Annual Report 1992

We have learned that we cannot live alone, at peace, that our own well-being is dependent upon the well-being of other nations, far away... We have learned to be citizens of the human community.

Franklin Delano Roosevelt

the International Eye Foundation

"It was unbelievably interesting to be in touch with so many famous ophthalmologists, to participate in vitreoretinal surgery courses, and to see the new technology in the exhibition halls." [Comments on visit to the American Academy of Ophthalmology]

Bojidar Madjarov, MD, IEF Center for Sight, Bulgaria

"By creating educational materials, we can prevent what we cannot cure."

Sylvia de Ponce, Vitamin A Training and Resource Unit, Guatemala

"Working with the IEF as a Secretary/Bookkeeper gives me a great opportunity to have training in the scope of computers, what constituted a dream for me."

Nkwelle Patrice Bertrand, IEF Onchocerciasis Control Program, Cameroon

Photos: Laine Issaicon, Victoria M. Sheffield, Christine Witte
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From the President:

Dear Friends,

There was a time when we defined our community as the central geographical area in which we lived. It was our neighborhood, town or city. It encompassed our friends, relatives, those from whom we sought care and knowledge, and those to whom we provided care and knowledge.

Over time, our community has changed. These changes have been brought about through our curiosity and the ever expanding web of technology to which our curiosity has given birth. Now, the world is our community.

As citizens of this world, we have a responsibility to each other. Although, our "neighbors" may be on the other side of the world instead of on the other side of the street, we must charge ourselves to remember them and value their role in our lives.

The International Eye Foundation’s (IEF) community encompasses villages, towns and cities from Latin America to Eastern Europe and Africa. In each different locale, we teach the value of eye care and its importance in general health care. Members of our community include educators, administrators, donors, physicians, volunteers and families.

In the following pages, you will be introduced to some of your "neighbors" in the IEF community – enjoy your visit.

Arnold B. Simonse, PhD

From the Executive Director:

Dear Friends,

We, the people of the world, are known to each other as never before. In this age of communication and global change, we immediately see, feel and know what affects the lives of others through the flash of a media image. While we celebrate the joys of friends and neighbors worldwide, we also share in their misfortunes and despair. We hear the call to aid our neighbors throughout our small world from the leaders of many nations, and, perhaps, in our own hearts.

The members of the "IEF community" have heeded this call for over three decades. Our self determined responsibility is the ongoing fight against avoidable blindness. With the cooperation of local partners, we have established programs to address the most pressing needs. We have taught the value of vitamin A rich foods to mothers from Africa to Latin America. We have distributed vitamin A to children and reversed the tide of blindness. We have rejoiced at the development of Mectizan and established community based distribution programs to control River Blindness which has blinded generations of people. Most importantly, in all of our programs, we have provided training and education so that the local communities will continue to reap the benefit of our work long after we have moved on to help others.

We are proud of our past accomplishments and our present commitment to the responsibility we share for our global community. As a part of the IEF community, you have helped us to strengthen individuals, families, local communities and the world in which we live. In ways both great and small, the IEF staff living and working in countries around the world is improving lives by saving and restoring sight.

Victoria M. Sheffield

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NIGERIA

Currently, there are eighteen million people worldwide infected with the parasitic disease onchocerciasis (commonly known as river blindness). In Africa and Latin America, 85 million more are at risk of contracting this disease from their infected neighbors. Transmitted, person to person, by the bite of a black fly, onchocerciasis causes severe itching, depigmentation of the skin, and eventual irreversible blindness. This debilitating disease is one of the major causes of blindness in the world.

In 1987, a parasitic treatment developed by Merck & Co., Inc. was approved for human use to treat onchocerciasis. One annual tablet of ivermectin (trade name, Mectizan) was found to relieve the damaging symptoms of the disease. Once Mectizan was determined to be safe and effective, Merck & Co., Inc. generously offered to donate this “miracle drug” for as long as it is needed to all organizations committed to fighting river blindness. The challenge for the International Eye Foundation (IEF) is to teach communities about the disease and its treatment, Mectizan, while dispensing the drug and creating an infrastructure which will provide lasting Mectizan coverage for the population at risk.

Nigeria contains one-third of all onchocerciasis cases worldwide. As the fly breeds in rapid flowing rivers, entire villages in the fertile river valleys have been abandoned due to the disease. In 1989, the IEF and Africare initiated the first onchocerciasis control program by American non-governmental organizations in Africa. The IEF continues to promote onchocerciasis control activities in Nigeria through the provision of technical support to Africare projects in the Kwara and Adamawa/Taraba states.

