Rotary International 2002-2003

Avoidable Blindness Task Force

"Next to life itself, God's most precious gift is sight - Protect it, Save it, Restore it."

December, 2002

General Chairman
PRIP Frank J. Devlyn
Email: devlynf@devlyn.com.mx
FAX: 52-5-2624120

Assistant General Chairman
Steve Brown
StephenRBrown@worldnet.att.net

Inside this issue:

Report from 2002 AAO Annual Meeting

Ten members of the Avoidable Blindness Task Force were present at the American Academy of Ophthalmology (AAO) Convention held recently in Orlando, Florida (USA) where approximately 25,000 members of both the AAO and PAAO were present. Accompanying ABTF Chairman Frank Devlyn were ABTF Members at Large Tom Kwako, Brad Wong, Dunbar Hoskins, Ken Tuck, Bob Welsh, and Gottfried Naumann and Zone Coordinator Elliot Lowenstein.

PRIP Devlyn was the speaker at the welcoming international breakfast where many INGO's dedicated to Avoidable Blindness were present. Also present at the breakfast was ophthalmologist Dr. Abdullah Abdullah, foreign minister of Afghanistan. Dr. Abdullah spoke following PRIP Devlyn and pledged his personal support to help all blindness prevention efforts in Afghanistan.

Chairman Devlyn also had the opportunity to speak at the International Tissue Banks meeting and at the executive meeting of the Pan American Association of Ophthalmology along with the International Association for the Prevention of Blindness (IAPB) in which the leading INGO's were present discussing the work that has been carried out.

A unique feature of the AAO is that about 7,000 of the ophthalmologists attending were from outside of the USA and the approximately 7,000 vendors present provided all types of ophthalmological products and services. The AAO donated a booth to the ABTF in which the work of our Task Force was promoted. Ophthalmologists were invited to contact their local community Rotary Clubs to explore ways to carry out different types of Avoidable Blindness projects. Approximately 3,000 ophthalmologists registered at the booth and around 300 expressed an interest in becoming Rotarians. Most of the visitors were given a copy of *"Frank Talk"* in order to better understand the benefits of belonging to Rotary.

(Left to Right): Marilyn T. Miller, MD - Chair, Committee on International Ophthalmology, Brad A. Wong - Executive Director, EyeCare America, Abdullah Abdullah, MD - Foreign Minister of Afghanistan, and ABTF Chairman Frank Devlyn

The ABTF is indebted to District Governor David Apfelbaum (D6980) and his team of volunteers who helped staff the ABTF booth during the four-day event. DG Apfelbaum and PDG Charlie Rogers helped bring everything together.

AAO Annual Meeting *(continued)*

District Secretary Micki Kaye ordered signage that she was able to download from the ABTF web site along with the new ABTF brochure and newsletter. The Rotarians of D6980 were able to meet and greet Rotarians from around the world. Besides promoting Avoidable Blindness, we found this to be a unique and effective way to promote Rotary at different major international and regional events held in various convention centers around the world.

Thousands of people viewed the ABTF booth and it was good to see how the ABTF team was able to partner with the local District to promote Rotary. The exchange of ideas among the Task Force members with ophthalmologists and other INGO's was also beneficial. We can safely say that all of us who are dedicated to Avoidable Blindness are very aware of the outstanding work and opportunities offered by contacting Rotary Clubs and Districts.

REMINDER:

DISTRICT 3300 ANNOUNCES

THE AVOIDABLE BLINDNESS CONFERENCE OF ASIA

January 18th-19th, 2003 Kuala Lumpur

Avoidable Blindness Project, District 6440

The Rotary Clubs of District 6440 in partnership with Rotary Clubs in India provided cataract surgery for over 20,000 people afflicted with blindness. The project was an outgrowth of the Governor Elect Training Seminar (GETS) in February 2001.

