"Foresight prevents blindness"

This was the slogan chosen by WHO for World Health Day in 1976, when efforts were made around the world to raise public awareness about the problem of preventable blindness. This issue of World Health reviews the progress that has been made in the past decade

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Two of the commonest problems encountered in developing countries are poverty and ignorance, and both of these have a direct bearing on the burden of blindness. Poverty may sometimes be the reason for a family's not seeking early treatment for trachoma, or for an elderly person's not having a cataract operated on, but more often lack of information, awareness and motivation is the underlying reason.

To this must be added the equally common problem of the physical and social remoteness of the available health services from the rural poor in outlying areas, together with the general shortage of trained personnel and facilities for eye care in most developing countries. It is hardly surprising, therefore, that blindness rates in many of the least developed countries are often as much as 20 times higher than those found in developed countries, and that nine out of ten of today's more than 28 million blind people live in developing countries.

And yet, a fair amount of progress has been made over the last decade in the fight against "avoidable" blindness in developing countries, that is to say in dealing with blindness that can be prevented or cured relatively easily with locally available resources and technology. An example of such a cause of blindness is trachoma, which is gradually being brought under control in an increasing number of countries. According to recent estimates, the number of people suffering from this disease may have dropped from some 500 million to about 360 million over a period of some three decades.

Onchocercasis has been the target of intense vector control efforts in West Africa for the last ten years, with very successful results. Furthermore, the availability of a promising new drug, ivermectin, for the treatment of onchocercasis...
transport difficulties or for social reasons.

Furthermore, the rapidly increasing proportion of elderly people in developing countries will add to the burden on the health administrations in many of the poorest countries of the world. So, in the absence of any known preventive measures against cataract, it is likely that this disorder will continue to be the main challenge to the prevention of blindness in coming years, and that, in general, countries will have to make more resources available to deal with the growing backlog of unoperated cases.

Perhaps one of the most significant developments in the field of blindness prevention over the last few years has been the concept of "primary eye care", that is, the inclusion of an eye-care component in a primary health care system. The idea of primary eye care, as one of the main ingredients of a primary health care approach to blindness prevention, has rapidly gained acceptance the world over. It is today recognised as a model for eye care at the community level by many ophthalmologists, health administrators, voluntary agencies, and others.

There is no universal blueprint for primary eye care; the local setting determines the final range and type of activities needed. However, the promotion and protection of eye health, together with on-the-spot treatment for the commonest eye diseases, are its cornerstones. Most of the measures needed for control of diseases such as trachoma and the xerophthalmia due to vitamin A deficiency can be undertaken by a trained primary health care worker, who is also often the best educator for eye health in the community. For other common disorders, such as cataract or eye injuries, the health worker should be capable of recognising cases and referring them for further examination and treatment.

Experience from a number of countries has shown that a primary eye care scheme can be set up relatively easily, as a start to action for eye health at the community level. There are, however, some obstacles, one of the commonest being lack of appropriate referral facilities. The local health worker is not supposed to act as a kind of mini-ophthalmologist, but to refer any cases that need further examination or treatment. If those cases referred are not given appropriate and timely attention at higher levels of the health system, there is a danger that the local population will lose faith in their health worker and in the eye care he or she provides. This in turn leads to a short-circuit in the health system with immediate demand for specialist care—a particularly common, and often avoidable, problem in ophthalmology and the prevention of blindness.

If we consider the fact that in many developing countries there are more than a million people to every ophthalmologist, it becomes obvious that the few specialists available should really deal with only the most complex cases of eye disease and devote their time rather to training and supervising other levels of personnel who provide a more basic kind of eye care. This is
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Left: About 75 per cent of blindness in developing countries could be prevented, but sights like this are still too frequent in many parts of the developing world.

Right: In Guatemala, the National Committee for the Welfare of the Blind has opened several eye hospitals and clinics which offer much-needed eye care to the population.

Photos WHO/I. Schytte and WHO/P. Almasy

an area where much remains to be done, and there is increasing awareness amongst the ophthalmological profession of the need for new approaches to ensure optimum management of all cases in need of eye care. The development in many countries of new cadres of personnel, such as ophthalmic assistants, reflects a recognition of the need for tasks relating to eye care and blindness prevention to be delegated by the specialists to auxiliary personnel.

Another important development in connection with the prevention of blindness has been the establishment of national programmes in some 50 countries over the last decade. Many of these programmes were first started by non-governmental organizations concerned with blindness prevention, and some of them focused on a single disease, such as trachoma. The increasing recognition of the primary health care approach to blindness prevention, and the work of non-governmental organizations in that field, have resulted in an active and fruitful partnership between ministries of health and such organizations in many countries. The setting-up of national committees for blindness prevention in a rapidly increasing number of countries is demonstrating the usefulness of this formula for bringing together resources and expertise from all available sources and interested parties.

The international non-governmental organizations working for the prevention of blindness have accumulated extremely valuable field and planning experience in developing countries, and have often acquired excellent knowledge of local conditions through their numerous national groups and representatives. Together, moreover, they spend more than US $20 million a year on field projects for blindness prevention in a large number of countries. The WHO Programme for the Prevention of Blindness has developed close collaboration with the international non-governmental organizations concerned, particularly through the International Agency for the Prevention of Blindness, which comprises some ten member organizations. These organizations have set up a consultative group of non-governmental organizations to the WHO Programme for the Prevention of Blindness to facilitate communication and the development of joint programme activities and the channeling of support. Already such joint activities include the development of training and educational materials on eye care, and joint reviews of progress made in specific projects.

Much remains to be done for the prevention of unnecessary blindness, in order to make the goal of Health for all by the year 2000 a reality. There is still room for optimism in this regard, even if greater efforts and more resources are needed in many countries. The first and most important steps towards preventing blindness have already been taken with the recognition that it is an avoidable obstacle to individual and collective well-being and development, and that much can be done about blinding diseases through primary health care and increased awareness and community involvement.