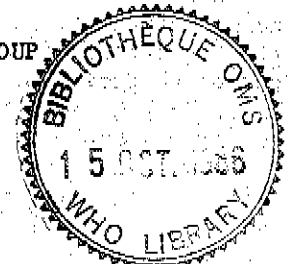




REPORT ON THE FIRST MEETING OF THE CONSULTATIVE GROUP
OF NONGOVERNMENTAL ORGANIZATIONS TO THE
WHO PROGRAMME FOR THE PREVENTION OF BLINDNESS

Geneva, 12 May 1986



INTRODUCTION

In connection with the Technical Discussions of the World Health Assembly in 1985, which focused on collaboration between nongovernmental organizations (NGOs) and the World Health Organization (WHO), several of the NGOs working together with the WHO Programme for the Prevention of Blindness met informally to discuss programme matters. As a result of that ad hoc meeting, it was decided to establish a Consultative Group of NGOs to the WHO Programme for the Prevention of Blindness, to facilitate the increasing collaboration in activities and programmes and the future coordination of efforts in the field of blindness prevention.

The President of the International Agency for the Prevention of Blindness (IAPB), in a letter dated 15 May 1985 to the Director-General of WHO, provided information about the proposal for the establishment of this Group and its membership. It had also been agreed amongst the member organizations of this Consultative Group that the next meeting would take place in Geneva during the 1986 meeting of the World Health Assembly, and that the proposed agenda would be circulated in advance to interested participants. It had further been agreed that, whereas WHO might host the meeting on its premises, each participating NGO would attend at its own expense, and that this would also apply to future meetings.

Following consultations between the NGOs concerned and the WHO Programme, the present meeting was convened in Geneva on 12 May 1986. Mr Alan Johns, Director of the Royal Commonwealth Society for the Blind (RCSB) acted as Chairman at this first meeting of the Consultative Group. The agenda and list of participants are attached as Annexes 1 and 2 respectively.

1. THE OBJECTIVES OF THE CONSULTATIVE GROUP

As the present meeting was the first convened by this Group, consideration was given to the objectives and the role of the Consultative Group. It was felt that the collaboration and interaction with the WHO Programme for the Prevention of Blindness could be summarized under a few main points, as given in Annex 3. Whereas these terms of reference would provide a useful framework of collaboration at the global level, it was recognized that efforts were still needed to develop and strengthen collaboration at regional and country levels.

One of the most important functions of this Group was considered to be the promotion of a flow of information on activities and developments; it was recognized that such information was needed both amongst the various NGOs and within WHO. The minutes of the meetings of the Consultative Group should, therefore, be widely disseminated, both within WHO, in particular to its Regional Offices, and through the channels of the participating NGOs. It was agreed that the WHO Programme for the Prevention of Blindness should issue the minutes after due consultation with and clearance by the NGOs concerned.

Concerning the procedures of work for the Consultative Group, it was agreed that the Chairmanship would be assumed on a 2-year rotational basis amongst the member organizations. The Chairmanship would include the responsibility of preparing for the meeting(s) of the Group during the period considered, and the resulting secretarial work. The Chairman of the present meeting, Mr Alan Johns, Director RCSB, was unanimously elected to continue his office for 1987 and 1988.

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With regard to the venue and periodicity of future meetings, it was felt that the main principle should be to complement the regular meetings of the WHO Programme Advisory Group on the Prevention of Blindness, which take place at 2-year intervals and in which the NGOs concerned participate. Thus, the Consultative Group should meet in the intervening years, to allow for the mutual exchange of information and coordination of activities. As to the venue, it was appreciated that WHO Headquarters in Geneva offered several advantages, in view of the availability of meeting rooms and the opportunity to meet with delegations to the World Health Assembly in May. However, it was also recognized that hotel reservations posed a particular problem during the World Health Assembly, as well as the limited availability of WHO staff during the Assembly period. It was therefore decided that future meetings of the Group should preferably be scheduled to take place immediately prior to or after the World Health Assembly, if convened in Geneva.

