



REPORT OF THE SIXTH MEETING OF THE  
 WHO PROGRAMME ADVISORY GROUP ON THE PREVENTION OF BLINDNESS,  
 JOINTLY WITH AN INTERREGIONAL MEETING

18-21 March 1985



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INTRODUCTION

The Sixth Meeting of the WHO Programme Advisory Group on the Prevention of Blindness was held, jointly with an Interregional Meeting, from 18 to 21 March 1985 at the World Health Organization's Headquarters' office in Geneva.

The meeting was opened by Dr F. Assaad, Director of the Division of Communicable Diseases, who addressed the participants on behalf of the Director-General.

Professor Madan Mohan was elected Chairman, Dr K.V. Trutneva, Vice-Chairman, and Dr Alfred Sommer, Rapporteur. The Draft Agenda (see Annex 1) was adopted without modification. The List of Participants is attached (Annex 2).

Representatives of the following international organizations reviewed their respective activities in relation to the prevention of blindness :

- United Nations Development Programme
- International Labour Organisation
- United Nations Children's Fund

A brief summary of these activities follows :

United Nations Development Programme (UNDP)

IMPACT is an international initiative against avoidable disablement sponsored by UNDP, UNICEF and WHO, and working with all agencies in the UN system. During the first two years of its existence, IMPACT's primary objective has been to develop national action programmes for the prevention of avoidable disablement and to mobilize community support for the implementation of such programmes. This objective has taken the United Nations Decade of Disabled Persons as a "rallying point" around which to blend the collective efforts of governments, UN agencies and the voluntary sector, including commercial enterprises. Apart from the salary of the Director of the Programme, funding has been from extrabudgetary resources. IMPACT has been launched in India and Kenya, and plans are underway to launch it in two countries in the western hemisphere during 1985, in addition to several other countries in Africa and Asia.

International Labour Organisation (ILO)

The ILO is interested in the prevention of blindness in terms of occupational safety and health of workers and the rehabilitation and social reintegration of the disabled, including blind persons. Prevention of occupational accidents and disease is based on control of hazards at workplaces and health surveillance of workers. A special documentation service, known as BLINDOC, has been developed by the ILO together with the World Council for the Welfare of the Blind; this service keeps organizations for the blind and rehabilitation specialists abreast of new developments in vocational guidance, assessment and employment of blind persons.

United Nations Children's Fund (UNICEF)

UNICEF has for a long time cooperated with the governments of developing countries to improve the vitamin A status in children through improvement of dietary intakes, distribution of vitamin A supplements and, where feasible, fortification of certain foodstuffs. New

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opportunities exist to combat vitamin A deficiency through primary health care systems, in combination with special efforts to reduce child morbidity and mortality, including immunization, oral rehydration, growth monitoring and the promotion of breastfeeding and proper weaning practices. Contributions towards prevention of blindness can also be made through increased efforts to provide essential drugs and assistance in training in their proper use.

## 1. REVIEW OF PROGRAMME ACTIVITIES

### 1.1 The African Region

National blindness prevention programmes supported by the WHO Regional Office for Africa (AFRO) have made good progress in southern and central Africa during the period 1983-1984. An intercountry short-term consultant based in Malawi was appointed in August 1983 and played an active role in the initiation and formation of new blindness prevention committees, assisting in carrying out baseline surveys and programme planning.

National committees exist in about 24 African countries, and many have programmes at various stages of implementation.

Baseline surveys have been carried out in more than five countries, and another five are planned in the near future. Three intercountry seminars and workshops, which are an invaluable means of exchanging experiences, were held in countries of the region in a spirit of technical cooperation between developing countries (TCDC). One national multisectoral seminar dealing with all aspects of blindness was also held in one francophone country. All these seminars were organized with AFRO's assistance.

Training activities in the field of manpower development were actively encouraged. The Lilongwe School of Medical Sciences in Malawi trained 38 ophthalmic auxiliaries in the years 1983 and 1984. Ten of these trainees were sponsored by WHO, which also provided help in the form of teaching aids. In addition, AFRO has awarded three scholarships to nurses, one to a student to train as optician, and to many doctors to specialize in ophthalmology. Aid in the form of equipment, surgical instruments, visual charts, drugs, etc. was also provided to those countries in urgent need.

Collaboration has been developed with some nongovernmental organizations, such as the Royal Commonwealth Society for the Blind (RCSB), Helen Keller International Inc. (HKI) and the International Eye Foundation (IEF), as well as the International Center for Epidemiologic and Preventive Ophthalmology, in their plans to set up blindness prevention programmes and encourage manpower development at all levels in the region.

### 1.2 The Region of the Americas

During the past two years, regional activities have continued to focus on cooperation with Member States in promoting the planning and implementation of national programmes for the prevention of blindness. The regional strategy in this field is to develop programmes which include eye care within the general health care systems, with special emphasis on primary health care. The approach is based on community participation and on the training of health personnel to carry out simple diagnosis, treatment, or immediate referral to the appropriate services.

There is an increasing interest in blindness prevention in a number of countries in the Region. Recently, the International Agency for the Prevention of Blindness (IAPB) identified funds for three years to create a full-time post for an ophthalmologist to serve the regional programme beginning in 1985.

The regional programme has received some support from the WHO Programme for the Prevention of Blindness at Headquarters either direct or through its five designated Collaborating Centres in the Region.

Activities during the period under review have included :

- A Caribbean Seminar on the Prevention of Blindness and a Glaucoma Workshop (Barbados, 15-18 November 1983).
- Support to training courses presently being conducted in Barbados, following a specific recommendation of the above-mentioned meeting. In this respect, some faculty members have been contracted as short-term consultants.
- The Third Meeting of the Regional Technical Advisory Committee on the Prevention of Blindness, jointly with a meeting of the WHO Collaborating Centres for the Prevention of Blindness in the Region of the Americas (Caracas, 18-20 July 1984).
- The First National Seminar of Venezuela on the Prevention of Blindness (Caracas, 17 July 1984).
- The preparation and publication of a Primary Eye Care Manual in Spanish and the elaboration of training material on preventive ophthalmology for general physicians.
- The translation into Spanish of the Primary Eye Care poster, and its subsequent printing.
- Participation at the XIV Congress of the Panamerican Ophthalmological Association (Lima, Peru, July 1983).
- The preparation of a proposal for a primary eye care programme in nine developing countries of the Region to facilitate the establishment and strengthening of national eye care programmes. This proposal has been approved for funding by the Arab Gulf Programme for United Nations Development Organizations (AGFUND), to a total amount of US\$800 000 over a two-year period.

### 1.3 The Eastern Mediterranean Region

Blindness and visual impairment represent a major health problem in the Eastern Mediterranean Region. Member States of the Region are well aware of this fact and most of them have identified the prevention of blindness as a priority in their national health programmes.

The main objectives of the regional programme are :

- To reduce "avoidable blindness" to the lowest possible level, and to provide essential eye care to underserved populations. Special emphasis will be given to development of primary eye care within the framework of primary health care.

During the years 1983-1984, efforts continued for the development and implementation of national programmes for the prevention of blindness. Collaborative field surveys on blindness were initiated in seven countries (Afghanistan, Libyan Arab Jamahiriya, Oman, Pakistan, Somalia, Tunisia and Yemen Arab Republic). WHO staff and short-term consultants assisted in planning and in the conducting of surveys to ascertain the magnitude, distribution and the principal causes of blindness.

