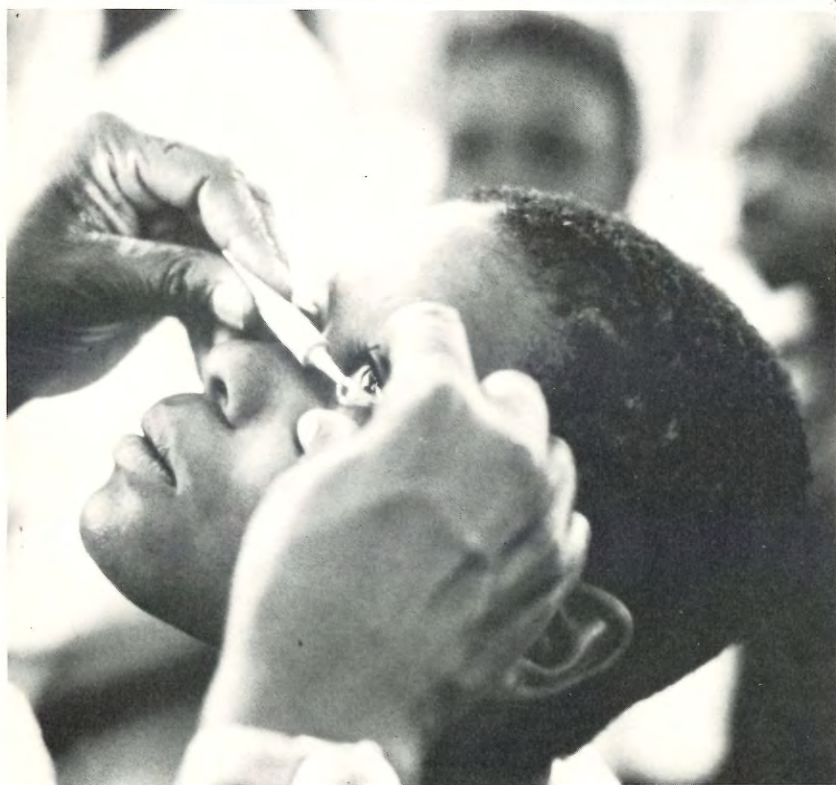


International Eye Foundation

Annual Report
1981-1982



INTERNATIONAL EYE FOUNDATION

Summary of Activities 1981-1982

Drawing on the experience gained in over twenty years of helping others to help themselves, the IEF continued its progressive expansion of assistance activities during the past fiscal year, July 1, 1981-June 30, 1982.

New dimensions were added in the efforts to relieve the suffering of the over 40 million blind people in the world and to reduce the dramatic increases in avoidable blindness. The IEF enlarged on its joint efforts with the World Health Organization and the governments of many countries. While continuing the highly successful programs in specific countries, collaborative programs were developed, joining neighboring countries in shared programs to combat blindness.

Full-time IEF staff, augmented by volunteer eye specialists sponsored by the IEF and the Society of Eye Surgeons, continued our long-term programs in Honduras, Puerto Rico, St. Lucia, Kenya, Egypt and Haiti. New programs were begun in Guinea, Saudi Arabia, Malawi, Ecuador, and the Dominican Republic. Working in collaboration with the World Health Organization and other international agencies, assistance was given the countries of Botswana, Malawi, Lesotho, Zimbabwe, Zambia and Swaziland to evaluate the cause and extent of blinding eye disease. Country-specific programs against blindness were developed, and a central training facility developed in Malawi to train health workers from these countries in the field of eye health care and blindness prevention.

This year, over 3,600 auxiliary health workers, nurses, clinical officers, medical assistants and their instructors were trained in the recognition, treatment or appropriate referral of patients suffering from eye disease. In order to help meet the demand for increased specialty eye services to prevent blindness and restore sight, 20 foreign physicians were given additional training in IEF-sponsored basic science and advanced specialty training courses. Thirty-four U.S. eye specialists served abroad as short-term Visiting Professors and Surgeons, and nine served in full-time positions. Six certified ophthalmic technicians and nurses served in various developing countries. This impressive

list of volunteers accounted for direct sight-saving and sight-restoring care for over 400,000 patients. Over 4,000 major and minor surgical operations were performed by IEF staff during this period of time.