2. THE WORK OF THE WHO PROGRAMME FOR THE PREVENTION OF BLINDNESS OVER THE PAST YEAR

The major activities and achievements within the WHO Programme for the Prevention of Blindness were summarized by the Programme Manager as follows:

The general development of the WHO Programme for the Prevention of Blindness has been satisfactory during 1985, with at present more than 40 countries implementing national programmes for the prevention of blindness. This number is expected to increase rapidly over the coming 2-year period, as several countries are now in the stage of preparing for, and formulating, their programmes. It is therefore likely that the target set for the WHO Programme for the Prevention of Blindness under the 7th General Programme of Work of having national programmes in at least 60 developing countries by 1989 will be met as forecast.

Work is proceeding on the development of training aids, particularly for personnel at the primary health care level. The poster on Primary Eye Care, previously developed in collaboration with the International Eye Foundation, has been a tremendous success, with more than 60 000 copies in eight languages distributed over the last three years. That poster is now being followed by three further posters, being developed together with Helen Keller International Inc., which are presently being field tested in several countries.

The evaluation study of selected national blindness prevention programmes, which was initiated in 1985, is being pursued and developed further. In some of the countries selected, notably Guatemala and Kenya, the evaluation will include a review of how NGOs collaborate with the ministries of health in countries for support to national programmes.

The development of low-cost spectacle projects is progressing in some countries, but many more initiatives are needed in this context. It is hoped that the booklet "The Provision of Spectacles at Low Cost", resulting from a Working Group convened in Geneva in June 1985, will soon become available and raise interest in this issue.

Other general programme issues include the mobilization of extrabudgetary funds for the WHO Programme for the Prevention of Blindness. A third contribution from the Arab Gulf Fund for United Nations Development Programmes (AGFUND) was pledged in 1985 to countries in the South-East Asia Region, and the Programme had also received a further contribution from the Japan Shipbuilding Industry Foundation (JSIF) through the Sasakawa Health Trust Fund. In the field of research, a new form for assessment of blindness and its causes in field surveys has been developed and is now undergoing field testing.

With regard to the recent initiative for deafness prevention undertaken through the World Health Assembly in 1985, it was clarified that at present those activities are handled by the Unit of Rehabilitation. In the 8th General Programme of Work, the classified list of programmes will include "Blindness and Deafness" (point 13.14), but this will not necessarily imply one operational programme for the two components together. Furthermore, future activities for deafness prevention will depend largely on the availability of extrabudgetary funds.

The main developments in the Regions had been :

- In the African Region, a growing number of countries are interested in establishing national programmes for the prevention of blindness, but the lack of resources often hampers the efforts being made. The WHO Regional Office for Africa is being reorganized, with the setting up of three sub-regional centres, which will facilitate working procedures and communications with countries. In this context, the Regional Director had proposed, in recent discussions with the PBL Programme Manager in Brazzaville, to convene a Task Force to define priorities for action for blindness prevention in the specific African setting. The objectives and proposed agenda and participants for this Task Force had since been communicated to the NGOs in the Consultative Group, seeking their support and future involvement in the development of the Programme in Africa. In view of the great importance of the planned Task Force in this context, five of the participating NGOs in the Consultative Group decided to make available on a joint basis the required funding of US\$20 000 for this meeting.
- In the Region of the Americas, arrangements are progressing for the development of programmes in nine countries with support from AGFUND. A survey on blindness is being carried out in Guatemala, as part of the evaluation of the national programme, and a major study of trachoma is being set up in the state of Sao Paulo, Brazil.
- In the Eastern Mediterranean Region, a new WHO Collaborating Centre for the Prevention of Blindness has been designated in the King Khaled Eye Specialist Hospital in Riyadh, Saudi Arabia. An important regional meeting on primary eye care took place in December 1985 in Tunisia, with the participation of nine countries in the Region.
- In the South-East Asia Region, the implementation of national blindness prevention programmes is progressing in all countries. Particular attention is being paid to applied research on glaucoma, in a UNDP-sponsored project. A second contribution from AGFUND for support to blindness prevention in countries in the Region was pledged in 1985.
- In the Western Pacific Region, particular efforts have been made over the last year to develop blindness prevention programmes in the islands of the South Pacific, as well as in China, the Lao People's Democratic Republic and Viet Nam. The training of personnel in eye care poses particular problems in all those countries, as described by Dr Konyama, PBL/HQ, and there is a great need and potential for NGOs' involvement in national or intercountry training schemes. It was noted that China has recently declared its interest in collaborating with NGOs in health-related projects, and note was taken of the appropriate channels of communication for future contacts.

