



September, 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:

Zone 32 Coordinator Challenges Rotaract Clubs to Assist ABTF	2
Photos from Lens Implant Project	2
Vision Aid Overseas	2-3
Meeting the Challenge: A Plan from Zone 24	3
ABTF Workers Included in Book	4
Photos from Gift of Sight Inauguration	4
Get to Know Orbis	6
Encouraging DGs to be Involved with AB	

Rotary International 2002-2003

Avoidable Blindness

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

Suggestions for Task Force Consideration

August 26, 2002

To Members of Task Force on Avoidable Blindness, Rotary International

I am an ophthalmologist and currently holding two positions, firstly Director of L.V.Prasad Eye Institute in Hyderabad, India (a leading eye care institution involved in Patient Care, Training, Research, Low Vision Rehabilitation, Community Eye Health and Product Development) and secondly, as Secretary General of the International Agency for the Prevention of Blindness (IAPB) {Which together with WHO launched the Global Initiative VISION 2020 : The Right to Sight about 3 years ago}.

On June 28, I have met Frank Devlyn through the introduction of Rob Ketron (a Rotarian from Maryland, USA) and Dunbar Hoskins (Executive Vice – President of the American Academy of Ophthalmology). We have discussed very many issues of mutual interest related to the area of blindness. Frank has asked me to share some of, what I think are, priorities in the area of Avoidable Blindness with all of you.

First of all, let me say that your group has an exciting opportunity of making a difference to millions of visually impaired, born and yet unborn throughout the world. The most important fact about avoidable blindness is that is “Achievable” by 2020 with existing knowledge and the interventions are cost effective. With the kind of support Rotary

mobilized to eradicate Polio, it can also produce similar impact on blindness. There are few other health care or other problems you can have such an impact with relatively smaller funding on a global scale.

Now for the possible areas, where I believe, Rotary can make the difference? I believe it is in the area of strengthening delivery of “comprehensive, high quality eye care through sustainable systems”. This essentially means three elements – Infrastructure, Human Resources and Committed Management.

In February 1999, at the time of the launch of Global VISION 2020 : The Right to Sight in Geneva, I have proposed an Eye Care Delivery Model appropriate for all parts of the developing world with some local modifications. This is essentially a 4 tier pyramidal structure covering the primary, secondary and tertiary levels of eye care through a wide spread network of eye care delivery units with appropriate integration with local health care system. The attachment illustrates this structure and explains all the ingredients.

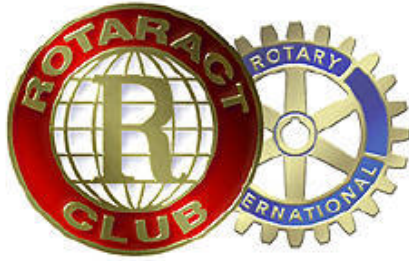
This is informally accepted at least as a working model and the Government of India has incorporated it in its VISION 2020 : The Right to Sight India document. The backbone of this model is “Service Centres”, essentially covering secondary and primary levels of eye care. If these

(continued, page 5)

Zone 32 Coordinator Challenges Rotaract Clubs to Assist ABTF

PDG Robert Ketron, Zone 32 coordinator, has challenged Delhi District 3010 Rotaract clubs to assist the Avoidable Blindness Task Force this year by having each develop their own cornea donation public awareness programme and to establish donation programmes in support of the Rotary Regency Gift of Sight Coordination and Processing Centre at the A. Edward Maumenee Eye Bank located at the Venu Eye Institute. Each donation program should be operated on a budget of no more than US\$2,000 per year, which can be funded in part with Matching Grant funds from the Rotary Foundation.

