THE 9th GENERAL ASSEMBLY

OF

INTERNATIONAL AGENCY FOR PREVENTION OF BLINDNESS (IAPB) FROM 17th SEPTEMBER TO 20th SEPTEMBER 2012
Introduction

1. The 9th General Assembly of The International Agency For Prevention Of Blindness was held at Hyderabad, India, from 17th to 20th of September 2012. It was attended by representatives from countries across the World. It was truly a Global event! It would not be out of context to term this Assembly an “EXTRAVAGANZA” in knowledge sharing on Optometry. It was a well conceived, organized and conducted Assembly of Global Optometrists which achieved it’s Mission and Aim’s of sharing concerns on “Eye Health as Everyone’s Business”.

2. Prior to commencement of the events scheduled for the 9th Assembly, The Brien Holden Vision Institute (BHVI) conducted a day long session on the 16th of September 2012 on “Strategic Planning of Optometry Education In India”.

3. Details of Events and Discussions held prior to and during the Assembly are covered in the subsequent paragraphs albeit across a broad spectrum.

Strategic Planning of Optometry Education In India (16th September 2012) (Held Prior To Commencement Of The 9GA IAPB & Though Not Part of The Mainstream Discussions Were Interlinked To The IAPB Discussions That Followed).

4. This was a whole day session. The following issues were presented/discussed:-
(a) **Optometry Work Force Available For Eye Care Needs In India.** The following major issues were covered:

i) Optometry work force available for eye care needs in India.

ii) 23 Million of the World’s Blind are in India.

iii) Of a total population of 1,129 million 42% need glasses ie 468909829!

iv) Uncorrected Refractive Error 133 million.

v) Vision Impairment due to Eye Diseases is 26 million.

vi) The above details clearly reveal that India needs legislated and well regulated Optometry services.

vii) **Cost to Country.** Utilization of Optometry services can save India loss of productivity and economic burden of maintenance of the visually impaired which in terms of cost to the exchequer is $ 23 Billion per year!!

(b) **National Program for Control of Blindness (NPCB)** launched in 1976 to reduce Prevelance of Blindness from 1.4% to 0.3% by 2020 in conjunction with Vision 2020 and other agencies is doing a commendable job to eliminate needless Blindness by 2020. The Right to Sight Initiative.

5. We have only 7,000 surgically active Opthalmologists.

6. We need another professional stream to do non-surgical work in eye care

7. The answer lies in the Optometrist.

8. It costs less to train an Optometrist in terms of resources than train an Opthalmologist.

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**Key Note Address By Ms Sujaya Krishnan Joint Secretary Ministry Of Health and Family Welfare**

9. The following issues were highlighted by the Joint Secretary:-

a) 12 million blind in india with refractive errors being the second largest cause of Blindness in India.(19.7%).

b) An estimated 456 million people require Vision Correction either through spectacles, contact lenses or refractive surgery to be able to see and go about their daily functions.

c) Estimated that 26 million people are blind or Vision Impaired due to eye disease.
d) 113 million including 11 million children are blind or vision impaired simply from a lack of eye examination and having an appropriate pair of glasses i.e. uncorrected refractive error.

e) It is in this background that significance of Optometry and role of professional Optometrists comes into play.

f) National Program for Control of Blindness (NPCB) has taken into account Refractive Errors as the second largest course of Visual Impairment and Preventive Blindness. However, Refractive Errors can be easily diagnosed and is the most treatable cause of Vision Impairment.

g) The Joint Secretary spoke on discussion and debate about duties and role and responsibility of Optometrists/Ophthalmic Assistants within the Program. Besides correcting Vision and prescribing glasses, they were to assist the Medical Officer at the Public Health Center in providing Primary Health Care, Prevention & Treatment of Trachoma, Conjunctivitis and Associated Infections.