2.1 Planned meetings

As previously mentioned, HKI, IEF, OEU and RCSB agreed to donate US\$20 000 to the WHO Programme for the Prevention of Blindness to enable the Task Force Meeting on Priorities for the Prevention of Blindness in Africa to be organized in Brazzaville in October 1986. Dr Foster agreed to ascertain whether CBM would wish to contribute to the donation, which they later agreed to do.

The Consultative Group was informed of the following two major meetings, presently being planned :

- An Interregional Meeting on the Management of Cataract within Primary Health Care Systems, which is planned to take place in Denpasar, Indonesia, from 15 to 19 December 1986. This meeting has been planned to follow the Third General Assembly of IAPB in New Delhi, so as to allow for the easy attendance of interested NGOs.
- The Seventh Meeting of the WHO Programme Advisory Group on the Prevention of Blindness, which will take place from 16 to 19 March 1987 in the WHO Regional Office for the Eastern Mediterranean, Alexandria, Egypt. Suggested items for inclusion in the agenda for this meeting should be submitted to Dr Thylefors by the end of October 1986.

3. REPORTS ON ACTIVITIES AND PLANNING

The NGOs present each gave a brief overview of their ongoing and planned activities, which were then discussed, particularly as to common obstacles and the need for coordination at all levels.

The following summaries were given at this meeting (reference is also made to the report of the Sixth Meeting of the WHO Programme Advisory Group on the Prevention of Blindness, Geneva, 1985 - document WHO/PBL/85.10).

(1) Christoffel Blindenmission (CBM)

Nibelungenstrasse 124, D-6140 Bensheim 4, Federal Republic of Germany

CBM is an international Christian mission with a mandate to serve needy people, especially the blind and handicapped throughout the world. It is funded through individual donations.

The headquarters are based in Bensheim, Federal Republic of Germany, with Regional Offices in different parts of the developing world, responsible for the field work.

CBM works in 98 countries through partner organizations which are largely local churches or missions, and employs approximately 200 co-workers who work with the partner organizations in the field.

CBM is committed to the prevention of blindness, service to the blind and handicapped, and to the training of national staff.

(2) Helen Keller International Inc. (HKI)

15 West Sixteenth Street, New York, N.Y. 10011, United States of America

HKI is currently conducting blindness prevention programmes in 19 countries in Asia, Africa and Latin America. In 1985, HKI continued its major programme emphasis in the prevention of international blindness and in the delivery of primary eye care - working primarily with ministries of health.

Expanding its base of support in 1986, HKI is launching a major initiative to join other institutions in the control of cataract blindness, sponsoring an important meeting to detail the state of the art of cataract control organized by the National Eye Institute. While significant initiatives underway in Asia - Indonesia, Bangladesh, Philippines - will be expanded, a major programme focus in Africa is now underway. Building upon its response to the famine in Ethiopia and Sudan, HKI is expanding programme initiatives which now include the aforementioned as well as the United Republic of Tanzania and Zambia, to include Burkina Faso, Mali, Chad and Niger. It will provide technical assistance to a wide range of NGOs involved in primary health care and agriculture to include primary eye care activities in their primary health care and small farming activities.