During the period under review, the following collaborative activities were undertaken by WHO :

- Afghanistan : A survey to assess the magnitude of blindness and its main causes was carried out. A national plan for the prevention of blindness and a plan of action for primary eye care in Kabul and urban areas, both covering the period 1984-1987, have been prepared and submitted to the Government for implementation.
- Libyan Arab Jamahiriya : The national plan for the programme on prevention and control of impaired vision and blindness was approved by the Secretariat of Health.

- Oman : The national programme for the prevention of blindness and trachoma control, initiated in 1983, was integrated into the new national health plan.
- Pakistan : Activities have included planning and development in the fields of provision of standard spectacles and the control of trachoma as part of primary health care.
- Saudi Arabia : A national survey on eye diseases and visual impairment officially started in 1983, and was completed in 1984 under the leadership of the King Khaled Eye Specialist Hospital (KKESH) in Riyadh.
- Somalia : The advisory services provided by WHO facilitated a review of the situation. A five-year timetable and plan for the development of a national eye health care programme is being worked out in collaboration with certain nongovernmental organizations.
- Tunisia : The national programme for prevention of blindness has been elaborated, and progressed significantly over the past year.

Other activities have included :

- WHO short-term consultants visited three countries in the Region to study the feasibility of setting up programmes for low-cost spectacles for schoolchildren.
- Prevention of blindness programmes in Afghanistan, Oman, Pakistan and Tunisia included training courses for health visitors, medical assistants, teachers, nurses, opticians, refractionists and technicians. WHO fellowships were awarded to ophthalmologists from Afghanistan, Egypt, Pakistan, Sudan and Tunisia for training in public health ophthalmology.
- In order to promote prevention of blindness and visual impairment activities in the Region, every effort is made to achieve close cooperation between WHO and nongovernmental organizations.

#### 1.4 The European Region

The following activities highlighted the efforts of the Regional Office in Europe :

- Under a UNDP-assisted project on public health ophthalmology and corneal grafts, a consultant visited Bucharest to advise on the problems of retinal detachment.
- The Regional Adviser responsible for the prevention of blindness presented a paper on "Health policy development and occupational eye health" at the meeting of the Bavarian Ophthalmological Society in Munich, and lectured at the first Public Health Ophthalmology Course held in Beidaihe, People's Republic of China.
- A meeting on "Social and behavioural aspects of comprehensive eye health care", with multidisciplinary participation of nine countries, was organized with support from the Belgian Government in Brussels in January 1984.
- Close cooperation was developed with the newly established International Association for Cataract Related Research (IACRR) in Rome, including participation in three of their meetings (January, April and September 1984). The fourth meeting, organized jointly by the WHO Regional Office for Europe and IACRR, held in December 1984, was devoted particularly to developing guidelines for clinical investigation of "anticataract drugs".
- A framework for the future development of prevention of blindness activities in the European Region has been established, focusing on collaboration with countries, taking into account their needs for comprehensive eye care and health manpower development. Applied research will also be promoted through collaborating institutions interested in blindness prevention and public health aspects of ophthalmology.

### 1.5 The South-East Asia Region

The Member States in the Region have been supported in the assessment of ocular morbidity and blindness at the national level. These studies have ranged from nationwide sample surveys (India, Indonesia and Nepal) to localized studies (Bangladesh, Burma, the Maldives, Sri Lanka and Thailand). These assessments have provided information on the magnitude of the problem of blindness and ocular morbidity and the causes of blindness as a whole. In addition, special studies on cataract, xerophthalmia and trachoma have provided the necessary information to launch "crash" programmes against these blinding conditions in some countries as part of a comprehensive programme against blindness in general. The formulation of national plans has been supported in nine of the eleven countries.

In several countries of the Region, there is a lack of eye care infrastructure, in terms of manpower, facilities, equipment and supplies to support planned activities. The strengthening of this infrastructure has been a priority area for action, with support from WHO and nongovernmental organizations. In all Member States where national programmes are in the process of implementation, the concept of integrating eye care services with the primary health care delivery system has been operationalized.

The training of personnel in eye care has received priority attention and has not only included ophthalmologists, but ophthalmic medical officers, ophthalmic assistants, nurses and other health personnel, as well as community health workers. The training of middle level personnel in management techniques, epidemiology and biostatistics has led to an improvement in managerial skills.

Support to research activities included epidemiological research in Bangladesh, India and Thailand. These studies have identified risk factors in blinding malnutrition and trachoma. The WHO Collaborating Centre for the Prevention of Blindness at the Dr Rajendra Prasad Centre for Ophthalmic Sciences, New Delhi, has carried out studies on the treatment of mycotic keratitis. Research into risk factors of blindness from angle closure glaucoma is the subject of research studies about to be carried out in Bangladesh and Burma.

Appropriate technology development in the areas of outreach services and low-cost spectacles has been stimulated and fostered in some Member States.

### 1.6 The Western Pacific Region

During 1983-1984, WHO support to the prevention of blindness programme has been provided by consultants and national workshops/seminars and with the purchase of ophthalmic supplies and equipment.

Activities have included :

- A consultant visited the Lao People's Democratic Republic in May 1983 as a member of the WHO mission which collaborated with UNICEF in a primary eye care project.
- A consultant visited Fiji and Vanuatu in June 1983, to collaborate in conducting a national seminar on the prevention of blindness in Fiji, and a training course in primary eye care in Vanuatu.
- Standard eye care and cataract surgery supplies and equipment were provided to Viet Nam.
- Additional materials were supplied to South Pacific countries for the training of health care workers at the village level.
- A training course in public health ophthalmology was held in Beidaihe (May/June 1984) with WHO lecturers and a consultant.
- A workshop on primary eye care was organized in the Philippines (June 1984).
- A second visit was paid to the Lao People's Democratic Republic (June 1984) to help develop a national programme for the prevention of blindness

- A consultant visited Fiji in June 1984 to evaluate the existing registration system and data collection on cataract.
- A national seminar on prevention of blindness and primary eye care was held in the Republic of Korea (September 1984).
- A national seminar on the prevention of blindness and preventive ophthalmology at the community level was held in Tokyo, Japan, (November 1984), in collaboration with the WHO Collaborating Centre for the Prevention of Blindness (Department of Ophthalmology, Juntendo University School of Medicine), and the Japan Ophthalmologists Association.
- Technical collaboration was provided by the visit of a WHO/HQ staff member to the People's Republic of China (November 1984) to develop further the prevention of blindness programme in the country.

## 2. ACTIVITIES AT THE GLOBAL LEVEL

The development of the WHO Programme for the Prevention of Blindness has progressed satisfactorily during the period under review. The implementation of national blindness prevention programmes has continued, and there are now 32 such programmes in operation in Member States. There is an increasing recognition of the importance of blindness prevention in many countries, and several developing countries have confirmed a high proportion of avoidable blindness. Furthermore, the primary health care approach to the prevention of blindness is gaining general acceptance as a basis for national blindness prevention programmes. In several countries the prevention of blindness is, therefore, now an integral part of the primary health care system.

The assessment of blindness and the planning of national blindness prevention programmes have been undertaken in several countries in collaboration with the WHO Regional Offices. The increasing collaboration with several nongovernmental organizations has included support to specific country programmes. In addition, the general framework of collaboration at the global level is also strengthened through specific consultations between several nongovernmental organizations, under the auspices of IAPB, and the WHO Programme for the Prevention of Blindness.

