



EXECUTIVE BOARD

Seventy-seventh Session

APPLICATION FROM AN INTERNATIONAL NONGOVERNMENTAL ORGANIZATION
REQUESTING OFFICIAL RELATIONS WITH WHO¹

1. Name of International Nongovernmental Organization
(hereinafter referred to as "the organization")

Helen Keller International, Incorporated (HKI)
Helen Keller S.A.

2. Address of headquarters and name of person to be contacted

Mr John H. Costello, Executive Director
Helen Keller International, Incorporated
15 West 16th Street
New York, NY 10011
USA

3. General objectives

The general objectives of Helen Keller International are the prevention and treatment of widespread eye disease and blindness and the education and rehabilitation of the visually handicapped.

4. Main activities

The principal activities of Helen Keller International are the prevention and treatment of widespread eye disease and blindness, particularly as it exists in the third world. HKI programmes focus on the major causes of blindness in developing countries: cataract, infectious disease and xerophthalmia. To the greatest extent possible, Helen Keller International works with host governments and indigenous institutions to integrate primary eye care into the delivery of primary health care.

HKI's principal programme focuses have been in the areas of xerophthalmia. HKI is considered one of the leading institutions involved in the prevention and treatment of widespread vitamin A deficiency leading to xerophthalmia and keratomalacia. This has been a major focus since the agency moved into the area of prevention in 1971.

Activities have included administration of vitamin A to children at risk, surveys to determine the prevalence of xerophthalmia and the effects of vitamin A, nutrition education, and fortification of commonly used foodstuffs with vitamin A. In 1980 HKI initiated efforts aimed at integrating primary eye care into primary health care. Currently, HKI is starting a major programme which will address the operations research questions aimed at developing solutions to the problem of widespread cataract blindness.

¹ Submitted by the applicant on 9 September 1985.

The designations employed in this document are those which have been used by the nongovernmental organization itself in its application and do not imply the expression of any opinion whatsoever on the part of the Secretariat concerning the legal status of any country, territory, city or area or of its authorities or concerning the delimitation of its frontiers or boundaries.



Helen Keller International's programmes are currently conducted in the following countries: Indonesia, Philippines, Bangladesh, Sri Lanka, Peru, Haiti, United Republic of Tanzania, Ethiopia, Sudan, Zambia, and Malawi. The agency works only where it has an official request from the government. Programmes are carried out on a long-range basis under official agreements with the countries concerned.

While HKI is primarily a health organization, it does maintain an active and vital programme to provide services to the visually handicapped and incurably blind as well. The agency has been instrumental in developing the "barefoot doctor" approach to delivering rural rehabilitation and has been responsible for a collaborative effort with the Government of the Philippines in initiating a major programme to provide rehabilitation services on a country-wide basis. HKI's work in integrated education has been an important factor in delivering services to visually handicapped children. This has been a major focus in an important programme in Indonesia where HKI works with the government to deliver integrated education on a country-wide basis.

5. How do the objectives and activities of the organization relate to the General Programme of Work of WHO?

The principal objectives and activities of HKI and the objectives and activities of WHO converge on a number of important fronts. Specifically, this is particularly true of two major efforts being currently conducted by WHO, the programme for the prevention of blindness (PBL) and the xerophthalmia control initiative being carried out by WHO's nutrition unit. With regard to the PBL programme, the main objectives are to control the major causes of avoidable blindness in the developing world, that is cataract, infectious disease, xerophthalmia (nutritional blindness). These, in essence, are the same objectives and priorities placed on programmatic activities by HKI. The same is true with regard to the major programme announced in March 1985 by the WHO Director-General to control xerophthalmia. HKI was pleased to have been able to participate in the meeting announcing this initial effort.