(3) International Eye Foundation (IEF)

7801 Norfolk Avenue, Bethesda, Maryland 20814, United States of America

IEF is a non-profit-making, private organization dedicated to the prevention and cure of blindness in developing countries. With headquarters in Bethesda, USA, IEF has worked in 60 countries over the last 25 years. It currently maintains programmes in Africa, Latin America and the Caribbean. Programme expenditure for the financial year 1984 totalled US\$1.4 million.

Programmes are closely coordinated with Ministries of Health and vary according to country circumstances; all, however, include a major training component. Every level of health care worker is trained, from community health workers to ophthalmologists. IEF also

produces appropriate teaching aids and provides basic equipment to establish eye care services. IEF has also carried out epidemiological and operational research in collaboration with academic institutions and other international organizations.

IEF currently has programmes in Kenya, Malawi, Honduras, Ecuador and the Eastern Caribbean area (St Lucia, St Kitts, Grenada, Dominica, Belize and St Vincent), and a fellowship programme with the University of Puerto Rico. Programmes in Egypt, Dominican Republic and Guinea were completed in 1985.

(4) L'Organisation pour la Prévention de la Cécité (OPC)

58 avenue Bosquet, 75007 Paris, France

OPC (the Organization for the Prevention of Blindness) is a young nongovernmental organization, founded nine years ago. Out of its objectives to work for humanity anywhere in the world was developed action for the prevention of blindness. The organization was involved at an early stage in its first project in Mali, to contribute to the treatment of curable blindness. The philosophy, or strategy, of this project was dual :

- to train national physicians and nurses simultaneously with the operations of the programme;
- to limit in time (6 years) the direct intervention of OPC, before handing over to the national committee for the prevention of blindness and the local health authorities a working project.

Thanks to the admirable work of those responsible for the project in Mali, it has accomplished its goals. As at the end of 1986, there will be six secondary ophthalmic centres, with an ophthalmologist in charge, supported by a mobile team.

At present, OPC is assisting the national committee for the prevention of blindness in Burkina Faso, in making available support for eye care in two new centres (Fada N'Gourme and Tenkodogo), as well as in Chad (a centre in Moundou).

(5) Operation Eyesight Universal (OEU)

P.O. Box 123, Stn. M, Calgary, Alberta, T2P 2H6, Canada

OEU is a small Canadian charity founded in 1963 with the purpose of financing sight restoration and blindness prevention programmes in the developing world. Today, OEU is working in some 17 countries, financing over 70 programmes wherein, during the course of a year, almost 1 million people are treated for eye disease, including 100 000 sight-giving operations.

At present, OEU has projects in India, Bangladesh, Nepal, Pakistan, Sri Lanka, Liberia, Burkina Faso, Kenya, Malawi, Haiti, Peru, Montserrat, St Vincent, Antigua, Palestinian West Bank/Gaza and Zambia. OEU helps finance the building of modern ophthalmic clinics and hospital wards and their operation thereafter. These facilities are staffed by nationals working in their own countries, some of whom are trained by OEU.

Since the majority of people in the developing world in need of eye care are located in rural areas with little access to modern facilities, OEU purchases and equips modern Mobile Eye Units, staffed by trained personnel. These Mobile Eye Units travel to outlying districts examining and treating thousands each year. In areas where large numbers warrant, OEU works with nationals to provide free eye camps.

(8) Royal Commonwealth Society for the Blind (RCSB)

Commonwealth House, Heath Road, Haywards Heath, West Sussex, RH16 3AZ, United Kingdom

RCSB works with governments and voluntary agencies in the developing countries of the Commonwealth to combat avoidable blindness and to strengthen the confidence and independence of blind people.

RCSB is currently involved with national eye care programmes in 29 countries and in 1985 contributed over US\$3 million to eye care services, of which 15% was expended on manpower development. During 1985, the massive eye camp programme in Asia and the work of sponsored mobile eye units in Africa resulted in the examination of 2.52 million people, the treatment of 2.1 million and a total of 248 961 cataract operations. RCSB's xerophthalmia programme in India currently covers infant children at risk of blinding malnutrition in 225 communities.

