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World Health Organization

Prevention of Blindness and Deafness News

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Welcome to the second edition of this newsletter. At headquarters we are working flat out with regional and country offices to collate questionnaires from Member States to summarise current policies on eye health and the capacity that is available to improve eye health. The results of these questionnaires will also enable an assessment on the best way of securing national investment in eye health. We are also working on a technical series report on the public health management of chronic eye diseases. A very exciting development is that we are now in the process of recruiting a technical officer to restart our work in headquarters in the area of deafness and hearing impairment, thanks to support from a consortium of NGOs.

This newsletter highlights what PBD and our regional colleagues have been up to over the last three months. But first we highlight the issue of childhood blindness.

Dr Nick Banatvala, Acting Coordinator PBD

FOCUS ON: CHILDHOOD BLINDNESS

Childhood blindness refers to a group of diseases and conditions occurring in childhood or early adolescence, which, if left untreated, result in blindness or severe visual impairment that are likely to be untreatable later in life. The major causes of blindness in children vary widely from region to region, being largely determined by socioeconomic development, and the availability of primary health care and eye care services. In high-income countries, lesions of the optic nerve and higher visual pathways predominate as the cause of blindness, while corneal scarring from measles, vitamin A deficiency, the use of harmful traditional eye remedies, ophthalmia neonatorum, and rubella cataract are the major causes in low-income countries. Retinopathy of prematurity is an important cause in middle-income countries. Other significant causes in all countries are congenital abnormalities, such as cataract, glaucoma, and hereditary retinal dystrophies.

If you would like more information please contact Dr Simona Minchiotti (*minchiottis@who.int*).
Further details are also available on our website:
http://www.who.int/blindness/causes/priority/en/index4.html.

NEWS FROM WHO/HQ

[Action plan full text]

Addis Ababa, Ethiopia, 30-31 March 2011: IAPB Board Meeting.
Nick Banatvala participated in part of the International Agency for the Prevention of Blindness Board meeting. He spoke to the Board about current priorities across WHO and work that PBD and others in WHO were doing to take forward the WHA-endorsed *Action plan for the prevention of avoidable blindness and visual impairment*. He also used the opportunity to describe some of the wider challenges for WHO at the current time. There was a discussion around the resources required for WHO to implement the WHA Action Plan. Nick also participated on a session on effective ways of collaborative working. *(banatvalan@who.int)*

Geneva, 18-20 April 2011: XV Meeting of the WHO-GET2020 Alliance.
A record number of participants (88) attended this event. There were 43 representatives from national programmes. The discussions were lively, with progress towards global elimination being at the centre of discussions. A focus was on effective planning for elimination - and the roles and responsibilities of Alliance members. Those at the meeting heard from WHO on its plans to finalise a roadmap for the elimination of neglected tropical diseases and that trachoma would be included in this. One of the Alliance members, the International Trachoma Initiative, shared their plans to finalize a roadmap that they have written specifically for eliminating trachoma. Key priorities for PBD in the coming months include finalizing and disseminating the surveillance report and agreeing and finalizing the certification of elimination protocol. The conclusions and recommendations of the meeting have been distributed to those attending. Anyone else wanting a copy should email trachoma@who.int. The full report of the meeting will be available in the second half of June. (*mariottis@who.int*)

Please also note that, as of May, the WHO Global Health Observatory now provides online access to the national data on trachoma prevalence with relevant maps (http://www.who.int/gho/neglected_diseases/trachoma/en/index.html. (*minchiottis@who.int*)