CAMEROON

In the southern rainforests of Cameroon, onchocerciasis is endemic, endangering the sight of 150,000 villagers throughout the Dja & Lobé regions. The IEF, in collaboration with Tulane University, recently launched an onchocerciasis control project in the communities at risk. Program Director, Basile Kollo, MD, MPH, has established a new IEF office, hired staff, coordinated the efforts to conduct epidemiological and behavioral surveys and has commenced distribution of Mectizan. The IEF/Tulane program works in close collaboration with the Ministry of Public Health to ensure the long-term sustainability of the project.

MALAWI

Vitamin A for Child Survival

Vitamin A deficiency can lead to Xerophthalmia, a nutritional blinding disease. IEF programs are concerned with the effects of this disease on infants, young children, and nursing mothers. Vitamin A deficiency results when there are not enough vitamin A–rich foods in the diet, or a child cannot absorb the vitamin A from foods because of illness. Simply stated, when the body is deficient in vitamin A, the eyes, as well as the lining of the lungs and intestines, become dry and are at risk of infection. Additionally, the eyes are at risk of blindness. Initial damage to the cornea can be reversed with vitamin A treatment.

This year, Malawi has experienced the worst drought in Southern Africa in decades. In the Chikwawa and Nsange Districts, where the IEF is administering vitamin A and child survival activities, it has been estimated that 98% of the farm families will harvest no crop this season. These tragic circumstances make vitamin A education and distribution projects all the more important.

Recently, the IEF has expanded services to the entire district of Chikwawa which has a population of 370,790 people in 475 villages. IEF activities include: Vitamin A education and distribution, immunization, diarrheal disease control, promotion of breastfeeding, AIDS education and primary eye care services. In order to establish a health care infrastructure, village health committees have been activated throughout this rural region. These health committees have selected village health volunteers which are trained by the IEF staff. The IEF has also been active in the provision of vitamin A technical assistance in the northern Nsange District.

IEF Ophthalmologist, Dr. Susan Lewallen, is the only ophthalmologist practicing in the Southern region of Malawi. Working at the Queen Elizabeth Central Hospital in Blantyre, Dr. Lewallen covers a population of more than 3 million.

The IEF has played a leading role among non-governmental organizations in the formation of a Drought Relief Coordination Unit. From developing the concept, to proposal writing, to organizing meetings, to implementation, IEF has worked to establish this initiative to address the drought crisis. With funding from UNICEF and UNDP, the unit is now completely operational with a full-time Director.

Onchocerciasis Control

200,000 people, or 40% of the population living in the Thyolo Highlands of Malawi, are believed to be at risk of infection by onchocerciasis (river blindness). With the infrastructure created by the IEF onchocerciasis control program, it is believed that this blinding parasitic disease may one day be totally eliminated from Malawi.

Since 1991, the IEF has been battling onchocerciasis in Malawi through the distribution of the safe and effective treatment, Mectizan. With financial support from the Public Welfare Foundation and the River Blindness Foundation, the IEF project, under the direction of Kathleen Johnson, MD, has successfully distributed this crucial treatment through mobile teams, health clinics, and community–based volunteers. After 1.5 years of health education and Mectizan distribution activities, 70,000 people have been reached through the efforts of the IEF.

"Jon (Peace Corps Volunteer assigned to IEF project) has had a wonderful experience with you and IEF in Malawi. We never receive a letter that doesn't inform us of the many projects you are engaged in there, and they are always filled with high praise for you both. Through Jon we have become fans of the IEF."

Julie Sichler, Jon's aunt (letter to Drs. Courtright and Lewallen)


Malawian woman takes her Mectizan tablet.
ETHIOPIA

After years of engaging in one of the world's longest civil wars, peace has finally returned to Ethiopia and soon to be independent, Eritrea. It is now a time for rebuilding.

Unfortunately, during this final year of immense upheaval, it was not possible for the IEF to administer the Ophthalmic Medical Auxiliary Course which previously has trained 59 health professionals in primary eye care. However, the IEF has already begun to make plans to start anew. A 3-day Ophthalmic Refresher Course for Ophthalmic Medical Auxiliaries, formerly trained by the IEF, will take place this summer in Addis Ababa.

HONDURAS

Magi Eye Clinic/Santa Barbara Clinic

The IEF, with support from the Ramona and William M. Carrigan Foundation, established the Magi Eye Clinic located in San Pedro Sula in 1981. This modern eye care center serves a population that previously had no access to professional eye care. This year, Magi ophthalmologists attended to over 9,770 patients, performing surgery on more than 700 people. In order to strengthen this valuable facility, this year the IEF shipped $200,000 worth of ophthalmic equipment and supplies. The IEF also supports an eye care outreach clinic in Santa Barbara, Honduras with essential ophthalmic supplies.

