



## KEYNOTE

### **The distribution of functional low vision in people aged 50 and above**

Hans Limburg

*Freelance consultant public eye health*

In 1981, after completing his training in Amsterdam, Hans Limburg left for Senanga, Zambia. As general medical officer in a remote district hospital, he saw many patients with all stages of trachoma, and soon realised that medical care alone would never reduce this blinding disease. In 1989 he graduated at the International Centre for Eye Health in Community Ophthalmology. He returned to Zambia for a short assignment to include basic eye care in the primary health care programme. Later in 1989 he moved to New Delhi, India, to work with the Indian Government to decentralise eye care services in the country and to integrate these with general health care services at district level. To facilitate this transition, a national school eye screening programme, a simple but effective eye care information system, population based surveys, routine monitoring of cataract surgical outcome, public-private partnerships in eye care and collaboration with community based rehabilitation organisations were developed. In 1998 he returned to The Netherlands and works as freelance consultant in public eye health.

([www.hanslimburg.com](http://www.hanslimburg.com)).

#### **Keynote lecture outline**

The Rapid Assessment of Avoidable blindness (RAAB) is the WHO recommended population-based survey methodology on blindness and visual impairment in people aged 50 years and older. Since its introduction in 1999, over 200 RAABs have been conducted worldwide. The RAAB software generates standardised reports, including the prevalence and main cause of functional low vision (FLV) – best corrected visual acuity < 6/18 to perception of light- which cannot be treated and requires low vision services, the estimated number of cases, distribution by age, gender and visual acuity.

The last two decades saw great progress in the reduction of treatable diseases like cataract and refractive errors. Two major communicable causes of blindness, trachoma and onchocerciasis, are successfully controlled by massive drug distribution programmes and public health interventions. Unfortunately, visual impairment due to diabetic retinopathy, age related macular degeneration and glaucoma is increasing rapidly worldwide. With regular control and timely intervention, visual loss from these causes might be prevented. However, such services are expensive, require highly skilled staff and are not available in many parts of the world. Because these diseases increase with age, the ageing trend will cause the number and prevalence of people with functional low vision to rise even further.

In the younger age groups, better neonatal care and treatment facilities have resulted in higher survival rates of premature children, children with congenital disorders and children with birth trauma. Unfortunately, visual impairment is common in these children.

Detailed data on FLV in people aged 50 years and older are available from the website [www.raabdata.info](http://www.raabdata.info) for 33 national and 175 sub-national studies.