Further, HKI supports the concept of addressing these problems to the extent possible through existing frameworks and systems. Like WHO, HKI works almost exclusively with and at the invitation of the host government involved. Each programme is conducted under an official agreement which details specific objectives as well as respective inputs and commitments. To the greatest degree possible, HKI efforts seek to create local capacities to deal with the problems at hand. This is particularly important since much of HKI's work is aimed at integrating basic primary eye care to prevent avoidable blindness within structures for the delivery of primary health care.

6. Specific interest with reference to the work of WHO

(a) Please list the activities which the organization has carried out jointly with WHO during the preceding working relations

For more than 15 years, as mentioned earlier, HKI has collaborated closely with WHO on a number of important fronts. These relate to the exchange and promotion of technical information, joint programme activities in the field of xerophthalmia prevention and treatment, and with regard to the delivery of integrated primary eye care. In fact, it was the WHO report on vitamin A deficiency, based on a survey conducted in 1962-63, that led to the decision by HKI's Board of Trustees in the early 1970s to focus on xerophthalmia control as its principal programme activity.

Over the years, HKI and WHO have collaborated in the production of several technical documents, among them the Technical Report Series No. 72, Control of Vitamin A Deficiency and Xerophthalmia, published in 1982. The important Field Guide to the Detection and Treatment of Xerophthalmia, published by WHO in 1978 and reissued in 1982, was a collaborative activity between WHO and HKI. In 1976, HKI published Xerophthalmia, a paper delivered to HKI's Board of Trustees by the WHO Medical Officer in charge of Nutrition Research.

Programmatically, the development of a range of teaching materials and dosing schedules for vitamin A treatment has been the result of close cooperation with WHO. Many of the initial activities that have been conducted in the past 12 years, particularly in the area of xerophthalmia control, have been carried out in collaboration with WHO. Two of the most significant are the research and intervention strategies implemented in Indonesia and the

xerophthalmia control programme in Bangladesh. Since the initiation of the Indonesian programme in 1972, HKI has worked closely with WHO in a number of areas, ranging from initial research to targeted capsule intervention and food fortification.

The original cooperation in Indonesia was the result of HKI's participation in the important Hyderabad meeting held by the WHO Regional Office for South-East Asia in 1972. The Indonesian programme itself was the focus of a joint international meeting held in 1980 in Jakarta, sponsored by WHO, UNICEF, USAID, HKI and IVACG,¹ which resulted in the Technical Report Series publication No. 72 mentioned above.

HKI has also worked with WHO in an important countrywide evaluation of the vitamin A distribution programme in Bangladesh. A survey, which examined more than 20 000 children in a short three-month period, has provided significant information which will have a lasting impact on the improvement of the efficiency and effectiveness of this programme. WHO provided major financial assistance along with USAID, FAO, UNICEF and the Danish International Development Agency, the Canadian International Development Agency and the International Lions Clubs Foundation. A 12-minute videotape on the survey, which gives credit to WHO's participation, has been widely distributed by HKI.

At the global level, HKI has worked very closely with the officers of the nutrition unit and the responsible officer of the PBL programme in Geneva. Staff members have attended and participated in most of the PBL meetings as observers for the last seven or eight years. HKI has participated on a regional level with WHO as well, attending and contributing to many of the regional meetings on blindness prevention. HKI has played an active role in the blindness prevention advisory committee for PAHO. HKI's Executive Director was elected vice-chairman of the meeting at the last session, held in Caracas in 1984.

- (b) Please specify the programmes and activities of WHO with which the organization will wish to be associated in the future and give details of planned collaborative activities with WHO

HKI sees an important continuing collaboration with two essential elements of WHO, the programme for the prevention of blindness and the nutrition unit, in its efforts to launch a major 10-year initiative to control widespread vitamin A deficiency and xerophthalmia. Specific collaborative efforts that are currently being planned relate to:

- the continued exchange of important technical information;
- the development of operational research approaches in selected countries;
- the continuation of efforts to develop and refine realistic operational, programmatic strategies;
- continued and close collaboration in the development of epidemiologic studies; and
- the development, field testing and dissemination of training materials.