At GETS the Governor Elects were introduced to Rotary's Global Quest to increase membership. RI President Elect Rick King introduced a strategy to increase membership through retention of current members by providing them with opportunities to participate in new World Community Service Projects. Specifically, he challenged each club to initiate two new World Community Service Projects.

RI President Frank Devlyn also spoke at GETS. He spoke of the ways Rotarians could help the staggering number of people (15 million annually in India alone) who needlessly loose their sight each year due to cataracts. He mentioned that for $100US four people could have their sight restored.

Upon returning home, DGE Jim Wolter learned from Rtn. Godrej (Billie) Billimoria, District 6440 International Service Advisor, that the majority of people with cataracts are the elderly "working poor". They have no health care insurance, are able to access the government health care network only upon becoming completely blind and then have to wait for 3 to 7 years to get the corrective surgery. While there are excellent surgeons available (many of whom are Rotarians providing free medical care to the working poor), there are insufficient funds to pay for the artificial lens. Rtn. Billie stated that in many ways cataracts are a curse that inflicts four generations. The elderly who are robbed of their self-sufficiency by blindness, their working poor adult children who must now share scares resources with a dependent elderly parent, a young granddaughter who is taken out of school to become the grandparent's eyes and an as yet unborn generation who will be raised by an illiterate mother.

Rtn. Billie devised a plan and a challenge to provide 20,000 cataract surgeries. The plan was for him to go to India at his own expense to identify Rotary Clubs to partner with the Rotary Clubs in District 6440 and for DGE Jim to present the plan to the President-Elects at District 6440 PETS and to each Rotary Club during the Governor's official Club Visit. The Rotary Clubs in India would provide the Rotary Clubs of District 6440 with the names of the individuals getting surgery, the dates of the surgery, insure fairness in the selection of those receiving surgery and contribute $500US to the project. The Rotary Clubs of District 6440 would provide $1, 250 that would be matched by $1,250 from Rtn. Billie. This $3,000 would be submitted to The Rotary Foundation for a $3,000 match. Rtn. Billie found that he could obtain surgeries for $20 apiece so that a Matching Grant of

Happy Holidays to all Task Force Members, and to all who are interested in the work of the Avoidable Blindness Task Force!

$6,000 would provide 300 surgeries.

The Plan and what became known as the Hundred Thousand Dollar Challenge captured the imagination of the President Elects and eventually 61 of the 70 Rotary Clubs in District 6440 participated in the Avoidable Blindness Project. The president Elects modified The Plan when President-Elect Tom Dickelman of the Rotary Club of Lake Forest/Lake Bluff observed that a contribution of $1,575 would generate $7,300 and each club would know they were restoring sight to one person every day of the year and making it possible for 365 granddaughters to remain in school. The response was so great, that in addition to providing more than 20,000 surgeries, four clinics that will continue to provide 500 surgeries per month each were built (see photo of the clinic in Pure, India) and many of the projects became Club-to-Club Projects to cut down on the time required to process matching grants.

Rtn Billie introduced Rotarians from participating clubs to each other. Rotary clubs and individuals making contributions to the project received a personal letter of thank you from the District Governor, were publicly acknowledged in the Governor's Newsletter and publicly celebrated at the District Conference.

It should be noted that Rtn. Billie invested the 100,000 Paul Harris Points he earned from his contribution to the Avoidable Blindness Project to issue another challenge to first time contributors to The Rotary Foundation. He provided one point for each dollar from a new Paul Harris Fellow up to 500 points on the theory that once a Rotarian starts to contribute to The Rotary Foundation that Rotarian will continue to contribute. This resulted in 200 new Paul Harris Fellows in the District and helped generate $294,000 in Annual Giving for RY 2001-2002.

The original premise that meaningful club projects promote membership growth was borne out. The District's five-year decline in membership was reversed with a net growth of 242 members.

