



Blindness - ...  
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meeting of ...

WHO PROGRAMME ADVISORY GROUP ON THE PREVENTION OF BLINDNESS

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Report of the Fourth Meeting, WHO Headquarters, Geneva  
 8-12 February 1982

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INTRODUCTION

The Fourth Annual Meeting of the WHO Programme Advisory Group on the Prevention of Blindness was held from 8 to 12 February 1982 at the Headquarters of the World Health Organization in Geneva.

The meeting was opened and addressed by the Deputy Director-General, Dr T.A. Lambo, on behalf of the Director-General.

Professor A. Nakajima was elected Chairman; Sir John Wilson, Vice-Chairman, and Dr Chandler R. Dawson, Rapporteur. The Provisional Draft Agenda (Annex I) was adopted without modification; the List of Participants is attached (Annex II).

Representatives of the following international and nongovernmental organizations concerned with prevention of blindness reviewed the activities of their respective organizations:

UN Organizations :

- International Labour Organisation
- United Nations Children's Fund

Nongovernmental organizations :

- Asian Foundation for the Prevention of Blindness
- Christoffel Blindenmission
- Helen Keller International Inc.
- International Agency for the Prevention of Blindness
- International Eye Foundation
- International Federation of Ophthalmological Societies
- International Optometric and Optical League
- International Organization against Trachoma
- International Union of Nutritional Sciences
- World Council for the Welfare of the Blind



1. REVIEW OF PROGRAMME ACTIVITIES

Because of the number and variety of prevention of blindness programmes, the activities within the WHO Regions were reviewed separately by a representative of each individual Regional Office.

1.1 The African Region

During the year under review, the regional programme for the prevention of blindness continued to be developed on two fronts. This involved support for specific campaigns against diseases that lead to blindness, such as onchocerciasis and Vitamin A deficiency, and the promotion of national programmes for the prevention of blindness.

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The Onchocerciasis Control Programme in the Volta River Basin area (OCP) has successfully interrupted transmission of the disease in over 80% of the initial programme area of 700 000km<sup>2</sup>. The result is a low incidence of new cases of blindness due to onchocerciasis in adults, and no new cases of onchocerciasis in children born since the beginning of the programme.

National programmes for the prevention of Vitamin A deficiency have been formulated by six countries, and four others are in the process of doing so. The Expanded Programme on Immunization (EPI) is in progress in some countries of the region. This should serve to prevent blindness associated with measles in malnourished children.

A short-term consultant collaborated with the national staff to carry out a blindness prevalence survey in Ethiopia. Malawi, which carried out such a survey in 1979, undertook a feasibility study on the control of onchocerciasis, whilst Gabon initiated an entomological survey of the vectors of onchocerciasis.

Four of the six countries which propose establishing a centre for the training of auxiliary health personnel in eye care, were visited during the year by a consultant, in order to assess the needs and available resources. Fellowships and bursaries were offered to two persons training to become ophthalmologists. Financial support and supplies of drugs and equipment were offered to three countries.

The WHO Collaborating Centre for the Prevention of Blindness in Bamako continued research on the epidemiology of blindness in the Gao area of Mali. Other subjects of research were the use of auxiliary health workers in the delivery of eye care and the toxic effects of chloroquine and suramin on the optic nerve.

There continues to be a need for more information about the activities of both governmental and nongovernmental organizations and more effective coordination of their activities at the country level. It is hoped that the nomination of national "focal points" for the prevention of blindness programme in each country would help to facilitate the flow of information and improve coordination.

The Group repeated its recommendation that a full-time Regional Officer and a Regional Advisory Group for the Prevention of Blindness should be appointed to provide advisory services to the individual countries.

## 1.2 Region of the Americas

In October 1979, the XXVI Meeting of the Directing Council of the Pan American Health Organization (PAHO), considered the prevention of blindness to be a priority of WHO's Global Technical Cooperation Programme. The Council noted that some Governments in Latin America and the Caribbean were formulating national programmes for the prevention of blindness. It approved Resolution XIII that requested the Director of the Pan American Sanitary Bureau to give all possible support to Governments and properly accredited nongovernmental organizations in the promotion of research and training programmes and in the formulation of national and regional plans for the prevention of blindness.