In September 1985, HKI is seconding one of its training experts to WHO in an initial three-week assignment to work on the development of appropriate training materials for blindness prevention. It is HKI's hope that this will lead to a multi-year programme aimed at developing a range of materials for appropriate health care practitioners, which can be field-tested under suitable conditions in HKI's collaborative country-specific projects. This particular project would involve substantial commitments for funding and staff on the part of HKI.

HKI also sees an important and continuing role in the control and treatment of widespread vitamin A deficiency and xerophthalmia. The agency has played an important part in the development of this global programme, working closely with WHO for nearly 15 years. HKI participated in the meeting of interested parties on the 10-year plan for the control of Vitamin A deficiency and xerophthalmia held by WHO in March 1984 and continues a collaborative effort in a wide range of activities.

¹ International Vitamin A Consultative Group.

7. (a) Does the organization advocate any special health measures or procedures?

As stated earlier, HKI advocates the prevention and treatment of widespread eye disease and blindness through an integrated approach aimed at including the delivery of eye care in host country infrastructures and health systems for delivery of primary health care. HKI's efforts are, again, principally aimed at the readily avoidable causes of blindness - cataract, xerophthalmia and infectious disease.

(b) Has the organization any special reservations as to treatment or health procedures? If so, what are those?

We have no special reservations as to treatment or health procedures other than to support what is technically sound and culturally appropriate.

8. History

Helen Keller International is one of the oldest voluntary organizations in existence. It was founded in 1915 by Helen Keller and a group of concerned leaders to respond to the devastation of World War I. The agency's work has always been conducted outside the United States of America. Initially as the British, French, Belgian Permanent Blind Relief War Fund, headquartered in Paris. In the early days, the agency's mission was to assist allied military personnel blinded as a result of the war; the Fund worked closely with many governments and agencies in Europe to create and help fund the institutions for the blind.

Later, it set up Braille presses throughout Europe and provided education for blind citizens of many countries. After World War II many of the energies and resources of the institution, then known as the American Foundation for Overseas Blind, were channelled toward rebuilding the institutions for the blind devastated during that war. Rehabilitation of the blind was added to its work.

In the 1950s, the agency became more focused on the problems of blindness in the developing world. As this focus began to take firmer root and increased definition, the charter of the agency underwent an important change in 1972 to include blindness prevention as a major programmatic activity. At the beginning of 1977, the name of the agency was changed to Helen Keller International. Today, as mentioned previously, HKI is primarily a health institution, with fully 75-80% of its resources utilized for the prevention of eye disease and blindness, and the restoration of sight to cataract victims.

9. Membership

(a) List member/affiliated agencies

HKI is not a membership organization. It works with a number of international organization, although it does not normally have official affiliations. HKI collaborates closely with sister institutions from other donor countries, including The Royal Commonwealth Society for the Blind (United Kingdom), the Christoffel Blindenmission (Federal Republic of Germany), Operation Eyesight Universal (Canada), The Asian Society for the Prevention of Blindness, and the International Eye Foundation (USA). The head of The Canadian National Institute for the Blind is a member of HKI's Board of Trustees.

As an important part of its efforts in the area of advocacy, HKI was a principal founder and has long been a supporter of three important international groups, the International Agency for the Prevention of Blindness (IAPB), The International Vitamin A Consultative Group (IVACG), and the World Blind Union (WBU), formerly the World Council for the Welfare of the Blind. These are important umbrella organizations which bring HKI into close collaboration with a wide range of host country organizations. Participation in these organizations will continue to be a programmatic priority.

(b) Do member/affiliated organizations pay contributions to the organization?

Some of the organizations named in (a), particularly the Asian Society for the Prevention of Blindness, make regular donations to HKI programmes. Others lend personnel, office space, and equipment when feasible.

10. Is the organization affiliated to other international nongovernmental organizations or to organizations of the United Nations system?