Foundations were laid for closer cooperation with other international organizations dedicated to blindness prevention and treatment in developing countries. By coordination of activities, our various complementary activities will be made far more effective and efficient.

Honduras

The first phase of the widely-acclaimed Hondura Blindness Prevention and Treatment program neared completion. Over 1,000 health workers of the Ministry of Health, including Peace Corps volunteers, were trained in Primary Eye Care. The Government had requested training for 450 originally, but as the project developed, the necessity for enlarging on this original target became apparent as more awareness developed of the serious extent of blinding eye disease.

An Agreement for a second phase was signed between the Ministry and the IEF to continue and expand collaboration for two years. Having been given training in the recognition of eye disease, health care workers are identifying more and more patients needing specialty eye care. In order to respond to this need, a series of exchange training programs have been started at the request of the government ophthalmologists. These include short-term fellowships in the United States for Honduran ophthalmologists and Visiting Professor lectureships in Honduras by leading eye specialists provided by the IEF and the Society of Eye Surgeons. The first surgical demonstration and teaching seminar was carried out by Dr. Lawrence M. King, Jr., the IEF Associate Medical Director. Refresher courses are scheduled for previously trained medical personnel, and teachers will be trained to perform visual acuity screening in primary schools.

A significant amount of program costs in Honduras have been met through grants provided by the Charles T. Campbell Foundation of Pittsburgh, Pennsylvania and the Public Welfare Foundation of Washington, D.C.

Haiti

The rotation of senior residents in ophthalmology from Yale University continued at Albert Schweitzer Hospital in Deschappelles. Located in the interior Artibonite Valley of Haiti, an area of difficult

access, this program provided the only eye care available to upwards of 150,000 people.

Twelve months' coverage in the ophthalmology service by three rotating physicians permitted the screening and diagnosis of approximately 4,500 patients and 200 curative surgical operations.

Shifts in several key personnel at Albert Schweitzer Hospital and a reassessment of this program relative to other ophthalmic needs by Haitian authorities occasioned a reevaluation of the program by the IEF during the latter part of the year. Decisions regarding the program's continuance or modification are expected during the second half of 1982.

Puerto Rico

The IEF continued its support of the Basic Science Course in Ophthalmology conducted by the Department of Ophthalmology of the University of Puerto Rico under the direction of Dr. Manuel N. Miranda-Rivera. Twelve fellowships were provided for the 15th annual five-month course for physicians from 12 different countries throughout Central and South America and the Caribbean. This brought to 163 the total number of fellowships provided by the IEF over a 15 year period.

An annual sub-specialty fellowship was established under the supervision of Dr. William M. Townsend of the same Department of Ophthalmology. Funding for this annual award is being provided by the William M. and Ramona N. Carrigan Family Endowment for Blindness Prevention in the Americas. This Endowment of \$300,000 was established at the IEF by the Carrigan family, long-time supporters of IEF activities in the Americas, and will enable this fellowship and a variety of other projects to be developed.

Dominican Republic

Final agreement was reached on the protocol covering a collaborative primary eye care training program by the IEF and the Ministry of Public Health. Funding was obtained from the USAID Mission in Santo Domingo to help defray the costs of training general physicians, nurse trainers, nurse supervisors, auxiliaries, and health promoters in primary eye care. Señora Milagros Colón de Lopez, R.N., will serve as Project Director.

Ecuador

Dr. William M. Townsend, corneal specialist and Director of the Carrigan Family Fellowships for the IEF at the University of Puerto Rico, provided essential skills and expertise during the establishment of the first eye bank in Guayaquil, Ecuador, October, 1981. Dr. Townsend worked with Dr. Richard C. Troutman of the New York Eye Bank for Sight Restoration and Dr. Suzanne Véronneau-Troutman, both members of the Society of Eye Surgeons, to perform corneal transplant surgery and teaching sessions in Guayaquil.