The most common causes of preventable blindness in the Americas are infectious eye diseases, onchocerciasis, xerophthalmia, cataract, glaucoma and eye accidents. Diabetes is also considered an important cause of visual impairment in some countries of the Region.

The basic strategy adopted is the development of national eye care programmes as an integral part of the primary health care system of the member countries. Several meetings were convened by PAHO in support of the programme: these included a Planning Group, which met in September 1979 in Washington D.C.; the 1st meeting of the PAHO Advisory Committee on Prevention of Blindness, in July 1980 in Belo Horizonte, Brazil; and a Sub-Regional Seminar on Prevention of Blindness, in September 1981, in Montevideo, Uruguay. A second meeting of the PAHO Advisory Committee is planned for 1982.

As a follow-up of the Sub-Regional Seminar held in Montevideo, a survey on blindness was carried out in Argentina. The survey showed clear differences in the distribution of eye pathology in urban and rural areas of Argentina, which appear to be associated with socioeconomic factors, health education and different levels of access to the health care system. Further epidemiological studies are contemplated in other areas of the country to identify the etiology of eye infection; to study the frequency of vascular complications in diabetic populations; to study the evidence of eye pathology in Amerindian populations as compared to urban populations, and to study the socioeconomic variables influencing the incidence of eye pathology. Argentina is an example of epidemiological work being carried out in relation to the prevention of blindness. Other countries, such as Guatemala, Peru and Venezuela, are also very active, particularly in the training of auxiliary personnel for the Programme.

Some training material, previously available in English only, has been translated into Spanish by PAHO.

The Group took note of the progress achieved, and stressed the need to establish a system which would permit the maintenance and dissemination of up-to-date information regarding resources available in the American Region. This would need the assignment of a "focal point" on a full-time basis. The possibility of obtaining financial support from nongovernmental organizations to establish such a post at the WHO Regional Office in Washington was suggested.

### 1.3 The Eastern Mediterranean Region

During the preceding year, efforts have continued to promote the development and implementation of national programmes for the prevention of blindness. So far, such programmes have been formulated in two countries, and their implementation is being periodically reviewed with WHO's collaboration. In several other countries of the Region, PBL-related activities were being carried out by various groups which include ophthalmologists and other health personnel. An attempt will be made in the coming year to plan and sponsor two national workshops. These workshops would aim at bringing various groups involved in PBL activities together with health administrators to formulate national programmes.

WHO Consultants will be visiting Democratic Yemen, Somalia, and the Yemen Arab Republic early this year, to assess the extent of blindness and visual impairment, and the availability of local resources which may be harnessed in formulating and later implementing a national plan for prevention of blindness.

In Oman, while reviewing the progress of the national trachoma control programme, a fresh assessment of the problem of blindness was made in the northern part of the country. The prevalence of blindness there was estimated to be around 6%, and active trachoma was found to be widely prevalent in the rural population ranging from 22% to 49%. In Pakistan, during a review of the project on low-cost spectacles, a limited survey on 2000 schoolchildren between the ages of 9 and 12 years showed that almost one-fifth had some visual impairment and might benefit from correction by spectacles. A programme of training in refraction for ophthalmic assistants and opticians has been prepared and proposed for consideration by the Government.

To identify a suitable institute in the Region for designation as WHO Collaborating Centre for the Prevention of Blindness, WHO Consultants have visited several countries in the Region. An institute has been identified as having adequate potential, and the appropriate formalities for designation will soon be initiated.

During the discussion it was emphasized that in areas where specialized ophthalmic personnel are scarce, it is necessary to familiarize health workers and others with tasks related to blindness prevention. In this connection, mention was made of the possibility of utilizing primary school teachers for screening schoolchildren for visual defects.

### 1.4 The European Region

The Regional Office for Europe does not have a specific programme for the prevention of blindness as such. However, eye health-related issues are reflected in several programmes of the Regional Office, such as Prevention of Accidents; Care of the Elderly; Prevention of

Disability; Health Economics; Workers' Health; Maternal and Child Health Care, etc. Most of these activities are of an intercountry nature. At present, a planning effort is under way in Morocco in the field of eye health care.

The WHO European Advisory Committee for Biomedical and Health Services Research (ACMR) considered that the presently available conceptual models of health care are inadequate and it has recommended that a study to develop better models be carried out through one of its subcommittees. It was suggested that eye health care and blindness would be an ideal field for developing a useful model, the results of blindness prevention being easily measurable.