Applied research in relation to blindness prevention has been carried out through the network of WHO Collaborating Centres for the Prevention of Blindness, and also through specific research agreements with selected country programmes. Postgraduate training courses conducted at two of the Collaborating Centres have received support through the Programme at the regional and global level.

The mobilization of extrabudgetary funding has continued successfully, with additional funds becoming available for country programmes and for applied research. However, the very limited number of long-term staff available to the Programme, together with the difficulty in identifying suitable consultants, are posing an increasing problem for the further expansion of programme activities. The staffing situation at the regional level is gradually improving, and efforts are being made to mobilize additional funds needed to strengthen the staff at Headquarters.

The Programme organized the following meetings at the global level during 1983 and 1984 :

- A Working Group on the Prevention and Treatment of Conjunctivitis in the Newborn at the Primary Level, held in Geneva from 29 November to 2 December 1983, jointly with the Unit of Bacterial and Venereal Infections. The report of this Working Group has been issued (PBL/84.4), and will also become available as a WHO publication.
- An Ad Hoc Meeting of Nongovernmental Organizations with the WHO Programme for the Prevention of Blindness, held in Geneva on 15 and 16 December 1983, under the auspices of IAPB. This meeting considered the general framework of collaboration at various levels, and also made recommendations on specific issues for future collaborative activities. The report of the meeting is available as document PBL/84.1.

- A Task Force on Evaluation Mechanisms for Programmes for the Prevention of Blindness, which was convened from 26 to 30 March 1984 in Geneva, in accordance with a recommendation made at the Fifth Meeting of the WHO Programme Advisory Group on the Prevention of Blindness. The report has been issued as document WHO/PBL/84.9.

Other documents issued by the Programme include :

- The Formulation and Implementation of National Programmes for the Prevention of Blindness (PBL/84.3). This document is intended for national authorities, particularly health administrators, to facilitate planning and initiation of country programmes. The present version of this document has been reviewed by the WHO Regional Offices and by members of the Programme Advisory Group, and will be utilized in some countries as a working draft before a final version is produced.
- A Short Course in Epidemiology and Statistics for Management of Blindness Prevention Programmes (PBL/84.2), prepared as a result of the course given in the People's Republic of China in 1982.
- The publication entitled "Strategies for the Prevention of Blindness in National Programmes" has at last appeared in print in English (1984). The French version should follow shortly, and other possible versions will eventually be considered.

As part of the collaboration between the Programme and nongovernmental organizations (NGOs), a poster on primary eye care developed with the International Eye Foundation has been completed and distributed worldwide. The poster has been printed in English, French, Spanish and an Arabic test series; the Chinese, Portuguese, Swahili and Vietnamese versions will soon be available. The Programme will pursue the development of training aids in eye care, particularly for personnel working at the primary level, jointly with interested NGOs, which may also contribute to the necessary field testing of the material.

The Programme collaborates with several units in the World Health Organization, as follows :

- Collaboration with the Unit of Nutrition concerning xerophthalmia, particularly following the 1984 World Health Assembly Resolution (WHA37.18) requesting increased efforts to combat blinding malnutrition.
- Applied research on ophthalmia neonatorum is being jointly supported with the Unit of Bacterial and Venereal Infections. The Maternal and Child Health Unit is also interested in the prevention of ophthalmia neonatorum, particularly the provision of silver nitrate in single dosages at low cost for Traditional Birth Attendants.
- Joint planning with the Leprosy Unit concerning research and training aids in relation to ocular leprosy.
- Joint consultations on onchocerciasis with the Filariasis Unit, particularly through the Steering Committee of the Scientific Working Group on Filariasis of the UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases.
- Consultations with the staff of the Onchocerciasis Control Programme in the Volta River Basin area, concerning the ophthalmological evaluation of that programme.

During the period under review, the Programme received extrabudgetary funds from the Japan Shipbuilding Industry Foundation through the Sasakawa Health Trust Fund (\$450 000), to provide support to the development of the programme in the South-East Asia and Western Pacific Regions, and also for ophthalmic supplies and equipment to countries in Africa.

In early 1983, the Arab Gulf Programme for United Nations Development Organizations (AGFUND) contributed US\$750 000 to support selected country programmes in Africa (Mali) and South-East Asia (Bangladesh and Nepal). It is envisaged that these funds will also allow for contributions to Indonesia and Thailand. In November 1984, AGFUND announced a second contribution of US\$800 000 for the prevention of blindness in nine developing countries in the Region of the Americas.

Funds have also been received from the Asian Foundation for the Prevention of Blindness and from the Royal Commonwealth Society for the Blind to maintain the post of Regional Adviser for the Programme in the South-East Asia Region.

The National Prevention and Control of Blindness Programme in Nepal received funds from several sources, particularly the Netherlands for training of personnel.

The National Eye Institute in USA has continued to provide funds to the Programme under a contractual agreement to strengthen applied research in relation to blindness prevention. The existing network of WHO Collaborating Centres for the Prevention of Blindness has been increased to include the Institute of Ophthalmology in Tunis, designated in 1983.

Agreements have been concluded with and funds provided to several of the Collaborating Centres during 1983 and 1984, to promote applied research and training in relation to blindness prevention. The Edna McConnell Clark Foundation has decided, as from 1984, to support research in relation to trachoma and onchocerciasis. In this connection, two planning meetings have been arranged by the WHO Collaborating Centre for the Prevention of Blindness in Baltimore.

### 3. REVIEW OF ACTIVITIES OF NONGOVERNMENTAL ORGANIZATIONS IN THE FIELD OF BLINDNESS PREVENTION

Representatives of nongovernmental organizations participating in the meeting briefly reviewed the activities of their respective organizations as follows :

#### 3.1 Helen Keller International Inc. (HKI)

HKI focuses on developing appropriate eye care programmes within existing national primary health care structures and on rehabilitation of the blind. Particular emphasis is given to xerophthalmia treatment and prevention of trachoma, and most recently to the development of cataract intervention programmes.

Xerophthalmia detection, treatment and prevention continue to be a major focus for HKI activities in a number of countries. Vitamin A supplementation programmes have, in addition, taken on a new significance in the light of data linking vitamin A supplementation to substantial reduction in childhood mortality.

Specific activities in which HKI concentrates its efforts and resources are :

#### - Xerophthalmia

- (a) assessment
- (b) vitamin A supplementation through capsule distribution and food fortification
- (c) public education
- (d) training and development of training materials

#### - Primary Eye Care

- (a) assessment
- (b) training
- (c) essential drug supplies
- (d) education
- (e) evaluation

HKI is active in the following countries : in Africa - Ethiopia, Malawi, Morocco, Sudan, United Republic of Tanzania, Zambia; in the Americas and the Caribbean - Bolivia, Haïti, Peru; in Asia - Bangladesh, Fiji, Indonesia, Papua New Guinea, Philippines, Sri Lanka.

#### 3.2 International Eye Foundation (IEF)

The International Eye Foundation was officially accepted into formal relations with WHO in February 1985. This step has formalized an on-going programme of collaboration which began in 1979, and which will continue and expand as both agencies continue to augment each other's activities in the prevention and cure of blinding eye diseases.

During 1983 and 1984, IEF has continued and enlarged upon its programmes of humanitarian and development assistance to programmes in Latin America, the Caribbean, Africa, the Middle East and Asia. Activities have ranged from the provision of short-term consultants to provide clinical services in emergency situations, to assisting Ministries of Health to develop and implement national programmes for the prevention and cure of blinding eye disease.

