Investing in Eye Health: A Good Deal
A Good Eye for Investment
The Net Economic Benefits of Eliminating Avoidable Blindness by 2020

Our Response To The Crisis
Strengthening The Eye Health Work Force In Africa

Practice:
Bolivia
Burkina Faso

CROMA and LIGHT FOR THE WORLD
Concerted efforts to restore eyesight

Publishing Information

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Dear Reader,

access to health care, including eye health, is a basic human right. To support the strengthening of eye health systems is not a matter of charity, benefitting a few individuals only—it’s a prerequisite for ensuring that all people enjoy their right to eye health. And what’s more, it’s a sound investment. A study recently undertaken by PricewaterhouseCoopers revealed that for every dollar invested in eliminating avoidable blindness in developing countries, four dollars’ worth of benefits are returned to individuals, their carers and the development of resource-constrained economies more broadly. These estimates do not include additional social and health benefits to which a dollar value could not be assigned due to the lack of available data. The result is that the true economic benefits of eliminating avoidable blindness are undoubtedly even higher than quantified in the report. [Read more on page 4.]

The study also tells us that, economically, it would be unwise to cut investments in (eye) health systems as part of current austerity measures. Investing in eye health is paying off: a good argument for governments, official development assistance actors and foundations supporting international development to augment their respective engagement.

One of the cornerstones of successfully building up sustainable eye health systems is the development of well trained and placed human resources. LIGHT FOR THE WORLD joins hands with the International Agency for the Prevention of Blindness and its members in a new initiative for sub-Saharan Africa. [Read more on page 8.] Thanks to the support of the L’Occitane Foundation, the Else Kröner-Fresenius Foundation and the Dr Silvia Bopp Foundation, LIGHT FOR THE WORLD has been able to take up new initiatives in this area. However, there is still much more to be done, and we invite all of you to join in.

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A Good Eye for Investment –  
the Net Economic Benefits of Eliminating Avoidable Blindness by 2020

Lachlan McDonald, Health Economist, The Fred Hollows Foundation,  
Beatrice Iezzi, Research Coordinator, The Fred Hollows Foundation,  
Marty Jovic, Director and  
Jen Vo-Phuoc, Manager, PwC.

Investments in the health systems needed to eliminate avoidable blindness in developing countries are not only cost effective but can generate a substantial economic return, according to a landmark study commissioned by The Fred Hollows Foundation on behalf of a range of key NGOs in the eye care sector.

The recently-released Investing in Vision report¹, written by PricewaterhouseCoopers, marks the fourth in a series of reports that calculates the costs and benefits of eliminating avoidable blindness by the year 2020, in line with the goals of the VISION 2020: The Right to Sight initiative.

The aim of the Foundation and the other key eye care NGOs including Sightsavers, LIGHT FOR THE WORLD, the International Agency for the Prevention of Blindness, CBM and Operation Eye Sight Universal in pulling this work together was to put a robust, empirical face on the economic advantages of investing in eye health. In our work with developing country governments and aid donors, we wanted to strengthen claims that eliminating avoidable blindness was the right thing to do with evidence that also spoke in terms of the trade-offs that policymakers face when allocating resources.

The results of the research lay out a compelling economic argument for reinvigorating efforts to achieve the ambitious goals of VISION 2020. It finds that the overall net benefit of eliminating avoidable blindness, at the global level, almost entirely reflects developing countries, where prevalence is greatest and the costs are relatively modest.

Despite comprising almost 85 per cent of the global population – and around 90 per cent of the worldwide prevalence of avoidable blindness – the investment required in developing countries to eliminate avoidable blindness is $128.2 billion (2009 USD); representing only 32.5 per cent of the total global investment required. This translates into an additional investment, on average, of $2.20 (2009 USD) per capita each year for ten years in developing countries.

Importantly, these costs are considerably outweighed by the corresponding economic benefit of such investments, which is estimated to be $8.30 (2009 USD) per capita per year for ten years in developing countries.

Or, in other words, for every dollar invested in eliminating avoidable blindness in developing countries, four dollars’ worth of benefits are returned to individuals, their

carers and the development of resource-constrained economies more broadly.

This large net benefit places eliminating avoidable blindness among the likes of primary school education and infrastructure projects in terms of its broader economic value.