It is his hope that literally dozens of Rotaract in the US, Europe or East Asia will each partner with a Rotaract club in District 3010 as they set up a network to increase cornea donation to the level needed to eliminate corneal blindness from the entire Delhi Metropolitan area within ten to fifteen years. When each of the Rotary and Rotaract clubs in District 3010 has but one donor per week, there will be over 12,000 cornea being processed annually. If only 40% are usable for transplantation, it will take less than fifteen years to wipe out the entire backlog of some 65,000 corneally blind and meet all ongoing needs for cornea transplants in the Delhi area! And it will cost a club less than \$700 per year to make that happen, by pairing with just one of the Rotaract clubs in Delhi.



EXCERPTS FROM 'TREV'S TOPICS'

We are including, in this issue of the ABTF newsletter, some articles from 'Trev's Topics' - a newsletter compiled by PDG Trevor Powell, the coordinator for Zone 18.



Photos from Intraocular Lens Implant Project



Left: patients being evaluated in the Eye Camps at easily accessible centers at various villages in and around Udipi-Manipal, India.



Above: Rotarian Vansanth Prabhu being honored by the Rotary Club of his hometown, Udipi-Manipal, for his leadership role in obtaining private funds, Rotary Club funds and Rotary Foundation matching funds across two continents to make the Intraocular Lens Implant Project a reality.

Vision Aid Overseas (*from Trev's Topics*)

It is my intention, in each issue of Trev's Topics to spotlight those institutions that are already working in the field of reversible blindness or correcting impaired sight and what we in the ABTF can do to support and work with them for the common good. This issue spotlights VISION AID OVERSEAS.

Vision Aid Overseas is a charity dedicated to helping needy people in developing countries whose lives are blighted by bad eyesight, particularly in those cases where spectacles can help. Started in 1985, it works by sending teams of volunteer optometrists and dispensing opticians to developing coun-

tries, where they set up clinics, screen large numbers of patients and provide the appropriate spectacles where necessary.

The charity operates a large spectacle recycling scheme in the UK, the aim of which is to collect, sort, grade and clean second hand glasses, prior to transportation overseas, where the volunteer optometrists and dispensing opticians test sight and fit the spectacles. These volunteers spend about six weeks abroad and donate an average of £600 personally to defray expenses.

Vision Aid is not a large charity, but an extremely active one. It has an annual income mainly generated by sponsorships

**CATARACT SURGERY
(I.O.L.) NOW COSTS AS
LITTLE AS US \$20.00 PER
PATIENT IN THE
CALCUTTA AREA**

16 Clubs in District 3290 situated in the Calcutta-Sunderbans area are combining with District 1250 in the Guildford-Surrey area to perform 2,500 I.O.L. Cataract operations at a cost of US \$20 per patient. Formerly this cost was well over US \$30 and represents a triumph in negotiation and goodwill to cut the price so drastically. These first 2,500 operations now agreed, will form part of the Tiger project, mentioned in the last issue of Trev's Topics and are a start towards the overall target of 10,000 operations to be carried out in the Calcutta/Sunderbans area, the home of the Bengal Tiger, so dangerously near extinction. Just think what Rotary has achieved; We can now restore a blind person's sight for about the same price as a good bottle of scotch. Makes you think, doesn't it?

-Trev's Topics

Vision Aid Overseas (*continued*)

and donations with a small amount coming from member's subscriptions totalling £ 182,000 (US\$ 300,000). Their workload is impressive. Last year they saw 14,133 patients and dispensed 10,159 pairs of spectacles in 10 different developing countries, as well as giving optical advice.

I shall be shortly visiting their operation to learn more about this valuable work they do. One of their greatest needs, apart from donations, is to maintain a supply of disused spectacles. Surely, this is where we in Rotary can help. Already 350 clubs are involved in collecting spectacles and seven Rotary Clubs have become members of the charity.

Why not write, fax or e-mail Tym Marsh and ask him to organise a speaker for your District Conference or District International Seminar, or even a club visit. I can assure you that he would be delighted to oblige. To send spectacles that you have collected is easy, from

wherever you are in the UK. Put them in a firm box and take them to a local optician that supports VAO. He will send it by Hays DX transport at no cost to you to VAO at Crawley

Easy, isn't it. Please have a go, as without a regular supply of disused spectacles their work would be curtailed. For example, how many disused spectacles are owned by Rotarians themselves that we could box up and take to our local optician? Multiply this by your family and friends and we could begin to make a difference.

