The Global Initiative: Launch of Vision 2020

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Vision 2020: The Right To Sight is designed to eliminate avoidable blindness by the year 2020. The programme will enable all parties and individuals involved in combating blindness to work in a focused and coordinated way to achieve the common goal of eliminating preventable and treatable blindness. Vision 2020, in conjunction with the World Health Organization, will take on the following responsibilities:

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

Vision 2020 involves the active participation of UN agencies, governments, eye care organisations, health professionals, philanthropic institutions and individuals working together in global partnership to accomplish this goal by the year 2020.

In order to communicate effectively the key messages of Vision 2020 to the general public, the programme will be officially announced via an international launch press conference. This launch event is planned for Thursday, February 18, 1999, from the Geneva Press Club in Switzerland, in conjunction with the meeting of the WHO Advisory Group for the Prevention of Blindness. It is envisaged that the WHO Director General, Dr Gro Harlem Brundtland, will lead this event together with staff from the World Health Organization and founding members of the Vision 2020 programme. An international gathering of spokespersons will jointly introduce Vision 2020 at this meeting. The different speakers will discuss the importance of making blindness a major public health initiative, past programmes designed to help manage the problem and how Vision 2020 programming can help to eliminate avoidable blindness in the world by the year 2020. Following the closure of the WHO meeting by Dr Brundtland, she will participate in a press conference which will be organised at the International Press Centre in Geneva. On this occasion a message and proclamation of ‘Vision 2020’ will be announced. In view of this launch a promotional brochure (see illustration) has been produced which can be obtained from the International Agency for the Prevention of Blindness, IAPB Secretariat, Grovener Hall, Bolnore Road, Haywards Heath, West Sussex RH16 4BX, United Kingdom.

Media from other regions of the world will have the opportunity to listen to the press conference, including the following World Health Organization regions:

- Harare, Zimbabwe
- Copenhagen, Denmark
- Washington DC, USA

Global Initiative:

- New Delhi, India
- Alexandria, Egypt
- Manila, Philippines

Appropriate spokespersons from each of these regions will be identified by WHO and by founding members of the Vision 2020 programme. These spokespersons will respond to media inquiries generated from each particular region.
Epidemiology in Practice: Case-Control Studies

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Introduction

A case-control study is designed to help determine if an exposure is associ- ated with an outcome (i.e., disease or condition of interest). In theory, the case- control study can be described simply. First, identify the cases (a group known to have the outcome) and the controls (a group known to be free of the outcome). Then, look back in time to learn which subjects in each group had the exposure(s), comparing the frequency of the exposure in the case group to the control group. By definition, a case-control study is always retrospective because it starts with an outcome then traces back to investigate exposures. When the subjects are enrolled in their respective groups, the outcome of each subject is already known by the investi- gator. This, and not the fact that the investiga- tor usually makes use of previously collected data, is what makes case-control studies ‘retrospective’. 

Advantages of Case-Control Studies

Case-control studies have specific advantages compared to other study designs. They are comparatively quick, inexpensive, and easy. They are particularly appro- priate for (1) investigating outbreaks, and (2) studying rare diseases or outcomes. An example of (1) would be a study of endophthalmitis following ocular surgery. When an outbreak is in progress, answers must be obtained quickly. An example of (2) would be a study of risk factors for uveal melanoma, or corneal ulcers. Since case-control studies start with people known to have the outcome (rather than starting with a population free of disease and waiting to see who develops it) it is possible to enroll a sufficient number of patients with a rare disease. The practical value of producing rapid results or investi- gating rare outcomes may outweigh the limitations of case-control studies. Because of their efficiency, they may also be ideal for preliminary investigation of a sus- pected risk factor for a common condition; conclusions may be used to justify a more costly and time-consuming longitudinal study later.

Cases

Consider a situation in which a large num- ber of cases of post-operative endophthal- mitis have occurred in a few weeks. The case group would consist of all those patients who underwent elective intraocular surgery. In our example, controls could be defined as patients who underwent elective intraocular surgery during the same period of time.

Matching Cases and Controls

Although controls must be like the cases in many ways, it is possible to over-match. Over-matching can make it difficult to find enough controls. Also, once a matching variable has been selected, it is not possible to analyse it as a risk factor. Matching for type of intraocular surgery (e.g., secondary IOL implantation) would mean including the same percentage of controls.

Global Initiative

Founding members of Vision 2020: The Right to Sight are as follows:
- World Health Organization  
- International Agency for the Prevention of Blindness  
- Helen Keller International  
- Orbis International  
- Sight Savers International

Support members of Vision 2020: The Right to Sight are as follows:
- Al Noor Foundation  
- Asian Foundation for the Prevention of Blindness  
- Foundation Dark & Light  
- The Fred Hollows Foundation  
- The International Centre for Eye Heath  
- The International Eye Foundation  
- The Lighthouse Inc.  
- Helen Keller International  
- SEVA Foundation  
- SIMAVI  
- World Blind Union

Epidemiology

- Will endophthalmitis have to be proven microbiologically, or will a clinical diag-nosis be acceptable?  
- Clinical criteria must be identified in great detail. If microbiologic facilities are available, how will patients who have negative cultures be classified?  
- How will sterile inflammation be differen-tiated from endophthalmitis?

There are not necessarily any ‘right’ answers to these questions but they must be answered before the study begins. At the end of the study, the conclusions will be valid only for patients who have the same sort of ‘endophthalmitis’ as in the case definition.

Controls

Controls should be chosen who are similar in many ways to the cases. The factors (e.g., age, sex, time of hospitalisation) cho- sen to define how controls are to be similar to the cases are the ‘matching criteria’. The selected control group must be at similar risk of developing the outcome; it would not be appropriate to compare a group of controls who had traumatic corneal lacerations with cases who under- went elective intraocular surgery. In our example, controls could be defined as patients who underwent elective intraocular surgery during the same period of time.