Importantly, these are conservative estimates. There are many additional health and social benefits of eliminating avoidable blindness, such as gender equity, reductions in extreme poverty, greater social participation and better primary school education, to which a dollar value could not be assigned due to the lack of available data. The result is that the true economic benefits of eliminating avoidable blindness are undoubtedly even higher than quantified in the report.

The findings of this work contain a number of important messages for the international community, the development community and national governments alike.

The message for the international community is that ending avoidable blindness is the unpicked “low-hanging fruit” of economic development in the world’s poorest countries. It is not a stand-alone activity, but has to be firmly embedded in national health plans and systems. The efforts to end avoidable blindness and visual impairment will contribute to stronger national health systems, stronger national economies and stronger communities in developing countries.
The international development community should take heed of the fact that support of eye health initiatives in the poorest countries of the world provides significant stimulus to both the health systems and the broader economy while addressing the needs of those struggling to end extreme poverty, achieve access to universal primary education, achieve greater gender equity and address disability, including avoiding needless disability.

National governments and ministries of health, as well as private financiers, should also be aware that investing in the eye health needs of the population is one of the least expensive, achievable and high impact interventions available. Furthermore, this investment will demonstrate the government capacity to deliver on behalf of its people, and will provide a positive economic return and a stronger health system.

Through this work, the Foundation and PwC have been instrumental in bringing together, for the first time, the health, economic and social benefits of eliminating avoidable blindness and vision impairment on a global scale. The work also brought together economists, clinical and academic experts in order to validate the approach and assumptions, and find solutions to meet the substantial gaps in informational and data across the sector.

The Fred Hollows Foundation is seeking to build upon this important research agenda by commissioning a further body of work from PwC that seeks to advance our understanding of the net economic benefits in individual developing countries. In particular, the methodology developed in the Investing in Vision reports will be replicated in a small group of distinct developing countries using local data, where available. The intended outcome is to provide in-country policymakers, and other key stakeholders, with a more detailed and accurate view of the expected outcomes of investments in their countries using a consistent global framework.

By tailoring the global analysis to individual country contexts, the Foundation hopes to develop another valuable analytical and advocacy tool for mobilising resources toward investments in eye health in developing countries.

The overall findings of the Investing in Vision report were recently presented to policymakers, practitioners and academics at the 9th World Congress on Health Economics, held in Sydney, Australia.

However, global benefit-to-cost estimates risk being somewhat dislocated from the practicalities of in-country policy making. In particular, such results are dependent on the availability of data (which is a challenge in developing countries) and key assumptions (which are often generalised from evidence found in the academic literature).

To illustrate the potential of the methodological approach to provide in-country policymakers with national-level assessments of the net benefits of eliminating avoidable blindness, individual country case studies of the analysis, using India and Australia, were also presented at the conference. India and Australia were chosen because they lie at either end of the development spectrum and because data and previous research were available for each country.

The results of the case studies confirm that, at the individual country level, the net benefits of avoidable blindness are skewed heavily in favour of developing countries. The potential economic boost from investments designed to eliminate avoidable blindness represent almost 1 per cent of GDP in India, compared with ¼ per cent of GDP in Australia. And the net benefit of such investments (i.e. the benefits compared to the costs) are also likely to be considerably higher in India than they are in Australia.

From the Foundation’s view this provides compelling evidence for continuing to focus our energy on developing countries.

http://ihea2013.abstractsubmit.org/sessions/1610/
Our Response To The Crisis:

Strengthening The Eye Health Work Force In Africa

Mr. Ronnie Graham, Director HREH Programmes,
IAPB (International Agency for the Prevention of Blindness) Africa
1. Background

According to the Global Health Workforce Alliance, 57 countries face a crisis in their health workforce, of which 36 are in Africa. The eye health sector is not immune from this reality and we face challenges at all levels of the workforce.

The table above vividly illustrates the gaps we need to fill for ophthalmologists and allied eye health professionals to meet VISION 2020 targets and largely historic imbalances between the three major linguistic zones but tells us nothing about distribution between countries, urban and rural areas, nor does a range of other issues such as retention, productivity, quality of care or career satisfaction.

If our aim is to provide comprehensive eye health services, we need to strengthen the eye health workforce at all levels across a range of issues to produce the right number, in the right place, at the right time, with the right skills to provide the right services.