VISION AID OVERSEAS

12 The Bell Centre
Newton Road, Manor Royal
Crawley. West Sussex. RH10 9FZ
E-mail: info@vao.org.uk
Director and CEO: Mr Tym Marsh.
E-mail: TymMarsh@aol.com

Meeting the Challenge: A Plan from Zone 24

Greetings from District 5220, California! May I introduce myself. I am Past District Governor Phyllis Jane Nusz and am the Zone 24 Coordinator for this year's task force team.

There are two items that may be of interest to all of you. While we were meeting in Barcelona, Spain, the challenge was made to collect ONE MILLION PAIR of eye glasses to present to President Bhichai at the RI President's Conference in Nairobi in February, 2003. The RI Vice-Chairmen for both Interact and Youthact are in my district, so they are contacting all of the youth around the world to begin collecting glasses. (Of the 150 Youthact clubs worldwide, many in India have been looking for a project for this year and are thrilled with this idea.)

Therefore, we need to establish some collection sites so the young people know what to do with the glasses once they have been collected. I have also asked all of the districts in Zone 24 to make a spe-

cial effort to collect glasses and join the youth with these efforts.

This is just one project of many that I know we will all encourage during the next eleven months. Also, I will be having a booth at the Zone Institute in Eugene, OR, October 10-13, 2002. If any of you have materials that you would like distributed, please let me know and I will make arrangements so they can be received in OR, since I will be flying to the meeting.

I look forward to working with all of you and hope that our paths will cross in person during this Rotary year.

Yours In Rotary Service,

PDG PHYLLIS JANE NUSZ
District 5220

Daytime Phone: 209/367-1172

Evening Phone: 209/467-3951

Mailing Address: 1300 W. Lodi Ave.,
Ste. A-11

Lodi, CA 95242 USA

Email: PJNusz@aol.com



COMING SOON:



Look for a newly developed ABTF brochure, describing the focus of the Task Force and featuring examples of Avoidable Blindness Projects from around the world. It will be available for download from the Task Force Website sometime in September. Share it with governors, clubs, districts, use it at Zone Institutes, Conventions, Assemblies, etc. WATCH FOR IT!

ABTF Workers Included in Centennial Book

The following article about the work recently done in Western Samoa by Bo and Helena Hesselmark will be included in the Rotary Centennial History Book. Congratulations, Bo and Helena!

"It's 1 AM. I have to go to bed!" Bo Hesselmark has just finished sorting the spectacles for tomorrow's patients. Bo and his wife Helena, from Kvidinge, Sweden are in Apia, Samoa on a Rotary volunteer mission. This is the only time they can talk, for during the day they throw themselves into their work. "So many patients, so little time," says Helena.

The couple has committed 62 days to this volunteer assignment and have run clinics on four of the islands in Samoa. The Hesselmarks work as a team, testing and evaluating the prevalence of visual defects amongst the Samoan population.

They have brought and dispensed 1500 pairs of new reading glasses and are taking careful notes of visual status for a report they hope will lead to further eye-glass donations.

They have also been training local opticians who are going to make prescription glasses in the new Optical Lab set up at the National Hospital. This is the first such lab ever in Samoa. All machines and equipment for the lab are donated from Sweden. Now there is a great need for frames and lenses.

Bo and Helena are not surprised to meet other Rotary volunteers in Samoa—they have met volunteers also in Africa during almost every mission and immediately they all speak the same language: the language of service. "Rotary is in action everywhere," he says, turning off the lights.

Photos from Inauguration of Rotary Regency Gift of Sight Coordination and Processing Centre

For an article about the event, and future plans, access the August issue of the Task Force newsletter, page 2.



