The St John of Jerusalem Eye Hospital is a charitable foundation of The Order of St John which was founded in 1882 in East Jerusalem in the heart of the Holy Land. It was the first and only eye hospital in the Middle East. It remains the main provider of eye care for more than three million Palestinians living in the occupied territories of East Jerusalem, the West Bank and the Gaza Strip. It is also the sole provider of ophthalmic training for nurses and doctors in the region. The hospital mission is to provide ophthalmic care for all who seek its care irrespective of race, creed, religion and ability to pay. To ensure the maximum quality and quantity of eye care, the hospital established a mobile ophthalmic outreach team in 1982. The overall aim of the outreach eye clinic is:

- to provide eye screening in the Palestinian communities, mainly for sight-threatening and preventable eye diseases, including cataract, diabetic retinopathy, glaucoma and amblyopic eye;
- to provide primary and secondary eye care for Palestinians living in isolated communities and refugee camps where the availability and accessibility of ophthalmic care is limited and unaffordable to a high percentage of Palestinians;
- to raise health awareness amongst the public concerning sight-threatening disease.

Over the last four years, the target group of the outreach team has doubled due to the political conflict in the region and its consequent negative impact on the social and economic status of the Palestinians. This led to the funding of a second outreach team (Echo Outreach Programme) by the European Union through “ECHO”, the Humanitarian Aid Department of the European Commission in Jerusalem, in partnership with the German Die Johanniter.

According to the 1997 national census, the population of the Palestinian West Bank and Gaza Strip numbered 2.89 million. The Palestinian population is young, with 47% aged 14 years and younger, 49% aged 15-64 years, and 3.5% aged 65 years and over. Fifty-three per cent of Palestinians are reported to be living in urban areas (Palestinian Central Bureau of Statistics, PCBS 1998). There is no geographical continuity between the West Bank and Gaza Strip, as Israeli territories separate them physically.

Almost half the population of Palestine lives in poverty, as incomes have fallen and assets have been exhausted; meanwhile, there has been a substantial decline in the quality of, and difficulties in accessing, health and education services (United Nations, Consolidated Appeals Process 2005). Fewer than half of all men of working age and only 10% of women of working age are currently employed. Furthermore, movement restrictions continue to affect the utilisation, quality and availability of health services (United Nations, Consolidated Appeal Process 2005).

The incidence of heart diseases in Palestine was estimated at 1,200 per 100,000 of population. The prevalence of diabetes mellitus is 9.8% and 12% in rural and urban communities respectively (Hussieneh 2003), which in turn is responsible for high incidence of diabetic retinopathy. Eye trauma, congenital eye diseases, cataract, diabetic retinopathy and glaucoma are the leading causes of visual impairment amongst Palestinians (Maali 2003).

In Palestine, the incidence of blindness is 17 people per 1,000 and it is estimated that 80% of this blindness is preventable (St John Eye Hospital, 2004). Consanguinity occurs in 30.4% of marriages and is responsible for a high percentage of congenital eye diseases amongst Palestinian children (State of Palestine, Ministry of Health 2005).

In general, the health system in the Palestinian territories is complex, fragmented and under-resourced (United Nations Office for the Coordination of Human Affairs 2005). Private ophthalmic care is available but affordable for only a small proportion of the population. Currently