During the discussion of EURO activities, questions were raised about policies in rubella vaccination, about research on cataract etiology, and on technical and ethical problems relevant to intraocular lens implants.

Considering the exceptional regional research resources and demographic patterns, there is a special need and opportunity to seek solutions for age-linked causes of blindness. The European Economic Community, which, with its member nations, has made an outstanding contribution to the International Year of Disabled Persons, should be requested, particularly this year devoted to the aging, to strengthen its commitment to the prevention of blindness. It would be particularly useful if the Regional Office could assist in formulating priorities for action in this field, with special regard to the research potential of European institutions.

### 1.5 The South-East Asia Region

By the end of 1981, eight countries in the South-East Asia Region had formulated national plans for prevention of blindness. National programmes for the prevention of blindness are in operation in Bangladesh, Burma, India, Indonesia, Maldives, Nepal, Sri Lanka and Thailand. The regional strategy in this respect has included different approaches for implementation in individual countries. In some countries, the emphasis is on restoring sight to the curable blind through mass eye camps; in others, on the provision of facilities for basic eye health services as an integral part of primary health care. The training of health and allied personnel in community-oriented public health ophthalmology has received technical support. Mobilization of extrabudgetary resources has been particularly helpful in programme development, and nongovernmental, bilateral and international assistance has made substantial contributions to the programme. The assessment of manpower needs, the strategy to promote national self-reliance in training health personnel for eye health services, a national and regional information system for monitoring progress in implementation of the programme, and appropriate technology for the local manufacture of low-cost spectacles have been identified as areas for further technical collaboration.

The Group noted that the Indian National Programme is making steady progress. In the new 20 Point Programme of the Government of India, prevention of blindness has been accorded a high priority. This prevention of blindness programme has initiated manpower development in 37 schools, which have a two-year course for ophthalmic assistants with an annual intake of 1000 students, and 20 additional places for students from outside India. It has also started a two-year training programme for optical assistants. The undergraduate training programme has been strengthened in ophthalmology and six more institutes have been identified and established on a regional basis. A central information centre for data collection, monitoring and dissemination of information and a central ophthalmic instrument workshop for maintenance and repair have been approved and established. As targets, blindness prevalence rates are to be reduced from the level of 1.4% in 1980 to 1% in 1985, 0.7% in 1990, and less than 0.5% by the year 2000.

#### 1.5.1 The Nepal Prevention and Control of Blindness Programme

The programme started in August 1980 as an official WHO programme. A nationwide survey was conducted from December 1980 to April 1981. A total of 42 000 residents of 111 sites (villages and towns) scattered throughout the country were examined by 5 teams. The results indicate that, of the 14 million population, more than 117 000 (0.8%) are blind in both eyes, and approximately 350 000 (2.5%) are blind in one or both eyes. The main causes of visual loss are cataract, trachoma and other infections and blinding malnutrition. The activities

carried out to date include training of staff in eye care involving ophthalmologists, ophthalmic assistants, staff of the basic health services and voluntary workers at the community level. Mobile units headed by ophthalmic assistants trained in lid surgery are now functioning in the highly endemic trachoma areas, where they carry out on the spot surgery of trichiasis/entropion. They also conduct house-to-house case finding, and refer patients suffering from blinding conditions, with surgery on the spot of trichiasis/entropion cases. The existing eye centres have been strengthened and others are being established in priority areas. Eye camps have been held in remote parts of the country.

The overall goal of the programme is a 90% reduction of preventable and curable blindness in Nepal, and national self-sufficiency in eye care by 1986.

#### 1.6 The Western Pacific Region

It was pointed out that the region is very heterogenous with regard to the prevalence of blindness and its main causes, as well as health infrastructure and existing resources for blindness prevention. However, the availability of extrabudgetary funds for the development of the PBL Programme in the Western Pacific Region, in particular from the Japan Shipbuilding Industry Foundation, greatly facilitates the implementation of activities at the national level, and several countries in the Region may act as potential resource countries for support to national programmes.

