

# No room for complacency as Vision 2020 assesses burden of blindness in Pan Arab African region

**Dermot McGrath**  
in Dubai

SUCCESS in tackling the infectious causes of blindness combined with global demographic changes has caused a significant shift in the pattern of blindness around the world and particularly in the Pan Arab African region, according to a number of speakers here.

"New data published by the World Health Organization in November 2004 point towards a new agenda for prevention of blindness," said Ramachandra Pararajasegaram FRCS, FRCP, FRCOphth, who serves as consultant to the Prevention of Blindness and Deafness Programme at the World Health Organisation.

Dr Pararajasegaram said that these new data, based on the 2002 global population, show an overall reduction in the number of people who are blind or visually impaired and those who are blind from the effects of infectious disease, but an increase in the number of people who are blind from conditions related to longer life spans.

"The major change since 1995 is a drop in infectious diseases as a cause of blindness, namely trachoma. Except for the most developed countries, cataract remains the leading cause of blindness in all regions of the world. Glaucoma is the second leading cause of blindness globally as well as in most regions, with age-related macular degeneration (AMD) ranking third on the global scale. However, in developed countries, AMD is the leading cause of blindness, due to the growing number of people over 70 years of age," he said.

## The Right to Sight

Dr Pararajasegaram was speaking during a special session of the Pan Arab African Council of Ophthalmology (PAACO) devoted to assessing the work and goals of the Vision 2020 programme in the region.

"VISION 2020: The Right to Sight" is a global initiative which aims to help eliminate avoidable blindness by the year 2020, jointly launched by

the World Health Organization and the International Agency for the Prevention of Blindness (IAPB).

Dr Pararajasegaram noted that the Eastern Mediterranean region (EMR) reflected the wider global trend, with an ever-increasing number of people at risk of visual impairment as populations grow and demographic profiles shift towards the predominance of older age groups.

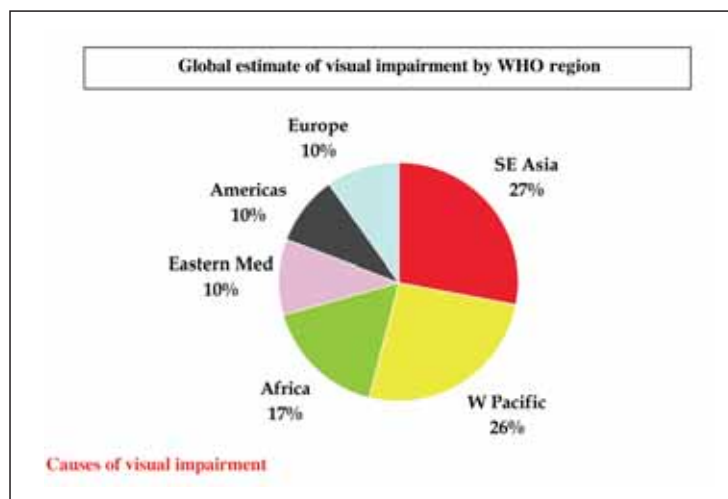
"Potentially blinding eye conditions such as age-related macular degeneration, diabetic retinopathy and glaucoma are increasing as the number of people affected grows. This new information underscores the need to modify the health care agenda to include the management of the diseases that are now becoming prevalent," he said.

## Visual Disability in Eastern Mediterranean similar to Africa

Focusing on the Eastern Mediterranean region in more detail, Abdulaziz Al-Rajhi MD, Co-Chair EMR-IAPB and Senior Clinical Consultant at King Khaled Eye Specialist Hospital, Saudi Arabia, said that the WHO statistics at a first glance tended to give a false impression of the magnitude of the problems facing the region.

"When you look at the statistics, we seem to compare fairly well with the rest of the developed world, notably Europe and North America, with only 10% of the preventable blindness, compared to 27% in south-east Asia and 26% in the western Pacific. But there is no room for complacency, because looking at the statistics in another way, we see that in terms of the percentage of visually disabled within the population itself, we rank second only to Africa. Africa has 4% of its population which is visually impaired, the Eastern Mediterranean region has 3.4% and South-East Asia has 2.8%...so we're not doing as well as we think," he said.

Blindness remains one of the major public health



Courtesy of Abdulaziz Al-Rajhi MD



Abdulaziz Al-Rajhi

**"Part of the problem is that we are working from old data and have limited resources from a personnel and financial point of view."**

problems in the Eastern Mediterranean region, with an estimated 4 million blind people and around 12.4 million visually impaired. Over 60% of the blind people in the region live in Afghanistan, Iran, Iraq and Pakistan and the main causes of blindness are cataract (60%), followed by glaucoma, diabetic retinopathy, refractive errors, corneal opacity and trachoma complications.

Dr Al-Rajhi said that there was a marked disparity in blindness and low vision impairment levels not just from country to country, but also from region to region within individual countries.

He pointed out that Eastern Mediterranean region is perhaps the most diversified region in the world, with marked variation in socio-economic conditions, human development indices, health care and specialist eye care from country to country. For instance, the region includes some of the worst affected countries such as

Afghanistan, Djibouti, Somalia, Sudan and Yemen, but also some Gulf states such as Saudi Arabia, and United Arab Emirates where advanced eye care services are more on a par with European or North American models of ocular health.

"We have countries like Somalia where there is one ophthalmologist for every 2.5 million population – so, in fact, there are only three ophthalmologists in the whole country. But some countries are even worse off – Djibouti, for example, has no ophthalmologists at all," he said. These numbers are based on the latest WHO statistics.

This compares with countries such as Egypt, with 63 ophthalmologists per one million population, Lebanon (59 per million) and Bahrain (54 per million).

Evaluating the recent progress of Vision 2020 in the region, Dr Al-Rajhi said that 22 member countries have now signed the Vision 2020 declaration of support. National Prevention of Blindness committees have been established in 18 countries and national plans are already under way in another ten countries. The number of symposia and regional workshops devoted to blindness and low vision issues were also on the increase and were a source of encouragement for the future, he added.

Assessing the key obstacles to providing better ocular healthcare in the region, Dr Al-Rajhi is unequivocal about

where the blame lies. "Part of the problem is that we are working from old data and have limited resources from a personnel and financial point of view and in terms of modern healthcare facilities. There are also widespread problems of social and political instability, as is the case in Afghanistan and Iraq, to name a few. But more than that, we have no coherent vision between member countries on how we should be tackling this issue. Our decision-makers need to realize the extent and seriousness of the problems that we have in the region. So I have to ask the question, exactly how blind are we?" he said.

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