Baltimore, USA, 27-29 April 2011: 45th session of Mectizan Expert Committee/ Abendazole Coordination (MEC/AC45).
Tony Ukety attended a meeting that was hosted by the Johns Hopkins Bloomberg School of Public Health. Columbia and Ecuador have stopped mass drug administration and are both in the three-year post-treatment surveillance period. The Committee requested that mass drug administration be restarted in two onchocerciasis/loa-loa co-endemic community-directed ivermectin treatment (CTDI) projects in the Democratic Republic of Congo. Separately, a request from Angola for Mectizan was approved for mass distribution, again for *Loa-loa/oncho* co-endemic areas. The meeting emphasized the importance of following the MEC/TCC guidelines in these co-endemic areas. In the 11 former Onchocerciasis Control Programme countries, APOC Management was requested to consider providing technical support to a number of them, including Niger. The meeting agreed that in Yemen ivermectin will be provided for case management only until funding is available to implement the national onchocerciasis elimination plan. The need for revised global guidelines for certification of onchocerciasis elimination was highlighted. *(uketyt@who.int)*

Geneva, 16-24 May 2011: World Health Assembly. For PBD, the main item on the agenda was a progress report on onchocerciasis control. The progress report is available at http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_26-en.pdf. Statements of support were made by Thailand, the United Kingdom and International Agency for the Prevention of Blindness (IAPB). *(uketyt@who.int)*

NEWS FROM AFRO *(sambob@afro.who.int)*

In March, Dr Erline Rasikindrahona retired after 5 years as the Medical Officer in charge of Eye and Ear Health at WHO AFRO. Erline has returned to continue her career as an expert in eye health in her home country, Madagascar. Dr Ciku Mathenge, an Eye Health expert from the Fred Hollows Foundation and Kigali Health Institute has temporarily taken over from Erline. In addition to revising and reviewing eye health indicators for inclusion in the African Health Observatory, Ciku will be working on the eye health component of the Real Time Strategic Information System programme. Ciku will also work on identifying research priorities in primary eye care in the region.

Dr E. Rasikindrahona

Brazzaville, February 2011: IAPB Africa visited the AFRO office to discuss further collaboration. A key outcome was agreement that in 2011, IAPB and WHO will bring government officials and other stakeholders together to chart a way forward for eye health in Africa. This visit provided the opportunity to follow up on key issues arising from the Douala, Cameroon workshop on integrating eye care into primary health care in Africa that was held last October.

WHO and IAPB staff meet together to plan future collaboration.

NEWS FROM EMRO *(CPB@emro.who.int)*

Dubai, United Arab Emirates, 4-16 February 2011: WHO-organized inter-country regional workshop on integrating and strengthening eye health within primary health care (PHC) in the Eastern Mediterranean Region. Participants from 21 Member States attended the meeting, including regional and international experts and representatives from nongovernmental organizations and collaborating centres. The workshop was held in collaboration with the Ministry of Health, United Arab Emirates, Dubai Health Authority, the International Agency for the Prevention of Blindness, IMPACT-EMR, Sightsavers and Noor Dubai. The summary report is available at: www.emro.who.int/cpb/Meetings_2_011.htm.

Afghanistan: Around 400 000 people are blind in Afghanistan and every year 25 000 Afghans lose their vision mainly due to cataract. Between September 2010 and March 2011, the Ministry of Public Health in Afghanistan in conjunction with WHO and the Kuwait Patients' Help Fund conducted seven eye camps in different provinces and urban slum areas in Afghanistan, in which over 25 000 patients have been treated for eye conditions. In total, over 2400 spectacles have been provided and over one thousand patients have had their cataract removed. Training of local health care workers has been a priority during these camps.

Free Eye Camps for Cataract Surgery
Funded by Kuwait's Patients Helping Fund Society

Iraq, December 2010: The Ministry of Health, Iraq in collaboration with WHO, conducted rapid assessments of avoidable blindness in five districts in Iraq (*Baghdad, Basra*, *Al-Mothna*, *Babel* and *Sulaimaniya*) as part of the implementation of the district eye care plan. WHO also provided eye care equipment for 20 vision centres in Iraq to improve eye care at the primary health care level.

Jordan: In order to strengthen eye care within primary health in Jordan three training workshops were held in February and March 2011 for doctors and nurses. The need for these came from recommendations arising out of the Regional Workshop for Integrating Primary Eye Care in Dubai.

