



Meeting of the WHO PBLG

INDEXED

WHO PROGRAMME ADVISORY GROUP ON THE PREVENTION OF BLINDNESS

Report of the second meeting, Ouagadougou, Upper Volta,
18-21 February 1980

A 1 success - PBLG

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1. INTRODUCTION

The second meeting of the Programme Advisory Group (PAG) on the Prevention of Blindness was held from 18 to 21 February 1980 at the headquarters of the Onchocerciasis Control Programme (OCP) in Ouagadougou, Upper Volta.

The meeting was opened by Mr M. Ls. Bazin, Director, OCP (Annex I) and a message from the Director-General, WHO was read (Annex II).

Professor C. O. Quarcoopome was elected Chairman, Professor B. R. Jones Vice-Chairman and Dr R. Pararajasegaram Rapporteur.

The provisional agenda was adopted without modification (Annex III).

2. PRESENTATION OF THE ONCHOCERCIASIS CONTROL PROGRAMME

The Director, OCP presented a summary of the history, administrative structure, activities and budgetary resources of the Programme in the Volta River Basin area. This Programme includes seven countries in the region and covers an area of 720 000 km². The single most important activity of the OCP is vector control which commenced in February 1975.

The Director outlined the areas of possible collaboration with the WHO PBL Programme. These include data collection on ocular morbidity and blindness, training of auxiliary personnel from the countries concerned, and dissemination of relevant research information that may be forthcoming from OCP.

Dr B. Thylefors outlined the ongoing epidemiological and ophthalmological evaluation of OCP and some results concerning the impact of vector control on onchocerciasis. Follow-up studies in the OCP area have shown that less than 1% of the children born since the beginning of the vector campaign have onchocerciasis, compared to 10-30% for the same age-group before vector control was introduced. In areas of satisfactory vector control, i.e. 75% of the OCP area, no infected children under the age of three were found. Furthermore, there seems to be a trend towards a relative stabilization of the ocular status in the previously infected population. The tendency to underestimate the number of blind in Africa, especially in onchocerciasis endemic areas, was underlined; the problem of unreliable census data and a possibly reduced life expectancy for the blind are important in this context. The increasing impact of loss of vision in traditional African communities where modern technology is being introduced must also be taken into consideration. Applied research on epidemiological and clinical aspects of onchocerciasis is carried out within the OCP Epidemiological Evaluation unit, including some therapeutic trials.

The problem of rehabilitation of the blind in the OCP area was brought up and the OCP Director explained that although this was not within the mandate of OCP, attention had already been paid to the problem and OCP had played a role in stimulating the interest of national authorities for activities in this field. A national committee for the rehabilitation of the blind has recently been created in Upper Volta.

Dr J. Davies discussed the problem of invading flies in the Onchocerciasis Control Programme area. He explained that this had first become apparent at the beginning of the first wet season after insecticidal control had commenced, when unexplainably large numbers of flies appeared along treated rivers in the south-west. Research during subsequent years has shown that the invasion is by two species of the six common members of the Simulium damnosum complex, and they appear to arrive with the north-easterly advance of the damp monsoon winds. The extension of the Programme area to the south, to cover all known breeding sites of these two species in the Ivory Coast during 1979, considerably reduced the magnitude of the invasion. A similar situation exists in Togo and Benin but on a smaller scale.

It was also explained that repeated bites by infected flies are normally necessary before a person becomes infected, although infection from a single bite is theoretically possible. In a hyperendemic savanna area only about 4% of biting S. damnosum may be carrying infective Onchocerca larvae.

In the course of the discussion, reference was made to the reappearance of onchocerciasis in previously controlled foci in Uganda. Such reports, if confirmed, would have serious implications and would require specific interventions.

Mention was also made of the interest in different countries to introduce control measures in areas not covered by OCP.

The Group took note with interest of the efforts of the Special Programme for Research and Training in Tropical Diseases (TDR) to find an improved macrofilaricide for the treatment of onchocerciasis.

In order to further research and control activities in the field of ocular onchocerciasis the Group emphasized the great importance of strengthening the already close cooperation and liaison among OCP, TDR, the WHO unit for Filarial Infections and the WHO PBL Programme.