Innovative training programmes have been implemented to develop preventive, promotive and therapeutic ophthalmic skills in health workers at all levels, nationally and regionally. Field studies on eye disease and visual loss have been conducted in Egypt, Malawi and Saudi Arabia, accompanied by national programme planning and development.

IEF has worked in close collaboration with two WHO Collaborating Centres for the Prevention of Blindness in the field of research and training, and has expanded its programme of coordination and collaboration with other nongovernmental organizations.

The Primary Eye Care poster was field-tested, modified and produced in conjunction with the WHO Programme, and other training aids are now under development. Field research is to start in September of this year in the use of community-based primary eye care as a stimulus to and framework for the development of primary health care.

In summary, the International Eye Foundation continues to work towards the avowed goal of "the promotion of peace through the prevention and cure of blindness worldwide".

### 3.3 International Federation of Ophthalmological Societies (IFOS)

The International Federation of Ophthalmological Societies represents most of the ophthalmologists around the world, and has formally declared support for the Programme on behalf of the International Council of Ophthalmology.

The International Council will commit itself to a worldwide campaign to promote the prevention of blindness. This will be carried out on a modest basis, with statements and/or editorials being made on behalf of the Council in existing affiliated society newsletters and journals, at national meetings, the convening of prevention of blindness symposia, etc. This will include a strong declaration of support for public health ophthalmology approaches to prevention of blindness problems in developing and developed countries.

Members of the Council representing the various regions of the world are and will be identified to represent these regions at Council meetings which are held yearly, and will place on the agenda items concerning prevention of blindness activities in the region.

### 3.4 International Optometric and Optical League (IOOL)

The International Optometric and Optical League values its association with the WHO Programme Advisory Group on the Prevention of Blindness as it helps to identify more clearly the areas in which optometry can help in the development of more adequate eye care. Optometry may contribute in at least three aspects: the recognition and referral of patients with signs of eye disease; accurate refraction, and dispensing. The number of untrained spectacle sellers is increasing and this presents a poor and often dangerous factor. IOOL promotes programmes to raise the standard of training and qualification, so that spectacles may be dispensed by qualified optometrists, who can make a positive contribution to the prevention of blindness by referral of patients where appropriate. It is IOOL policy that, where registered optometrists exist, their training in ophthalmoscopy and recognition of abnormal conditions should give them an appropriate sense of responsibility, a better understanding of the limitations of their optometric care and the dangers of exceeding the limits.

IOOL has prepared recommended syllabus and training details at several levels, and also has a "model" for an optometry law to control the practice of optometry. It has encouraged its member organizations to undertake refractions camps and other short-term projects.

### 3.5 International Organization Against Trachoma (IOAT)

IOAT and WHO have continued to collaborate most satisfactorily over the past 2 years in implementing the strategies which have been worked out since the establishment of official relations between WHO, the League Against Trachoma and the International Organization Against Trachoma, and which have been regularly renewed and updated.

IOAT collaborates not only with WHO and its Programme for the Prevention of Blindness, but also with IAPB, the Organization for the Prevention of Blindness (OPC) and other national societies for the prevention of blindness.

IOAT is essentially a scientific society whose aim is to encourage and publish original works on trachoma and tropical and sub-tropical eye diseases. It focuses on two essential areas :

(a) Primary health care and mass treatment campaigns in the field, and epidemiological studies.

Assistance has been provided to these studies by elaborating forms for the collection of standardized medical data. These forms have been published in our journal, Revue internationale du Trachome, a bilingual (French/English) publication that has a worldwide circulation of several thousand copies.

(b) Research on the causative agents of trachoma and on Chlamydia trachomatis.

The present aim is to establish regular links between the main Chlamydia research centres, such as those in San Francisco, Baltimore, Tunis and certain Asian countries.

Currently there are plans to establish a new European centre, possibly in France, together with a documentation centre on trachoma and tropical and sub-tropical ocular pathology.

IOAT organizes an annual congress at which two reports, one scientific and the second on public health aspects of ophthalmology, are presented and the floor then given to open discussion. The congresses provide a useful forum to meet colleagues and exchange opinions, and to present an annual report on the current status of trachoma control.

In addition, IOAT is in the process of organizing a training course especially devoted to tropical and sub-tropical ocular pathology; this course is not only open to European ophthalmologists, but also to medically qualified ophthalmologists from countries in the areas concerned who wish to avail themselves of instruction on epidemiological data, research data and the most recent advances in treatment.

### 3.6 The Organization for the Prevention of Blindness (OPC)

OPC is a recently established nongovernmental organization, founded in 1978 by Christian Monnier, who, with a small group of like-minded individuals, selected blindness prevention as a vehicle for their essentially internationalist philosophy. The obvious choice for president of the Organization was Professor André Doubois-Poulsen, whose worldwide reputation was an asset to the group.

With initial technical assistance from CIMADE and the African Institute of Tropical Ophthalmology, the first project, the Yeelen project, was set up in Mali in 1979. Its aims are :

- to prevent avoidable blindness; and
- to treat curable blindness.

The activities are governed by a number of principles :

- (a) As well as the clinical activities, Malian medical staff are given 4 years' training (to the level of the specialization certificate - Certificat d'Etudes de Spécialités) and paramedical staff receive 2 years' training (Specialist Ophthalmological Nurse) in collaboration with the African Institute of Tropical Ophthalmology in Bamako.
- (b) A time limit has been set on the activity under a tripartite agreement with the Government of Mali and Malian Association for the Prevention of Blindness, which will shortly take over from OPC.
- (c) In carrying out the field project - detection of eye diseases, primary health care and health education - use is made of modern facilities for surgical operations in the "regional" capitals (e.g., cataract operations performed under microscope).

At the end of the fourth year of the project the results are satisfactory; 970 000 patients have been seen and 16 700 surgical operations carried out, comprising 3800 cataract operations, 9500 trichiasis operations and 3400 other eye operations. During the same period, a complete ophthalmological assessment has been made in 330 schools.

In addition to the Yeelen project, a mass campaign has been carried out in France concerning newborn babies. Along with the record book of pregnancy and birth, an OPC document has been systematically issued to all pregnant women. This document explains the signs of neonatal eye conditions and, above all, the eye conditions of early childhood (infantile glaucoma, strabismic and other forms of amblyopia, retinoblastoma, etc.) together with simple means of detecting them.

A number of other projects are presently being studied or implemented :

- an ophthalmologist has, for the last six months, been working in Nepal with the WHO/HMC Programme for the Prevention of Blindness;
- the Yeelen project manager is making a series of visits to several West African countries, either to carry out surveys, or to initiate projects for the prevention or control of blindness.

In keeping with its internationalist outlook, OPC is continuing to assist, within the limits of its resources, projects directly related to its aims, while remaining receptive to all other forms of collaboration.

### 3.7 Royal Commonwealth Society for the Blind (RCSB)

RCSB was founded in 1950 by Sir John Wilson, who was its Director until the end of 1983, when he was succeeded by Mr Alan Johns. As part of the transition, planning guidelines for 1984-1988 were agreed. The main points were : holding the Asia budget in real terms, while using expanded income primarily for Africa. Although the most prominent activity of RCSB during 1983-1984 was its intervention in Bhopal after the disaster at Union Carbide, the most substantial development has been in eye care programmes in Africa.