Oman, March 2011: A WHO consultant undertook an assessment of diabetic retinopathy management in Oman. The assessment highlighted the high quality services for eye care but also identified a series of recommendations. These were adopted by the National Eye Health Care Committee in March. Recommendations included revising standard operating procedures for diabetic retinopathy and strengthening the reference system.

Islamabad, Pakistan, 1 April 2011: To strengthen eye care activities and the childhood blindness programme in Pakistan, WHO held a meeting with the National Committee for the Prevention of Blindness and a number of stakeholders. The meeting agreed that WHO would support national partners to conduct rapid assessments of avoidable blindness in six districts (three in Punjab, two in Sind and one in Khaibar Pashtun). These districts will serve as a model for national role out.

Sudan and South Sudan, December 2010: WHO, in collaboration with the Ministry of Health, South Sudan and IHH Humanitarian Relief Foundation, conducted an eye camp in Wau with the support of the Islamic Development Bank. During the 10-day eye camp, many thousands of patients were seen and nearly 200 cataract surgeries were done.

Yemen, Islamic Republic : WHO, in collaboration with the Ministry of Public Health and Population, has been conducting a series of five eye camps between January and May 2011. Again many thousands of people have been seen and around 800 operations have been completed.

NEWS FROM PAHO/AMRO *(silvajuan@paho.org)*

Guatemala: 10 January-17 March: PAHO MoH Trachoma survey in 2 districts. A WHO country visit was done between 10-17 January to do the study design and initiate fieldwork.

Barbados: 24 January: PAHO-MoH eye care national assessment report finalized.

Argentina: January-April PAHO-MoH: retinopathy of prematurity services assessment using the recently produced new template.

Colombia: 16 February: PAHO-MoH retinopathy of prematurity national committee meeting.

Belize: 28 February: PAHO-MoH Draft national plan submitted for publication.

Jamaica: 26-28 April: PAHO-MoH workshop on refractive errors with the production of national guidelines. A second workshop was held on low vision with the production of a further set of national plans. A situation analysis on prevention of blindness in the region is under development.

El Salvador, Paraguay, Peru and Uruguay: MoH national rapid assessment of avoidable blindness with PAHO support.

NEWS FROM SEARO *(varugheses@searo.who.int)*

Indonesia: A pilot healthy eye and ear project is being undertaken in Indonesia with support from WHO country and regional offices.

Maldives: SEARO met with the prevention of blindness team in the Ministry of Health and Family in April 2011 and identified priority areas for WHO support in the next biennium. Areas identified included increased eye health awareness, rolling out training of primary health workers in eye care, development of standard operating procedures for primary eye care and strengthening the school health programme to include eye health issues.

Nepal: A mid-term review of the national Vision 2020 plan is in progress and a mid-term review workshop will be held from 9-11 June in Kathmandu with support from WHO country and regional offices.

NEWS FROM WPRO *(muellera@wpro.who.int)*

Dr Andreas Mueller joined WPRO in June as a technical officer to lead work on the prevention of blindness at WPRO. Dr Mueller is originally from Germany and has worked in the UK, New Zealand and Australia at a number of academic units including the Centre for Eye Research Australia (CERA), a WHO collaborating centre. Since 2007, he has been coordinating blindness prevention programmes in Africa and managing research for The Fred Hollows Foundation. Dr Mueller says, *"I am really excited to be joining WHO. The Western Pacific Region is really interesting because it has such economic diversity. As a consequence, there are substantial inequalities across the region in the levels of current eye care delivery. The region is changing fast, and we need to advocate effectively to ensure that eye health is a major issue in the increasingly strong economies in the region. Embedding eye health in strong health systems is crucial*".

Dr Mueller will also be providing high quality technical support to Ministries of Health in the region for improving eye health. A particular focus will be on better data collection of eye care delivery outputs and outcomes.

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