Most people take the gift of sight for granted. Yet no one values vision more than one who has lost it. No one cherishes sight more than the one who has lost it and regained it. The figures for world blindness are astounding when one considers the fact that restorations of sight are amongst the most cost-effective interventions in health care.

- An estimated 37 million people worldwide are blind.
- Every year, an additional 1-2 million persons go blind.
- 75% of this blindness is treatable and/or preventable.
- 90% of the blind live in the poorest parts of the developing world.
- Without proper interventions the number of blind will increase to 75 million by 2020.

VISION 2020 focuses on creating adequate eye-care facilities, particularly in under-privileged areas, creating a foundation of well-trained eye-care workers and implementing specific programs to control the major causes of blindness.

VISION 2020's approach is 3-pronged:
1. Groups of communities with high levels of blindness will be identified.
2. Eye-care infrastructure and manpower will be provided to these communities-within catchment populations of 500,000 to 1 million people.
3. Affordable high quality eye care services would be provided using these resources.

The strength of VISION 2020 lies in the partnerships between VISION 2020 and eye-care personnel (ophthalmologists, ophthalmic assistants, nurses and optometrists), international and national Non-Governmental Development Organisations (NGDO), National Ministries of Health and Departments of Health Services and corporate eye-care service providers.

All above individuals and organisations are represented within the International Agency for the Prevention of Blindness (IAPB). IAPB collaborates with the World Health Organization (WHO) in implementing VISION 2020.

VISION 2020 needs significant financial inputs to support the dedication and expertise of individuals within the member organizations. Providing sustainable eye-care services to 1 million people will cost $1 million in personnel, equipment, facilities and disease-control programs.
over a 5 year period. Each year VISION 2020 needs $200 million, in addition to existing government contributions. The VISION 2020 coalition of NGOs will contribute about $100 million. The remaining $100 million is sought from the generosity and support of the developed countries.

The Right to Sight is a worldwide concerted effort designed to eliminate avoidable blindness by the year 2020. The program will enable all parties and organizations involved in combating blindness to work in a focused and coordinated way to achieve the common goal of eliminating preventable and treatable blindness. VISION2020, in conjunction with the WHO's Global Initiative for the Elimination of Avoidable Blindness, is taking on the following responsibilities:

- Increase awareness of blindness as a major public health issue
- Control the major causes of blindness
- Train ophthalmologists and other eye care personnel to provide appropriate eye care
- Create an infrastructure to manage the problem

**The challenge**

37 million people are blind and 124 million have low vision, comprising a total of more than 161 million people with serious visual impairment worldwide. Millions more people are functionally blind or visually impaired due to uncorrected refractive error. Blindness has an enormous personal, social and economic cost, limiting the education and life choices of otherwise healthy people and placing a significant weight on family, community and social and health services. Blindness is also associated with lower life expectancy. 90% of the world's blind live in developing countries. There are at least 11.6 million blind people in the South East Asia Region, 9.3 million in the Western Pacific Region and 6.8 million in Africa.

More than 82% of all blind people are at least 50 years old. 1.4 million children under the age of 15 are blind. Females have a significantly higher risk of being visually impaired than males.

But fortunately 75% of the world's blindness is avoidable - that is, its causes are preventable or treatable. Treatments for the prevention and cure of blindness are among the most cost effective and successful of all health interventions.

VISION2020 works towards the implementation of VISION 2020 National Prevention of Blindness Plans in all countries around the world. At the 56th World Health Assembly in May 2003, a VISION 2020 Resolution was accepted, which urged all Member States to develop, implement and evaluate National Plans. In response to the astounding support given to the Resolution, VISION 2020 developed a 'Tool Kit', an interactive CD Rom providing guidance and support to Governments and health professionals at all stages of development.

To facilitate the development of National Plans, VISION 2020 runs workshops around the world. The primary workshops encourage an initial and fundamental need for advocacy, to sensitise eye care professionals and health authority planners to the aims, programme and resource requirements of VISION2020. Others tackle the next stage, the development of national plans, and advocacy at local, national, regional and supra-national levels.