Since the outset of its blindness prevention programmes some 15 years ago, HKI has worked closely with a number of UN organizations, in addition to WHO. The agency collaborates actively with UNICEF and the UN High Commissioner for Refugees on a number of fronts. UNICEF's important programme in xerophthalmia control and the provision of vitamin A capsules has been an important mainstay and basis for much of HKI's programmatic activities. HKI has actively supported the concept and funding for UNICEF from the US government on a number of occasions.

The UNHCR has requested HKI's assistance a number of times, initially in response to the Kampuchean crisis on the Thailand border and most recently to the crisis in Ethiopia and the Sudan. As a result, HKI has developed close collaborative relationships in dealing with the problems of the refugees in Sudan and has been able to launch a major effort aimed at treating famine victims. As a result of its initial response to UNHCR, a survey team visited Sudan and recorded the highest rates of xerophthalmia ever found. In response to these findings, HKI is working with UNHCR to provide millions of massive doses of vitamin A, which UNHCR is airlifting to Africa for HKI, and is working to train networks of volunteer and relief workers in early detection and treatment of vitamin A deficiency. Through the years, HKI has also worked with the ILO and UNESCO on education and rehabilitation projects for the visually handicapped. HKI has been represented officially at the UN Department of Public Information since 1976.

11. Addresses of all branch regional offices

HKI has nine regional offices as follows:

Bangladesh
PO Box 6066 Gulsnan
Dhaka 12, Bangladesh

Fiji
c/o Fiji School for the Blind
PO Box 521
Suva, Fiji

Indonesia
Jalan Jambu 40
Jakart Pusat, Indonesia

Papua New Guinea
PO Box 1070
Goroka
Eastern Highlands Province
Papua New Guinea

Peru
Prolongacion Arenales
San Isidro
Lima, Peru

Philippines
PO Box 191
Legaspi City, 4901
The Philippines

Sri Lanka
17 Rajawatte Terrace
Sieble Avenue
Colombo 5, Sri Lanka

United Republic of Tanzania
PO Box 192
Kongwa, Tanzania

Zambia/East Africa
Lusaka, Zambia

12. Structure

HKI is governed by a Board of Trustees that meets twice annually. The official business meeting of the Board of Trustees is held in November each year. The ongoing policy-making arm of the Board of Trustees is the Executive Committee which meets on a quarterly basis. International panels of experts guide the nutritional blindness prevention and cataract programmes.

13. Officers

Officers of the Board of Trustees:

Jansen Noyes Jr.	Chairman of the Board
John S. Crowley	President
Mitchell Brock, Esq.	Secretary
Anthony M. O'Connor	Treasurer
John H. Costello	Executive Director

HKI has at its headquarters some 30 paid professionals, plus country representatives in countries where the agency is conducting programmes. The number of foreign nationals under HKI's employ is 65.

14. Can officially designated representatives speak authoritatively for the membership on matters concerned with the stated purposes of the organization?

The Executive Director or his representative is empowered by the Board of Trustees to speak authoritatively on issues concerning the institution and its programmatic activities.

15. Finances

Financial reports, audited by Price Waterhouse and Company, for the years 1981-1982 and 1982-1983 have been provided. The 1983-1984 audit is included in the Annual Report, also provided.¹

16. Publications

Regular

- HKI Annual Report	: once a year
- HKI Report (newsletter)	: 2-3 times a year
- Fact Sheet	: as needed
- Fact Sheet on World Blindness	: as needed

Special Reports

- Research Priorities for the Prevention of Blindness in Developing Countries (1983)
- Rehabilitation of the Rural Blind - An Economic Assessment of a Project in The Philippines (1984)
- Nutritional Blindness - Xerophthalmia and Keratomalacia (1982) (Alfred Sommer M.D., Medical Advisor HKI)
- Conquering Xerophthalmia - Prototype Training Series (list), with examples.

¹ Held by the WHO Secretariat.