HONDURAS (con't)

Vitamin A for Child Survival

Along the mountainous outskirts of the capital city of Tegucigalpa, the population continues to grow. Families arrive from the rural areas daily, constructing houses with whatever materials they find, forming urban shantytowns without adequate access to water, electricity or health facilities.

Since January 1991, IEF field staff have been implementing a Vitamin A/Child Survival Project addressing mothers and children residing in these peri-urban areas. 7,000 children under five years of age have received multiple doses of vitamin A. Community Health Volunteers trained by the IEF have conducted vitamin A nutrition education sessions with mothers on a house to house basis. Vegetable gardens containing vitamin A-rich foods have been initiated in the project area. Children throughout the locality are screened for eye disorders. If problems are identified, they are referred to a small IEF eye care clinic where an IEF ophthalmologist provides ophthalmic care.

Training in Honduras

Training has always been a major priority of all IEF programs. In Honduras this year, project staff have been especially busy organizing and conducting vitamin A-related training for several levels of health personnel.

In August, the IEF had the privilege of hosting the 2nd Latin American/Caribbean Child Survival Workshop sponsored by the Office of Private and Voluntary Cooperation of the United States Agency of International Development. 23 public health professionals from five Latin American nations were in attendance at this six-day event.

In San Pedro Sula, the IEF worked in collaboration with the Ministry of Health and Proyecto MAMA of the Mennonite Church to organize a 2-day conference on Vitamin A deficiency. Valuable information was shared with local physicians, nurses and health personnel.

In a third IEF workshop, twelve health professionals were trained in Conjunctival Impression Cytology (CIC) - a method to assess vitamin A deficiency without the difficulty of drawing a blood sample. With support from a Carrigan fellowship, Dr. Marylena Arita Amador received additional training in Guatemala and was certified in this procedure. Dr. Amador is now one of the few professionals capable of conducting CIC assessment in the Latin American region.

"IEF's important work (in Tegucigalpa, San Pedro Sula, and most recently, in Santa Barbara) benefits many among the rural population in Honduras by providing necessary eye care and services to a large number of people who would otherwise not have access to treatment."

Rene Arturo Bendaña
Honduras Ambassador to the United States

Health workers receive training in vitamin A/Child Survival survey techniques.
GUATEMALA

Vitamin A for Child Survival

In the mountains of Alta Verapaz, Guatemala, the IEF is the sole international non-governmental organization (NGO) addressing health needs. Despite the constraints of mountainous terrain and a prolonged rainy season, 300 health care volunteers trained by the IEF have promoted and distributed indispensable vitamin A capsules to mothers and children in 33 rural communities. With generous support from F. Hoffmann-La Roche Task Force “Sight and Life,” the threat of blindness and death from vitamin A deficiency is being avoided.

Under the direction of Jeff Brown, MPH, families in Alta Verapaz not only receive vitamin A capsules, but are also taught which local vegetables and fruits contain essential nutrients. Cooking demonstrations are held regularly to teach women various ways to prepare nutritious meals for their families. Home gardens containing vitamin A-rich foods are promoted throughout the region as a long-term strategy to ensure better nutrition.

As measles and diarrheal disease endanger the health and vitamin A status of children, IEF volunteers have also been instrumental in implementing vaccination and parasite treatment campaigns. By supplying oral rehydration therapy packets, and materials to build latrines, IEF is able to fight diarrhea. Eye care screenings and referrals are conducted on a regular basis.

Vitamin A Training & Resource Unit

The IEF, in collaboration with the National Committee for the Blind and Deaf of Guatemala (NCBD), has, for the past five years, implemented projects to enhance the nutritional status of children through the promotion of vitamin A. This year, in order to help facilitate Vitamin A nutrition education, the IEF/NCBD has established a Training and Resource Unit for Vitamin A and Nutrition Education called the “Unidad Pro-Vita-A.” This innovative unit shares the IEF’s knowledge of vitamin A with others by developing and disseminating educational materials, as well as conducting training for health ministries, NGO’s, and our own vitamin A projects. An informative newsletter is produced twice a year for health and nutrition personnel throughout Latin America.

Guatemalan girl receives treatment for parasites as a part of IEF's vitamin A/Child Survival activities

Onchocerciasis Control Programs

The nation of Guatemala has the highest prevalence of onchocerciasis in Latin America. The IEF addresses this severe health problem through the implementation of two adjoining projects in the rural highlands of Guatemala. In 1989, the IEF first began implementation of an onchocerciasis control project in the Chimaltenango province with supervision by Karen Casasola, MD. Since that time, a total of 71 community health volunteers have been trained to educate the rural populations about onchocerciasis and dispense the treatment of mebendazol. Over 12,000 people now receive mebendazol on an annual basis.