The PAG was particularly appreciative of the opportunity offered by the holding of this meeting at OCP headquarters to familiarize itself with the activities of OCP. The Group expressed its full support and looks forward to continued cooperation.

3. REVIEW OF ACTIVITIES

The Programme Advisory Group was impressed with the momentum gathered by the WHO PBL Programme within the short space of time since its last meeting in Geneva and of activities initiated in all regions. It took cognizance of the increased workload involved and urged the strengthening of the PBL Programme at the central level. The Group was heartened to note that additional professional assistance would become available very shortly.

The PAG reiterated the need also to strengthen activity at the regional levels through the establishment of regional advisory groups and possibly the assignment of full-time WHO staff to the Programme at the regional offices.

3.1 PBL information

The PAG agreed on the need for the publication and dissemination of the considerable amount of information that had already been collected. It was made aware of the steps being taken by the Programme to achieve this very important objective. It appreciated the offer made by nongovernmental agencies to assist with this activity and noted that the International Agency for the Prevention of Blindness (IAPB) will soon be issuing a volume containing documents and reports on prevention of blindness.

The secretariat urged members of the group to send to WHO relevant material for inclusion in information packages that could be prepared for distribution.

3.2 Data on blindness

The PAG noted that the first compilation of data on blindness had been published and widely distributed. The first supplement to this compilation was prepared in response to a recommendation made by the Group at its first meeting. It was felt that such compilations fulfil an important need despite the difference in significance of some of the figures and the members of the Group agreed to furnish updated figures whenever available. The PAG endorsed the need for continuation of this activity.

3.3 Blindness data bank

The PAG agreed on the setting up of a data bank as outlined in the report submitted to this meeting. It felt that this function could eventually be taken over by one or more of the WHO collaborating centres.

3.4 Research protocol - blindness in Mali

In implementation of a contract signed by WHO with the National Eye Institute, NIH, Bethesda, United States of America, it is proposed to carry out epidemiological studies in selected countries. A specific research protocol for such a study in Mali, together with background information on blindness in Mali, was submitted to the meeting for consideration. The PAG endorsed the activities outlined in the research protocol.

3.5 Blindness in Sudan

The PAG was appraised of recent activities initiated in Sudan in the field of blindness prevention with particular reference to foci of onchocerciasis with the participation of the WHO Collaborating Centre for the Prevention of Blindness in London. The PAG expressed support for a comprehensive eye care programme in Sudan as part of a national plan for control of onchocerciasis and avoidable blindness in southern parts of Sudan.

3.6 Onchocerciasis in Central America

The PAG took note of recently acquired information that the species *S. ochraceum*, with characteristic breeding habits, is the only significant vector in the transmission of onchocerciasis in Guatemala and Mexico, and that it can be controlled by larvicides.

The PAG supported efforts in this direction to supplement other ongoing control activities.

3.7 Methods of assessment of blindness

The PAG considered the report of the task force meeting held in San Francisco in December 1979 an excellent and authoritative source of information on methods of assessment. It was emphasized, however, that it was desirable that statisticians be associated with the planning of surveys. The PAG recommended that the theoretical sections on simple random sampling and on the effects of clustering in the body of the report be given as an Annex to the report in order to improve its overall balance.

The PAG endorsed publication of this document after appropriate editing.

3.8 Programme of research in control of vitamin A deficiency and xerophthalmia

A WHO task force meeting, which originated in a suggestion from the Programme Advisory Group, was held in November 1979. This interdisciplinary meeting set out priority areas of research. The report of this task force broke new ground in giving first priority to increasing vitamin A intake, in particular from natural vegetable sources, through study of availability of carotenoids, factors limiting their consumption and methods to increase this. Alternative strategies for effective distribution and optimal frequency/dose relationship for periodic supplements of vitamin A were also included in this priority group.

Other research areas identified were epidemiological assessment, control of factors that impair vitamin A nutriture, subclinical vitamin A deficiency, evaluation of programmes, and determination of the impact of intervention programmes on the prevention of blindness.

3.9 Chloroquine-induced retinopathy

In addition to the cumulative effect of chloroquine taken over a prolonged period of time as a form of prophylaxis against malaria, the abuse of chloroquine in the treatment of undiagnosed febrile conditions may contribute to irreversible loss of vision from retinopathy.