For further information, please visit the website of VISION 2020 ([www.v2020.org](http://www.v2020.org))

### CHILDHOOD BLINDNESS

Childhood blindness refers to a group of diseases and conditions occurring in childhood or early adolescence, which, if left untreated, results in blindness or severe visual impairment that are likely to be untreated later in life. The major causes of blindness in children vary widely from region to region. In high-income countries, lesions of the optic nerve and higher visual pathways predominate as the cause of blindness, while corneal scarring from measles, vitamin A deficiency, the use of harmful traditional eye remedies, retinopathy of prematurity and rubella cataract are the major causes in low-income countries. Retinopathy of prematurity is an important cause in middle-income countries. Other significant causes in all countries are congenital abnormalities such as cataract, glaucoma and hereditary retinal dystrophies.

The prevalence of blindness in children varies according to socioeconomic development and under-5 mortality rates. In low-income countries with high under-5 mortality rates, the prevalence may be as high as 1.5 per 1000 children, while in high-income countries with low under-5 mortality rates, the prevalence is around 0.3 per 1000 children. Using this correlation to estimate the prevalence of blindness in children, the number of blind children in the world is approximately 1.4 million. Approximately three-quarters of the world’s blind children live in the poorest regions of Africa and Asia.

**Prevention and treatment**

Prevention and treatment of childhood blindness is disease specific. For Vitamin A deficiency, at a cost of only 5 US cents a dose, vitamin A supplements reduce child mortality by up to 34% in areas where Vitamin A deficiency is a public health problem. As Vitamin A deficiency manifests often during an outbreak of measles, properly planned and implemented national vaccination programmes against measles has reduced the prevalence of eye complications. In middle income countries, retinopathy of prematurity (ROP) is among the leading causes of blindness, the incidence of which can be reduced through availability and affordability of screening and curative services. Early treatment of cataract and glaucoma can be beneficial, while low vision devices are helpful in children with residual vision.
### Table 1: Vaccine-preventable Diseases & AFP 14th - 20th April 2007 (16th Week)

<table>
<thead>
<tr>
<th>Disease</th>
<th>No. of Cases by Province</th>
<th>Number of cases during current week in 2007</th>
<th>Number of cases during same week in 2006</th>
<th>Total number of cases to date in 2007</th>
<th>Total number of cases to date in 2006</th>
<th>Difference between the number of cases to date between 2007 &amp; 2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Flaccid Paralysis</td>
<td>CB=1</td>
<td>01</td>
<td>03</td>
<td>29</td>
<td>43</td>
<td>-32.6%</td>
</tr>
<tr>
<td></td>
<td>TR=1</td>
<td>00</td>
<td>00</td>
<td>00</td>
<td>00</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td>KG=1</td>
<td>03</td>
<td>01</td>
<td>29</td>
<td>43</td>
<td>-32.6%</td>
</tr>
<tr>
<td>Diphtheria</td>
<td></td>
<td>00</td>
<td>00</td>
<td>00</td>
<td>00</td>
<td>0.0%</td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td>00</td>
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<td>00</td>
<td>00</td>
<td>0.0%</td>
</tr>
<tr>
<td>Tetanus</td>
<td></td>
<td>00</td>
<td>00</td>
<td>00</td>
<td>00</td>
<td>0.0%</td>
</tr>
<tr>
<td>Whooping Cough</td>
<td></td>
<td>00</td>
<td>00</td>
<td>00</td>
<td>00</td>
<td>0.0%</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td></td>
<td>101</td>
<td>177</td>
<td>3162</td>
<td>3239</td>
<td>-2.4%</td>
</tr>
</tbody>
</table>