2. The Response Of IAPB, Member Agencies And Countries

Members of the International Agency for the Prevention of Blindness and country eye health programmes have been addressing the eye health workforce crisis for over 30 years, with increasing intensity over the last decade as the wider issue of the health workforce in Africa came under global scrutiny and as the range of specialist eye health workers expanded. New, creative responses to the crisis included:

- the development of multi-country consortia such as Health for Peace in West Africa, EACO in Eastern Africa and strengthening allied eye health professionals in Central Africa;
- the Links Initiative twinning UK and African training institutions;
- new South-South links between Africa and India;
- an increasing number of members devoting full time staff to eye health workforce issues; and
- a sharper focus on community and primary eye care.

Many of these responses were finally brought together by the IAPB in a series of sub-regional Human Resources for Health workshops resulting in the prioritisation of the issue and the alignment of research and advocacy work in support of the eye health workforce. In June 2013, IAPB Africa developed a Human Resources for Eye Health strategy map to guide the work of member agencies with two key change objectives – to ensure that every country with an HRH strategy has an HReH strategy integrated within it and to develop a common framework for the five different levels of the eye health workforce and what they do.

3. The Key Bottleneck – Strengthening The Training Institutions

While strengthening the eye health workforce is now widely accepted as being the key to strengthening eye health services in Africa, there is also a growing recognition that the key to strengthening the workforce is to focus more attention on the training institutions. The table below illustrates the number and distribution of training institutions. The table below illustrates the number and distribution of training institutions.

<table>
<thead>
<tr>
<th>Linguistic Groups</th>
<th>Population in millions (UN 2011)</th>
<th>Ophthalmologists</th>
<th>Ratio: Ophthalmologists to Population</th>
<th>Allied Eye Health Professionals</th>
<th>Ratio: AEHPS to Population</th>
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</thead>
<tbody>
<tr>
<td>Anglophone</td>
<td>521</td>
<td>1,300</td>
<td>1 / 400,000</td>
<td>3,532</td>
<td>1 / 147,000</td>
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<tr>
<td>Francophone</td>
<td>258</td>
<td>493</td>
<td>1 / 523,000</td>
<td>1,711</td>
<td>1 / 150,000</td>
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<tr>
<td>Lusophone</td>
<td>46</td>
<td>37</td>
<td>1 / 1,243,000</td>
<td>88</td>
<td>1 / 522,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>825</strong></td>
<td><strong>1,830</strong></td>
<td><strong>1 / 450,000</strong></td>
<td><strong>5,331</strong></td>
<td><strong>1 / 154,000</strong></td>
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In March 2013 an “appreciative enquiry” was held into the eye health training institutions in Africa with the intention of maximising existing capacity building initiatives while aligning our collective efforts with both the WHO-Afro Road Map for Strengthening the Health Work Force in Africa and the new Global Action Plan. The workshop produced a 12-point plan for the period 2013-2023 as well as a joint commitment.
by the 18 agencies present to work more collaboratively in the future to overcome the fragmentation of effort and to develop new synergies in tackling the major bottlenecks in the institutions.

Further analysis of training capacity in SSA confirmed a very mixed picture of the challenges we face with many schools of ophthalmology under-subscribed compared to training programmes for mid-level eye health professionals.

4. What Is Needed Now

This short overview of our collective response to the work force crisis in Africa has highlighted a number of key issues which we need to prioritise now.

These include making the best of what we have in terms of utilising existing training capacity; the importance of collaboration between agencies and the important role IAPB can play in coordinating our efforts; the increasing importance of twinning and volunteering links, both North-South and South-South, and finally the recognition that the eye health sector, working in a vertical and parallel fashion cannot, on its own, resolve the challenges we face.

Now, more than ever, we need to engage with mainstream health work force agendas and ensure that our work complements, rather than replaces, government provision.

### Training of Ophthalmologists and Subspecialization

One of the biggest obstacles to realising the goals of VISION 2020: The Right to Sight in sub-Saharan Africa is the lack of well-trained ophthalmologists, especially outside capitals and big urban centres. In partnership with established training institutions in East and West Africa, LIGHT FOR THE WORLD is providing scholarships for residents.