James A. Wolter
1500 Sheridan #8B
Wilmette, Il 60091-1844
847 256 8839

ABTF Represented in Washington D.C. on World Sight Day 2002

Chairman Frank Devlyn represented the Avoidable Blindness Taskforce in a special meeting held in conjunction with World Sight Day in Washington, D.C. Representatives of the world's leading organizations dedicated to eye care and avoidable blindness were present.

These different organizations such as the American Academy of Ophthalmology, Lighthouse for the Blind, Christian Blind Mission, Grieshaber Ophthalmic Research Foundation, Yale University School of Medicine, Sight Savers, International Agency for the Prevention of Blindness and others.

The objective of the meeting called by the International Agency for the Prevention of Blindness / North America was to explore ways on how all the organizations dedicated to preventable blindness could come together to better support the Vision 20/20 Program, which has the objective to dramatically reduce blindness for the year 2020. Many ideas were exchanged. All organizations want to have more awareness being made of all that has been done is being done, and should be done in regards to Avoidable Blindness.

Chairman Frank Devlyn made a suggestion which was appreciated by all the organizations present when he said that he had to compliment all the organizations for the work that they were doing and hw was glad the Rotary Clubs at the local and District levels were supporting many of their different eye care projects. Chairman Devlyn stressed that it was wonderful to see the work of the organizations but he noticed that they work very closely among themselves and he made special reference to the professionals, such as the ophthalmologists and the optometrists.

What is needed to Create Awareness is to go out to speak to the different types of clubs like Kiwanis, Lions, Optimists, Rotary, etc. Organizations such as Rotary give added credibility to the work of all these organizations. It's important that they contact Rotary Clubs and send people to speak to talk about the humanitarian work they are doing in regards to Avoidable Blindness.

Avoidable Blindness projects have become very popular among the Rotary Clubs thanks to the work of the Avoidable Blindness Taskforce worldwide. It is hard to imagine, but the Avoidable Blindness Taskforce of Rotary International calculates that we have carried out almost 400,000 procedures from giving out eyeglasses to surgical procedures of all types, thanks to Rotary Clubs and Districts working with a variety of reputable organizations.

The next meeting will be to explore and exchange ideas on how we can continue Creating More Awareness about the work of Avoidable Blindness.

The International Rescue Committee (IRC) and The Refugee Blindness Prevention Program

THE PROBLEM

Among the most disenfranchised and vulnerable people in the world are an estimated 14 million refugees and 22 million internally displaced persons. International relief agencies, in conjunction with the United Nations High Commissioner for Refugees, provide health and other services to refugees and the displaced, but these services rarely include eye care or blindness prevention.

The World Health Organization (WHO) has identified five conditions - cataract, trachoma, vitamin A deficiency, river blindness and refractive errors – as being responsible for a majority of the world's blindness and vision loss. All of these conditions are preventable or treatable via field-tested measures that are among the most cost effective public health interventions available today.

The rates at which these five eye problems occur in refugee populations are unknown, but millions of refugees are likely to be affected by one or more of these sight-threatening conditions.

In each instance of blindness, the individual's quality and duration of life are reduced. The family suffers financially and the community suffers from the loss of productive human resources as for each blind person an additional family member is often removed from the workforce to act as care-giver.

Although relief agencies have the human resources and systems in place to address blindness prevention and vision impairment, there are only a handful of examples where eye care has been made available in refugee health programs.

There are several reasons relief agencies have rarely addressed eye needs in refugee health programs. These reasons include:

- a lack of awareness of eye problems in general,
- a lack of available data showing the extent of eye problems in refugee populations,
- a lack of institutional experience in conducting eye activities,
- a lack of refugee based examples to show that blinding conditions can be addressed in a cost effective manner,
- a lack of relevant coordination and technical support mechanisms.

THE SOLUTION

The most effective and sustainable approach in addressing blindness prevention is to integrate blindness prevention activities into existing health programs.

