery and laser therapy for people with diabetes wait for visiting teams.

Solomon Islands

Population	538,000
National PBL committee active	Yes
National plan current	Waiting for approval
Cataract Surgical Rate	1100
Number of ophthalmologists	6
Blindness prevalence	1%
Main causes of blindness	Cataract, trauma
Total expenditure on health as % total government expenditure	23.7%
Diabetes prevalence	12.55%
Improved drinking water coverage, improved sanitation coverage	No data available
Endemic areas for trachoma	Yes. Surveys ongoing. Mass distribution of Azithromycin expected in 2012.

Situation in brief

The national eye health program in the Solomon Islands provides a good model for other countries of the Pacific. The program has its own budget allocation from the Ministry and has been efficiently and strategically led by Dr Mundi Qalo Qaqanakona. While there is a shortage of eye doctors, trained ophthalmic nurses in each of the nine provinces provide referrals to the National Referral Hospital in Honiara. The consultant and a registrar have two operating days a week at the National Referral Hospital, with 15 outreaches to the provinces each year. Some large provinces receive up to two visits annually. A coordinated training program, using resources at Pacific Eye Institute in Suva and the National Referral Hospital, provides training and practical experience for both doctors and nurses. Vision centres and other facilities have been constructed and upgraded with support from donors and NGOs including NZAID, AusAID, Fred Hollows Foundation NZ, Foresight and Townsend Family Trust. Trachoma prevalence surveys are advanced, thanks to strong government support. Mass distribution of Azithromycin in endemic areas is expected before the end of 2012.

Tonga

Population	104,000
National PBL committee active	No
National plan current	Drafting
Cataract Surgical Rate	2039
Number of ophthalmologists	1
Blindness prevalence	0.56%
Main causes of blindness	Cataract, diabetic retinopathy
Total expenditure on health as % total government expenditure	11.4%
Diabetes prevalence	11.56%
Improved drinking water coverage, improved sanitation coverage	100%, 96%
Endemic areas for trachoma	Unknown

Situation in brief

With a small population and shortage of doctors, Tonga relies on ophthalmic nurses and mid-level personnel to provide services. The only ophthalmologist is also in charge of non-communicable diseases, and conducts weekly consultant clinics. Cataract patients wait for visiting teams, who are often supported by NGOs. Ophthalmic nurses run eye clinics on Tongatapu and Vava'u. A medical assistant, trained at Pacific Eye Institute in diagnosis and laser treatment of diabetic retinopathy, runs the diabetic eye program. Specialist nurses provide services from the diabetic clinic on Tongatapu. A national plan for eye health is being drafted, and a task force has been established.

Vanuatu

Population	240,000
National PBL committee active	Yes
National plan current	Waiting for approval
Cataract Surgical Rate	1539
Number of ophthalmologists	1
Blindness prevalence	0.8%
Main causes of blindness	Cataract, trauma
Total expenditure on health as % total government expenditure	16.4%
Diabetes prevalence	13.75%
Improved drinking water coverage, improved sanitation coverage	90%, 57%
Endemic areas for trachoma	To be surveyed

Situation in brief

In Vanuatu, eye care is mainly carried out by ophthalmic nurses. All referrals are to the ophthalmologist on Santo. Vanuatu is believed to have endemic areas for trachoma, and a National Trachoma Coordinator will be appointed to work with the World Health Organization and plan a prevalence survey for 2013. A national eye health plan is awaiting endorsement from the Ministry of Health.

Vietnam

Population	87,848,000
National PBL committee active	Yes
National plan current	Yes
Cataract Surgical Rate	1772
Number of ophthalmologists	1295
Blindness prevalence	3.1% over 50
Main causes of blindness	Cataract, eye fundus disease, glaucoma
Total expenditure on health as % total government expenditure	7.8%
Diabetes prevalence	2.92%
Improved drinking water coverage, improved sanitation coverage	95%, 76%
Endemic areas for trachoma	Surveys expected in 2013, with US Government support.

Situation in brief

The Government of Vietnam approved a National Plan for the Blindness Prevention and Eye Care in 2009; a new plan will be developed next year for 2014-2019. Support from government of Vietnam for eye health has increased, particularly in the last few years. A national steering committee for blindness prevention, chaired by the Vice Minister, meets twice a year and is supported by the Vietnam National Institute of Ophthalmology in Hanoi. Blindness prevention efforts aim to reduce the cataract backlog and addressing refractive error in school children. The plan also identifies the need for the development of the eye care health workforce, and infrastructure and equipment for the delivery of services. Non-communicable diseases, particularly diabetes, and longer life expectancy are expected to increase the numbers of blind and vision impaired. Universal health insurance will be extended to a greater proportion of the population in coming years. Most cataract treatments are covered, while advocacy is ongoing to include refraction and some sight-restoring surgeries that are defined in insurance policy as 'cosmetic'. Trachoma surveys are in planning for 2013. Provincial-based Rapid Assessment of Avoidable Blindness surveys are also ongoing.

