



WORLD HEALTH ORGANIZATION

FIFTY-NINTH WORLD HEALTH ASSEMBLY
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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.
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

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

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. The resolution also requested the Director-General to report to the Fifty-ninth World Health Assembly on the progress of the Global Initiative.

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. In compliance with the request to the Director-General in resolution WHA56.26, the Elimination of Avoidable Blindness Monitoring Committee was established and held its first meeting in Geneva on 17 and 18 January 2006. This group reviewed progress in the implementation of the Global Initiative. It noted that since Vision 2020 was launched, WHO and its partners in blindness prevention have provided technical support to countries starting or strengthening their national eye-care services, and also that the primary targets for Vision 2020 are populations in 150 mostly low- and middle-income countries where visual impairment is a public health problem.

11. The Monitoring Committee appreciated the achievements in implementing the Global Initiative as documented by national and regional reports containing information to the end of 2005. These indicated that 131 Member States (87% of the 150 target countries) had hosted or participated in Vision 2020 activities, including national needs assessment, holding workshops on prevention of blindness planning, and briefings for eye health-care professionals and health-care managers on developing and implementing community eye-care interventions. In addition to provision of technical assistance to Member States, high-level meetings were held during which 90 health ministries endorsed the Global Declaration of Support for Vision 2020. Some 89 Member States (60% of countries targeted) have established national coordinating committees for Vision 2020 or prevention of blindness to develop and implement national Vision 2020 plans. Blindness plans have been formulated in 65 countries and are in various stages of implementation.

12. The Monitoring Committee noted that the commitment made by Member States in resolution WHA56.26 to establishing, not later than 2005, national Vision 2020 plans had not been met. The setting up of national coordination or blindness prevention committees was significantly delayed; only 44% of Member States targeted by Vision 2020 were implementing or preparing to implement national plans. The Committee recommended, therefore, that Member States should focus efforts on the following activities if the resolution was to be fully implemented:

- provision of more **financial resources** for activities targeted at regional and country levels;
- raising the profile of Vision 2020 by promoting more strongly its positive contribution to **socio-economic development** specifically in the areas of gender equity and reducing age-related chronic eye diseases; making links to broader development agendas, such as poverty alleviation and the United Nations Millennium Development Goals; and recognizing a broader base of stakeholders and responding to their interests more specifically;
- collecting more data on Vision 2020 **targeted diseases**, so that, when integrated comprehensive eye health-care services are delivered, eye health needs are accurately identified, and guidance is provided for balancing quality and quantity of eye health-care services and for mitigating the currently underestimated public-health impact of uncorrected refractive error and low vision;
- continuing to improve the quality of available **human resources** by increasing the number of training facilities and by a more balanced distribution of eye-care providers, specifically by increasing the number in currently underserved (largely rural) areas;
- facilitating creation of large-scale **maintenance and procurement systems** for eye-care equipment, medicines and supplies so that the initial cost is lowered and delays in services are minimized, thereby increasing productivity and improving the quality of care;
- strengthening coordination between existing Vision 2020 **partners** in order to avoid duplication of effort and to promote the integration of Vision 2020 concepts into national health-care plans.

13. The need for intensified assistance in selected countries was recognized by the Monitoring Committee which recommended that for the next three years most Vision 2020 activities should be focused on the following countries: Armenia, Bangladesh, Cambodia, Djibouti, Dominica, Dominican Republic, Ethiopia, Fiji, Guatemala, Guyana, Indonesia, Jamaica, Madagascar, Mali, Morocco, Mozambique, Nigeria, Pakistan, Peru, Philippines, Republic of Moldova, United Republic of Tanzania, Yemen, and selected regions or states in China, India and the Russian Federation.

ACTION BY THE HEALTH ASSEMBLY

14. The Health Assembly is invited to consider the draft resolution contained in resolution EB117.R4.

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