The International Rescue Committee (IRC) has done this in Thailand, where primary eye care and blindness prevention activities have been successfully integrated into the existing health systems of five international relief agencies serving over 140,000 refugees from Burma.

Starting in 2003, we plan to extend our success in preventing blindness and reducing vision loss to include refugee populations in additional countries.

Over the next several years, our strategy will be to **enable** relief agency health programs to carry out appropriate eye care and blindness prevention activities, to **ensure** that refugee eye care activities meet existing standards and guidelines, and make use of available eye experience and resources, and to **promote** the inclusion of eye care and blindness prevention activities in refugee health care.

We will do this by:

- developing and providing the tools, methodologies and technical support needed to assess needs, plan and integrate eye interventions into refugee health programs,
- coordinating program activities with WHO and other eye resource organizations, and
- collecting and presenting data substantiating the scope of sight-threatening conditions in refugee populations and presenting examples of where well-run, cost effective blindness prevention activities have been integrated into refugee health programs.

These activities will lead to greater knowledge about blindness prevention, increased capacity and greater willingness on the part of relief agencies to provide eye-related health services.

These changes in relief agency knowledge, attitude, and practices (KAP) will result in an increase in blindness prevention services, leading to a reduction in blindness and vision loss in refugee populations.

THE PLAN

The IRC Refugee Blindness Prevention Program strategy will be carried out in three stages – setting up, implementing within IRC and implementing with other relief agencies.

I. *During the first year our goal is to establish the platform for an effective refugee blindness prevention program.* We have four objectives during the first year:

1. We will develop a needs assessment tool that is specific for WHO priority blinding conditions and compliant with WHO guidelines. We will pilot this tool in two IRC refugee health programs (tentatively in Kenya and Pakistan/Afghanistan).

This tool will be essential for relief agencies to be

able to determine key eye related needs and to plan appropriate interventions in refugee populations. The tool will also provide baseline information for program evaluations. The tool will be freely available after finalization.

2. We will initiate blindness prevention technical support for IRC health programs worldwide. Through e-mail, phone, fax or site visits, we will brief all IRC medical coordinators on our five priority eye problems. We will provide all health program sites with a resource list of eye related health education and health worker training materials. We will provide technical advice as needed or requested for IRC health programs and for the IRC eye program in Thailand. On the IRC web site we will make relevant technical information available for downloading.

This technical support mechanism will be the backbone in communicating with IRC health programs and later, with other relief agency health programs.

3. We will coordinate program activities with WHO and other eye resource organizations to assure our activities are compliant with existing standards and norms. We will enhance our existing links and foster new links with a variety of eye agencies.

Engaging with the international eye organizations will be vital in bringing in additional interest, resources and manpower to help address the eye related needs of refugee populations.

4. We will conduct a survey to determine the blindness prevention related knowledge, attitude and practices (KAP) among the health staff of a variety of relief agencies.

This survey will provide helpful information in planning activities to promote blindness prevention within the community of relief agencies. The results of this survey will also provide a baseline measurement for long-term program evaluation.

II. *During the 2nd and 3rd year our goal will be to reduce blindness and vision loss in the refugee communities of 10 or more countries served by IRC health programs*. We will systematically review IRC health programs to prioritise the need for desk or field assessments. We will follow up where indicated in helping these programs implement and integrate appropriate blindness prevention activities. We will seek membership in two international eye coalitions (the WHO partnership committee and the International Agency for the Prevention of Blindness). We will enter into working agreements with eye agencies interested in collaborating with us in addressing refugee eye needs. We will actively disseminate our assessment data, program findings and experiences with other relief agencies to increase awareness and promote blindness prevention.

III. *In year 4 and beyond our goal will be to continue to reduce blindness and vision loss in additional refugee communities by incorporating appropriate eye care into health programs of IRC and of other relief agencies.* We will continue to provide assistance and technical support to all interested relief agencies. We will serve as a coordination point between eye resource agencies and refugee relief agencies. We will continue to promote blindness prevention and will advocate that relevant policies are updated as needed to reflect refugee eye related needs in an appropriate fashion.

