Childhood Blindness Position Paper
SightFirst Long Range Planning (SFLRP) Working Group
January 2008

The Problem

Childhood blindness is caused by a number of eye diseases and conditions that occur in early childhood, and when left untreated, result in blindness or visual impairment. The major causes vary and are largely determined by socioeconomic status and the availability of primary health care and eye care services. In low income countries, childhood blindness is often caused by corneal scarring from measles and vitamin A deficiency. Retinopathy of prematurity (ROP) is an important cause in middle-income countries and in all countries it may occur as a result of congenital abnormalities, such as cataract, glaucoma, and hereditary retinal dystrophies.

It is estimated that there are 500,000 new cases of childhood blindness each year, of which 50 percent of the children die within 1-2 years. Those that survive their early years face extreme challenges to their physical and social development and a lifetime without vision.

Approximately 57 percent of all childhood blindness is unavoidable; meaning that there is currently no way to prevent or correct the blindness or vision loss that occurs. The remaining 43 percent of cases, however, are either preventable (28%) through improved primary health care services, especially prenatal care for women, or treatable (15%) through improved primary and specialized surgical eye care and low vision services.

The Solution

In May 2001, the SAC approved a grant of US$3.75 million to support the Lions-WHO Project for the Elimination of Childhood Blindness, a project to establish 30 pediatric eye care centers in 30 different countries. Today, the centers are operational and over 71 million children have been screened and/or treated and nearly 40,000 eye care professionals have been trained. The centers were established to provide some combination of the following services:

1) Primary eye care to prevent certain causes of childhood blindness
2) Specialty training in pediatric ophthalmology; increasing the number of eye care personnel available to perform pediatric cataract surgery and screen and treat ROP
3) Provision of low vision services
4) Screening for refractive errors and distribution of glasses (not directly supported by LCIF thus far)
**Recommendations**

In August 2007, the SFLRP Working Group convened a meeting of blindness prevention experts including Dr. Serge Resnikoff and Dr. R. Pararajasegaram of the World Health Organization (WHO) and Dr. G.N. Rao, president of the International Association for the Prevention of Blindness (IAPB). Also present were PIP Ashok Mehta, Ed McManus and Phoebe Sebring, consultants for the SFLRP effort, and Phillip Albano, Joshua Friedman, Karim Bengraine, Kristen Eckert and Gina Prendki of the LCIF Sight Programs Department.

The meeting included a presentation on the global prevalence of childhood blindness and its various causes as well as the history of the Lions-WHO Project and its achievements to date. In addition, there was considerable discussion regarding the role of Lions in the project and opportunities for publicity.

Following the meeting, the SFLRP Working Group drafted the following recommendations for consideration by the SAC:

- Childhood blindness should remain a priority for SightFirst;
- Because of the impact already made by the Lions-WHO Project, the demand it has generated and the potential to serve even more children, the SAC should consider approving funds to support a second phase;
- There are significant opportunities for increased Lions involvement and public recognition associated with the Lions-WHO Project. These should be outlined and incorporated into the proposal for the second phase, and
- In addition to support for the Lions-WHO Project, the SAC should accept applications for other childhood blindness projects as long as they are modeled after and provide services similar to the Lions-WHO Project.