Scaling up blindness prevention and treatment

Three quarters of the world’s blindness can be prevented or treated

Blindness and severe visual impairment significantly influence the lives of not only those individuals who are directly affected but also their families and the societies in which they live. About 90% of people suffering from blindness live in developing countries where preservation of visual health remains an unresolved public health challenge. As one investigates the causes of blindness in the world, one is confronted with statistics which pose serious concern. About 75% of the blindness in the world can be prevented or treated. But the healthcare systems have so far failed to make eye care adequately available and affordable. The failure to help the current millions suffering from avoidable visual impairment and blindness becomes even more obvious when one considers that for most of the major causes of blindness, prevention and treatment methods are known, throughly tested and are often very cost effective and relatively easy to implement.

About half of the blindness in the world is caused by cataract, an eye condition related to ageing. Cataract can be surgically removed and sight restored through a highly cost effective operation. Low cost yet high quality equipment and consumables have been developed and continue to be modernized. Longevity and changes in lifestyle have resulted in an increased occurrence of several more age-related eye conditions. Glaucoma and diabetic retinopathy (eye complications in diabetes) for instance, are more likely to occur in middle aged individuals left untreated, they progress to irreversible vision loss. An area which is often underestimated is correctable refractive errors and low vision care. Millions of people suffer because of inequitable distribution of eye care services, and are left without proper refractive correction. They are thus unable to improve their education, working conditions or standard of living. The most disappointing, however, is the remaining unsolved issue of eliminating avoidable blindness in children out of 1.4 million blind children in the world, at least half of them could have been helped and cured with appropriate early intervention.

WHO’s response

More than three decades of prevention of blindness activities have been carried out through innumerable WHO projects and interventions in many countries. After significant achievements in the development of essential methodologies and strategies for preventing and controlling blindness from the public health perspective, WHO dedicated a significant amount of effort to establishing international partnerships with organizations working in the field of preservation of visual health. Inspiring lessons have been learnt

WHO’s proposed Medium-term Strategic Plan 2008-2013 and the WHO’s two-year Programme Budget 2006-2007 build on WHO’s work over recent bienniums, and set out new and emerging areas of global concern. The latter is implemented through operational plans prepared by country and regional offices and headquarters, which define the results to be achieved and draw up their work plan on the basis of products needed to achieve those results. These work plans form the basis for corporate and coordinated resource mobilization aimed at increasing non-earmarked budgetary support. This global programming note highlights activities which are included in the work plan, but lack critical voluntary resources.
from continuing successes in many countries in controlling potentially blinding infectious endemic eye diseases such as trachoma and river blindness.

Capitalizing on this experience, in 1999 WHO launched the “VISION 2020: The Right to Sight” Global Initiative, an unprecedented global partnership of leading organizations, with the primary aim being to strengthen national eye care services so that avoidable blindness is ultimately controlled. Since its launch, VISION 2020’s major focus has been on national capacity building to provide comprehensive eye health care integrated into national healthcare systems. Through establishing VISION 2020 national committees, many Member States have already developed national prevention of blindness plans and initiated their implementation. However, further progress is limited by several constraints:

- About 90% of blindness exists in low middle income and developing countries. Their resources for health care are limited and often fully used for other healthcare priorities.
- Many developing countries still lack an adequate number and appropriate distribution of eye care personnel in addition to the infrastructure that would enable the provision of good quality services.
- Improving public awareness remains an essential ingredient for reduction in the magnitude of avoidable visual impairment in many communities. In societies with insufficient public awareness on prevention and treatment of common eye conditions, many eligible patients for treatment may not seek eye care service providers and be left unidentified and untreated.

The next steps

Strengthening the coordinating role of the World Health Organization and securing enough human and material resources for the development and implementation of national VISION 2020 prevention of blindness plans remain important prerequisites for achieving the VISION 2020 Global Initiative’s objectives, as guided by WHA resolutions 56.26 and 59.25.

To progress in VISION 2020 implementation, 26 countries were identified as VISION 2020 countries selected for intensified support. In these countries particularly, two areas require immediate attention:

1. Provide technical support for the development and implementation of national prevention of blindness plans and programmes.

Improvement of eye health care is best achieved if conducted in a coordinated manner in collaboration with the Ministry of Health. The ultimate objective is to develop comprehensive eye health care services which are available and affordable for the community, are of a high quality and their availability is sustainable. Eye health care needs to be part of a national health care system. The process is started by analysis of the causes of visual impairment in the given population and of the existing eye care services. Identified needs are reflected in a national or district prevention of blindness / VISION 2020 plan. The most critical part of the process is the implementation of the eye care development plan. WHO’s role is to provide technical assistance during the whole process and assist in establishing partnerships among governmental and non-governmental organizations working in the field of visual impairment in order to facilitate implementation, monitoring and periodic evaluation of the plan.

2. Strengthen coordination in VISION 2020 implementation at the global, regional and country levels

Systematic data collection on causes of visual impairment, information collection on the status of eye healthcare services, technical assistance to Member States, establishment of partnerships among organizations addressing visual health, and facilitation of information exchange at country, regional and global levels are essential components of the VISION 2020 coordination strategy. Additionally, WHO is involved in the development and testing of suitable public health strategies for management of the major causes of avoidable blindness and visual impairment. Through its work on updating information on the changing patterns of the causes of avoidable blindness and visual impairment in various populations WHO enables health care planners and providers to formulate action plans for developing adequate integrated eye care services. Its role in this respect will further grow, considering substantial changes in demographic patterns of many societies and increased life expectancy. Age-related chronic eye conditions such as glaucoma, diabetic retinopathy, and age-related macular degeneration need further attention so that public health strategies for their management are improved, tested and implemented.

Financial needs

WHO is seeking the following critical voluntary resources to progress in VISION 2020 implementation in 26 selected countries:

<table>
<thead>
<tr>
<th>Financial needs</th>
<th>2006-2007</th>
<th>Total US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye care needs assessment</td>
<td></td>
<td>2,080,000</td>
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<tr>
<td>Development of a national prevention of blindness plan</td>
<td></td>
<td>5,200,000</td>
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<tr>
<td>National coordination and capacity building</td>
<td></td>
<td>1,950,000</td>
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<tr>
<td>Monitoring and evaluation</td>
<td></td>
<td>150,000</td>
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<tr>
<td>Global and regional coordination</td>
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<td>5,115,000</td>
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<tr>
<td>Support costs</td>
<td></td>
<td>1,640,990</td>
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<tr>
<td>Total</td>
<td></td>
<td>16,135,990</td>
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</tbody>
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