The PAG appreciated the initiative that had already been taken for research in this field in collaboration with the WHO Malaria Action Programme and for efforts in dissemination of information on this subject.

3.10 Development of national health programmes

The meeting noted with appreciation that the Dr Rajendra Prasad Centre for Ophthalmic Sciences, New Delhi, as a WHO Collaborating Centre for the Prevention of Blindness, has already helped Nepal and Sri Lanka to develop their national programmes for prevention of blindness and has commenced the training of personnel from these two countries in part fulfilment of the tasks assigned to it.

4. MOBILIZATION OF RESOURCES

The PAG took cognizance of the satisfactory progress made in prevention of blindness programmes worldwide during the last decade, with particular acceleration in the number and extent of programmes during the last five years concomitant with the establishment of the WHO Programme for the Prevention of Blindness (PBL) and the organization of the International Agency for the Prevention of Blindness (IAPB).

There was agreement that future growth of these activities should be assessed in view of the feeling that the limiting factor to further development was not primarily a lack of potential resources in general and money in particular, but the lack of identification of existing priorities or lack of commitments by national authorities in a number of countries. These are necessary prerequisites for the formulation of national action-oriented programmes capable of attracting resources.

Accordingly, the following recommendations were made:

(1) To develop an inventory of ongoing support and resources for the prevention of blindness by WHO regular and extrabudgetary funds, bilateral agreements, NGOs and other funding mechanisms.

(2) To develop a committee to:

(a) establish an inventory of ongoing programmes for the prevention of blindness on a global basis;

(b) develop a framework for future programme planning of the PBL Programme, taking into account the existing medium-term programme already prepared by the WHO PBL Programme;

(c) assess the needs and opportunities in the field of prevention of blindness;

(d) estimate broadly the cost of blindness prevention in terms of programme areas, i.e. nutritional blindness, onchocerciasis, communicable eye diseases and cataract;

(e) develop some estimates on cost-benefit ratios for these programme areas;

(f) consider recommendations to strengthen the programme development capabilities of the global and regional WHO PBL Programmes;

(g) assess implications of need for resources of the national programmes for prevention of blindness in operation or under consideration in about 45 countries.

(3) The PAG noted the presence of a special opportunity for developing an expanded programme against communicable eye diseases similar in size and structure to that of the Onchocerciasis Control Programme. Such a programme in communicable eye diseases might in fact be presented as an appropriate programme for consideration of funding by some oil-producing countries as part of their overall activities in support of developing countries. By mobilizing such resources a large investment for the development of a programme in communicable eye diseases could lead to a decisive reduction in the amount of blinding eye diseases over a 5-10 year period in the countries which are the primary target of their activities.

It is hoped that a report concerning the above points can be circulated to members of the PBL Programme Advisory Group by November 1980 for discussion at the next annual meeting. This would ensure beginning its implementation by May 1981. It is appreciated that the implementation of some of these proposals could be more appropriately undertaken by non-governmental action and without at this stage commitments at the official level.

It is therefore proposed that IAPB take the necessary initiative in consultation with other nongovernmental agencies as appropriate in carrying out these proposals.

5. TRAINING OF AUXILIARY PERSONNEL IN EYE CARE

The report of the task force meeting held in March 1979 constitutes a starting point for the development of programmes for the training of auxiliary personnel in eye care in different countries. That task force meeting found it impossible to lay down more than general guidelines since the needs in different countries will be different.

Specific examples of ongoing programmes in certain countries are available, e.g. those developed in Guatemala, India and Kenya. These training programmes should be added as Annex to the report of the task force meeting as they have proved successful and as they may be considered for adaptation to other countries.

The PAG agreed to the following:

- (1) Using the task force report as a guideline, each national programme may develop or modify currently available curricula for the training of auxiliary personnel in eye care in their country.
- (2) A compilation of currently available educational material and course curricula should be made, with a brief description of the contents and source from which they may be available.
- (3) Given adequate supervision and training, auxiliary personnel can perform many tasks of preventive and therapeutic eye care. This may include surgical procedures if appropriate.
- (4) Decisions as to course content in training of auxiliary personnel should take into consideration the information gleaned from preliminary assessments. This assures that the skills learned are appropriate to the problems existing in the target population.
- (5) In communities where a primary health care service does not exist, but where blindness is a substantial problem, village workers should be trained in eye care tasks similar to those considered suitable for the primary health workers. This training may serve as a focal point for motivation of the communities for the eventual establishment of general primary health care systems.
- (6) In provision of simple eye care at the community level it is essential to enlist active cooperation of community leaders, teachers, social workers, etc. and when appropriate, that of practitioners of traditional medicine.