The following main activities were undertaken in 1981:

- A pilot project for blindness prevention in China has been initiated and will be further followed up during 1982. The main components of this project include blindness surveillance, training of staff and delivery of eye care in rural areas.
- Strengthening of blindness prevention in Viet Nam, particularly concerning future field surveys on blindness, trachoma surveillance and treatment and mobile teams for cataract surgery.
- Planning for blindness surveillance in Malaysia, and for the provision of eye health services in the South Pacific Islands.
- A short-term consultant, recruited for 6 months, is working in the Philippines, Fiji and Malaysia to follow up on-going activities, with emphasis on the training of national staff in eye care.

A regional workshop on the prevention of blindness took place in Manila in December 1981, with participants from 11 countries in the Region, focussing on the establishment of national blindness surveillance schemes and training of auxiliary personnel.

There is cooperation among countries in the area; Australia and New Zealand are, *inter alia*, offering assistance to Pacific countries. Japan has resources and technology, and the awareness of Japanese ophthalmologists of prevention of blindness in the world is being stimulated. In addition to the specific contributions to the WHO Programme for the Prevention of Blindness, important resources have been mobilized by several organizations in the region which are actively supporting bilateral cooperation projects. South Korea has a society for the prevention of blindness, which may contribute to cooperation in blindness prevention in the future.

The Group took note of the encouraging progress made in the implementation of the regional prevention of blindness programme.

#### 1.7 Global Activities

During 1981, much emphasis has been placed on the planning, establishment and strengthening of national programmes for blindness prevention, in close collaboration with the WHO Regional Offices concerned. The number of such formulated programmes may provide a useful measure in the future assessment of progress made in the general implementation of the PBL Programme.

The documentation of the Programme is increasingly becoming available in several languages, and continued efforts will be made in this direction in order to enable a wider dissemination of essential PBL documents in all the Regions. The elaboration of training aids in eye care at the primary level has been initiated, and a recently prepared poster, which has been developed in collaboration with one nongovernmental organization, the International Eye Foundation, was brought to the attention of the Group. This poster will, after further field testing and possible modifications, be widely distributed in several languages. It was noted that there is still a great need for manuals and other training aids in eye care for auxiliary health personnel, as well as various educational material to promote eye health.

The Group was informed of the present situation with regard to extrabudgetary resources for the PBL Programme, in particular the approach to obtain future funding from AGFUND, for programme development in the Least Developed Countries.

In the field of research, it was noted that two more WHO Collaborating Centres for the Prevention of Blindness are in the process of designation in Brazil and in China. Field research under the auspices of the contract between National Eye Institute/National Institutes of Health (NEI/NIH) and the World Health Organization for the strengthening of the WHO Programme for the Prevention of Blindness is being pursued, and, within this framework, the results of a survey on blindness in southern Togo will be available shortly.

The concept of blindness prevention and the strategy of the PBL Programme has been presented in conjunction with two ophthalmological conferences during 1981. The great interest generated and the positive response from ophthalmologists on these occasions clearly indicates the need and value of future similar sessions on blindness prevention, to reach the ophthalmic profession in many countries.

The Group noted with appreciation the progress made and the increasing activities in several areas. It was pointed out that other parameters, in addition to the number of national programmes, may be useful to monitor results achieved in the Programme, such as the establishment of Regional Advisory Groups for the Prevention of Blindness, manpower development and orientation towards more problem-oriented programmes, and a reduction in the backlog of curable blindness. It was agreed that an attempt should be made to collect information on these points.

The Group stressed the importance of coordinated activities between the international organizations involved in various aspects of blindness prevention.

#### 1.7.1 Xerophthalmia Control

Since 1979, assessments of the prevalence of xerophthalmia have been carried out in 10 countries in the African and Eastern Mediterranean Regions, in close collaboration with the Regional Offices.

The assessments by national experts and WHO Consultants have established the existence of xerophthalmia as a significant health problem in most of the countries surveyed, and steps are being taken to initiate control measures in these countries.

Methodological and operational studies on the fortification with Vitamin A of monosodium glutamate are being supported in the Philippines and Indonesia, and have led to the identification of a number of problems which will have to be taken into account when fortification is considered as a preventive programme.