The Society is also involved in the education and rehabilitation of the incurably blind, and in some countries it has begun to develop comprehensive programmes including eye care and a comprehensive package of services for the incurably blind.

## 4. REPORTS OF THE WHO COLLABORATING CENTRES FOR THE PREVENTION OF BLINDNESS

Reports describing the activities of the WHO Collaborating Centres for the Prevention of Blindness were received from all 12 Centres. The detailed reports can be made available on request.

### African Region

- Institut d'Ophthalmologie tropicale de l'Afrique, Bamako, Mali (Dr P. Vingtain)

Region of the Americas

- Servico de Oftalmologica Sanitaria, Sao Paulo, Brazil (Dr O. Monteiro de Barros)
- Dr Rodolfo Robles V. Ear & Eye Hospital, Guatemala City, Guatenala (Dr N. Beltranena)
- Hospital Santo Toribio de Mogrovejo, Centro Oftalmologico "Luciano Barrere", Lima, Peru (Dr F. Contreras)
- International Center for Epidemiologic and Preventive Ophthalmology, The Wilmer Institute and Johns Hopkins School of Hygiene and Public Health, Baltimore, Maryland, USA (Dr A. Sommer)
- National Eye Institute, National Institutes of Health, Bethesda, Maryland, USA (Dr C. Kupfer)
- Francis I. Proctor Foundation for Research in Ophthalmology, University of California, San Francisco, California, USA (Dr C.R. Dawson)

Eastern Mediterranean Region

- Institute of Ophthalmology, Tunis, Tunisia (Professor M.T. Daghfous)

European Region

- International Centre for Eye Health, Institute of Ophthalmology, London, UK (Professor B.R. Jones)
- Department of Viral and Allergic Eye Diseases, Helmholtz Research Institute of Ophthalmology, Moscow, USSR (Professor I.F. Maitchouk)

South-East Asia Region

- Dr Rajendra Prasad Centre for Ophthalmic Sciences, All-India Institute for Medical Sciences, New Delhi, India (Professor M. Mohan)

Western Pacific Region

- Department of Ophthalmology, Juntendo University School of Medicine, Tokyo, Japan (Professor A. Nakajima)

The Group noted the wide range of training and research activities being conducted by the Collaborating Centres. The Group expressed its full support to the activities of the Centres.

5. REVIEW OF BLINDNESS PREVENTION ACTIVITIES IN VARIOUS COUNTRIES

5.1 Bolivia

The Republic of Bolivia is situated in the centre of South America, just south of the equator, its territory covering about 1 million square kilometres. There is a population of approximately 6 million, with a growth rate of 2.76%; 47% of the population live in urban areas, the remainder in rural communities.

The gross national product (GNP) per capita in 1983 was US\$544; the percentage of GNP for health expenditure in 1981 was 6%; the per capita health cost in 1982 was US\$1.50. The general indicators of health for 1980-1985 can be summarized as follows :

- Life expectancy at birth : 50.7 years
- Infant mortality rate : 12.9%
- Maternal mortality rate : 4.8%

Since 1982, a national health policy, based on the strategy of primary health care, has been implemented in order to ensure wider coverage of the population. This system has three designated priorities : (a) mother and child assistance; (b) worker assistance, and (c) environmental sanitation.

Eye care is provided by 96 ophthalmologists in the country, with two tertiary level centres located in the Andean and the valley regions, six well-established secondary level centres and eight secondary level centres under development. Ophthalmic nurses are at present located only at the tertiary and secondary level centres, but there is a plan to create a system of ophthalmic nurses as a part of the primary health care programme.

The first National Seminar for the Prevention of Blindness, held in February 1983, with the support of the PAHO concluded that:

- (a) Blindness is prevalent in Bolivia and is due mostly to preventable causes.
- (b) Although there are no reliable statistics available, it is estimated that 1% of the population is blind (about 60 000 people).
- (c) The most common cause of visual loss is corneal blindness - due to ophthalmia neonatorum, corneal ulcers (after infectious disease), and ocular trauma; cataract is the second cause.
- (d) There was thus a need to establish a national committee for the prevention of blindness and to formulate a national plan for the prevention of blindness.

To implement the recommendations of the seminar, a resolution was passed by the Government, creating the National Committee for the Prevention of Blindness, as follows :

- Blindness is a serious national health problem and a negative factor for the country's socioeconomic development.
- Remedial action requires no sophisticated technology. The technology available within the country can be modified to achieve the goals set.
- Blindness prevention is to be included in the national health plan based on primary health care.
- Primary eye care is defined as the key for blindness prevention, and should form an integral part of primary health care.

In accordance with the recommendations, a plan was elaborated with two long term objectives :

1. To develop a system of providing BASIC EYE CARE FOR ALL.
2. To eliminate endemic eye disorders that may lead to blindness.

To achieve these goals the following operative procedures will be necessary :

- (i) Under the aegis of the National Committee for the Prevention of Blindness, regional committees will be set up to apply, at local levels, the general policies outlined by the National Committee.
- (ii) In accordance with the ocular pathology found - as mentioned under (c) above, modules for the prevention of ophthalmia neonatorum, corneal ulcers, ocular trauma and the diagnosis and referral of cataracts are already being included in primary health care systems throughout the country.
- (iii) Pilot projects should be implemented in the four main developmental areas of the country to study the situation regarding common eye pathology, causes of blindness, manpower development, and evaluation of the results of eye components in the general primary health care programme.

The budget for this will be drawn from three sources :

- National taxes, already legislated and in operation.
- Local voluntary contributions; Lions International Bolivia have already promised their participation.
- Whatever further international assistance can be obtained.

## 5.2 People's Republic of China

Following the previous (1983) review of the prevention of blindness in China, an official organization - the Chinese National Committee for the Prevention of Blindness - was established in autumn 1984 in Beijing under the Ministry of Health of the People's Republic of China. Dr Wang Jian, Director of Preventive Services of the Ministry, was elected as President of the Committee. Professor Zhang Xia-lou, former member of the WHO Programme Advisory Group on the Prevention of Blindness and Director of the Beijing Institute of Ophthalmology, and Dr Hu Chen, Honorary Chairman of the Eye Research Centre at the Chinese Academy of Medical Sciences and Professor of Ophthalmology at the Capital Medical College of China, were elected as Vice Chairmen. A meeting on the prevention of blindness will be held in Beijing in September 1985 to define the national programme of research and training to prevent blindness.

Some large-scale programmes for the prevention of blindness have been carried out in five provinces in China over the past few years. The WHO criteria for blindness were adopted in all of these programmes. The overall prevalence of blindness was found to be 0.55% in a total population of 3.2 million. Some progress in eye care has been made over the past thirty years; infectious eye diseases and diseases due to malnutrition are no longer the leading causes of blindness - instead, diseases such as cataract and glaucoma have increased. For instance, in the early 1950s, cataract was found to be responsible for only 7% of blindness whereas it is now responsible for as much as 26% of all blindness.

## 5.3 Indonesia

Indonesia, being the largest archipelago in the world comprising 13 667 islands with a population of approximately 150 million, is facing the problem that 70%-80% of the people do not have access to proper eye care.

The new concept of a programme for the prevention of blindness and promotion of eye health care was started in 1979, with important aspects of clinical and social intervention. The delivery of eye care as part of primary health care - primary eye care - renders possible the provision of comprehensive and integrated eye care, and may be backed up by community participation.