6. DESIGNATION AND FUNCTIONS OF WHO COLLABORATING CENTRES FOR THE PREVENTION OF BLINDNESS

A brief report was received on the designation and functions of WHO collaborating centres for the prevention of blindness. These centres have accepted the following provisional objectives within the limits of their own programmes and budgetary constraints:

- (1) To participate actively in the development of activities for the prevention of blindness with special emphasis on certain main interests or approaches.
- (2) To provide facilities for the training of personnel at different professional levels, especially from developing countries.
- (3) To conduct applied field research on the epidemiology, management and operational aspects of avoidable blindness.
- (4) To foster a multidisciplinary approach to the promotion of eye health and to the delivery of eye care to all.
- (5) To participate in the collection, elaboration and distribution of pertinent information.
- (6) To provide on request the advisory services and expertise which might be required.

A listing of the activities of the first 10 centres was given. From this preliminary information it is obvious that the areas of expertise and interest vary from field training to highly sophisticated epidemiological, statistical, microbiological, nutritional or other training. It is the belief of the advisory group that these centres should be encouraged to do what they do best, in addition to providing basic multidisciplinary training and experience for prevention of blindness.

It was felt, however, in order to ensure the most effective utilization of these centres that detailed information should be prepared and circulated widely.

Although each centre will be involved in providing multidisciplinary training for prevention of blindness, it is desirable to have a listing of the prime interests and the activities of each centre. To facilitate uniformity of reporting the following details should be included:

- (1) Personnel, with indications of training and interests of each staff member. This should include all levels of personnel and active consultants.
- (2) Physical facilities including teaching facilities, clinics and laboratories in various disciplines, e.g. ophthalmology, epidemiology, biostatistics, nutrition, microbiology, administration, health planning, conduct of field trials, clinical trials.
- (3) Opportunities for active involvement in field activities.
- (4) Collaboration with other institutions.
- (5) Ongoing research projects.
- (6) Ongoing projects of health care delivery.
- (7) Courses of instruction provided, entrance requirements and fees.
- (8) Fellowships available, sources and eligibility requirements.
- (9) Narrative description of salient features of the programme.

From the preliminary report it is clear that there are several rewarding areas for collaboration and coordination between the collaborating centres themselves. These and the other functions of the centres can be facilitated by regular meetings of the Directors of the centres and by submission of short annual reports to WHO in addition to the more detailed report at the end of the three-year period of designation.

It was recommended by the PAG that either the WHO regional offices or the governments of the countries where these collaborating centres are located consider the possibility of funding these meetings.

Special emphasis should be placed also on cooperative endeavours between WHO collaborating centres, NGOs and others in relevant fields, e.g. filariasis, nutrition, agriculture.

Attention was drawn to the need for teaching material for medical students and field personnel. It is hoped that the collaborating centres will produce inventories and facilitate the evaluation and distribution of such material that is already available. These inventories too should be widely circulated.

7. MEMBERSHIP OF PROGRAMME ADVISORY GROUP

The PAG agreed that term of reference No. 3 would gain in clarity by being reworded as follows:

"The term of appointment to the Group will be two years, with possibility of extension for not more than a further two terms. Reappointments will be considered only after two years have elapsed from the end of a previous period of appointment, regardless of its length. In the extension of current appointments, consideration should be given to the desirability of attaining a turnover of approximately one third of the Group every two years."

In conformity with its terms of reference, the PAG considered how best to facilitate continuity while ensuring the desired rotation in membership.

Four current members of the Group expressed the desire not to be considered for extension of their present appointment at the end of 1980. The secretariat will propose to the Director-General of WHO the appointment of three new members taking into account the nominations submitted by the PAG and in conformity with term of reference No. 2.

8. DATE AND PLACE OF NEXT MEETING

It was agreed that the next meeting of the PAG should be held in conjunction with the WHO interregional meeting on the prevention of blindness planned for 1981.