THE BENEFITS

Alleviating the burden of blindness and vision loss benefits the individual, the family and the community.

Being able to see well enough to read again enables community and religious leaders, teachers and others to perform their duties more efficiently. Those who are illiterate have productivity restored by being able to resume activities such as sewing, cutting hair, and weaving. Maintaining or improving a child's sight has an immeasurable effect on educational potential, which in turn impacts greatly upon their options for employment in the future.

The beneficiaries of this program will be refugee populations who are alleviated of the burden of blindness and vision loss through the provision of appropriate eye care.

The health programs of IRC and other relief agencies benefit through strengthened institutional capabilities in assessing, planning and addressing blindness prevention and vision loss.

THE COSTS

The total cost for the first year of the IRC Refugee Blindness Prevention Program is $110,000. To date, $30,000 has been committed to the program. IRC is seeking $80,000 to complete the funding needed for the initial stage of this program.

Staff needed for the first year of this program will be a full time coordinator and one part time administrative assistant. The program budget includes salary and benefits, office space and related costs, computer and communications costs, travel (for pilot testing assessment tool and attending meetings), and supplies.

The Refugee Blindness Prevention Program will be based in Chiang Mai, Thailand. Chiang Mai has been the home of the IRC Burma Border Eye Program for several years and is well suited to serve as home base for this program. Chiang Mai is one hour from all international flight

IRC and Refugee Blindness Prevention Program *(continued)*

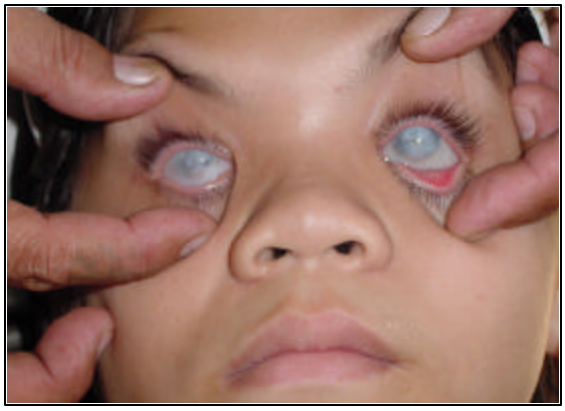

Photo taken and used with permission of Myo Win and her father

Myo Win is a young refugee from Burma. She is permanently blind from Vitamin A Deficiency. Her blindness was preventable. In well-designed programs, it costs about 50 cents a year per child to prevent Vitamin A Deficiency. It costs about $2.50 to treat one family for Trachoma with antibiotic ointment. It costs about $1 annually to provide River Blindness prevention or treatment for one person. Cataract surgery can often be provided at no or minimal cost to the humanitarian agency by voluntary surgical teams. Eyeglasses can be provided for as low as $1-$5 per person. *The IRC Refugee Blindness Prevention Program will show relief agency health programs how to integrate these cost effective interventions.*

connections in Bangkok and offers very cost effective overhead.

This program will be attached to the IRC Health Unit, which provides technical support to IRC health programs across the globe. The program coordinator will report to the Health Unit Director, who is based at IRC headquarters in New York.

WHY IRC?

Founded in 1933 at the request of Albert Einstein, the International Rescue Committee is one of the oldest, largest and most respected nonsectarian, voluntary organization providing relief, protection and resettlement services for refugees and victims of oppression or violent conflict.

IRC is one of the few relief agencies with experience in providing eye care and blindness prevention for refugee populations and the coordinator for this program is one of the few eye specialists to have ever worked in the refugee relief field.

With health programs in over 20 countries and territories, IRC is well placed to expand eye program experiences to other locations and share these experiences with fellow relief agencies. The IRC is uniquely qualified to undertake this program.