University eye departments are "inspired" by the curriculum of the medical school, which decided that the teaching of medicine should be "community oriented", with lectures on public health ophthalmology or community medicine related to ophthalmology being given to medical students.

In 1982, population-based survey data concluded that the prevalence of bilateral blindness was 1.2%. The main causes of bilateral blindness are :  
lenticular blindness 0.76%; corneal blindness 0.13%; glaucoma 0.10%; refractive blindness 0.06%; retinal blindness 0.03%; nutritional blindness 0.02%.

The following facilities exist for the delivery of eye care :

-Primary Health Centres	5 353
-Subsidiary Health Centres	13 636
-Primary Eye Care Centres	219
-Mobile Health Services	2 479
-Secondary Eye Care Centres	30
-Tertiary Eye Care Centres	9
-Ophthalmologists	200

-Specially trained personnel	164
-Paramedical personnel after 1-2 months' training in basic eye care	884
-Eye Hospitals	5 (1 Government, 4 Private)
-Mobile Eye Units	5

The medical school is fortunate to have a Mobile Eye Unit, donated by the Christoffel Blindenmission. A programme is drawn up, submitted to the provincial office of the Ministry of Health for approval, and sent back, with alterations if necessary, for execution.

Ophthalmologists carry out the required surgery, and teach the local doctors to perform minor surgery and refraction. District doctors can discuss the common eye problems in the community with programme staff.

The other activity to increase the competence of Primary Eye Care services is in-service training for primary health care nurses.

The involvement of a university eye department in a national eye care programme is very advantageous for all concerned :

- The government can have its programme carried out by ophthalmologists as well as paramedical personnel, instead of by the latter only.
- Eye specialists in the various eye departments become more "community oriented".
- The teachers involved can prepare the interns and students in a better way for their task in the village.
- Doctors in the university eye department can take advantage of their involvement by carrying out their own surveys and research, which can also provide information to the government.
- Villagers will receive better quality eye care; they would not only be surveyed and treated "en masse", but would receive personal professional care (examination, treatment and surgery), lectures, and, where necessary, the principles of community medicine can be applied.

#### 5.4 Lao People's Democratic Republic

To date, there is no reliable epidemiological information in the Lao People's Democratic Republic on eye infections and blindness. The reasons for this are the lack of manpower and material resources in this particular field and the shortcomings in the general health care delivery system.

Nevertheless, according to statistics on outpatients seen at the Ophthalmology Department of Mahosot Hospital in Vientiane during 1983-1984, blindness is estimated at 3.55%. However, this figure must be treated with the greatest caution and must not be used for health planning, since it does not result from a sample or epidemiological survey.

The Ministry of Public Health has always been aware of the importance of eye care and is willing to attempt to resolve the problem. Consequently, appropriate measures to give the people access to basic eye care should be taken as a matter of urgency.

##### (a) Institutions

The Ophthalmology Department of Mahosot Hospital in Vientiane is the only such facility in the country. Unfortunately, it provides no more than a piecemeal and disjointed approach to the problems, and it is obvious that, however good it may be, it cannot satisfy the potential demand. In the Lao People's Democratic Republic, where 80% of the population lives in rural areas, the ideal would be for eye care and the prevention of blindness to be made an

integral part of the national health plan, i.e., for primary eye care to be integrated into the primary health care system so as to consolidate the multidisciplinary activity under the national health plan.

There is a tragic shortage of equipment and drugs for blindness prevention, as there is in other health areas.

There is only one graduate ophthalmologist for 3.9 million inhabitants (1984). Furthermore, there is a lack of nursing and other qualified staff. It is, therefore, absolutely essential to encourage these professions in every way possible, and to instigate a programme for the training of specialists around whom specialist teams can be formed. At present, the training for general practitioners and assistant doctors (3-year course), includes very little instruction in ophthalmology.

(b) Prevention of blindness and control of visual disabilities

With the object of reducing the prevalence of blindness to the lowest possible level throughout the country by the year 2000, it is now time for the health authorities to take appropriate action. The short-term objectives of this project are :

- the development of primary eye care and its integration into the primary health care system;
- the development of an effective referral system to meet the needs of eye care services at the various levels;
- the formation of a network of surgical teams in remote areas that could subsequently serve the whole country.

The project strategies are :

- to adapt and finalize the primary eye care programme to include an eye care delivery system, the prevention of blindness and the promotion of eye health, and medical and surgical services for treatment at the local level;
- to elaborate a programme for the development of health staff, to consist of the training of qualified staff at various levels by holding seminars for the existing staff: one month for the doctors of the Mahosot Hospital and the district physicians (instructors); 15 days for nurses, health workers, traditional birth attendants and traditional medical practitioners at the peripheral level;
- to draw up a surgical intervention programme at the local level, involving the creation of a surgical team, on an experimental basis, in a selected district (pilot centre). An assessment of the feasibility and relevance of these operations should be carried out before extending the coverage to the whole country.

(c) Resources

This project will require considerable financial support from various sources for the strengthening of the secondary and tertiary centres, in particular for supplies and equipment.

(d) Implementation

The project will be implemented in successive stages from 1985 to 1990, commencing in 1985-1986 with 11 districts in five selected provinces and extending from 1987 onwards until 49 districts and 100 communes are covered by 1990.

(e) Evaluation

This project will be evaluated periodically together with other primary health care projects.

## 5.5 Morocco

Morocco, which lies at the north-western tip of Africa, is bounded by the Mediterranean and the Atlantic Ocean. The population, which numbers 22 million, has a growth rate of more than 3%.

Among the main causes of blindness in the country are trachoma, cataract and glaucoma, with injuries and certain childhood diseases adding to the blindness prevalence rates.

Because of the current priorities of the Government, the Ministry of Health has been unable to carry out certain projects for the control of eye diseases. These projects have been postponed for the time being, but, being aware of the extent of these problems, the Ministry has taken a number of measures:

- (a) The training of more ophthalmologists. Ophthalmology has been declared a priority specialty, which has thus made it possible to admit a large number of students, who are placed under contract for eight years, during the last four of which they are assigned to a provincial hospital. The improvement in the salaries of public health doctors has encouraged a number of them to make this field their permanent career.

12 to 15 ophthalmologists graduate every year from the two medical faculties in Rabat and Casablanca and from faculties abroad.

- (b) Continuation of the programme for the control of communicable diseases. Because of the drought over the last five years, the treatment of trachoma has been strengthened by providing additional assistance to the regions of the Sahara where the disease is endemic. Aureomycin 1% eye ointment is distributed free of charge to the population, in accordance with the treatment schedule recommended by WHO; the ointment is also on sale in tobacco retailers at a moderate price.

As a result of these efforts and after several surveys, a considerable decrease in the number of trachoma patients is being noted, together with a clear improvement in the clinical symptomatology of the disease. The number of trichiasis operations has decreased from 15 475 to 6 816 in 10 years.

- (c) Glaucoma, which is difficult to detect, sadly continues to claim a number of victims. Some 20% of patients admitted to hospital are suffering from glaucoma, and 80% of them have vision below 1/10.

In order to arouse public awareness, a seminar was organized in January 1984 on the role of the general practitioner in the detection of glaucoma. This seminar was attended by 600 doctors from all the provinces of Morocco.