It was further agreed that the meeting should be held in February and that a suitable date would be the week commencing 9 February 1981.

The PAG agreed that in view of the complexity of the arrangements and of the support needed, it would be desirable to hold the meeting in one of the WHO regional offices, possibly in New Delhi.

OPENING REMARKS BY MR BAZIN, DIRECTOR, OCP

"Ladies and Gentlemen,

It gives me great pleasure to welcome you to Ouagadougou for this important second meeting of the WHO Programme Advisory Group on the Prevention of Blindness. It seems most appropriate that this meeting is convened in the conference room of the WHO Onchocerciasis Control Programme which is not only the largest operation of its type in Africa but also the one that is spearheading action against one of the most prevalent causes of blindness in West Africa. The epidemiological and ophthalmological surveys are beginning to show that the Programme, through the continual impact on the vector, is achieving its desired objective and success, but it is appreciated that this offers only a small glimmer of hope in the complex global situation which is your concern. There are so many diverse causes of blindness that the task facing you is an enormous one.

When one has lived for some time in an area such as this where the spectacle of blindness is so common, and when one realizes that so little, if anything at all, can be done for those people once their sight is lost, it is highly relevant that your Group should be concerned first and foremost with the prevention of blindness rather than its cure. For onchocerciasis, in the absence of suitable drugs, there is no alternative to prevention. While action is now being taken towards trying to rehabilitate the blind in this part of West Africa, it is highly gratifying to ponder how the next generation will not be faced with the same problem or burden through the preventive efforts being implemented by OCP at the present time, even though they are exceptionally costly. Likewise the benefit of your efforts will be reaped by the next generation world-wide to coincide with WHO's objective of Health for all by the year 2000.

However, these efforts require manpower and it is encouraging to note the emphasis being given to the training of personnel in item 5 of your agenda. Experience in the Onchocerciasis Control Programme has shown how success can only be achieved through the devoted application to duty of well-trained personnel and, I myself, unlike some bankers, consider money spent on training to be a very sound investment. Even so, this is only a first hurdle and so often it is necessary to go on to the second to ensure that those trained have had their possibility of a rewarding career.

Your agenda is very full and I do not want to take up too much of your time. I trust you find the facilities provided adequate to your needs but if there is anything else we can offer to ensure that your meeting is successful, please do not hesitate to let me know.

I wish you a very profitable meeting and a very pleasant stay in Ouagadougou."

MESSAGE FROM DR MAHLER, DIRECTOR-GENERAL, WHO

I wish to welcome you to this second meeting of the WHO Programme Advisory Group on the Prevention of Blindness and to thank all of you for having accepted our invitation.

I also wish to express to Mr Bazin, Director of the Onchocerciasis Control Programme and his collaborators, our appreciation for hosting this meeting, thus confirming once more the relationship between OCP and the WHO Programme for the Prevention of Blindness, programmes which despite their differences in structure, resources and objectives, share the common concern, that is avoidable, or preventable blindness. As a result of your acceptance of our invitation, it will be possible for you to see some of the work being carried out by the OCP. This will undoubtedly add further interest to this meeting.

As you all know, the World Health Organization is committed to the objective of Health for All by the Year 2000, and, in pursuance of this objective, to a basic approach to primary health care, as defined at the Alma-Ata Conference in September 1978.

The Programme for the Prevention of Blindness, established according to resolutions adopted by the World Health Assembly, is consistent with this objective and approach. It has been recognized as a priority programme for technical cooperation, and we regard it as an integral component of our overall commitment. The results obtained by this programme so far, justify a certain satisfaction and are an encouragement to continue and develop our efforts.

The results obtained have only been possible through the active participation of persons and institutions with which the Organization has enjoyed a mutually stimulating relationship. In this connexion I should like to mention, among the mechanisms which have been developed for this purpose, the Programme Advisory Group itself; the network of WHO Collaborating Centres for the Prevention of Blindness, now amounting to 10 in all; the holding of regional and task force meetings to define regional policies and programmes and to define methods and criteria.