In 1992, the IEF expanded its onchocerciasis control program to the province of Suchitepequez under the direction of Ricardo Lujan, PhD. 90,000 villagers living in this area are at risk of being afflicted by this parasitic disease. This project was designed as a pilot project for a national effort to combat onchocerciasis in all of Guatemala. IEF believes that through the establishment of sustainable onchocerciasis control programs, it is possible to totally eliminate the disease from this Latin American nation.

Provitamin A Program

Although the distribution of vitamin A capsules replenishes children’s vitamin A needs, the IEF recognizes this strategy as a short-term solution to poor nutrition. IEF programs promote the production and consumption of indigenous vitamin A-rich foods that are easily accessible to all communities. In collaboration with the University of North Carolina, 31 locally grown vegetables have been chemically analyzed to determine their vitamin A content in order to update nutritional food charts. Once the vitamin A content of the plants is determined, studies are conducted on the acceptability of the foods in the community, as well as how the foods can be promoted. For example, after the vitamin A content of sweet potatoes was analyzed, the IEF played a part in determining how an instantized form of this food could be industrially processed, and studied whether families would serve it to their children. This research is critically important to ensure that families can benefit from local foods containing vitamin A.
BULGARIA

On May 29, 1992, the IEF Center for Sight officially opened in Sofia, Bulgaria. This modern eye care center serves to upgrade ophthalmological services in Bulgaria in a number of ways. Although the country has more than 600 ophthalmologists, services have been impeded by a lack of sophisticated equipment and training. The Center for Sight, under the direction of Prof. Petja L. Vassileva, MD, PhD, MPH, provides a technologically advanced, fully-equipped clinic to treat patients, as well as an appropriate location to train physicians.

The “Visiting Professors” program responds to the ophthalmic needs of Bulgaria by providing training for ophthalmologists in specialty areas including: vitreo-retinal surgery, glaucoma, pediatric ophthalmology, plastic surgery, and cataract/IOL surgery. Since the establishment of the center, three American ophthalmologists with specialties in vitreo-retinal surgery have already provided lectures and demonstrations for 40 of their Bulgarian counterparts. Visiting Professors are scheduled to visit Bulgaria at least six times each year.

Since the only available blindness prevalence data in Bulgaria is 50 years old, the IEF Center for Sight has scheduled a national blindness prevalence survey to be conducted in collaboration with the Johns Hopkins University. Data collected will determine the major causes of blindness in Bulgaria and will be extremely useful in formulating future eye care programs.

"...the looks on the faces of the ophthalmologists when they saw the peripheral parts of the retina for the first time with the indirect ophthalmoscope. They knew it was there, but they hadn’t seen it before!"

Robert W. Butner, MD
Visiting Volunteer Professor
Sofia, Bulgaria

(quote reprinted from Argus,
American Academy of Ophthalmology, Aug.’92)

ST. KITTS AND NEVIS

Since 1985, the IEF has recruited volunteer ophthalmologists for the island nation of St. Kitts and Nevis. Ophthalmologists from all over the United States travelled to this small nation to generously provide their ophthalmic expertise. This year, the IEF was able to support the eye clinic at the Joseph N. France Hospital with over $78,000 worth of medical supplies, as well as arranging for the regular provision of ophthalmological services.

TURKS AND CAICOS

On the isolated British Turks and Caicos Islands, eye patients were once forced to travel to the USA for ophthalmologic care, if they could afford it. With the technical assistance of the IEF, a new fully-equipped clinic was established on the island of Grand Turk.

Since the clinic was established, the IEF has recruited three ophthalmologists and one optometrist to volunteer several weeks of their valuable service to aid these Caribbean peoples. Kevin Belville, MD, an American ophthalmologist, working with Mrs. Patricia Bradley, wife of Governor Bradley, has played a significant role in the development and implementation of this eye care program.

IN-KIND DONATIONS

This year, the IEF received over $2 million worth of donated ophthalmic supplies and equipment from corporate sources, as well as individual donors. It is generosity like this which allows the IEF to reach more and more people each year.

The IEF works hard to build partnerships with governmental, and non-governmental organizations, hospitals and clinics overseas. It is a goal of IEF to strengthen these local institutions to a level in which they can meet the eye care challenges of their own countries. By supplying slit lamps, surgical instruments and other ophthalmic equipment, clinics can be established in places where previously there were no eye care services available. Donations of pharmaceutical supplies provide critical eye care treatment for blinding diseases like onchocerciasis, glaucoma, trachoma, xerophthalmia and cataract surgery.

"Your efforts have been magnificent in the establishment of a new Eye Clinic and for the provision of professional help and equipment... It is indeed greatly appreciated."

M.J. Bradley, Governor, Turks and Caicos Islands, Caribbean

Dr. Kevin Belville examines a school child on the island of St. Kitts.
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