The preparation of teaching material for the diagnosis and control of xerophthalmia is an important task and, at present, a second edition of the Field Guide to the Detection and Control of Xerophthalmia is in preparation. The report of the meeting of the International Vitamin A Consultative Group (IVACG) in Jakarta will be published in the WHO Technical Report Series. Together with the WHO Collaborating Centre for the Prevention of Blindness in Baltimore, Maryland, an illustrated booklet with short therapeutic instructions is being prepared as an aid for diagnosis and treatment at the primary level. After field testing in Asia, it may serve as a model for similar material in other parts of the world. Finally

IVACG, in conjunction with the National Eye Institute, National Institutes of Health, has prepared a manual entitled "Biochemical Methodology for the Assessment of Vitamin A Status", which will be available for distribution.

1.7.2 Research on onchocerciasis supported by the UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases through its Scientific Working Group on Filariasis

The main aim of this research programme is to improve the chemotherapy of onchocerciasis and particularly to find a new drug which could be used safely for large-scale treatment of this disease. The availability of such a drug would greatly strengthen the outlook for onchocerciasis control, which currently depends entirely on Simulium larviciding campaigns.

A number of clinical centres have been supported in Africa and in Mexico, where improved schedules of treatment with the present standard filaricides (diethylcarbamazine-citrate and suramin) have been developed. This work has improved the individual treatment of onchocerciasis, but has not led to methods suitable for large-scale use.

A number of new anthelmintic drugs released for use in man have also been tested for effect on Onchocerca volvulus. High dosage with mebendazole, continued for 3 weeks and preceded by low-dosage with levamisole, has an embryostatic action on the female worms, but this seldom lasts longer than 3-4 months.

In a serious effort to find and develop a new drug for onchocerciasis - ideally a non-toxic compound, usable on a large scale, effective in one or few doses by mouth or intramuscular injection, and having a purely macrofilaricidal action - cooperation with the pharmaceutical industry has been most important in providing a supply of selected compounds to WHO-supported filaricide screening centres. This screening effort is linked with several chemical synthesis programmes and with studies on the metabolism of filarial parasites.

Other research on onchocerciasis includes investigations into the immunopathology of the inflammatory processes caused by O. volvulus in the eye; into the development of immunodiagnostic tests for early detection of onchocercal infection; and into methods for the local control of Simulium breeding in forest and savanna environments in Africa.

Later in 1982, it is tentatively planned that the Special Programme for Research and Training in Tropical Diseases will join with the Programme for the Prevention of Blindness in sponsoring an informal workshop meeting on the "Pathogenesis and treatment of ocular onchocerciasis".

2. ACTIVITIES OF THE COLLABORATING CENTRES FOR THE PREVENTION OF BLINDNESS

The Group received reports on the activities of 9 of the 10 WHO Collaborating Centres for the Prevention of Blindness, namely:

Region of the Americas

International Center for Epidemiologic and Preventive Ophthalmology, The Wilmer Institute and Johns Hopkins School of Hygiene and Public Health, Baltimore, Maryland, USA

National Eye Institute, National Institutes of Health, Bethesda, Maryland, USA

Eye & Ear Hospital Dr Rodolfo Robles V, Guatemala, Guatemala, Central America

Hospital Santo Toribio de Mogrovejo, Lima, Peru

Francis I. Proctor Foundation for Research in Ophthalmology, University of California, San Francisco, California, USA

European Region

Department of Preventive Ophthalmology, Institute of Ophthalmology, London, United Kingdom

Department of Viral and Allergic Eye Diseases, Helmholtz Research Institute of Ophthalmology, Moscow, USSR

South-East Asia Region

Dr Rajendra Prasad Centre for Ophthalmic Sciences, New Delhi, India

Western Pacific Region

Department of Ophthalmology, Juntendo University School of Medicine, Tokyo, Japan

These Collaborating Centres vary in their interests and activities, and in their contributions to national programmes on prevention of blindness. Some centres have identified research priorities and operational needs of national programmes and have initiated problem-oriented research.

The activities of the Collaborating Centres fall into two main categories :

(a) Research

The Collaborating Centres continue their research aimed at solving specific problems of preventable blindness. These studies include projects on improving treatment and intervention techniques for trachoma, xerophthalmia, corneal infections, onchocerciasis, viral eye diseases and mycotic keratitis. Several studies are under way to improve the operational aspects of blindness prevention.

Four of the Collaborating Centres have initiated studies on the epidemiology of cataract and risk factors associated with its formation. It was suggested that a workshop or working group be convened to exchange information and to encourage rapid development in studies of cataract epidemiology in human populations.

Many of these research projects are being carried out in collaboration with workers and centres outside the country of the Collaborating Centre.