An essential role in the development of our programme is played by nongovernmental organizations in official relations with WHO, notably with the International Agency for the Prevention of Blindness, but also with the International Federation of Ophthalmological Societies, the International Organization against Trachoma and the World Council for the Welfare of the Blind, and I am glad to note that this collaboration is at present being even further strengthened through the formulation of plans for specific joint activities. I am also pleased to express our sincere appreciation of the other governmental and nongovernmental organizations which have contributed to the development of our activities in this field by making available additional resources, and in particular I would like to mention the Sasakawa Health Trust Fund and the National Eye Institute of the National Institutes of Health, United States of America.

As has already been said, possibly the most significant result of activities carried out so far in this field has been a psychological change in the awareness of the problem of blindness, which is being recognized more and more as something which, especially in developing countries, need not be fatalistically accepted as inevitable, but which can be approached, and in part solved, by the introduction of relatively simple measures, which do not require the immediate availability of highly specialized personnel and sophisticated technology. Concrete results are already being obtained in a number of countries by applying such measures. On the other hand, we are also counting on significant contributions resulting from research efforts - originating both in developing and industrialized countries - aimed at the development of new methods susceptible to practical application and thus capable of further increasing the scope of our activities.

I would like to end by wishing all of you here in Ouagadougou today my best wishes for a very successful meeting.

AGENDA

1. Opening of the meeting
2. Election of Chairman, Vice-Chairman and Rapporteur
3. Presentation of the Onchocerciasis Control Programme
4. Review of programme activities
5. Training of personnel
6. Role of WHO Collaborating Centres for the Prevention of Blindness
7. Composition of Programme Advisory Group
8. Place and date of the third meeting
9. Recommendations
10. Closure of the meeting

ANNEX IV

LIST OF PARTICIPANTS

Members of Programme Advisory Group

Professor L. P. Agarwal	Director, All-India Institute of Medical Sciences, <u>New Delhi</u> , India
Sheikh Abdullah M. Al-Ghanim	President, the Regional Bureau of the Middle East Committee for the Welfare of the Blind, <u>Riyad</u> , Saudi Arabia
Dr W. Fougère	Director, Bureau de Nutrition, <u>Port-au-Prince</u> , Haiti
Dr D. A. Henderson*	Dean, School of Hygiene and Public Health, Johns Hopkins University, <u>Baltimore</u> , United States of America
Professor B. R. Jones (Vice-Chairman)	Director, Department of Preventive Ophthalmology, Institute of Ophthalmology, University of London, <u>London</u> , England
Dr C. Kupfer	Director, National Eye Institute, National Institutes of Health, <u>Bethesda</u> , United States of America
Professor I. F. Maitchouk*	Head, Department of Viral and Allergic Eye Diseases, Helmholtz Research Institute of Ophthalmology, <u>Moscow</u> , USSR
Dr A. Maumenee	The Wilmer Institute, Johns Hopkins Hospital, <u>Baltimore</u> , United States of America
Professor A. Nakajima*	Chairman, Department of Ophthalmology, Juntendo University School of Medicine, <u>Tokyo</u> , Japan
Dr R. Pararajasegaram (Rapporteur)	Regional Chairman for Southern Asia, International Agency for the Prevention of Blindness, <u>Colombo</u> , Sri Lanka
Professor C. O. Quarcoopome (Chairman)	Department of Ophthalmology, University of Ghana Medical School, <u>Accra</u> , Ghana
Mrs E. Molina de Stahl	President, Comité Nacional Pro-Ciegos y Sordomudos, <u>Guatemala</u> ; President, Comité Latino-americano de Servicios para Ciegos y Deficientes visuales, <u>Guatemala</u> , Guatemala
Sir John Wilson	President, International Agency for the Prevention of Blindness; Director, Royal Commonwealth Society for the Blind, <u>Haywards Heath</u> , England

* Unable to attend.

Representatives of other organizations

United Nations Children's Fund	Dr L. J. Teply, Senior Nutritionist, <u>New York</u> , NY, United States of America
United Nations Development Programme	Mr P. Molt, Resident Representative of the UNDP in Upper Volta, <u>Ouagadougou</u> , Upper Volta Miss C. Yernaux, Junior Programme Officer, <u>Ouagadougou</u> , Upper Volta
International Labour Organisation	Mr A. G. Gustafsson, Sub-Regional Adviser, <u>Ouagadougou</u> , Upper Volta