More than 20 residents are currently supported in the Kenyan capital of Nairobi, Moshi in Tanzania, and at the African Institute of Tropical Ophthalmology in Bamako, Mali. Evaluations have shown that ophthalmologists trained at these institutions are making a significant difference in providing eye health services in their countries. Thanks to a partnership with the Dr Silvia Bopp Foundation, LIGHT FOR THE WORLD is able to expand its scholarship program. Furthermore, within this cooperation we are currently exploring ways to support subspecialization of ophthalmologists and to increase the capacity for the treatment of vitreoretinal diseases in East Africa, in particular to address emerging priorities such as the treatment of diabetic retinopathy. Sub-Saharan Africa has a moderate diabetes prevalence of about 4.3 per cent in people aged 20 to 79 years, however the projected increase to the year 2030 is more than 90 per cent. By 2030, about 1.7 million people are expected to need screening for diabetic retinopathy every year, of which 200,000 will need to be treated for vision-threatening diabetic retinopathy.

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<th>Linguistic Groups</th>
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<tr>
<td></td>
<td>Ophthalmologists</td>
<td>Optometrists</td>
<td>Cataract Surgeons</td>
<td>AeHPs</td>
<td>Total</td>
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<td>-------------------</td>
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<td>---------</td>
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<tr>
<td>Anglophone</td>
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<td>21</td>
<td>6</td>
<td>22</td>
<td>71</td>
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<tr>
<td>Francophone</td>
<td>9</td>
<td>4</td>
<td>2</td>
<td>11</td>
<td>26</td>
</tr>
<tr>
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<td>2</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total Training Institutions</strong></td>
<td><strong>33</strong></td>
<td><strong>26</strong></td>
<td><strong>9</strong></td>
<td><strong>36</strong></td>
<td><strong>104</strong></td>
</tr>
</tbody>
</table>
Developing access to eye health in Ethiopia has been a priority of LIGHT FOR THE WORLD for more than 10 years. According to the 2006 National Survey on Blindness, Low Vision and Trachoma, the national prevalence of blindness and low vision are estimated at 1.6 per cent and 3.7 per cent respectively – some of the highest rates in sub-Saharan Africa. The development of sufficient human resources for eye health has been a priority from the start in line with national five-year strategic plans. Since 2001, these roadmaps have provided guidance for the eye health sector based on the recommendations of the VISION 2020 initiative and the Ethiopian government’s health sector development plan.

The number of eye care professionals has considerably increased in recent years. In 1998, 54 ophthalmologists performed about 15,000 cataract surgeries; in 2009 the figures grew to 98 ophthalmologists and 41,000 surgeries. Additional efforts have been made to train more mid-level personnel to obtain a good ratio of ophthalmologists to mid-level eye health cadres in line with World Health Organization recommendations. As a result, 115 ophthalmologists, 46 cataract surgeons, 40 ophthalmic officers, 107 ophthalmic nurses, 27 optometrists and 722 integrated eye care workers provided eye health services last year.

Despite the achievements in increasing the training and deployment of human resources for eye health in Ethiopia, there is still a huge need to be addressed, especially considering that Ethiopia has one of the highest population growth rates and an increasing life expectancy.

In a new initiative launched in partnership with the Else Kröner-Fresenius Stiftung, LIGHT FOR THE WORLD is working to address this challenge. The initiative will strengthen the capacities of the training institutions, especially the university clinics in Jimma and Gondar, and the Quiha Eye Clinic, so they are better able to provide up-to-date information and training. Job placement within the government system will help increase the effectiveness of the eye health workforce, reaching out to 150,000 people accessing eye health care.

This initiative successfully links the work of LIGHT FOR THE WORLD within the global partnership VISION 2020 with one of the Else Kröner-Fresenius Stiftung’s aims to support medical humanitarian projects in developing countries. In the past six years the medical humanitarian department of the foundation has supported more than 110 projects on more than 44 countries.
The development of a comprehensive action plan within the national health system is essential in order to address these issues and help overcome institutional and structural barriers to eye health. Consequently, the International Agency for the Prevention of Blindness, with LIGHT FOR THE WORLD, CBM and the Vision Foundation (Fundación Visión) in Paraguay, have launched the IAPB Ambassador Program, a new initiative that places a representative in Bolivia to implement the VISION 2020 program. Paraguayan economist Cristina Sanchez, who previously worked on various international cooperation projects and in the Paraguayan public sector, was designated the ambassador to Bolivia in January 2012.