(b) Training and Manpower Development

Several of the Collaborating Centres have initiated training courses to develop a cadre of personnel for prevention of blindness activities. These courses are directed at different levels of health personnel.

At the WHO Collaborating Centre for the Prevention of Blindness in Baltimore, a 9-month course will be offered in 1983. The aim of this course is to provide the skills needed to develop comprehensive programmes for blindness prevention.

The WHO Collaborating Centre for the Prevention of Blindness in London held its first course in Community Eye Health during 1981. This 3-month course provides training in relevant technical fields and includes practical discussions on how to deal with the major blinding diseases.

At the WHO Collaborating Centre for the Prevention of Blindness in New Delhi, there is a 3-year degree course in ophthalmic techniques and also a 2-year ophthalmic assistant training programme. The Centre has also developed and runs a vocational training course for the production and fitting of spectacles.

These and the other Collaborating Centres offer short-term courses and training in a variety of aspects related to prevention of blindness.

## 2.1 National Centres for the Prevention of Blindness

The Group recommended that governments should be encouraged to designate suitable institutions or national centres to provide leadership for the development of national programmes for prevention of blindness, and to undertake relevant training and research activities. Institutions or centres designated by their governments may be recognized by WHO as National Centres. Such centres can establish direct contact with any of the WHO Collaborating Centres and are entitled to receive from them samples of standard materials and related information. Such institutions can serve to collect and disseminate information on ongoing PBL activities, including recent data on prevalence of blindness and its causes in different communities.

## 3. LOW-COST SPECTACLE PROJECT

The Group took note that a project for the provision of spectacles at low cost for developing countries has been included in the WHO Programme for the Prevention of Blindness since 1981.

Pilot projects for the provision of low-cost spectacles are under way in Pakistan, Peru and Sudan. It would be desirable to extend these projects and to establish projects in other countries. The groups that might benefit from low-cost spectacles are, in order of priority:

1. Patients who have had cataract surgery.
2. Children with correctable visual defects.
3. Adults who need reading glasses.

It was generally considered that the provision of spectacles following surgery was an integral part of programmes to restore sight to patients with cataract. In one country, such aphakic spectacles are produced for as little as US\$ 0.33 to US\$ 1.00.

There are a variety of mechanisms for providing spectacles at low cost. It was recommended that the PBL Programme establish guidelines for the production or purchase of low-cost spectacles; for appropriate training for personnel to assist in fitting and choosing spectacles; and for training school teachers and others in the screening of children for visual disorders. A particular effort should be made to involve agencies concerned with the application of appropriate technology.

## 4. REVIEW OF DRAFT DOCUMENT "STRATEGIES FOR THE PREVENTION OF BLINDNESS IN NATIONAL PROGRAMMES"

Following a recommendation made at the Third Annual Meeting of the WHO Programme Advisory Group on the Prevention of Blindness in New Delhi, 1981, a comprehensive draft document on strategic approaches for blindness prevention had been jointly prepared by several of the WHO Collaborating Centres for the Prevention of Blindness. The first draft of the document was reviewed by an informal Working Group, meeting in Geneva in November 1981, and the revised document was now available for comments by the Group Members.

The document had been prepared with the objective of providing sufficiently detailed and practical information to allow for and facilitate the planning and establishment of national blindness prevention programmes. As the WHO Programme for the Prevention of Blindness is now entering a phase of general implementation of operational country programmes, it was felt that the present document may fulfill an important role in that respect. A particular effort had been made to make the document useful to the widest possible range of administrative officials and health workers.

The detailed review of the document gave rise to a number of suggestions by the Group Members, which will be incorporated into the final version. It was agreed that the title of the document should be "Strategies for the Prevention of Blindness in National Programmes", to reflect adequately its contents and distinguish it from previous documentation, in particular "Guidelines for Programmes for the Prevention of Blindness", which is still a useful but more general and introductory document in this field. The Group noted and

approved the increased emphasis placed on primary health care in blindness prevention, as outlined in the new document. It was felt that the document might benefit from having an explanatory introductory paragraph added, to facilitate its utilization by appropriate administrative and health personnel. The main parts of the documents should also be made more easily identifiable by means of a slightly modified heading system.