Nongovernmental organizations in official relations with WHO

International Union of Nutritional Sciences	Dr A. Pirie, Nuffield Laboratory of Ophthalmology, <u>Oxford</u> , England
World Council for the Welfare of the Blind	Mr I. Konaté, Chairman of the WCWB African Committee, Association Malienne pour la Promotion des Aveugles, <u>Bamako</u> , Mali

Secretariat

Dr B. O. L. Duke	Chief, Filarial Infections, WHO, <u>Geneva</u> , Switzerland
Dr J. Feuillerat	Director, WHO Collaborating Centre for the Prevention of Blindness, <u>Bamako</u> , Mali (Temporary Adviser)
Dr H. Rossler	WHO Ophthalmologist, <u>Kaduna</u> , Nigeria
Dr M. L. Tarizzo	Programme Manager, Prevention of Blindness, WHO, <u>Geneva</u> , Switzerland (Secretary)
Dr B. Thylefors	Ophthalmologist, Onchocerciasis Control Programme, <u>Ouagadougou</u> , Upper Volta

LIST OF WORKING PAPERS

Ref. No.

PBL/AG/80.1	Draft agenda
PBL/AG/80.2	List of participants
PBL/AG/80.3	Review of activities
PBL/AG/80.4	Report of Task Force Meeting on Training of Auxiliary Personnel in Eye Care (March 1979)
PBL/AG/80.5	Report of Task Force Meeting on Methods of Assessment of Avoidable Blindness (December 1979)
PBL/AG/80.6	Recent developments in the control of onchocerciasis
PBL/AG/80.7	Data on blindness, Supplement 1
PBL/AG/80.8	Designation and functions of the WHO Collaborating Centres for the Prevention of Blindness
PBL/AG/80.9	Composition of Programme Advisory Group
PBL/AG/80.10	Blindness Data Bank
PBL/AG/80.11	The Programme for the Prevention of Blindness in the African Region
PBL/AG/80.12	Blindness in Mali
PBL/AG/80.13	The Role and Training of Ophthalmic Assistants by Dr R. Pararajasegaram

LIST OF BACKGROUND DOCUMENTS

1. PBL Global Programme Profile
2. PBL Medium-Term Programme, 1978-1983
3. Final Report, Biregional (SEAR and WPR) Working Group on the Prevention of Blindness, Manila, 2-5 April 1979
4. Report of the Planning Group on Prevention of Blindness, Washington, September 1979
5. Prevention of Blindness in India, by Dr K. Konyama, WHO document SEA/Ophthal/19, 29 June 1979
6. Report of the Task Force Meeting on the Programme of Research on Control of Vitamin A Deficiency and Xerophthalmia, Manila, November 1979
7. Report of the Meeting on Health Economic Aspects of Eye Health Care, EURO, Copenhagen, 31 January - 1 February 1980.

REVISED TERMS OF REFERENCE

Programme Advisory Group on the Prevention of Blindness

1. The Advisory Group will:
 - (a) promote worldwide interest and support for the WHO Programme for the Prevention of Blindness;
 - (b) advise the WHO Secretariat with regard to the priorities of the Programme and its coordination with other related activities of the World Health Organization and of others.
2. Members of the Advisory Group will be appointed by the Director-General. The Group will normally consist of 12 members, selected after consultation with the following international organizations, in addition to the Regional Offices of WHO:
 - the International Agency for the Prevention of Blindness (IAPB);
 - the International Federation of Ophthalmological Societies (IFOS);
 - the World Council for the Welfare of the Blind (WCWB).

In the selection of the members, due consideration will be given to attaining an optimum diversification and balance of personal experience, professional background, international standing, affiliations and geographical origin.
3. The term of appointment to the Group will be two years, with possibility of extension for not more than a further two terms. Reappointments will be considered only after two years have elapsed from the end of a previous period of appointment, regardless of its length. In the extension of current appointments, consideration should be given to the desirability of attaining a turnover of approximately one-third of the Group every two years.
4. The Chairman, Vice-Chairman and Rapporteur will be elected by the Advisory Group at each meeting. The Programme Manager of the WHO Programme for the Prevention of Blindness will serve as Secretary to the Advisory Group.
5. Meetings of the Advisory Group will normally be convened on an annual basis. A report of each meeting will be prepared and circulated appropriately.
6. The Advisory Group will be assisted in its work by consultants and small task forces as required.