The program's objectives were to:

1. Establish a National Blindness Prevention Committee.
2. Advocate for the development of a national eye health plan.
3. Encourage the Bolivian government to allocate resources for the implementation of the national eye health plan.
4. Reduce cases of preventable or treatable blindness.
5. Get support and guidance from entities such as international organizations, corporations and NGOs.
6. Ensure readiness of human resources for the task.
7. Become acquainted with existing projects.

Eighteen months on, the program has finished the first stage of execution and some of its key objectives were met, the most significant of which was the establishment of the National Blindness Prevention Committee by the Ministry of Health. Its members include the Ministry of Health, the Bolivian Ophthalmology Society, the Pan American Health Organization, the IAPB and other foundations and NGOs. The committee is now looking to conduct a
national rapid assessment of avoidable blindness in order to gather information about the prevalence and causes of blindness and visual impairment, the output and quality of eye care services, barriers to healthcare, cataract surgical coverage, and other indicators of eye care services. Results of the rapid assessment of avoidable blindness will inform proposed eye health policies.

The group has begun a search for consultants with the aim to develop a national plan for eye health.

Looking to the future, the aims of IABP Ambassador Program are to proceed with a rapid assessment of avoidable blindness, develop an approved national eye health plan, undertake concrete initiatives to facilitate a specialisation or residency program with an emphasis on surgery, and designate key organisations for support and mentoring.

Bolivia is at a tipping point. Replacing fragmented services by a joint national eye health initiative, owned by all relevant stakeholders in the country, will dramatically change the lived reality of people with eye health problems.

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**First official meeting of the National Blindness Prevention Committee at the National Institute of Ophthalmology facilities in La Paz, Bolivia, June 13, 2013.**

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Linking Primary and Secondary Eye Health in Burkina Faso

Jess Blijkers, Programme Officer, LIGHT FOR THE WORLD

The situation of blind and visually impaired people in West Africa is extremely challenging, especially in rural areas, where eye health services are rare.

Where these services do exist, individuals often lack the financial means, transport or information to access them. Burkina Faso is one of the poorest countries worldwide, ranking 181 out of 187 on the Human Development Index of 2011, with 46.4 per cent of the population living below the poverty line. According to the National Plan for the Prevention of Blindness, the major cause of blindness is cataract (65 per cent).

To fight avoidable blindness, it is crucial that primary level health services – where individuals access healthcare within their local community – and secondary level services – those available within a hospital – go hand in hand. Indeed, local
services can only successfully refer patients for treatment and surgery where there is a functioning medical facility. Likewise, hospitals can only mobilise patients living in rural areas with the help of strong allies within the community.

Convinced of the importance of these linkages, LIGHT FOR THE WORLD has developed two new projects in Burkina Faso in the regions of Centre-Ouest and the Boucle de Mouhoun. These initiatives were developed in close collaboration with long-term partners of LIGHT FOR THE WORLD, namely the Regional Hospital of Koudougou and the Medical Centre of Nouna.

The strategy of LIGHT FOR THE WORLD in these projects funded by the L’Occitane Foundation is twofold. It aims to foster secondary eye health by providing institutional, operational, and capacity building support to the regional hospital, as well as promote a strong primary eye health approach in the surrounding rural communities through awareness raising activities and training of general health care workers. Strengthening the services at the community level is indeed the foundation to provide eye health to the poorest and most vulnerable.

The role of primary level health care workers is essential. Working within the community, these opinion leaders provide the crucial mediating link between the individuals, who often have never been to a health centre in their lives, and the hospital.

The projects in Koudougou and Nouna therefore set out, amongst other activities, to reach an important number of general nurses with training and basic equipment to diagnose and treat simple eye conditions as well as refer patients in need of further surgery to the secondary eye unit. It is crucial not to limit the role of general nurses to that of referral, as 80 per cent of eye problems (e.g. neonatal conjunctivitis) can be effectively tackled and treated at a community level. It is estimated that 40,000 people will be consulted at primary and secondary level in these two projects, indirectly benefiting a population of 2.85 million. Among them, at least 1,650 will receive life-changing cataract operations.