- (d) Cataract is found in so many people that the waiting list for appointments is several months. Decentralization, with specialists working in some of the provinces, will hopefully provide the solution to this problem.
- (e) Training courses for general practitioners and nurses have been given in the various provinces most affected by these diseases by a team of instructors. The doctors and nurses are also given practical training in Rabat, where they learn to carry out certain operations not involving incision of the eyeball, e.g., the trichiasis operation.
- (f) The Ministry is also concerned with the problem of low vision, and is carrying out a detection programme in primary and secondary schools. As a result, 610 742 children have been examined, of whom 29 083 were found to be ametropic. The Moroccan League against Blindness, which has recently been formed, has also given appreciable assistance in this area, and this has enabled 20 000 schoolchildren to be examined and some of them to receive free glasses. The setting up of an assembly workshop has made it possible to reduce considerably the cost price of spectacles.

Finally, it is hoped that the projected survey at Errachidia on the prevalence of eye diseases, the plans for the training of specialist nursing staff and for the supply of ophthalmological equipment to some provinces can be carried out with the collaboration of Helen Keller International and the assistance of WHO.

## 5.6 Saudi Arabia

The Ministry of Health of Saudi Arabia requested the King Khaled Eye Specialist Hospital to define the magnitude of blindness and eye disease in the kingdom, to identify the major causes of blindness and visual loss, to assess the present resources for the delivery of eye care and to formulate a programme for preventive and curative action. A nationwide, stratified, multi-stage, random cluster sample survey was carried out during the spring of 1984. In all, 16 810 Saudis from 15 metropolitan and 60 non-metropolitan segments were examined. This revealed a blindness rate of 1.5% (Category 3 of visual impairment, or worse). Visual impairment (visual acuity from less than 6/18 to 3/60) affected 7.8% of the population. Visual impairment and blindness increase dramatically with age and are notably higher in females.

These figures show a significant reduction from the previous estimate of 3%, in keeping with the improved socioeconomic and health standards in the kingdom.

The leading causes of blindness are cataract (55.1%), trachoma (10.1%), corneal scars (9.1%), refractive errors (9%), iatrogenic disorders (4.6%) and glaucoma (3%). The leading causes of visual loss (blindness and visual impairment as defined above) are refractive errors (46%), cataract (35%), trachoma (6%), corneal scarring, iatrogenic and congenital diseases. Unilateral visual loss was demonstrated in 4% of the population and over half are blind in that eye. Leading causes of unilateral visual loss are refractive errors, cataract, trauma and corneal opacities. The leading causes of unilateral blindness are trauma, cataract, corneal opacities, refractive errors and amblyopia. Trachoma has greatly decreased from previous estimates of prevalence of 90% in the country to an overall prevalence of 6.2% active trachoma, 16% inactive trachoma and moderate to severe trachomatous inflammation in 1.5% of the population.

Data including regional disease differences and manpower resources available facilitated the formulation of guidelines for an action plan, presently under study. The health authorities have already initiated action in many areas to reduce preventable and curable blindness in Saudi Arabia.

## 6. REVIEW OF TECHNICAL DOCUMENTS ISSUED

### 6.1 Report of a Task Force on Evaluation Mechanisms for Programmes for the Prevention of Blindness (WHO/PBL/84.9)

The document prepared by the above-mentioned Task Force was reviewed. The Group agreed it was both comprehensive and practical, and were pleased to learn that it was already being used in a number of national blindness prevention programmes.

### 6.2 Formulation and Management of National Programmes for the Prevention of Blindness - Suggested Outlines (PBL/84.3)

This draft document was discussed and welcomed as a valuable attempt to provide guidance, in broad categories, for the design and development of blindness prevention programmes. Although the difficulty in providing guidelines of this sort, applicable to countries of varying conditions and needs, was appreciated, the Group looked forward to receiving the final version, and wondered whether it might not be useful to include considerations of selecting priorities and of cost-effectiveness.

### 6.3 Prevention and Treatment of Conjunctivitis in the Newborn at the Primary Level (PBL/84.4)

The results of the Workshop on the above subject were reviewed. The Group felt that this document clearly described the problem of the changing etiology of neonatal ophthalmia and the selection of appropriate, alternative prophylactic and curative measures.

## 7. LOW-COST SPECTACLES

The project for the provision of standard spectacles at low cost was included in the Programme for the Prevention of Blindness as from 1981. The progress made so far with regard to this activity was reviewed, as follows :

- Feasibility studies concerning the possible provision of standard spectacles have been carried out by consultants in several countries (Burma, India, Nepal, Pakistan, Peru, Sudan and Tunisia).
- The main target groups for the provision of low-cost spectacles as concluded in the above studies are patients operated for cataract (aphakics) and schoolchildren. In several countries, there is also interest in making available low-cost presbyopic correction.
- The case-finding and provision of spectacles should be considered separately for each of the above target groups. Aphakics are easily identified in connection with surgery at hospitals or in eye camps, but schoolchildren need to be systematically and regularly screened for refractory anomalies. As to the correction of presbyopia, in many countries this is done on a self-selection basis, with the patient trying several used spectacles in market-places. Whilst the self-selection/correction may be acceptable for presbyopes, it does not apply to the other two groups.

In some countries, interesting and useful experience has been gained over the last few years in the provision of spectacles at reduced cost. In Pakistan, where a local project was initiated in 1980, a survey of 2000 schoolchildren has been conducted, showing a high rate (18%) of refractory anomalies which could be corrected by spectacles. Training courses for opticians have been arranged, with the collaboration of the Ophthalmological Society of Pakistan and WHO. The opticians also participate on a voluntary basis in refraction of schoolchildren, and teachers are being instructed in the screening of pupils to detect visual impairment. In Brazil, a project for the provision of spectacles at low cost is being implemented in the State of Sao Paulo, with refraction and special prescription forms for spectacles through a network of ophthalmic centres. The prescription entitles patients to a reduced price for spectacles, as a result of an agreement between the local optical industry, the opticians and the health services system. This prescription form is issued only for selected patients who cannot afford ordinary spectacles, and standard models of frames and lenses are used.

Low-cost spectacle schemes are also being developed in Botswana, Mali and the United Republic of Tanzania, in collaboration with a nongovernmental organization, the Christoffel Blindenmission, working together with a technical advisory body, the Intermediate Technology Group in UK. Work is proceeding on the development of low-cost technology for the local assembly of spectacles, as a cottage industry. Other countries where low-cost spectacle projects are being planned include Grenada and Nepal.

When discussing this issue, the Group emphasized the need for more informational material to be prepared, to publicize the interesting development of country projects and achievements to date.

## 8. THE PROVISION OF OPHTHALMIC DRUGS

The WHO Action Programme on Essential Drugs was presented and the background and rationale for WHO efforts in this field were described. The Group noted the rapidly increasing number of countries applying the criteria elaborated for essential drugs, and the important role of the WHO Action Programme in "acting as a dynamic instrument for the development of national drug policies". As far as ophthalmic drugs are concerned, the participants felt that there are still several problems to be overcome in arranging for the regular supply of quality-controlled and carefully selected drugs. The present list of essential ophthalmic drugs gives good guidance in this context. However, the uncontrolled use of ophthalmic drugs containing steroids is a matter of concern in many countries, in spite of attempts to limit the prescription of these drugs to specialized personnel. The utilization of antibiotic preparations containing steroids is the most controversial issue in

this respect. Note was also taken of the recommendation, formulated at the recent Congress of the Asia Pacific Academy of Ophthalmology in New Delhi, that steroids should not be added to other ophthalmic preparations.