Above left: Seminar on Eye Banking; Above right: Ribbon Cutting Ceremony



Above left: Inauguration Function Dias; Above right: IFETB Appreciation Award

Suggestions for Task Force Consideration (*continued*)

are strong, eye care in that community will be sound as nearly 80 percent of all eye care problems can be handled at this level.

I believe Rotary is eminently qualified to play a pivotal role at this level because of the extensive network of Rotary Clubs. Each Rotary Club can be linked to a Service Centre and this alliance will help in all the three elements – Management, Development of Infrastructure and Development of Human Resources.

Management can be through local resources, Infrastructure could be developed through a combination of local and International support and Human Resource Development can be achieved through linkages with existing training institutions with Rotary International and also by strengthening other training institutions.

The above system will help in the elimination of Cataract, Refractive Error and Vitamin 'A' deficiency related blindness globally and these cause 70 to 80 percent of blindness in most regions of the world.

Another area worth Rotary's attention is corneal blindness. The problem is not currently addressed by any organization globally. The problem is immense in South East Asia, Africa and Eastern Mediterranean regions. While this problem can be controlled through good public health measures such as Vitamin 'A' distribution, vaccination against measles and implementation of SAFE strategy against Trachoma, many millions are already blind and this number is increasing. Reliable epidemiologic data from India suggests a figure of about 1.3 million bilaterally blind and about 3.5 million unilaterally blind in that country alone, most of whom are in their productive age group. Corneal transplantation can provide visual rehabilitation to most of these victims. The two critical elements to tackle this problem are: (1) Eye Banks of High Quality and (2) Corneal transplantation centers.

To make the creation of eye banking system cost effective, I proposed a 3 tier Eye Banking Model for developing countries. This is accepted by the Government of India and Eye Bank Association of India as appropriate. At the base in all communities will be "Eye Donation Centers" which improve "Public Awareness" in concert with local communities and also perform the task of "Tissue Harvesting". Local physicians or medical technicians can be trained and can act as part time volunteers on a small stipend to help in the harvesting of corneas. The expenditure is limited to a few sets of surgical instruments

and some funds for stipends for volunteers and transportation. The corneas are immediately shipped to "Eye Banks". The cost of an Eye Donation centre is less than US \$ 1000 and running cost is less than \$ 500 per year.

"Eye Bank" is the next level, which sub serves all functions, namely public awareness and liaison with community, tissue harvesting, tissue evaluation, tissue preservation and tissue distribution. This needs world class infrastructure and manpower. Each "Eye Bank" costs around US \$ 50000. "Eye Banking Training Centre" is the highest level where in addition to eye banking, training for all categories of eye bank personnel is provided. Each of these cost around US \$ 100000.

Finally, how does this whole thing translate to Rotary Network?

- Each Rotary Club can be linked to a "Service Centre" providing comprehensive primary and secondary eye care for a 500,000 to 1.0 million population.
- Each of these centers should have an "Eye Donation Centre". This comprehensive approach can make a major impact on 70 to 80 percent of blindness.
- Each Rotary District can support a "Training Centre" and one "Eye Bank" linked to a Training Centre
- Rotary International can directly support "Centers of Excellence" which will also be "Eye Banking Training Centers".

Rotary can start this in one country where it has the greatest chance of success. To me, India is the choice since it has both Rotary Infrastructure and Eye Care Infrastructure and alliance between the two should not be a major factor.

Another recommendation that I make very strongly is for Rotary International to be a member of IAPB VISION 2020 Task Force. You should be at that table and get involved in the development of global policy in the area of Avoidable Blindness.

If any of you have any questions, I will be happy to respond. With kind regards.