RCSB is in the third year of a 5-year programme in which, whilst maintaining the momentum of its activities in Asia, priority is being given to Africa, particularly in the development of eye care services. An independent evaluation of the Indian xerophthalmia programme is under way and results should be ready for publication during October 1986. RCSB intends to capitalize on the programme to date, including the work of the Madurai Nutritional Rehabilitation Centre, by establishing resources in partnership with Aravind Eye Hospital, Madurai, for research, training and a continuation of field work in selected project areas.

RCSB's current Five Year Programme also aims at expanding services in the education, training and employment of blind people and developing an income of US\$7.5 million by 1988. A review of the Society's Constitution, covering objectives and areas of operation, is also in progress.

(9) The SEVA Foundation (SEVA)

108 Spring Lake Drive, Chelsea, Michigan 48118, United States of America

SEVA is an international public health organization, founded in 1978 and based in Michigan, USA. SEVA's primary activities include the support of programmes to eliminate avoidable blindness. So far, most of SEVA's efforts have been directed toward working with blindness activities in Nepal and India.

In Nepal, SEVA has helped to conduct a survey on blindness and blinding eye diseases as the basis for the WHO/HM Government of Nepal Blindness Programme. SEVA continues to provide support to Nepal, having "adopted" the Lumbini zone as the area to which it will provide comprehensive eye care. Since this programme began in June 1985, the following have been achieved :

- 300 primary eye care volunteers trained.
- 13 eye camps held.
- 33 Panchayats (approximately 3500 population each) visited and screened by mobile teams.
- 90 schoolteachers trained in primary eye care.
- Approximately 75 operations performed and 900 outpatients seen at hospital each month.
- 4 local staff being trained as ophthalmic assistants.
- Land procured at Bhairwa to build a permanent eye hospital.

At the national level, SEVA provides support for the Nepal Prevention of Blindness Programme by providing administrative support and ophthalmologists to work in eye camps.

In India, SEVA continues to support Aravind Eye Hospital, Madurai, mostly by providing equipment, supplies and volunteers. Financial assistance has also been provided to meet the costs of transport and food for poor patients. Aravind Eye Hospital presently sees approximately 600 outpatients and performs 80 operations every day, of which 60% are free of charge. In addition to this, about 40 eye camps are conducted every month.

SEVA is committed to the alleviation of suffering through the appropriate use of science and technology, seeking to provide technical and financial support to projects which aim to control the causes of curable and preventable blindness such as cataract, trachoma and vitamin A deficiency blindness.

4. MAJOR PROBLEMS ENCOUNTERED BY INTERNATIONAL NGOS IN DEVELOPING PROGRAMMES

The discussion of this agenda item focused on a few major issues, or common problems experienced by the participating NGOs in their work in developing countries. These points can be summarized as follows :

4.1 The importation of ophthalmic supplies and equipment is posing an increasing problem to most NGOs in several of their project countries. The reasons for this difficulty are often unclear administrative procedures in the country in question and delays in dealing with specific requests. Most NGOs enjoy exemption from import duties on their donated supplies and equipment, but arranging this is often time-consuming.

In the discussion of this item, the WHO procedures for purchase of supplies and equipment were explained, including the option for NGOs to make donations to countries through WHO. This alternative could be of interest in some projects where NGOs collaborate directly with Ministries of Health, but it might not be applicable in cases where the national counterpart is an NGO. It was agreed that this issue should be discussed at a subsequent meeting when NGOs had had an opportunity to assess the feasibility of donating equipment through WHO.