The Secretariat took note of the comments made by the Group Members. It was agreed that the revised document will be reviewed again by the Secretariat and then submitted to the individual Programme Advisory Group Members for their final approval. It was further decided that the final document should be as widely distributed as possible through WHO and the nongovernmental organizations interested in the Programme, in order to ensure its optimal utilization at the country level.

## 5. INFORMATION SYSTEMS

The increasing need for general information on various aspects of prevention of blindness was stressed, mainly in relation to expanding activities of the Prevention of Blindness Programme. Several nongovernmental organizations already have well established information systems, such as newsletters, which are very useful for the dissemination of information at the country level. It was noted that whereas the Prevention of Blindness Programme disposes of much valuable technical documentation, there is a lack of general background and policy information. In the future, it will become increasingly important to demonstrate and disseminate information on successful (and unsuccessful) results of blindness prevention activities in various contexts. Both nongovernmental organizations and WHO Collaborating Centres may play an important role in collecting information in this respect. The members of the Group underlined the importance of the issue raised, and it was felt that collaborative efforts are needed to cover the field of information needed for programme development, in view of the limited resources available to the WHO Programme for the Prevention of Blindness. There is a need to strengthen the collaboration with nongovernmental organizations, in particular IAPB, in this field, considering the complementarity of distribution systems and people involved at the country level.

The annual review of new information available on the prevalence and causes of blindness in various countries was presented. The Group noted that the quality of data in this field is improving. A list of references per country can now be made available on request. It was suggested that old data of doubtful relevance should be gradually eliminated from the Data Bank, as new results become available, in order to keep the existing format and system of summary tables.

## 6. NONGOVERNMENTAL ORGANIZATIONS

A number of nongovernmental organizations actively engaged in the prevention of blindness participated in this meeting and the Group welcomed the opportunity to explore with them the development of cooperation with and between nongovernmental organizations.

The outstanding contributions made by these organizations has frequently been appreciated by the Group. Collectively, they are now devoting funds in excess of \$20 million annually for projects for the prevention of blindness in developing countries. They also play a decisive role in community motivation and in the development of public awareness and political commitment. Recognizing the limited funds available to these organizations, the Group, nevertheless, urges that nongovernmental organizations find means to provide the modest funds required to strengthen the staff of the WHO Programme for the Prevention of Blindness at the central and regional levels. In this connection, the Group noted the establishment of the Asian Foundation for the Prevention of Blindness, which is already helping to support the post of Regional Adviser in the South-East Asia Region.

The establishment of a number of new organizations involved nationally and regionally in the prevention of blindness is welcomed, but there is need for a continuous effort to ensure that these organizations are aware of the PBL strategy and that their activities should as far as possible support national and regional programmes. The Group noted the arrangements

that already exist for communication between the major nongovernmental organizations, but considered that increased efforts are needed to develop this communication throughout the whole private sector and to utilize the widespread networks which these organizations can provide as an invaluable source for information delivery.

#### 7. MEMBERSHIP OF THE WHO PROGRAMME ADVISORY GROUP ON THE PREVENTION OF BLINDNESS

The issues of membership of the WHO Programme Advisory Group on the Prevention of Blindness, and periodicity of its meetings were discussed in a special session on an informational basis.

The Group Members were informed by the Secretary that the future meetings of the Group were likely to be conducted on a biennial basis as from 1984, subject to the final decision by the Director-General of the World Health Organization. Each Group Member was, therefore, given the opportunity to comment on possible modifications needed in the Terms of Reference for the Programme Advisory Group on the Prevention of Blindness.

The Group reached a consensus that no changes were needed to be made in the existing Terms of References, apart from the addition of a sentence to Point 3., to be inserted after the first sentence, and reading as follows :

"In principle, it is expected that the members will normally serve for a minimum of two terms."

It was agreed that the opinion expressed by the Group on the above issue would be brought as appropriate to the attention of the Director-General by the Secretary of the Group, on an informational basis.

#### 8. DATE AND PLACE OF NEXT MEETING

The Group expressed its wish to have the 1983 meeting in the Western Pacific Region, in view of the important ongoing development of the PBL Programme in that Region. It was felt that the meeting could usefully be held, if possible, in conjunction with an Interregional PBL Meeting, scheduled for 1983, possibly utilizing the opportunity provided by the Ninth Congress of the Asia Pacific Academy of Ophthalmology to be held in March 1983 in Hong Kong. The Group asked the Secretariat to investigate the various alternatives in this context. The final decision with regard to the arrangements for the 1983 meeting will be communicated to the Group members by the Secretariat in due course.