L’Occitane’s fight against avoidable blindness in Burkina Faso

The history of the L’Occitane Foundation is deeply linked to Burkina Faso through the production and trade of shea butter. Beyond its support to the empowerment of women through initiatives promoting literacy, woman-led businesses and microcredit programs, the foundation decided to continue its engagement in the country by participating in the fight against avoidable blindness. L’Occitane has funded such programmes since 2006, enabling more than 500,000 people worldwide to gain access to eye health services. L’Occitane also supports research in ophthalmology and the prevention of blindness in developing countries.

The partnership between LIGHT FOR THE WORLD and the L’Occitane Foundation began in January 2013 with their crucial support to the Koudougou project, closely followed in September 2013 by the Foundation’s decision to support the Nouna project. Find out more about the Foundation’s work visit www.foundation.loccitane.com
CROMA and LIGHT FOR THE WORLD

Concerted efforts to restore eyesight

CROMA, an internationally active pharmaceutical company with Austrian roots, has been helping LIGHT FOR THE WORLD change lives for many years.

The company’s viscoelastic fluids and intraocular lenses have enabled cataract surgeries in a number of project countries. CROMA’s managing directors, Andreas Prinz and Martin Prinz, travelled to Mozambique to see the impact of a recent donation.

Andreas Prinz was enthusiastic about LIGHT FOR THE WORLD’s work in the southeast African nation. “Our support goes exactly to those in need and is really turning lives around,” he said. “We met Augusto Tete, a grandfather of 21, who had been blind for months. The day after he underwent cataract surgery, we walked him home to his small village, Metuchira. His entire family was singing and dancing with joy.”

One ophthalmologist for one million people

Tens of thousands of blind and visually impaired people in Mozambique need ophthalmic services but there are only 18 ophthalmologists in the country. That’s just one ophthalmologist for every million people. In comparison, Austria has one ophthalmologist for every 10,000 inhabitants.

As the population of Mozambique is also disbursed across rural areas, LIGHT FOR THE WORLD offers ophthalmic services to people outside population centres by dispatching mobile eye camps, supporting eye clinics, expanding a network of health stations and sponsoring the training of local ophthalmic staff.

Intraocular lenses, viscoelastica and eye drops for post-surgery treatment are bringing the ‘gift of sight’

Intraocular lenses, viscoelastic fluids and YELLOX (donated by Bausch + Lomb in concert with CROMA) are crucial to surgery and recovery. Medical teams perform small incision cataract surgery, a cost-effective, scientifically sound and efficient technique that has the advantage of only necessitating a small incision (6mm sclero-corneal tunnel) that is self-sealing and thus requires no sutures.

Johanna Mang, LIGHT FOR THE WORLD’s program director, gets straight to the point: “On a scale of zero to one hundred, I would rate CROMA’s social commitment at 120. CROMA has enabled us to restore the eyesight of thousands of blind people in project countries. Thank you so much!”

42,000 cataract surgeries

There is still a lot to do: of 39 million blind people in the world, 80 per cent live in developing countries. Eighty per cent of all cases of blindness in the world could either have been avoided or are treatable by relatively simple means – for example, cataract surgery. In 2012, LIGHT FOR THE WORLD supported cataract surgery programs that restored the eyesight of 46,848 people. In Mozambique alone, 105,500 patients were treated and 3,000 cataract surgeries were carried out.

Andreas and Martin Prinz together with Augusto Tete
LIGHT FOR THE WORLD is a European confederation of national development NGOs committed to saving eyesight, improving the quality of life and advocating for the rights of persons with disabilities in underprivileged regions of our world.

Our priority countries are Ethiopia, Bolivia, Burkina Faso, Cambodia, DR Congo, Mozambique, Northeast India, Pakistan and South Sudan.

In addition, we are active in 9 partner countries in Africa, Asia, the Pacific, Latin America and Europe.

LIGHT FOR THE WORLD has been actively involved in Blindness Prevention Programmes in developing countries for 30 years. We strive to achieve the goals of VISION 2020 in aligning our work to national prevention of blindness strategies. We support comprehensive eye care programmes, trachoma and onchocerciasis control, and human resource development for eye care professionals. Our focus is on removing barriers and creating fully accessible eye health services for local communities, especially for those who are poor or excluded.

In 2012 our programmes reached 1,143,939 people and more than 46,000 cataract surgeries were performed.