As no other agency is coordinating efforts to address blindness prevention in refugees, this program will not be duplicating efforts of any existing program within the refugee relief community.

For additional information about the Refugee Blindness Prevention Program, please contact Dr. Jerry Vincent at **irceye@loxinfo.co.th** The IRC is a 501(c)(3) tax-exempt organization. Learn more about the International Rescue Committee at **www.theIRC.org**

Consider Giving 'Gift of Sight' this Holiday

Operation Eyesight Universal would like to invite all Rotary Clubs and members to participate in our **Gift of Sight Greeting Card Program** this holiday season. We would like to thank the Rotary Clubs for their generosity and support in the fight against curable and preventable blindness throughout the year, and offer this special opportunity to give the gift of sight through our very popular greeting card program. By choosing to give the Gift of Sight cards to your friends and family, a special insert will be placed in the card including comments about Rotary's support of blindness prevention. Also, a patient identification card representing someone recently restored to sight will be included from one of our Operation Eyesight / Rotary funded eye hospitals in the developing world. When ordering, please specify that you are a Rotarian.

For more information, or to order direct:

Call: 1-800-585-8265 (in Canada) or (403) 283-6323, fax (403) 270-1899
Email: oeuca@giftofsight.com
Website: http://www.giftofsight.com/gift_shop/index.htm

Kim Veness, Senior Director of Development: Latin America Operation Eyesight Universal

St. Joseph Mercy Hospital Seeks Microscope

The following is a transcript of a letter written by Sister Sheila Walsh, R.S.M., Chief Executive Officer, St. Joseph Mercy Hospital, Guyana:

Dear Dr. Tasman,

While Rabecca Anwar was on her annual visit to Guyana we had an occasion to talk about equipment needs to St. Joseph Mercy Hospital. One of our dire needs is for a used, refurbished, working ophthalmic microscope for the OR. As you know one is essential for cataract surgery with lens implants. Eye disease is a major problem mainly due to the complications of diabetes, which is our number one diagnosis.

Presently we have a semi-retired ophthalmologist who brings his own microscope. If we had one for the hospital I am sure we could attract 2 more doctors including Dr. Agarwal. I understand your hospital is relatively new and this is a request for a used microscope in working order with a service and operators manual that you may have extra from your old hospital. We do not need 'bells and whistles.' In fact we do better with 'simple.' What the scope would need is a food pedal to operate.

If you do not have one available, could you give me the name, address and contact of a company which sells refurbished equipment. If you could find the microscope I would pay for shipping.

I appreciate your help if possible.

Sincerely,
Sister Sheila Walsh, R.S.M.
Chief Executive Officer, St. Joseph Mercy Hospital, Guyana
Email: sheilaw@solutions2000.net

NEW ON THE ABTF WEBSITE: Visit the Download Page for a draft of a generalized document for use when making appeals to various ophthalmic companies. It is intended to provide a starting place for customization for your target audience.

Asia Coordinator Encourages Eye Donation

Through his electronic newsletter, Asia Area Coordinator PDG Dr.Prithvi Raval is encouraging people to donate to corneal eye banks. A recent article, entitled: 'EYE DONATION: Make it a family tradition' outlines the problem of corneal blindness, its major causes, and the solution provided through corneal eye banks. Included in this informative article are topics such as age of the donor, time period between death and donation, effects on the deceased, religious issues, and more.

The article concludes with a call to **"Join this movement of 'EYE DONATION;' Become a "Sight Ambassador"** and provides an email link to to the Eye Bank Association of India: eyedon@lvpeye.stph.net

The ABTF thanks PDG Raval for this informative and effective method of spreading the word about corneal eye banks and the work of the ABTF in general. To subscribe to Dr. Prithvi Raval's electronic newsletter, email: prithvi@vsnl.com

VISIT THE TASK FORCE WEBSITE OFTEN!
www.rotarytaskforces.org/avoidable_blindness