Saint Lucia

Dr. John A. Distler completed an 18-month tour as the IEF ophthalmologist attached to the Ministry of Health in Castries, Saint Lucia. During this period of time, Dr. Distler served as Project Director, establishing a free eye clinic at Victoria Hospital in Castries. Working with equipment supplied by the IEF and ophthalmic medications donated by Alcon, Merck and Company, Inc., and others, Dr. Distler's clinics provided examination and treatment for 4,500 new patients and 2,900 follow-up patients. Two hundred thirty-five sight-restorative operations were performed. In addition, clinics were held at other locations on the island, including St. Jude Hospital in Vieux Fort.

Seventy community health workers and 15 nurses working in the rural areas of Saint Lucia were given courses in Primary Eye Care. In addition, 20 nurses from surrounding Caribbean islands were given a six-week course in Intermediate Eye Care and public health ophthalmology. Teaching staff included Tamara Gonzalez Oberbeck from Honduras, Dr. Distler of Saint Lucia, and Mr. Jack W. Swartwood from IEF headquarters in Bethesda.

Surveys of needs and resources were implemented on Montserrat, Dominica, St. Vincent, Antigua, St. Kitts-Nevis, and Grenada by Dr. Distler in conjunction with the authorities of each country. Specific needs were identified, and a number of volunteer ophthalmologists assisted in developing these projects. The total population of these countries is 424,000.

Considerable public health education was carried out on television, through radio talks by working with associations of the blind, and by discussions with various organizations and gatherings.

At the request of the Ministry of Health, plans were formulated in conjunction with the Massachusetts Eye and Ear Infirmary to continue the project for another year. Dr. Bradford J. Shingleton has replaced

Dr. Distler as the IEF ophthalmologist on Saint Lucia. In addition to continuing the fine work begun by Dr. Distler, Dr. Shingleton will supervise the third-year residents from Massachusetts Eye & Ear, who will rotate through the hospital eye services.

Montserrat

As a result of the outreach activities of the IEF project based on Saint Lucia, a collaborative glaucoma survey was conducted during February 1982 on Montserrat by Dr. Harris of the Ministry of Health, Dr. Dorothy C. Scott of Pittsburgh and the IEF's Society of Eye Surgeons, and Dr. Distler of IEF in Saint Lucia.

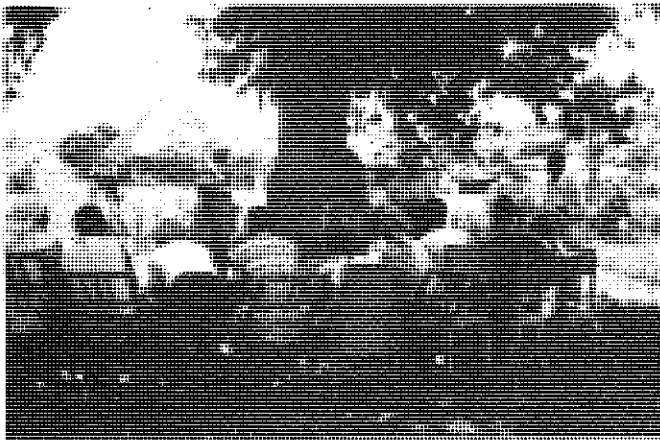
Nine percent of the total population, or 828 persons over the age of 40, were carefully screened, and 5.7% of this survey population was found to have untreated glaucoma. This rate was nearly threefold the prevalence rate of the comparable age group in the United States. Plans were, therefore, formulated for follow-up management of this significant problem.

Guinea

In February 1982, Dr. Samir S. Saleeby, an IEF Consultant, member of the Society of Eye Surgeons, and prominent ophthalmologist from Lebanon, began the implementation of a surgical teaching program in Conakry, Guinea. The two-year protocol with the Ministry of Public Health called for the ophthalmic training of eight Guinean general medical physicians to assist the sole ophthalmologist, Dr. Hadiatou Sylla, at the country's referral center, Donka Hospital in Conakry.

The first group of four physicians immediately began training, and the number of surgical operations increased as the volume of outpatients grew. In the latter five months of this year, over 5,200 patients were examined and treated and over 300 major surgical operations performed at Donka Hospital.

