

Objectives, Principal Intervention Strategies, Essential Support Measures, Epidemiological and Operational Research and Suggested Indicators for Main Causes of Blindness

Target Population	Objectives and targets	Principal interventions strategies and technologies	principal support measures	Epidemiology and operational research	Indicators for monitoring and evaluation
(1) CATARACT					
Whole population with special attention to:	Elimination of blindness due to cataract	<ul style="list-style-type: none"> -To detect cataract -To refer without delay for cataract surgery -Surgical treatment of cataract -To follow up after operation including prevention and immediate care of complications -Refraction and provision of corrective lenses -To motivate and educate the cataract blind to seek cataract surgery 	<p>Facilities for surgery</p> <ul style="list-style-type: none"> -(a) Institutional -(b) Outreach <p>Facilities for refraction</p> <p>educational material</p> <p>Financial support</p> <p>Immunization</p>	<ol style="list-style-type: none"> 1. Effective screening methodologies in the field 2. Alternative strategies for dealing with cataract blind. 3. Feasibility of alternative methods for supply of low cost aphakic glasses. 	<p>Number of operations done compared to number of cases identified.</p> <p>Number of glasses distributed.</p> <p>Number of aphakia complications.</p> <p>Visual results of surgery.</p> <p>Prevalence of cataract blind.</p>
(2) TRACHOMA					
All age groups in endemic areas are susceptible but populations with poor socio-economic status and with inadequate water and basic sanitation facilities and school-age children, among them, are particularly exposed	Reduction and ultimate elimination of blindness due to trachoma	<p>Early case detection by community-level health workers in accordance with simple diagnostic criteria</p> <p>Treatment of severely infected cases by means of prolonged topical treatment or systematic treatment</p> <p>Early corrective surgical care for cases with trichiasis</p> <p>Health education of school children and families in personal hygiene practices and self-care</p>	<p>Regular supply of drugs</p> <p>Training of health workers at appropriate level in surgical care and availability of surgical instruments at this level</p> <p>-Appropriate educational materials</p>	<p>Operational research on longer-acting treatment schemes</p> <p>Field trials on systemic treatment.</p> <p>Development of vaccine against trachoma</p>	<p>Incidence of blinding trachoma complications among persons attending health facilities</p> <p>Incidence of severe loss of vision due to trachoma among hospital admissions.</p> <p>Prevalence of blinding trachoma</p>
(3) BLINDING MALNUTRITION					
0-6 years, especially 1-3 years	To reduce malnutrition blindness due to vitamin A deficiency	<p>To detect, treat and refer cases of corneal involvement as an emergency</p> <p>To develop a surveillance mechanism for corneal and high-risk cases</p> <p>Nutritional education including breastfeeding, maternal nutrition, infant feeding</p> <p>Nutritional rehabilitation</p>	<p>Educational material</p> <p>Supplies of high potency vitamin A capsules/liquid and water miscible infection</p> <p>Surveillance system</p>	<p>To assess long-term control strategies</p> <p>Field trials to assess specific interventions</p> <p>Assessment of educational material</p> <p>Assessment of surveillance system</p>	<p>Prevalence and incidence of xerophthalmia grades</p> <p>Number of cases of blindness attributable to xerophthalmia</p>
Population at risk, e.g., post measles, diarrhoea protein-energy malnutrition					