h) In 2010, based on a series of discussions and debates about the duties, role and responsibilities of the Optometrists/Ophthalmic Assistants at the primary level it was identified and agreed to include screening and identification of eye diseases at the primary level covering Cataract, Uncorrected Refractive Errors, Glaucoma, Childhood Blindness, Diabetic Retinopathy, Squint, Trachoma, Corneal Opacity, and screening for Color Vision BUT

j) It was also decided in November 2010 that in view of the experience of some of the Senior Ophthalmic Assistants in performing eyelid procedures with 15 years of experience on 8th November 2010 could be allowed to perform chalazion and entropian surgery after approval from the District Eye Surgeon under his overall supervision but would not form the duty chart of an Optometrist.

k) Recent times the debate has centred around the standardization of Optometry education.

l) The quality of personnel passing out of the existing institutions and their competency to provide eye care at the primary level in the public health system has been a matter of concern.

m) There have been debates about whether lateral entry could be provided to those who have done 2 years course and like to upgrade their skills to be marketable and employable within India...raises issues of standardization of courses common minimum standards and the knowledge and skills with which students passing out are equipped with and accreditation of colleges.

n) Today we are talking of Para Medical Councils – how does Optometry figure in this?

Screening Technology for Effective Eye Care Service Delivery: By Dr NK Agarwal Deputy Director General (NPCB) Ministry of Health & Family Welfare Government of India.
10. The following were covered:

a) **Segments of Society**. Rural 65%, Semi Urban 20%, Urban 15%.

b) **Availability of Ophthalmic Personnel v/s Population**. Point highlighted was that if each of the persons are screened once in a year, an Ophthalmologist will be required to examine 500 persons per day with 150 OPD’s in a year.

c) If an Optometrist examines the eyes of each person once a year he will be required to examine 140 person per day with 200 working days in a year.

d) The screening technology needs to be upgraded and made faster and accurate.

e) **Main causes of blindness as identified in 2006-2007 in India** were explained.

f) The **Magnitude of the problem was also projected**.

g) **Role and Responsibility of PMOA’s** was given out including their usage of medications.

h) **Pattern of Screening** was explained along with **Screening Technology Characteristics**.

i) **Multitasking Role of Optometrists/PMOA’s** and important parameters for screening.

11. **Common Minimum Optometry Curriculum (CMOC)** by Mr Aditya Goyal. The following were covered:

a) Evaluation.

b) Integrating a skills competency framework.

c) All Optometry institutes should adopt CMOC & ASCO on behalf of the Universities and should approach UGC for the same standard in all Optometry schools.

12. **Indian Entry Level Optometry Competency Standards (IELOCS)** by Nilesh Thite. The following were covered:

a) National level examinations to assess knowledge & skills of qualified practioners.

b) Industry needs to be informed about the importance of CMOC & request to streamline their hiring procedures.

13. **Standard of Schools** by Ms Monica Chaudhry. The following were highlighted:

a) CMOC document would be sent to all the Optometry Schools & they would be urged to adopt it.
c) Opportunity for schools to upgrade to the standard set by CMOC by 2016 and agree on the mechanism to cease operations for schools that don’t adopt this standard.

d) By 2020 all Optometry programs will be a standard 4 year course and will follow the CMOC & IELOCS

9GA IAPB. Mainstream Discussions From 17th to 20th September 2012.

14. The 9th General Assembly of The International Agency For Prevention Of Blindness (9GA IAPB) was held in Hyderabad from 17th to 19th September 2012. The IAPB is the alliance which leads World wide efforts in Blindness prevention with a Membership of 117 organizations including virtually every major International Eye Health NGO as well as Globa Eye Health professional associations.

15. The Assembly was organized in conjunction with the LV Prasad Eye Institute (LVPEI). The theme for this Assembly was “Eye Health – Everyone’s Business”. The premier Global Event for discussion of Public Health topics related to blindness and visual impairment. 9GA highlighted progress in VISION 2020: The Right to Sight IAPB’s joint global initiative with the World Health Organisation for the elimination of avoidable blindness.