In order to upgrade eye care further, President Sekou Touré designated a separate building as an eye center. Modification and refurbishing was begun in late June in order for the facility to be readied for fall 1982. Fund-raising efforts are in progress to raise the \$50,000 necessary to complete the new clinic. This new facility will more than double the ophthalmic care capacity in Guinea, a significant contribution by the American and other industries and individual contributors. Such an upgraded facility will provide a model for other health efforts as well.



Teaching Village Health Workers



Assessing the Causes of Blindness in Rural Areas



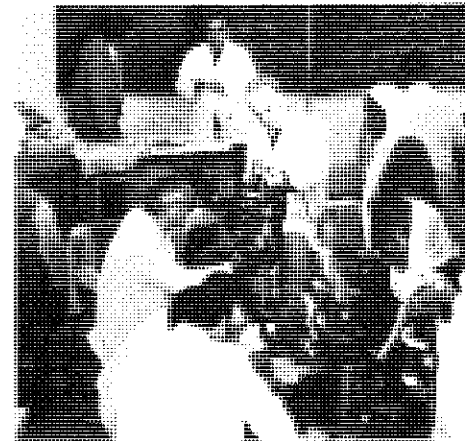
Ophthalmic Medical Auxiliary Training Health Workers



Superficial Eye Surgery in a Rural Hospital



School Eye Health Education



Eye Clinic and Teaching Session

Throughout the development and implementation of this project, excellent support was provided and continues to be provided by the Martin Marietta Corporation and its affiliated Halco (Mining) Company, together with the consortium in Guinea of which Halco is a member, the *Compagnie des Bauxites de Guinée*. Shipment of equipment from the United States, local housing and board, local transportation, and a variety of administrative and technical support services provided by these corporations have helped to make this a successful operation.

Kenya

Phase II of the Kenya Rural Blindness Prevention Project continued through the second of its three years emphasizing the teaching of several levels of Kenyan health care personnel to assume responsibilities for primary eye care throughout rural Kenya.

A specific key objective was to train the teaching staffs of Rural Health Training Centers so that all graduates of these centers destined for rural health care activities would be skilled in primary eye care. The total number of participants at these centers, together with other health training facilities in rural Kenya, came to over 1,000 trained in primary eye care and blindness prevention during the year.

In addition, nearly 1,500 Kenyans were similarly trained by the Field Training Specialist, Victoria M. Sheffield, C.O.M.T., in provincial and district-level seminars throughout the country.

Of considerable significance was the public health ophthalmic field training of four Kenya eye specialists from Kenyatta National Hospital in Nairobi. These young doctors, after completing didactic training in Nairobi, were posted to Central and Rift Valley Provinces where the IEF surgeons provided practical training in appropriate surgical techniques and in managing blindness prevention and treatment program activities in a "real-life" situation.

Two notable projects were undertaken in keeping with emphasis of recent years on community self-help. Two community-based primary health care projects were initiated at Ithimia and Saradidi, with primary eye care integrated into the projects and serving as a stimulus for other health-related developments. Oversight committees composed of clan representatives were formed. Water development, construction of small dispensaries and community centers, and the training of village health workers in blindness prevention were all components of these community-sponsored endeavors.

Two blindness prevalence surveys were performed in the Baringo and Kajajido Districts. The surveys examined a total of 4,599 persons and revealed blindness rates of 1.2% and 1.5% respectively. The major causes of visual loss were cataract, trachoma, and refractive error.

Various educational and training materials continued to be distributed not only throughout Kenya, but to other countries such as Uganda, Tanzania, Swaziland, Ethiopia, Ghana, Nigeria, Sudan, and Botswana. The Red Eye Chart, already reproduced and distributed by the Pan American Health Organization, underwent revision in conjunction with WHO and is being printed in several languages for worldwide distribution.

The Kenya Rural Blindness Prevention Project continues to be a model and standard for the development of blindness prevention projects elsewhere in the world.

Malawi

The first in-country services by the IEF for the three-year Malawi program began November 1981 with the assignment and arrival of Dr. Teferra Tizazu.

