EDITORIAL

REPORT TO THE INTERNATIONAL COUNCIL OF OPHTHALMOLOGY CONCERNING THE INTERNATIONAL AGENCY FOR THE PREVENTION OF BLINDNESS

THE NATURE AND DEVELOPMENT OF THE IAPB

The IAPB took its present form out of the perceived need for a multidisciplinary, international non-governmental organization that could mobilise the world conscience and resources for the prevention of blindness and visual disability, both in individual countries and through close co-operation with the World Health Organization.

It comprises chiefly ophthalmologists, persons whose organizations are concerned for the welfare of the blind and persons participating in organizations concerned for sufferers from individual potentially blinding diseases. In addition, individual medical or basic scientists, administrators and others concerned for any aspect of prevention of blindness are welcome.

In the drive of enthusiasm to arouse interest and action to mobilise resources for the prevention of blindness, especially when interacting at political levels, it has not always been easy for the Agency to develop and maintain effective communications with persons in all these categories. In some instances uncertainties, misgivings or even mistrust have arisen. With further understanding these have been generally dissipated.

It is, however, of the greatest importance that ophthalmologists actively seek and identify themselves with both the International Agency and with their local national affiliated body. Only in this way can ophthalmologists play the vital roles that are needed in prevention of blindness. It is of the greatest importance that ophthalmologists take these opportunities of contributing their skills and experience along with persons of other disciplines who can contribute much of what ophthalmologists often lack, notably the facility for communicating with people at large, raising funds and creating a climate of opinion favourable for what can be the most effective work in all preventive medicine.

Clearly, it is of the great importance that the membership and the active *ophthalmological* support for the IAPB, in every country, should be on the broadest and fullest representative basis possible. There are already 56 National Committees, Commissions or other affiliated bodies, and more are on the way.

In each country, and in each region, the local components of the IAPB have challenging opportunities to interact with governmental and non-

governmental bodies more effectively for prevention of blindness than could be done purely on an ophthalmological basis. The emphasis has been upon the establishment of National Programmes for Prevention of Blindness, and on fostering bilateral international co-operation in support of National Programmes.

Several important regional initiatives are developing: in South East Asia the regional international co-operation centres on training of teams for cataract surgery. The international co-operative initiatives in the Eastern Mediterranean Region are aimed at elimination of avoidable rural blindness with emphasis on trachoma and onchocerciasis. Moves are also afoot in Latin America and are proposed in Africa.

THE STRATEGY FOR PREVENTION OF BLINDNESS

The IAPB has contributed substantially in the establishment of the WHO Programme on Prevention of Blindness and various task forces to advise on: the Strategy for Prevention of Blindness; the Data on Blindness and the Operational Aspects of Prevention of Blindness etc, that will be the subjects of official WHO publications and will also be published along with the Proceedings of the First General Assembly of the IAPB.

It is estimated that there are 28 million blind people in the world with category 3 visual impairment (less than 3/60) and 42 million with category 2 impairment (less than 6/60). The world conscience does not wish to live with this burden of blindness, the bulk of which is avoidable.

Effective programmes to attack this problem require systematic community-based action to eliminate avoidable blindness and visual impairment. It is essential to recognize four components for action in national programmes and international co-operation.

- 1) The first stage is to identify communities with a high prevalence of avoidable blindness and the causes of this blindness.
- 2) Programmes should then be designed and an initial intensive phase undertaken with the highest priority given to the worst affected communities. Intervention should encompass a number of different preventive and therapeutic mechanisms, as appropriate, such as correction of malnutrition, control of infections, surgery for cataract, etc.

Where there is a large backlog of patients in need of surgery for cataract or distorted eyelids, mobile teams have proved effective. This intensive intervention creates a unique opportunity for mobilizing community participation and for selecting and training village health workers for continuing action to implement preventive measures.

- 3) Delivery of simple therapeutic and preventive measures for the promotion of eye health should be an integral part of primary health care.

Wherever initial intensive activities for the prevention of blindness are required, they should be designed so as to contribute to the development of the programme of primary health care.

- 4) Strengthening of intermediate and central (tertiary) ophthalmic services may be required in order to provide an adequate referral system and for supervision and training.

The recognition of the multidisciplinary nature of the activities required avoids the misunderstanding that equates prevention of blindness with the training of ophthalmologists. What is required is a managerial structure to deliver ophthalmological services, along with others, in underserved communities.

THE INTERNATIONAL CONGRESS OF OPHTHALMOLOGY, CALIFORNIA

The IAPB wishes to hold its next General Assembly around the time of the Congress, preferably immediately before the Congress in California. The American Committee (IAPB) is in discussion with the Congress Organiser and is considering meeting at Asilomar in the week preceeding the Congress.

The objectives of this General Assembly will include the following:

- a) Education: — To convey to the multidisciplinary membership, and particularly to the national committees, the policies and strategies for international work for the prevention of blindness which have been developed by WHO, governments and IAPB, and to emphasise the need for multidisciplinary co-operation, national planning and a sensible relationship to basic health programmes.
- b) Conceptual: — To enable a large, multidisciplinary group to make their contribution to the development of concepts, philosophies and techniques.
- c) Public opinion: — The first General Assembly gave an exceptional opportunity to attract the interest of the media to the practical possibilities of blindness prevention. This has been referred to as the 'climate changing' role of the Agency — a role the IAPB can perhaps develop better than any single academic or professional organization.
- d) Housekeeping: — The Assembly elects the Executive Board, the Regional Chairmen and the leadership, approves affiliation with national committees, reviews the work of the administration and ensures administrative continuity.

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