The members of the Group underlined the great importance of the issue of essential ophthalmic drugs, and expressed their appreciation of the overview of WHO action in this field. It was suggested that this item be raised again in future meetings of the Group, to provide up-dated information to the members and to obtain their specific technical advice on sight-saving ophthalmic drugs.

#### CONCLUSIONS AND RECOMMENDATIONS

1. The Group noted with satisfaction the continued growth and development of the PBL Programme : in the number of countries with active programmes; in the availability of additional funds; and in the increased collaboration between global, regional and national activities, and between these activities and those of concerned nongovernmental organizations and WHO Collaborating Centres for the Prevention of Blindness. In addition, it was noted that considerable progress was made in addressing the recommendations of the Fifth Meeting of the WHO Programme Advisory Group on the Prevention of Blindness in 1983. In particular, the formation of an NGO consultative group that meets on an ad hoc basis with PBL staff to provide advice and strengthen the coordination of programmatic activities; the convening of a Task Force on Evaluation Mechanisms for Programmes for the Prevention of Blindness in the context of primary health care, and the publication of the recommendations of a workshop to address the growing problem of ophthalmia neonatorum.

2. The Group reaffirmed the importance of the other recommendations made at the last meeting, in particular the need to provide a full-time adviser for the prevention of blindness in each of the Regions, and to strengthen the central staff to provide ongoing technical, managerial and promotional support to the rapidly expanding Programme. The Group welcomed the news of yet another post having been successfully filled, this time in the Region of the Americas. There is still a need for curricula in undergraduate and postgraduate ophthalmic training to include epidemiological and public health disciplines, so as to encourage career goals in the area of community ophthalmology.

In reviewing the experience of the past two years, the Group recommends the addition of the following new or modified recommendations :

3. Planning at all levels is being facilitated by the maintenance of an up-to-date list of ongoing and planned country projects, and their fiscal requirements. The Group notes with satisfaction the contribution made in this respect by the International Agency for the Prevention of Blindness.

4. Noting the mutual stimulation and support provided to PBL activities by the sharing of experiences, particularly among countries with similar socioeconomic, cultural and ophthalmic problems, the convening of intercountry and regional workshops each with clearly defined agendas and with the participation of people actively involved in prevention of blindness activities should be encouraged. These may serve, at the same time, as ad hoc regional advisory committees.

5. There is a clear need to provide trained personnel with managerial expertise at various levels for national programmes for the prevention of blindness.

6. The Group notes the diversity of obstacles facing successful implementation of effective blindness prevention activities; in many areas, particularly the Americas, the problem is not so much the lack of sufficient ophthalmic resources, as it is their distribution and utilization; in other areas, particularly Africa, there is an extreme shortage of trained manpower and even rudimentary ophthalmic resources. Particular efforts are needed to mobilize further resources for programme development in the African Region.

7. The Group views with alarm the difficulties experienced by many countries in the distribution and utilization of ophthalmologically trained personnel. Attempts to rectify this situation, should include the further reorientation of undergraduate and graduate medical training in ophthalmology that stresses community needs.

8. The necessity of delivering eye care through the primary health care structure now appears to be well recognized; however, governments need to be made aware of the fact that such a system requires both an adequate referral network, particularly to the secondary level, where the major cause of blindness in most countries - cataract - can be dealt with, and the development, where appropriate, of a tertiary facility concerned with design, training, supervision and evaluation of the entire primary health care-based structure for eye care.
9. The Group applauds the attention given to blindness prevention activities by the Maternal and Child Health (MCH) Unit in considering including agents for prophylaxis of neonatal ophthalmia in its basic delivery kit; and it welcomes the inclusion of ocular procedures in the Programme for Essential Surgery. However, it was felt that a small working group should be convened by the Programme for the Prevention of Blindness to interact with the Programme for Essential Surgery to ensure that these activities conform with technical ophthalmic criteria.
10. The Group recommends that consideration be given, in further discussions between the programmes/units concerned, to including vitamin A for mother and newborn in the basic MCH delivery kit, to help prevent nutritional blindness in those countries in which this is a problem.
11. The new 10-year initiative for control of vitamin A deficiency and blinding malnutrition, based on resolution WHA37.18 of the World Health Assembly in 1984, was warmly welcomed by the Group for the important contribution it can make towards the prevention of blindness.
12. As data now suggest blindness associated with leprosy represents a significant cause of blindness on a global basis, programmes to combat the problem at the community level should receive increased attention in collaboration with the Leprosy Unit.
13. The Group noted that several countries with existing medical colleges have few if any ophthalmologists. This policy rather than economic barrier, needs to be overcome, and sufficient numbers of community-oriented ophthalmologists trained to educate and interest students in this specialty, to sensitize administrators and planners to the need for an appropriate blindness prevention programme, and to help design and implement such intervention strategies.
14. In implementing national blindness prevention programmes, due attention should be given to the identification and referral of the incurably blind or partially sighted to educational and rehabilitative services.
15. In reviewing developments in the provision of standard low-cost spectacles, particularly for schoolchildren and aphakic patients, it is recommended that a working group be convened to prepare informational material related to progress made in this field.
16. Although intraocular lenses may offer superior restoration of vision to people who have undergone cataract surgery, they remain too expensive and as yet do not lend themselves to safe, cost-effective and efficient mass cataract surgery in developing countries. Further research, especially critical assessment as to their appropriateness and safety, is required before their use can be recommended for inclusion in national programmes for the prevention of blindness.
17. Noting the persistent lack of epidemiologically sound data on blindness and its causes in several countries, the Group recommends that increased efforts be made to collect such data in small-scale, low-cost field surveys, which may focus on selected population groups and areas; these surveys should be associated with the collection of data on resources appropriate to the implementation of blindness control programmes.
18. It is recommended that the question of priority drugs for blindness prevention programmes be given detailed consideration either in the context of a workshop or as an agenda item for the next meeting of the WHO Programme Advisory Group on the Prevention of Blindness.

19. The Group felt its periodic deliberations proved extremely useful in stimulating activities and transferring information between regions, in addition to reviewing and assessing the progress of the global programme. It was also felt that, now that the activities are well underway in the Programme for the Prevention of Blindness, the meetings need not necessarily occur as frequently as every year. It was hoped that the convening of Programme Advisory Group meetings in alternate years would facilitate the holding of more frequent regional and interregional meetings. It was noted that it might prove useful to hold the Programme Advisory Group meetings occasionally outside Geneva, bringing these deliberations directly to the various regions.

VI MEETING OF THE WHO PROGRAMME ADVISORY GROUP  
ON THE PREVENTION OF BLINDNESS, JOINTLY WITH  
AN INTERREGIONAL MEETING

Geneva, 18-21 March 1985

DRAFT AGENDA

Opening of the Meeting

Election of Officers

Adoption of the Agenda

Opening Statements by UN Agencies

1. Review of programme development : (a) at the global level  
(b) in the regions
2. Brief review of technical documents issued
3. Present status of other activities in WHO relative to the prevention of blindness
4. Activities of the WHO Collaborating Centres for the Prevention of Blindness
5. The prevention of blindness in selected country programmes
6. Collaboration with nongovernmental organizations
7. Low-cost spectacles
8. The provision of ophthalmic drugs
9. Any other matters

Conclusions and Recommendations

Date and place of next meeting

Closure of the meeting

= = =

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