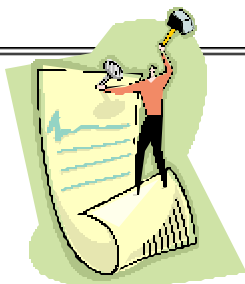
Yours sincerely,

GULLAPALLI N.RAO
Director – L.V.Prasad Eye Institute &
Secretary General – International Agency
for the Prevention of Blindness
gnrao@lvpeye.stph.net



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



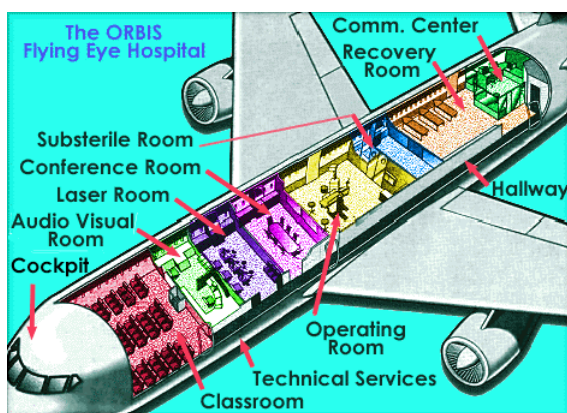


Do you have an Avoidable Blindness project or idea that you would like to share in the Task Force Newsletter? Or perhaps an announcement that you would like to make to the ABTF? Please send items to **Assistant General Chairman Steve Brown** at StephenRBrown@worldnet.att.net for approval. Pictures of projects, with captions are always welcome as well (jpeg format preferred).

Get to know ORBIS

Orbis is an outstanding humanitarian organization that "envisions a world in which avoidable blindness is eliminated." They work in developing countries to save sight through hands-in training, public health education, and improved access to eye care. Since 1982 ORBIS has completed 410 programs in 80 countries. It has trained 48,345 ophthalmologists, nurses, biomedical engineers and other health care workers, who, in turn, provide treatment and training in their countries. Worldwide, more than seven million people have received eye care from ORBIS-trained doctors. They are noted for having a converted DC-10 flying eye hospital.

For further information, go to:
www.orbis.org/Pages/mission.htm



The ORBIS flying eye hospital is a DC-10 jet which has been converted into a self-contained teaching eye hospital containing a classroom, audio-visual room, editing room, laser/examination room, conference room, operating room, sub-sterile and scrub room, recovery room, and communication center. The lower level of the plane houses a technical training and maintenance center. A tour is available on the website.

Encouraging District Governors to be involved w/Avoidable Blindness Projects

From PDG Richard Frank, Zone 25 coordinator, comes an example of ways for District Governors to share Avoidable Blindness in their district.

Dear Governor and District Liaison,

The loss of eyesight is one of the most serious misfortunes that can befall a person. The World Health Organization estimates that there are 40 million cases of blindness around the world, with a further 110 million cases of low vision at risk of becoming blind. In general, more than two-thirds of today's blindness could be avoided (through prevention or treatment) by applying existing knowledge and technology.

To support Rotarians' efforts in avoidable blindness, President Bhichai Rattakul has appointed the 2002-2003 Avoidable Blindness Task Force. A TASK FORCE is an action group of Rotarians, appointed by the President, to carry out specific activities to help clubs and districts achieve their operational and service objectives.

Ways Rotarians Can Work with their Communities:

- Organize an eye camp or eye clinic where economically disadvantaged people can come for free eye care.
- Provide financial support to

an eye camp, eye hospital or cataract surgery project either in your local community or overseas.

- Undertake a campaign to collect used eyeglasses and donate them to an organization that will distribute them to those in need.
- Sponsor a seminar in your community on preventable blindness.
- Support a project that alleviates Vitamin A deficiency in children – a leading cause of blindness.
- Organize a vision-screening campaign in your community, at a local school, either public or private, or home for the elderly.

These are some ideas for your district to look at and maybe implement this coming year. I trust that you will try to accomplish at least one or more of these goals in your community. Please go to the Task Force website and download the newsletter. For further information please contact me.

Please send me articles and pictures of what you are doing in your district.

Yours in Rotary,

RICHARD FRANK
 Email: rlfrank@earthlink.net