**VC sir’s JANUARY 2023 PODCAST**

**Topic: Initiatives for prevention of visual impairment and control of blindness**

Dear Brothers and sisters!!!Warm greetings from Sri Balaji Vidyapeeth, popularly referred to as SBV. I am delighted to meet you all once again in the podcast series of our University SBV. I thank you all for your continuous support in this endeavor. Today, I shall share some of my thoughts on

**“Initiatives for prevention of visual impairment and control of blindness”**

**INTRODUCTION**

The ability to see or lack thereof makes a huge difference because it is the primary way by which we can access information from our surroundings.

According to the National Eye Institute, low vision is defined as “Visual impairment not correctable by standard glasses, contact lens, medication or surgery that interferes with the ability to perform activities of daily living”. According to WHO, blindness is curable or preventable in approximately 80% of cases.

Eye conditions are relatively common and attributed to several factors such as age and systemic conditions. Without immediate recognition of these conditions and prompt treatment, they can lead to devastating complications which can be potentially sight threatening!

Quite often we take good care of our health, but take eye care for granted. And for those with blindness, it is a significant issue and a painful condition. It is imperative and vital for us as a community to come together to prevent blindness and help create awareness regarding the same. It is equally important to help people who are thriving after coping with visual impairment and help them overcome the challenges that come with it. This also includes the taboo that is associated with a variety of eye conditions.

Vision impairment can affect people of all ages and globally it is estimated that about 1 billion people have vision impairment for distance or near. Hence, it is in the fitness of the things for us to understand blindness and its ramifications.

**CAUSES OF VISUAL IMPAIRMENT**

Globally, the most commonly identified causes of blindness include, unaddressed refractive error, cataract, age-related macular degeneration , glaucoma , diabetic retinopathy as well as near vision impairment caused by unaddressed presbyopia or gradual loss of the eyes' ability to focus on nearby objects.

Having said that, I need to emphasise that there is substantial variation in the causes between and within countries according to the availability of eye care services, their affordability, and the eye care literacy of the population. For instance, the proportion of vision impairment that is attributable to cataract is higher in low- and middle-income countries when compared to high-income countries. In high income countries, diseases such as glaucoma and age-related macular degeneration are more common.

Furthermore, it is quite alarming to note that the prevalence of vision impairment in low- and middle-income countries are estimated to be four times higher than in high-income countries.

**CHILDHOOD BLINDNESS**

Children with blindness have their opportunities for education and employment affected substantially. In fact, blindness in young adults is also associated with decreased workforce participation and higher rates of depression. It is sad and shocking to note that half of all the blindness observed in children, particularly those hailing from poor communities is ascribed to avoidable causes.

It is crucial to note that the prevalence is higher in developing countries mainly because of factors such as vitamin A deficiency, harmful traditional eye remedies, congenital infections, poor utilization of eye care services and lack of skilled personnel for effective management. Children younger than five years need to be targeted because of the high incidence of blindness and need for early sight restoring surgeries to prevent amblyopia which is also known as lazy eye.

Priorities have been identified that include elimination of corneal scarring due to Vitamin A deficiency and measles, treatment of cataract, screening programs for retinopathy of prematurity, correction with spectacles for refractive errors and low vision services for children with incurable visual loss.

Among children, the causes of vision impairment vary considerably across countries. For example, in low-income countries congenital cataract is a leading cause, whereas in middle-income countries it is more likely to be retinopathy of prematurity.

As in adult populations, uncorrected refractive error remains a leading cause of vision impairment in all countries amongst children.

**GOVERNMENT INITIATIVES**

India has implemented a series of effective measures in its ongoing National Program for Control of Blindness and Visual Impairment (NPCB&VI) to combat the situation, and it has thus resulted in a significant decline in prevalence of blindness over the past few decades.

The Rapid Assessment of Avoidable Blindness (RAAB) has been developed as a simple and rapid survey methodology that can provide data on the prevalence and causes of blindness.

**SBV INITIATIVES**

VISION 2020 is a robust, global initiative for the elimination of avoidable blindness, a joint programme of WHO and International Agency for the Prevention of Blindness, with international membership of NGOs, professional associations, eye care institutions and corporations. SBV aligns itself with the cardinal initiatives.

Blindness control can be planned at various levels. Approach to planning and implementation of blindness control measures should be based on the strategies which include Primary prevention i.e prevention of disease occurring in the first place, Secondary prevention i.e prevention of visual loss of disease once it has occurred and Tertiary prevention i.e restoration of sight to a blind person. Disease oriented approach include Services for cataract surgery, Vitamin A supplementation, Control of trachoma, Screening of school children for refractive errors and Distribution of ivermectin for onchocerciasis. Third approach is Services oriented approach includes Primary care services – at community level, Secondary care services – at eye clinic level which include Services provided by general medical doctors and non-ophthalmologists. Tertiary care services -at training centre level, include all ophthalmologists. SBV takes due cognizance of all these facets in its robust policy and embraces these avenues wherever and whenever appropriate

SBV organizes regular school screening, thereby preventing one of the crucial factors contributing to childhood blindness. A fully equipped eye bank with trained personnel is also in place. The committed staff at SBV motivate people for eye donation.

SBV observes eye donation fortnight every year which affords immense opportunities for motivating people by delivering talks on the importance of eye donation and the procedure involved, how to pledge our eyes, when to contact the hospital and how to preserve the eyes till the medical personnel arrive. Glaucoma is a silent condition and requires basic understanding by the community with regard to the nature of the disease and blindness prevention. SBV organizes glaucoma awareness programs. With the rapid increase in diabetes mellitus and increased prevalence of diabetic retinopathy, general public screening for the same is done every year.

**CONCLUSION**

It is concluded that the objective restoration of eye sight could go a long way in elevating the health of the people qualitatively and quantitatively. The work capacity and efficiency of such people can be enhanced pronouncedly. Establishing a mass movement to prevent and treat blindness is considered crucial. However, it must be stated that sustenance of such activities would have profound impact in promoting holistic health and well being.