### Table 2: Diseases under Special Surveillance 14th - 20th April 2007 (16th Week)

<table>
<thead>
<tr>
<th>Disease</th>
<th>No. of Cases by Province</th>
<th>Number of cases during current week in 2007</th>
<th>Number of cases during same week in 2006</th>
<th>Total number of cases to date in 2007</th>
<th>Total number of cases to date in 2006</th>
<th>Difference between the number of cases to date between 2007 &amp; 2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>DF/DHF*</td>
<td></td>
<td>19</td>
<td>45</td>
<td>159</td>
<td>1671</td>
<td>-47.8%</td>
</tr>
<tr>
<td>Encephalitis</td>
<td></td>
<td>00</td>
<td>02</td>
<td>08</td>
<td>03</td>
<td>+87.5%</td>
</tr>
<tr>
<td>Human Rabies</td>
<td></td>
<td>00</td>
<td>00</td>
<td>00</td>
<td>00</td>
<td>+10.0%</td>
</tr>
</tbody>
</table>

### Table 3: Newly Introduced Notifiable Diseases 14th - 20th April 2007 (16th Week)

<table>
<thead>
<tr>
<th>Disease</th>
<th>No. of Cases by Province</th>
<th>Number of cases during current week in 2007</th>
<th>Total number of cases to date in 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chickenpox</td>
<td></td>
<td>22</td>
<td>77</td>
</tr>
<tr>
<td>Meningitis</td>
<td></td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
<td>12</td>
<td>46</td>
</tr>
</tbody>
</table>

### Table 4: Laboratory Surveillance of Dengue Fever 14th - 20th April 2007 (16th Week)

<table>
<thead>
<tr>
<th>Samples</th>
<th>Number tested</th>
<th>Number positive *</th>
<th>Serotypes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>D1</td>
<td>D2</td>
<td>D3</td>
</tr>
<tr>
<td>Number for current week</td>
<td>01</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>Total number to date in 2007</td>
<td>241</td>
<td>12</td>
<td>00</td>
</tr>
</tbody>
</table>

**Source**: Genetech Molecular Diagnostics & School of Gene Technology, Colombo.  
* Not all positives are subjected to serotyping.
### Table 5: Selected notifiable diseases reported by Medical Officers of Health

