



WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD
117th Session
Provisional agenda item 4.9

EB117/35
22 December 2005

Prevention of avoidable blindness and visual impairment

Report by the Secretariat

1. According to the most recent (2002) estimates of the global burden of visual impairment, more than 161 million people were visually impaired, of whom 124 million people had low vision and 37 million were blind.¹ As visual impairment due to refractive errors is not included in these figures, the actual magnitude of visual impairment globally is likely to be considerably greater. Analysis of global epidemiological data on the pattern of blindness indicates that up to 75% is avoidable.
2. Blindness and severe visual impairment have a significant impact on the socioeconomic development of individuals and societies. Prevention of avoidable visual impairment leads to substantial long-term savings in health-care and social expenditures, in proportion to the number of individuals who no longer need medical or social assistance. Savings also accrue from the significantly reduced commitment made by family members caring for a visually impaired person. Recent studies demonstrate a direct link between the social and economic deprivation experienced by visually impaired individuals (specifically those in lower-income countries) and their ability to seek and obtain medical care. The resulting downward socioeconomic spiral can be reversed through widely available, appropriate, cost-effective preventive and curative interventions.
3. More than 82% of all blind persons are 50 years of age or older. Given projected demographic changes and population growth, the incidence of chronic, noncommunicable diseases affecting eyesight is expected to increase. Females have a significantly higher risk of being visually impaired than males mainly because of their inadequate access to eye health care, which is often provided preferentially to males. The least economically developed societies and communities experience the highest prevalence of visual impairment.
4. Cataract, responsible for 50% of blindness globally, remains the leading cause of visual impairment in all regions of the world, despite improvements in surgical outcomes. Although cataracts are not preventable, their surgical treatment is one of the most cost-effective interventions in health care. With ageing populations, their contribution to blindness globally is likely to grow, owing to unsuccessful attempts to control this blinding eye condition in low- and middle-income countries.

¹ As defined in the *International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Second edition*. World Health Organization, Geneva.

5. Chronic, noncommunicable diseases such as glaucoma and diabetic retinopathy cause 12% and 5% of global blindness, respectively. If demographic trends continue, those figures are likely to increase. To minimize or prevent a surge in the prevalence of blindness from these two causes, appropriate methods of screening and medical treatment need to be further assessed and incorporated as priorities into national health-care strategies.
6. Trachoma and onchocerciasis, major infectious causes of avoidable blindness, have been increasingly controlled through several broad international alliances between WHO and major partners. Following the success of these collaborations, additional commitment is now needed to eliminate visual impairment caused by those conditions.
7. Blindness in childhood, with the expectation of many years of life in that state, is a significant problem and requires further attention. Up to half all cases of childhood blindness are preventable or treatable through known interventions, application of which should reduce the number of affected individuals, currently estimated at 1.4 million.
8. The Global Initiative for the Elimination of Avoidable Blindness, known as Vision 2020 – the Right to Sight, was launched in 1999 as a partnership between WHO and the International Agency for the Prevention of Blindness to eliminate causes of avoidable blindness by the year 2020 and to halt and reverse the projected doubling of avoidable visual impairment in the world between 1990 and 2020. Resolution WHA56.26 urged Member States to commit themselves specifically to setting up national Vision 2020 plans not later than 2005 and to begin implementation of these plans by 2007.
9. Prevention of avoidable visual impairment capitalizes on the availability of known, proven and cost-effective interventions including treatment. With the widespread availability of low-cost medicines, intra-ocular lens implants and other treatments, ophthalmic interventions can be highly effective and efficiently delivered. Thus disease-control activities, strengthening of human resources and use of low-cost, appropriate technologies to increase affordability of eye health care, are major pillars of the work of Vision 2020 to create sustainable, comprehensive, high-quality services for eye health care as an integral part of health-care systems.
10. Since Vision 2020 was launched, WHO and its partners in blindness prevention have provided technical support to countries interested in starting or strengthening their integrated national ophthalmic services. The primary targets for Vision 2020 are populations in low- and middle-income countries. To date, 121 Member States have hosted or participated in Vision 2020 activities, including national needs assessment and planning workshops. The goals and objectives of the Vision 2020 programme have been endorsed by major professional organizations, and health-care providers have demonstrated significant commitment to their realization. Nonetheless, current levels of planning for and implementation of national plans are falling short of the target set in resolution WHA56.26, and resources available or being used are meeting neither current nor projected needs. Specifically, the development and implementation of national prevention of blindness plans is delayed in many of the countries that would benefit most from full implementation of resolution WHA56.26. As at August 2005, only 32% of targeted countries had drafted a national Vision 2020 plan.
11. At its fifty-second session, the Regional Committee for the Eastern Mediterranean, after discussing the problem of avoidable blindness and visual impairment, adopted a resolution in which it

was suggested that the Fifty-ninth World Health Assembly might wish to consider a resolution on the matter.¹

ACTION BY THE EXECUTIVE BOARD

12. The Executive Board is invited to consider the following draft resolution which takes into account the proposal of the Regional Committee for the Eastern Mediterranean:

The Executive Board,

Having considered the report on prevention of avoidable blindness and visual impairment,²

RECOMMENDS to the Fifty-ninth World Health Assembly the adoption of the following resolution:

The Fifty-ninth World Health Assembly,

Having considered the report on prevention of avoidable blindness and visual impairment;

Recognizing that more than 161 million people worldwide are visually impaired, of whom 37 million are blind, and that an estimated 75% of blindness is avoidable;

Recalling resolution WHA56.26 on the elimination of avoidable blindness;

Noting with concern that only 32% of targeted countries had drafted a national Vision 2020 plan by August 2005;

Acknowledging the links between poverty and blindness and that blindness places a heavy economic burden on communities and countries, particularly developing countries;

Further acknowledging that control of both onchocerciasis and trachoma has come about through the commitment of broad international alliances;

Noting that many Member States have committed themselves to providing support for the Global Initiative for the Elimination of Avoidable Blindness, known as Vision 2020 – the Right to Sight,

1. URGES Member States:

(1) to reinforce efforts to set up national Vision 2020 plans as called for in resolution WHA56.26;

¹ Resolution EM/RC52/R.3.

² Document EB117/35.

- (2) to provide support for integrated programmes for prevention of avoidable blindness and visual impairment by sustaining necessary funding at national level;
 - (3) to include prevention of avoidable blindness and visual impairment in national development plans and goals;
 - (4) to advance the integration of prevention of avoidable blindness and visual impairment in existing health plans and programmes at regional and national levels;
 - (5) to encourage partnerships between the public sector, nongovernmental organizations and the private sector in programmes and activities for prevention of blindness at all levels;
2. REQUESTS the Director-General to provide necessary technical support, on request or as appropriate, to Member States for the prevention of avoidable blindness and visual impairment.

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