#### RECOMMENDATIONS

The Group notes the substantial progress made during the past year in the development and strengthening of the programme, and commends the Secretariat and others concerned in their efforts. It notes with special satisfaction that, in pursuance of its previous recommendation, the PBL programme has been strengthened in SEARO, with the appointment of a Regional Adviser. Nevertheless, the Group recognized that a great deal of work remains.

1. The Group wishes to reiterate its recommendations made at its Third Annual Meeting in 1981 with regard to the necessary strengthening of programme staff by designation of full-time PBL staff at the regional level where such staff is not available.
2. In view of the need for and development of prevention of blindness activities, it is similarly important that Regional Advisory Groups be established in all Regions.
3. Considering the increasing need for coordination of planned and ongoing endeavours in the field of prevention of blindness, it is recommended that the capacity of the global PBL secretariat be further strengthened.
4. The Group, endorsing the draft document "Strategies for Prevention of Blindness in National Programmes", jointly prepared by several WHO Collaborating Centres for the Prevention of Blindness, strongly recommends the wide distribution of this document.

5. The Group urged that each country should designate a national official or group to act as a focal point for prevention of blindness, in order to facilitate communication and national programme development.
6. The Group recommended that the provision of low-cost spectacles be promoted, and pilot investigations in this field be encouraged. The WHO Programme for the Prevention of Blindness should set out guidelines for (i) the provision of standard low-cost spectacles; and (ii) appropriate training of personnel concerned with the fitting and choice of spectacles.
7. The Group recommended that guidelines be developed for the training of school teachers and others in the screening and referral for visual defects, particularly of children.
8. It is recommended that a catalogue of major ongoing prevention of blindness activities around the world be compiled by the WHO Programme for the Prevention of Blindness, its Collaborating Centres and nongovernmental organizations as appropriate. Such a catalogue and relevant information should be disseminated to interested parties.
9. To facilitate support for prevention of blindness, the Group recommends that systematic publicity be given to achievements in this field.
10. It is recommended that appropriate national members and groups be involved to the fullest possible extent in order to promote the concept of blindness prevention at the national level, as part of the collaboration between the WHO Programme for the Prevention of Blindness and nongovernmental organizations concerned.
11. The WHO Programme for the Prevention of Blindness should facilitate the development of materials and techniques for promoting community action for eye health, particularly guidelines related to this area.
12. As several WHO Collaborating Centres for the Prevention of Blindness are planning epidemiological studies on risk factors in cataract, it is recommended that a workshop be held to share their knowledge and coordinate their activities.
13. The WHO Programme for the Prevention of Blindness should contribute its experience to and participate in the interagency discussions which are now in progress for the planning of comprehensive action against avoidable disability which are part of the follow-up of the International Year of Disabled Persons.
14. The Group emphasized its continuing interest and concern that research be encouraged in every way possible to improve our understanding of the relevant disease processes and delivery of eye health services, and to identify better and simpler mechanisms for the prevention and cure of blinding conditions. The Group wishes to express its particular support for the ongoing efforts to find and develop a macrofilaricidal drug effective against Onchocerca volvulus that is suitable for use on a large scale.
15. The Group recommends that particular attention be paid to the coordination of activities between the international organizations involved in various aspects of blindness prevention.

PROVISIONAL DRAFT AGENDA

Opening of the Meeting

Election of Chairman, Vice-Chairman, Rapporteur and Co-Rapporteur

Statements by UN Agencies and Nongovernmental Organizations

Adoption of Provisional Draft Agenda

1. Review of Programme Activities : Regional Activities  
Global Activities
2. Reports on the Activities of the WHO Collaborating Centres for the Prevention of Blindness
3. Low-cost spectacle project
4. Strategic Approaches to Prevent Blindness : Review of a draft document
5. Information systems for Programme Development
6. Collaboration with Nongovernmental Organizations : Current status and future approaches
7. Membership of the WHO Programme Advisory Group on the Prevention of Blindness
8. Any other matters

Conclusions and Recommendations

Date and Place of Next Meeting

Closure of the Meeting

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WHO/PBL/82.5

page 16

ANNEX II

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