

Editorial: International agency for the prevention of blindness

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). This burden of blindness, the bulk of which is avoidable, is unlikely to be acceptable to world opinion if the facts are appreciated. General obstacles to the prevention of blindness have recently been outlined at a symposium held in Oxford (Jones, 1978).

Effective programmes to attack this problem require systematic community-based action in 4 stages. The first is to identify communities with a high prevalence of avoidable blindness. The second is to undertake an intensive phase of action among the most affected communities involving such measures as the correction of malnutrition, control of infection, and field surgery for the extraction of cataracts and the repair of lid deformities. The third consists in the delivery of simple therapeutic and preventive measures for the promotion of eye health, forming an integral part of primary health care. Lastly, central ophthalmic services should be assessed and if necessary strengthened to provide an adequate referral system and establish facilities for the training of paramedical personnel.

The multidisciplinary nature of these activities means that they cannot be undertaken by ophthalmologists alone. What is required is a managerial structure to deliver ophthalmic and other services to underserved communities.

The International Agency for the Prevention of Blindness arose because of the obvious need for an international nongovernmental organisation which could heighten the world conscience and tap resources through national organisations and also internationally through co-operation with the World Health Organisation. It comprises in the first place ophthalmologists, but members of organisations concerned with the welfare of the blind, medical and basic scientists, administrators, and

other interested individuals are essential members. The agency can be successful only if ophthalmologists mobilise wide support for its aims and are seen to offer their skills and enthusiasm in concert with the contributions of well-wishers from other walks of life. So far the agency has worked closely with the World Health Organisation on such subjects as the strategy and operational aspects for the prevention of blindness and the collection of data concerning its incidence.

The IAPB wishes to hold its next general assembly at Asilomar immediately before the meeting of the international congress to be held in California in 1982. The objectives of this general assembly will include the following:

Planning. To convey to the membership, and particularly to the national committees, the policies and strategies for the prevention of blindness which have been developed by WHO, national governments, and IAPB, and to emphasise the need for multi-disciplinary co-operation, national planning, and an integrated relationship to basic health programmes.

Conceptual. To encourage the development of concepts, philosophies, and techniques from a wide range of interested parties.

Educative. To attract 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 probably develop more successfully than any single academic or professional organisation.

Housekeeping. To elect the executive board, the regional chairmen, and the leadership; to approve affiliation with national committees, review the work of the administration, and ensure continuity.

Reference

Jones, B. R. (1978). General Obstacles to the Prevention of Blindness. *Transactions of the Ophthalmological Societies of the United Kingdom*, **98**, 316.