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<table>
<thead>
<tr>
<th>DPDHS Division</th>
<th>Dengue Fever / DHF*</th>
<th>Dysentery</th>
<th>Encephalitis</th>
<th>Enteric Fever</th>
<th>Food Poisoning</th>
<th>Leptospirosis</th>
<th>Typhus Fever</th>
<th>Viral Hepatitis</th>
<th>Returns Received Timely**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colombo</td>
<td>10  464</td>
<td>01  74</td>
<td>00  03</td>
<td>02  30</td>
<td>00  42</td>
<td>09  54</td>
<td>00  01</td>
<td>01  14</td>
<td><strong>100</strong></td>
</tr>
<tr>
<td>Gampaha</td>
<td>08  186</td>
<td>06  77</td>
<td>00  10</td>
<td>02  26</td>
<td>00  27</td>
<td>07  112</td>
<td>00  06</td>
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<td>Kalutara</td>
<td>01  121</td>
<td>03  90</td>
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<td>00  19</td>
<td>00  11</td>
<td>02  47</td>
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<td><strong>91</strong></td>
</tr>
<tr>
<td>Kandy</td>
<td>01  199</td>
<td>09  77</td>
<td>00  03</td>
<td>00  23</td>
<td>00  05</td>
<td>02  35</td>
<td>00  01</td>
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<td>01  17</td>
<td>00  03</td>
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<tr>
<td>Nuwara Eliya</td>
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<td>00  01</td>
<td>04  31</td>
<td>00  366</td>
<td>00  06</td>
<td>00  19</td>
<td>02  84</td>
<td><strong>71</strong></td>
</tr>
<tr>
<td>Galle</td>
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<td>04  44</td>
<td>00  05</td>
<td>00  04</td>
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<td>05  26</td>
<td>00  01</td>
<td>00  08</td>
<td><strong>56</strong></td>
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<td>Hamantota</td>
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<td>00  03</td>
<td>00  09</td>
<td>00  07</td>
<td>01  17</td>
<td>00  18</td>
<td>00  07</td>
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<td>05  77</td>
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<td>00  11</td>
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<tr>
<td>Jaffna</td>
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<td>00  00</td>
<td>00  07</td>
<td>00  11</td>
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<td>Kilinochchi</td>
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<td>00  00</td>
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<td>00  00</td>
<td>00  00</td>
<td>00  02</td>
<td>00  02</td>
<td><strong>25</strong></td>
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<tr>
<td>Mannar</td>
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<td>00  11</td>
<td>00  00</td>
<td>00  03</td>
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<td>00  00</td>
<td>00  00</td>
<td>00  04</td>
<td><strong>25</strong></td>
</tr>
<tr>
<td>Vavuniya</td>
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<td>00  02</td>
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<td>00  07</td>
<td>00  02</td>
<td>00  00</td>
<td>00  03</td>
<td><strong>100</strong></td>
</tr>
<tr>
<td>Mullaitivu</td>
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<td>00  06</td>
<td>00  04</td>
<td>02  12</td>
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<td>00  00</td>
<td>00  00</td>
<td>00  00</td>
<td><strong>20</strong></td>
</tr>
<tr>
<td>Batticaloa</td>
<td>05  20</td>
<td>11  91</td>
<td>00  04</td>
<td>00  12</td>
<td>00  02</td>
<td>00  00</td>
<td>00  00</td>
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<td><strong>64</strong></td>
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<tr>
<td>Ampara</td>
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<td>00  31</td>
<td>00  03</td>
<td>00  03</td>
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<td>00  00</td>
<td>00  00</td>
<td>00  08</td>
<td><strong>14</strong></td>
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<tr>
<td>Trincomalee</td>
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<td>00  01</td>
<td>00  11</td>
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<td>00  01</td>
<td>00  02</td>
<td>04  31</td>
<td><strong>33</strong></td>
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<tr>
<td>Kurunegala</td>
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<td>00  23</td>
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<tr>
<td>Puttalam</td>
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<td>00  09</td>
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<td>04  13</td>
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</tr>
<tr>
<td>Anuradhapura</td>
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<td>01  29</td>
<td>00  07</td>
<td>01  16</td>
<td>00  06</td>
<td>00  10</td>
<td>00  16</td>
<td>01  21</td>
<td><strong>53</strong></td>
</tr>
<tr>
<td>Polonnaruwa</td>
<td>06  31</td>
<td>00  42</td>
<td>00  02</td>
<td>01  04</td>
<td>00  01</td>
<td>01  15</td>
<td>00  00</td>
<td>03  08</td>
<td><strong>71</strong></td>
</tr>
<tr>
<td>Badulla</td>
<td>00  14</td>
<td>07  145</td>
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<td>02  13</td>
<td>05  45</td>
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<tr>
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<tr>
<td>Ratnapura</td>
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<tr>
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<td>01  04</td>
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<td>00  10</td>
<td>00  19</td>
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<td>00  00</td>
<td>00  05</td>
<td>00  00</td>
<td>00  00</td>
<td>00  02</td>
<td>01  70</td>
<td><strong>62</strong></td>
</tr>
</tbody>
</table>

| SRI LANKA      | 45  1671            | 99  1603  | 02  75       | 14  668      | 07  531       | 39  543        | 08  408      | 32  879        | 80                       |


*Den gues Fever / DHF refers to Dengue Fever / Dengue Haemorrhagic Fever.

**Timely refers to returns received on or before 28 Apr. 2007. Total number of reporting units = 290. Number of reporting units data provided for the current week: 231.

A = Cases reported during the current week. B = Cumulative cases for the year.

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Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiological Unit, P.O. Box 1567, Colombo or sent by E-mail to chepid@sltnet.lk.

**ON STATE SERVICE**

Dr. M. R. N. ABEYSINGHE
EPIDEMIOLOGIST
EPIDEMIOLOGICAL UNIT
231, DE SARAM PLACE
COLOMBO 10