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# World Sight Day 2013 Memorandum - Farabi Statement on the Prevention of Blindness and Eye Health

The World Sight Day (WSD) is held on the 2<sup>nd</sup> Thursday of October to emphasize the importance of sight and impact of vision impairment. This observance is a joint initiative of the International Agency for the Prevention of Blindness (IAPB), the World Health Organization (WHO) and other international non-governmental organizations.<sup>1</sup>

The celebration resonates with Vision 2020 initiative for the control of avoidable blindness by the year 2020. It can promote professional as well as public awareness about sight and vision impairment. This is wise as we know that most cases of visual impairment are preventable or treatable; nonetheless there are more than 280 million people, including 19 million children, who live with visual impairment.<sup>2</sup> This is much more a priority for the developing countries because they inhabit 90% of the visually impaired.<sup>3</sup> Epidemiological transition has already commenced in the developing world<sup>4-7</sup> but they are not ready to take care of the age-related blinding conditions.

Non-governmental and community organizations would probably be the ideal entities to organize and celebrate WSD on a national level. But participation from a wide range of state and humanitarian bodies and even leading figures and celebrities is conceivable and welcomed. This should culminate in community initiatives for wanting resources and fund raising, and should influence policy-makers to develop and implement blindness prevention programs.

The WHO Action Plan 2013 on the prevention of avoidable blindness and visual impairment has suggested the theme 'Universal Eye Health' for WSD 2013. The plan seeks "integration of comprehensive eye care (from promotion to rehabilitation) services into health systems", and expects to address equity challenge. The theme is so ambitious and encompassing that might continue as a consistent one in the next years, focusing on a different aspect of the theme each year. The call to action in 2013 was 'Get your Eyes Tested'.<sup>1</sup> This call will encourage the public to seek care and challenge the local eye healthcare facilities for eye care and services.

### WSD at Farabi Eye Hospital

During the past years, WSD has been held in Iran through a variety of events. Farabi Eye Hospital organized a celebration of the WSD 2013 in collaboration with the Ministry of Health and the National Institute for Health Research. The municipality socio-cultural department of the Hospital locality also organized the social aspects of the event.

The scientific program titled 'Ophthalmic Epidemiology & Eye Health Seminar' was held for the 1<sup>st</sup> time in Iran.

The scientific program comprised three symposia: evidence on eye health and diseases in Iran; policy making for eye health; and low vision and disability. We had 2 keynote lectures on 'social determinants of eye health' and 'universal access to eye health'. The morning sessions were concluded by articulating the Farabi Statement on the Prevention of Blindness and Eye Health 2013 by the event presidents (see Appendix, pages 322-323). In the afternoon, 2 workshops on diabetic retinopathy screening and artificial intelligence were held. Participants included ophthalmologists, optometrists, and community medicine, public health, and epidemiology experts, and young scholars.

The social program offered free of charge optometry services for local senior citizens referred by the district Community Houses (i.e. Get Your Eyes Tested!). We also held a painting competition on the theme of sight for children younger than 10, and a best text message competition. The event received massive media coverage.

Farabi Eye Hospital is now more than ever committed to public eye health.

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## Appendix

### Farabi Statement on the Prevention of Blindness and Eye Health 2013

About 7% of Iranians suffer from different levels of visual impairment. "Healthy Human" is the prerequisite of "permanent development" and SIGHT makes up a big portion of health and is conducive to a productive and prosperous life; indirectly driving the economic development.

We, the participants of the 1st Iranian Eye Health & Ophthalmic Epidemiology Seminar held on the occasion of WSD 2013, emphasize the following and recommend:

#### Dear Citizens

1. Healthy eyes and prevention of blindness –similar to any other health issue– depend on keeping a balanced and diverse diet. Fresh vegetables, fruits and dairy products are effective in keeping the cornea, the retina and the natural lens healthy.
2. Sunglasses and brimmed hats decrease the risk of cataract development and possibly that of age-related retinopathy.
3. Each individual has responsibilities for preserving his or her eye health. Observing healthy contact lenses practices and avoiding hazardous fireworks are examples. You are expected to adhere to your eye health providers' prescriptions, follow up recommendations and periodic visits.
4. Attend to instructional information on eye health from mass media, for instance about your children's sight.
5. Take note of hereditary eye diseases among your relatives; you may need to avoid an inter-familial marriage.
6. Smoking and other harmful life-style habits initiate and accelerate development of cataract, glaucoma and retinopathy.

#### Respected Eye Health Providers

(General/Family physicians, Ophthalmologists, Optometrists and Nurses)

1. Never miss an opportunity for the advocacy of eye health; educate citizens about eye health and care; take part in social programs of your local community (in the cities, 'Saray-e Mahallat') and volunteer services.
2. General/Family physicians and optometrist colleagues, refer diabetics in your catchment or among your referrals according to the national diabetic retinopathy screening scheme.
3. Ophthalmologist colleagues, screen all your referrals for glaucoma, even those who have no complaint of blurred visions.

#### Venerable Policymakers, Legislators, Executives and Professional groups

1. Inequality in health indicators and distribution of services must be the priority concern. Eye care is plagued with inequity too. As an example, around 40% of the nation's ophthalmologists reside and practice in Tehran; optometrists' distribution is not suited for the primary eye care either, which is the sine qua non for the profession. It is essential to improve the distribution of eye care providers by re-designing the referral structure, as well as the legislation and enforcement on licensing procedures, and application of privileged schemes.
2. The curriculum for ophthalmic education of medical students should be revisited.
3. Eye care insurance coverage needs reforms. For instance, benefits should include provision of prescription spectacles.
4. Health education for school children must include eyes safety and protection.
5. Retinopathy of prematurity is an emerging disease and epidemic of a blinding condition. Its control should be integrated into the National Newborn Health Program.
6. Chaharshanbe-Soori (the Wednesday-Eye Festival) must be held with public professional displays and governed by the city councils. Relatively safe and conventional firework and bonfire practices should not be banned.
7. Low vision and blindness must be recognized as disabilities needing rehabilitation services. In order to improve the uptake of low vision services, we have to work on people's attitude, insurance coverage and better access.

### **Esteemed Investigators, Research Institutes, National Eye Research Network & the Mass Media**

1. Focus on generating evidence for policy-making and health planning through burden of eye disease studies, economic evaluations, and ophthalmic technology assessment (given that eye health services are specifically technology-dependent). Other essential information concern eye care tariffs, distribution and inequity indices, and behavior service providers.
2. For the purpose of advocacy before policy-makers and in order to improve public eye health literacy, call up for knowledge translation, exchange, and utilization of research results, and produce public educational material and media contents. For instance, glaucoma screening needs a policy brief and a national control program. Eye protection against UV radiation is another essential area for public education.
3. Exploit secondary data synthesis methods such as systematic review, meta-analysis and community-based participatory researches (CBPR) for further generation of eye health knowledge and insight.
4. Develop and adapt practice guidelines on priority subjects e.g. cataract surgery timing.
5. It is time to prepare the primary eye care package to be delivered by general practitioners/ family physicians, optometrists, and community health workers. Implement widespread education and training with the help of professional societies and ophthalmology centers of excellence.
6. Evaluation of the National Amblyopia Screening Program is now due after a decade of its implementation. A policy brief is lacking.
7. We need national occupational eye health and safety data.
8. It is recommended to study the prevalence and burden of dry eye syndrome.
9. The mass media are expected to play more significant roles in improving lifestyles and behavior through professional and specialized eye health journalism and public education.

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