16. IAPB General Assemblies are held every four years rotating between seven world regions. With increasing participation at each assembly the 8th Assembly saw close to 800 registrants from 60 countries for over 4 days in Buenous Aires, Argentina. 9 GA provided excellent net working opportunities and for being the largest single gathering of experts in every aspect of blindness prevention and rehabilitation. 9GA also built upon the success of 8GA’s achievements and was positioned to attract a broader audience from the health and development sectors leveraging VISION 2020 & IAPB as a success story in Multi Sector Public Private Partnership for Public Health.

17. As the theme implies, 9GA featured keynote lectures and speakers to discuss strategies to strengthen health systems, thereby offering opportunities to highlight linkages between
VISION 2020 objectives and general public health care delivery. 9GA attracted over 1300 delegates from across the Eyecare Health & Development sectors.

**Eye Health Everyone’s Business**

18. 1200+ Delegates—66 Countries—50+ Symposia—Courses and Sessions—120+ Invited Speakers—300+ Poster Presentations—50+ Exhibitors —ONE GREAT EVENT—ONE GOAL.

19. From the economic loss in the poorest communities, to impacts on personal dignity & Empowerment, Eye Health is already everyone’s business. 9GA presented an Opportunity to ask how we broaden the responsibility for Eye Health reaching beyond traditional health care boundaries to put Eye Health on everyone’s agenda addressing the fact that an estimated 285 million people are blind or visually impaired worldwide.

20. As the year 2020 approaches, adoption of Eye Care as a public priority and collaboration between Governments and Policy Makers, Health Care Providers, The Eye Health Industry & Public Health Workers at every level is vital if our goal of eliminating avoidable blindness is to be realized.

20. 9 GA IAPB is undoubtedly today, the premier Global event for Public Health topics related to blindness and visual impairment. The Assembly’s program devised by leading experts in Eye Care, featured more than 150 distinguished speakers over 30 Courses,

Keynote lectures and Symposia, Rapid Fire Rounds and much more.

21. A galaxy of speakers to cover every aspect of Blindness prevention were invited:

a) Guest to The Ceremony. Dr APJ Abdul Kalam, Former President Of India.
b) Professor K Srinath Reddy, President Public Health Foundation of India. Sir John Wilson Lecture.

c) Professor Serge Resnikoff, Senior Consultant, International Health & Development DMI Associates. Alan Johns Lecture.

e) Dr Tony Ukety, Mectizan Donation Program (MDP), 25th year Anniversary Lecture.

f) Professors K Srinath Reddy, Clare Gilbert, Hugh Taylor, Jill Keettle, Kovin Naidoo, Gullapali Rao, Ms Victoria Sheffield and Dr Babar Querishi.

Address By Dr APJ Abdul Kalam

22. Details covered in this paper would be incomplete if a detailed reference were not to be made of the talk delivered by Dr APJ Abdul Kalam. The Former President in his speech said that quote, “he was delighted to participate in The 9th General Assembly of International Agency For Prevention of Blindness. Vision 2020 has created unique awareness among Doctors, Patients & Social Transformers. This has resulted in good impact on care giving & reduced the number of cases of Unavoidable Blindness in India. Though substantial progress in reduction of avoidable blindness has been made in the country through VISION 2020 Program, diseases such as Glaucoma, Diabetic Retinopathy are increasing very fast for which we in India have to find ‘Cost Effective’ solutions.

23. Dr Kalam suggested missions for Eye Care upto the year 2020. He suggested his
Experience with Eye Care institutions in the World and in India. He said his visits to Ophthalmic Institutions in India and abroad brought out one aspect that was “intensity of research & clinical treatment” which needs to get enhanced by increasing the Research Scientists, Clinical Doctors and Para Medical Staff who are totally involved in research. Dr Kalam suggested that IAPB should make suitable recommendations as part of 9GA so that adequate research capacity measures for Ophthalmic Care can be built both by Governments and Private Eye Care Institutions.