4.2 Maintenance of ophthalmic equipment is posing a problem in most developing countries, often leading to decreased effectiveness in projects because of breakdown of essential equipment. This problem is experienced frequently by NGOs in their various field projects in developing countries. It was noted that in a few NGO-supported projects, training of nationals in the repair and maintenance of some equipment had been included, and had apparently been successful. Many more initiatives are needed in this area however, and the issue is still not fully recognized or dealt with by national health authorities in many countries. The recent initiative in WHO to consider the various aspects of maintenance of equipment for health was briefly described, and it was decided to return to this issue for further discussions in subsequent meetings, particularly in regional/country-specific settings.

4.3 The need to establish or strengthen communications between NGOs and WHO at the regional level is considered important to all international NGOs. This could imply short visits by NGO staff to the WHO Regional Offices for briefing, when convenient, and the regular forwarding of informational material and reports available in most NGOs. It was also considered important that the NGOs, through those in official relations with WHO and its Programme for the Prevention of Blindness, attend the WHO Regional Committees, which could be arranged on a rotational basis between the member organizations of the Consultative Group.

4.4 There is an increasing number of ophthalmologists interested in working in the field of blindness prevention, either on a short-term voluntary or long-term basis. Many of those ophthalmologists contact the WHO Programme office for information as to possible opportunities for work. However, there are no vacant posts in the WHO Programme, and only a few senior consultants with specific field experience are normally recruited. The international NGOs have, however, a wide range of field projects where junior ophthalmologists may also usefully contribute to work in rural clinics, etc., including some short-term voluntary assignments. As most of the international NGOs have difficulties in identifying suitable field staff, it was agreed that the WHO/PBL office, in their reply to interested ophthalmologists, would include the names and addresses of interested NGOs, whom the candidate may then contact.

4.5 The issue of development of training programmes for ophthalmologists and ophthalmic auxiliary staff in developing countries is of major concern to the international NGOs. Considerable efforts and vast sums are spent on the training of nationals in ophthalmology at various institutions abroad, and great difficulties are experienced in the setting up and recognition of local training schemes, mainly because of traditional academic obstacles. There are some encouraging experiences, such as the successful training of Malian ophthalmologists at the African Institute of Tropical Ophthalmology in Bamako, which leads to a diploma recognized in Mali. The recognition of this diploma in other West African countries is, however, still awaited.

In view of the importance of this subject, it was proposed to include it as an agenda item for consideration at the next meeting of the WHO Programme Advisory Group on the Prevention of Blindness, scheduled for March 1987 in Alexandria.

5. DEVELOPMENTS IN COMBATTING ONCHOCERCIASIS

Several of the international NGOs working in the field of blindness prevention are supporting projects in countries where onchocerciasis is endemic, and are thus facing requests for treatment of patients. The development of new drugs against onchocerciasis is therefore of great interest to many NGOs, in view of the difficulties involved in utilizing the presently available drugs (suramin and DEC).

In the review of this issue, the present stage of trials using Ivermectin was clarified, as well as the prospects of this drug being registered for use in humans later in 1986 or in 1987. The question-marks which still remain concerning the possible toxicity and safe use of Ivermectin were discussed, particularly in the light of possible future large-scale use of the drug against onchocerciasis. The future availability of Ivermectin, after registration, is still not known, but it seems likely that the manufacturer will make it available at little or no cost for limited use in selected countries, and through WHO channels.

The member organizations of the Consultative Group reaffirmed their interest in collaborating with WHO and countries in support of onchocerciasis control schemes using Ivermectin. Such projects could be envisaged as complementary to existing NGO activities for the training of personnel and support to primary health care systems.

Ongoing research projects on onchocerciasis in Latin America include the assessment of a recently discovered focus in Ecuador and the pattern of disease in southern Venezuela, together with investigations of the effects of nodulectomy campaigns in Guatemala. The role of these latter in reducing blindness in Guatemala has probably been important, but should still be subject to a more detailed evaluation.