Working with Dr. Moses Chirambo, Principal Ophthalmologist of the Ministry of Health, Dr. Tizazu reorganized the ophthalmology service at Queen Elizabeth II Hospital, Blantyre. Over an eight-month period, approximately 18,600 outpatients were diagnosed and treated, and 560 persons provided major eye surgery.

The training of ophthalmic medical assistants, nurses, and other paramedical personnel began immediately. After a careful selection process, several medical assistants were chosen for training in cataract surgery.

Outreach services were developed to upgrade eye care delivery in rural areas, particularly the Lower Shire Valley. A collaborative project to combat nutritional eye diseases and blindness in children was planned.

Of far-reaching national and international import, an International Ophthalmic Assistant Training Center was developed for establishment in Lilongwe to serve not only the needs of Malawi, but also those of Zimbabwe, Zambia, Botswana, Lesotho, and Swaziland. Opening of this center was targeted for early 1983.

Egypt

In the Ophthalmological Teaching and Exchange Program implemented by the IEF and the U.S. Navy at Rod El Faraq Eye Hospital in

Cairo, five senior staff ophthalmologists and eight younger physicians rotated for three months each on fellowships. One Egyptian ophthalmologist completed advanced training at selected ophthalmic centers in the United States.

Three thousand six hundred patients were examined and treated by the volunteer U.S. surgeons in Cairo, and 720 major intraocular procedures were performed.

Development of a primary eye health care and training project slated for the Kalifa zone of South Cairo continued, and initial implementation was targeted for late 1982.

Major shipments of donated pharmaceuticals and supplies were donated to the project from the in-kind contributions of Alcon, Merck and Co., Inc., and Continuous Curve Contact Lens Corporation. The total value of these contributions was \$375,000.

Jordan

Planning activities continued with the Ministry of Public Health, the Royal Jordanian Medical Services and the University of Jordan for a collaborative survey of eye disease and blindness throughout the country.

Efforts are being made to secure necessary funding to begin surveys in the rural areas in the fall of 1983, the most appropriate season for travel in this country of widespread villages and towns.

Saudi Arabia

At the request of authorities in Saudi Arabia, the IEF Medical Director made an assessment trip to Riyadh, the capital city, to advise on the equipping and management of the new 263 bed King Khaled Eye Specialist Hospital. Plans were formulated for additional consultancy work to design a nationwide survey of eye disease and blindness to be conducted in the near future.

Southern Africa

In March, the final survey was conducted in the Southern African region, completing a six-nation study involving Botswana, Lesotho, Malawi, Swaziland, Zimbabwe, and Zambia. The cause and extent of eye disease and blindness was investigated, and assistance given the Ministries of Health in developing national blindness prevention and

treatment programs. Health care personnel were identified who would be able to provide necessary curative and preventive services, and the necessary training outlined.

As the development of training centers in each country would be prohibitively expensive, a "regional" ophthalmic medical auxiliary training center was established in Malawi. In this course, students from the participating countries will be taught the professional, administrative, and educational skills necessary to work in the programs designed for their respective countries.

This Southern African program was jointly funded and implemented by the World Health Organization and the IEF. The government of Malawi generously agreed to the enhancement of its IEF-supported Ophthalmic Medical Assistant training program which has become the regional International Ophthalmic Training Center. The University of London, Royal Commonwealth Society for the Blind, Helen Keller International, and Christoffel Blindenmission have contributed as well.

John Harry King, Jr., M.D.
Senior Medical Director

Robert H. Meaders, M.D.
Medical Director

Lawrence M. King, Jr., M.D.
Associate Medical Director

Joseph M. Deering
Executive Director

**Delivery of Eye Care Services by IEF
1981-1982**

Country	Population (in millions)	Per Capita Income	Number of Patients Examined and Treated	Sight Restorative Operations
Honduras	3.5	\$528	75,000	N/A
Haiti	5.2	173	4,500	200
Saint Lucia	0.15	425	7,433	235
Montserrat	0.01	450	828	N/A
Guinea	5.2	140	5,200	300
Kenya	16.0	330	292,000	2,500
Malawi	5.0	180	11,700	360
Egypt	38.0	280	3,600	720
TOTALS	73.06	AVERAGE: \$313	400,261	4,315