24. World Knowledge Platform. Continuing further Dr Kalam said IAPB should consider in evolving a World Knowledge Platform for Ophthalmology which can bring together the expertise available in all parts of the world in a single platform with THREE MISSIONS:

   a) Glaucoma Research.
   b) Early Diagnosis & Treatment of Retinopathy.
   c) Working out a donor friendly law for Organ Donation.

25. Dr Kalam further elaborated on Research Areas in the world which give hope in treatment of Glaucoma. He further gave suggestions on World Health Organisation ZERO DRAFT which brings out the action plan for reducing avoidable blindness in the next 8 years. The former President concluded by saying that relations between patient and doctor goes beyond medical needs and, as in the student-teacher case, the patient’s family is also involved. Nanotechnology had large-scale applications in drug delivery systems, he said and hoped further research would lead to a cost-effective and innovative treatment process for Glaucoma. Dr Kalam thereafter administered an oath to the participants of 9 GA IAPB.

Professor K Srinath Reddy, President, PHFI.

26. Speaking on the Sir John Wilson Lecture, Dr Reddy said Public Health needs an
all – of Society approach. In Society, there are large populations of people in the age group of 30-70 years who invariably suffer from different types of illness in India. This is quite high when compared to other Asian countries and America. He further added that the prominent among the illness are high blood pressure, diabetes and heart diseases arising from stress and high pressure jobs and life-style; hence people must take good care of their health for a healthy and long life.

Breakfast Meeting During 9 GA IAPB

27. During the conduct of the IAPB, A Breakfast meet was held on the morning of the 18th. In the absence of the President IOF, Brigadier Ashok Sondhi, CEO of IOF, delivered The address. He said that over the years individual Optometry Associations had been formed with the Goal of gaining recognition for the profession. A multitude of bodies had diluted the potential influence the profession could have on promoting the necessary legislative changes for this to occur. The need for a single representative Apex body which could speak on behalf of all these organizations prompted the establishment of the Indian Optometry Federation the IOF. By being a single voice for all Optometry Associations in India, the IOF aims to raise public awareness of the profession and achieve official recognition. Today, IOF has 14 Member Associations and ASCO-India as its associate member. IOF also seeks to boost the entire eye care system throughout the country. The Mission of the IOF was simple but nonetheless requires a lot of ground work, synergy and loyalty amongst one another and to the Apex Body the IOF. The IOF strives to achieve the following:-

a) Help eradicate avoidable blindness in the Country….a lot had already been spoken on this issue on the 16th and the 17th and the IOF subscribed to the issues raised in toto.

b) Regulation of Optometry in India.

c) Establish Optometry as a recognized independent profession in India.
28. The IOF was represented in strength by Members from all its Associations in India.

All those who attended The 9th GA IAPB have said that they were honored to attend the Assembly and were fortunate to be able to enhance their knowledge on Optometry.

It was a great event which provided a platform for all types of Optometrists/Vision Care professionals to share their views. A Road Map for Optometry was designed on the 16th of September 2012 in the presence of Ms Sujaya Krishnan, Joint Secretary Ministry of Health and Family Welfare (Mo H&FW), and Dr NK Agarwal, DDGMO, MoH&FW which will ultimately pave the way for standardization of The Common Minimum Curriculum for Optometry in India and enable Optometry to ultimately come at par with world standards of Optometry!

Compliments have also been bestowed on IVI’s First Anniversary Celebrations and on the successful launch of AKSAUHNI a Project committed to restoration of Vision. Dr Kalam’s and Dr Reddy’s address have come under special mention in particular from all.

Topics discussed were extremely valuable especially Up scaling Blindness Prevention efforts, Diabetic Retinopathy. Participation throughout of both Ms Sujaya Krishnan and Dr NK Agarwal was highly appreciated by all.

Conclusion
9 GA IAPB was an event which Optometrists in General and Indian Optometry in particular will cherish for years to come. It provided an opportunity to learn, network and above all make friends.