

IAPB 9th General Assembly

The 9th General Assembly (9GA) of the International Agency for the Prevention of Blindness (IAPB) was a resounding success, with over 1,400 people attending the five-day meeting in Hyderabad, India.

The assembly was superbly organised and was characterised by a spirit of learning and collaboration, not only during presentations and panel discussions, but also during chance meetings in corridors and around the tea and coffee tables.

We asked a few leaders in international non-governmental organisations what key messages they took home with them.

Bob McMullan, incoming President of IAPB: “We need to be very disciplined and prioritise because funds are limited. Working in a noble cause increases the obligation to be efficient and effective.”

Serge Resnikoff, Organisation for the Prevention of Blindness: “WHO is leading the movement towards universal health coverage; it will be up to all of us to ensure that, in our country, eye care is on the agenda when this is being discussed.”

Lesley Podesta, Fred Hollows Foundation. “There are so many unheralded women making a real difference in some of the most difficult environments and communities. We need to actively



make efforts to bring more women into leadership roles over the next few years.”

Allen Foster, CBM. “Avoidable blindness is highest in neglected communities. In order to achieve the goal of VISION 2020 we need to focus our time, effort, and limited resources on improving eye care for these neglected communities.”

Brien Holden, Brien Holden Vision Institute: “We have to get down to the business of blindness prevention. We must become much more effective at bringing all the stakeholders together to focus on eliminating the problem. The

corporate social responsibility panel at the 9GA showed that this is possible.”

Richard le Mesurier, IAPB Western Pacific: “There needs to be a more pro-active focus on primary eye care. There are also various areas of neglect: Francophone Africa is lagging behind, and more work is needed to address refractive error and get spectacles to the poor.”

For more information about the general assembly, including presentations, videos and photographs, please visit: www.iapb.org/9th-general-assembly

GLOSSARY

Glaucoma glossary

Anterior chamber. The part of the eye between the cornea and iris, filled with aqueous humour.

Aqueous humour. A clear fluid continually produced by the ciliary processes. It contributes to the maintenance of intra-ocular pressure. The fluid leaves the eye through the sieve-like trabecular meshwork and Schlemm’s canal to reach deep veins in the sclera.

Bleb. A ‘blister’ of tissue overlying the site of glaucoma drainage surgery, from where aqueous escapes from the eye.

Central vision. The detailed vision in the centre of a person’s gaze for which the macular area of the retina is used.

Glaucoma. A group of complex eye diseases characterised by optic nerve damage resulting in loss of vision with typical visual field defects, and, usually, with raised intraocular pressure.

Intra-ocular pressure (IOP). The pressure inside the eye that results from the combined production and drainage of aqueous humour, measured in millimetres of mercury (mmHg). Normal IOP ranges between 12 and 22 mmHg.

Laser trabeculoplasty. A surgical procedure to deliver a series of laser burns to the trabecular meshwork to improve the outflow of aqueous humour in open-angle glaucoma.

Optic nerve. The nerve tract that transmits visual information from the retina to the brain.

Optic nerve head drusen. Hyaline deposits, often calcified, in the region where the optic nerve enters the back of the eye. May be associated with visual field loss and may mask the presence of glaucoma.

David Broadway



Perimetry. A test that produces a map of the field of vision to plot visual field defects.

Peripheral vision. The top, sides, and bottom areas of vision. These may be the first areas of vision affected by glaucoma.

Shunt. An artificial drainage device surgically implanted in the eye to lower intraocular pressure.

Trabecular meshwork. A meshwork of connective tissue located at the angle of the anterior chamber of the eye and through which the aqueous humour drains.

Trabeculectomy. A well-established surgical treatment for glaucoma, in which a small, covered, drainage hole is created in the sclera to allow a controlled outflow of aqueous. An augmented trabeculectomy involves the local application to the trabeculectomy site of an agent that inhibits scarring.