6. COORDINATION WITHIN THE CONSULTATIVE GROUP

The international NGOs participating in the present meeting felt that more coordination was needed between the various organizations, and also in relation to WHO programmes at the country and regional levels. The main issue in this context is communication, and the present efforts include the distribution of newsletters, reports and the holding of partnership meetings on an ad hoc basis between NGOs.

It was felt that the meetings of the Consultative Group would usefully contribute to the coordination of activities particularly in facilitating the exchange of information between organizations. A similar role was already being played by the meetings of the WHO Programme Advisory Group on the Prevention of Blindness, in which most NGOs participated and which allowed for their informal meetings outside the meeting of the Advisory Group itself.

The present meeting of the Consultative Group was being combined with a partnership meeting, to take place the following day. It was felt that this was probably a useful formula, to be retained for future meetings. (Partnership Committee Meetings of CEM, HKI, IEF, OEU, RCSB and SRF have been held annually between the Directors of these organizations since 1982, designed to facilitate exchange of information and collaboration in regional and country programmes.)

The Group also considered the forthcoming Third General Assembly of IAPB, to be held in New Delhi, India, from 6 to 11 December 1986. It was explained by the President of IAPB, Dr Kupfer, that the agenda, which was made available to the participants, was now finalized, and that all other arrangements were well under way. Registration for the Assembly was being facilitated by forms included in the IAPB newsletter. Considerable local support for this Assembly was becoming available (e.g., "Times of India"), and the practical arrangements were being taken care of by a professional group in New Delhi. The main issue remaining was the travel of participants, to be supported by NGOs in the case of several people from developing countries, which would be solved shortly with the organizations concerned. A course on research methodology would be arranged in connection with the IAPB General Assembly, and proposals for participants (limited to approximately 30) would be appreciated.

Further arrangements for this Assembly will be communicated from the IAPB office through its newsletter.

MEETING OF A CONSULTATIVE GROUP OF
NONGOVERNMENTAL ORGANIZATIONS WITH
THE WHO PROGRAMME FOR THE PREVENTION
OF BLINDNESS

Geneva, 12 May 1986

AGENDA

1. The objectives of the Consultative Group
2. The work of the WHO Programme for the Prevention of Blindness over the past year -
presented by Dr Björn Thylefors
3. Reports on activities and planning - a summary by each organization present
4. Major problems encountered by international nongovernmental organizations in developing
programmes
5. Developments in combatting onchocerciasis :
 - use of Ivermectin (at the request of CBM)
 - research in Latin America (at the request of IEF)
6. Coordination within the Consultative Group

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ANNEX 2

MEETING OF A CONSULTATIVE GROUP OF
NONGOVERNMENTAL ORGANIZATIONS WITH
THE WHO PROGRAMME FOR THE PREVENTION
OF BLINDNESS

Geneva, 12 May 1986

LIST OF PARTICIPANTS

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TERMS OF REFERENCE FOR THE CONSULTATIVE GROUP
OF NONGOVERNMENTAL ORGANIZATIONS TO THE
WHO PROGRAMME FOR THE PREVENTION OF BLINDNESS

1. To promote, develop and strengthen, together with the WHO Programme for the Prevention of Blindness, activities for the prevention of blindness in developing countries as part of the global strategy of "Health for All by the Year 2000".
2. To participate actively in the development of the WHO Programme for the Prevention of Blindness, particularly in the identification and implementation of strategies for blindness prevention as part of primary health care systems.
3. To interact regularly with the WHO Programme for the Prevention of Blindness in the following fields :
 - the periodic exchange of information on ongoing and planned activities amongst the nongovernmental organizations concerned;
 - the coordination of programme development and activities at national, regional and global levels;
 - the identification and mobilization of resources for the prevention of blindness in developing countries; and
 - collaboration in specific programme areas, such as the planning and evaluation of blindness prevention programmes in selected countries.
4. The Group would meet at least on an annual basis. Such meetings may, however, when convenient, take place in conjunction with other meetings, as, for example, the meetings of the WHO Programme Advisory Group on the Prevention of Blindness.

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