VISION 2020 Implementation – National Data

	Population ('000s)	Human Development Index value	Committee active	National Plan current	Cataract Surgical Rate	Total number of ophthalmologists	Blindness prevalence (%)	Expenditure on health as % total government expenditure	Diabetes prevalence (%)	Improved drinking water coverage (%), sanitation coverage (%)	Endemic areas for trachoma
Australia	22,268	0.929	Y	Y	8000	895	1.2% over 55 (2005)	16.8	8.1	100 100	Y
Brunei	399	0.838	N	N	1104	16	-	7.5	7.25	-	N
Cambodia	14,138	0.523	Y	Y	1200	38	0.38%	9.8	2.47	64 31	S
China	1,348,932	0.687	Y	Y	900	28,338	0.5% (2006)	12.1	9.29	91 64	S
Cook Islands	20	-	N	N	2800	-	0.7% (2009)	11.6	8.19	-	N
Fiji	861	0.688	N	Draft	1354	7	2.6% over 40 (2009)	10.1	10.41	98 83	S
Japan	126,536	0.901	Y	Y	6830	13,911	-	18.4	11.2	100 100	N
Kiribati	99	0.624	Y	Draft	1690	1 in training	1.0% (2009)	13	24.92	-	S
Lao PDR	6,201	0.594	N	Draft	586	19	-	5.9	2.67	67 63	S
Malaysia	28,401	0.761	Y	Y	2290	380	0.29%	8.4	11.66	100 96	N
Marshall Islands	54	-	N	N	-	0	-	19.5	21.49	94 75	?

Micronesia	111	0.636	N	N	-	0	-	18.9	13.48	-	?
Mongolia	2,756	0.653	Y	Draft	442	113	0.50%	8.8	6.74	82 51	?
Nauru	10	-	N	N	800	0	1.0% (2009)	9.2	20.08	65 88	?
New Zealand	4,368	0.908	Y	Y	4001	114	-	19.8	10.27	100 -	N
Niue	1	-	N	N	-	0	0.7% (2009)	15.8	9.47	100 100	?
Palau	20	0.782	N	N	-	0	-	14.3	10.99	84 100	?
Papua New Guinea	6,858	0.466	Y	Draft	716	6	3.9% over 50	8.5	6.1	40 45	?
Philippines	93,261	0.677	Y	Draft	1085	1467	2.6% over 50; 0.58% (2002)	7.1	8.22	74 92	N
Republic of Korea	48,184	0.897	N	Y	2762	2026	-	12.2	8.8	98 100	N
Samoa	183	0.688	Y	Draft	1680	1	0.7% (2009)	18.3	7.05	96 98	S
Singapore	5,086	0.866	N	Y	4289	131	0.05%	8.3	11.11	100 100	N
Solomon Islands	538	0.51	Y	Draft	1100	6	1% (2009)	23.7	12.55	-	Y
Tokelau		-	N	N	-	-	-	-	9.59	97 93	?
Tonga	104	0.704	N	Draft	2039	1	0.56%	11.4	11.56	100 96	?
Tuvalu	10	-	N	N	2647	0	0.7% (2009)	10	18.65	98 85	N
Vanuatu	240	0.617	Y	Draft	1539	1	0.8%	16.4	13.75	90 57	S
Viet Nam	87,848	0.593	Y	Y	1381	1295	3.1% over 50	7.8	2.92	95 76	S

List of Sources

Indicators	Source
Population, health expenditure	<i>World Health Statistics</i> , WHO, 2012. http://www.who.int/gho/publications/world_health_statistics/2012/en/
Ophthalmologists	International Council of Ophthalmology http://icoph.org/ophthalmologists-worldwide.html
Diabetes prevalence	<i>Diabetes Atlas 5th Edition - Country Estimates</i> , International Diabetes Federation, 2011. http://www.idf.org/atlasmap/atlasmap
Human Development Index	<i>Human Development Report</i> , UNDP, 2011. Statistics online: http://hdrstats.undp.org/en/indicators/103106.html
Eye health data	<i>State of the World's Sight</i> , WHO, 2005. http://www.vision2020.org/main.cfm?type=PUBLICATIONS or from updates reported to WHO and IAPB
Trachoma	<i>Global Atlas of Trachoma</i> , London School of Hygiene & Tropical Medicine, the International Trachoma Initiative. Online: http://www.trachomaatlas.org/ , or from updates reported to IAPB
Water and Sanitation	<i>Progress on Drinking Water and Sanitation: 2012 Update</i> , UNICEF, WHO, 2012. www.unicef.org/media/files/JMPReport2012.pdf

Contact Us

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