



Children have  
the right to sight

One in every five blind children live in sub-Saharan Africa. Childhood blindness carries huge costs for children, families and society.

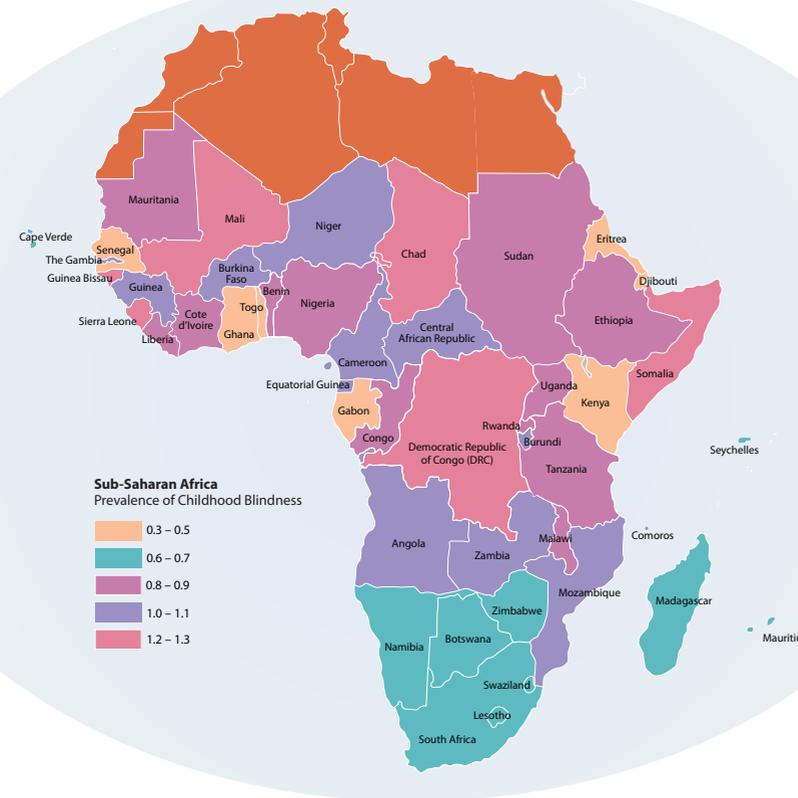
**50%**

of childhood blindness can be prevented or treated!

Childhood blindness can be prevented or treated in line with governments' commitment to realising children's rights to health care and basic services.

## What is the problem?

1. There is an estimated 1.4 million blind children worldwide. One in five of these children live in sub-Saharan Africa.<sup>1</sup>
2. Children under-five are most at risk: most blind children are either born blind or become blind before their fifth birthday. Early intervention is critical, as it may not be possible to restore full sight after the first 5 - 6 years of life.<sup>2</sup>
3. Childhood blindness is also strongly associated with poverty and child morbidity and mortality.
  - In low-income countries with high under-5 mortality rates, the prevalence may be as high as 1.5 per 1000 children; while in high-income countries with low under-5 mortality rates, the prevalence is around 0.3 per 1000 children.<sup>3</sup>
  - In developing countries, up to 60% of children die within a year of going blind – usually due to underlying conditions such as measles, meningitis, rubella, prematurity, genetic diseases and head injuries.<sup>4</sup>
4. Childhood blindness has a significant impact on children's



**Note:** Calculation of childhood blindness using Clare Gilbert method and Unicef 2009 stats for under-five mortality rate

health, education and life trajectory – and the loss of income and productivity associated with a lifetime of blindness are costly for both the family and the State.

## What are the key causes of childhood blindness?

The key causes of childhood blindness<sup>5</sup> are?

- Scarring of the cornea associated

with neo-natal eye infections, Vitamin A deficiency and measles.

- *Trachoma* caused by repeated infections in areas with poor access to water, sanitation and health care services.

- *Cataracts* which may be congenital or acquired later in life

through infection, trauma or metabolic disease.

- *Retinopathy of prematurity* - damage to the retina in premature babies.
- *Glaucoma* - cloudiness, sensitivity and loss of sight caused by pressure on the optic nerve.

It is also important to provide services for children with refractive errors (short and far-sightedness) that can be easily identified and corrected with spectacles.

50% of childhood blindness can be avoided.<sup>6</sup>

## CHILDREN'S RIGHTS TO SIGHT

Children do not have an explicit right to sight, but the rights enshrined in international and regional law provide a legal framework for ensuring children's enjoyment of the highest attainable standard of health and a clean, safe and healthy environment.

- The United Nations Convention on the Rights of the Child<sup>7</sup> (1989) recognises the right of all children to survival and development (article 6), the **highest attainable standard of health** (article 24), an adequate standard of living (article 27) and to rehabilitative care (article 39). The Convention also obliges countries to **cooperate** to prevent disability (article 23).
- The African Charter on the Rights and Welfare of the Child<sup>8</sup> (1990) recognises a similar array of rights for African children) including the **provision of clean water and sanitation** (article 14).

In addition:

- The UN Committee on the Rights of the Child<sup>9</sup> recognises that **prevention and early intervention** is crucial to prevent permanent loss of sight and development delays.
- Vision 2020<sup>10</sup> a global initiative led by the World Health Organisation aims to promote the right to sight and **eliminate the main causes of preventable and treatable blindness by 2020**.
- World Health Assembly Resolution 62.1 (2009) calls on Member States to develop **comprehensive eye health** programmes in line with the 2009 – 2013 Action Plan for the Prevention of Avoidable Blindness and Visual Impairment.<sup>11</sup>

## THE MILLENNIUM DEVELOPMENT GOALS

**Achieving the Millennium Development Goals (MDGs) would help to realise children's right to sight by improving children's health and access to basic services. In particular the goals aim to:**

- eradicate extreme poverty and hunger
- achieve universal primary education
- reduce child mortality and improve access to water and sanitation

- develop a global partnership for development.

While sub-Saharan Africa has made significant progress towards many of the MDGs, under-five mortality is still more than double the global average and people in the region have poorer access to water, sanitation and health care services. In 2005, more than 50% of people living in sub-Saharan Africa had an income of less than \$1 a day.<sup>12</sup>

### Progress toward the Millennium Development Goals in sub-Saharan Africa (2011)

		Under-5 mortality rate <sup>1</sup> (2009)	Immunisation measles <sup>2</sup>	Skilled birth attendant <sup>3</sup> (2008)	Water <sup>4</sup> (2008)	Sanitation <sup>5</sup> (2008)
World	2011	60	82	68	87	61
	1990	180	56	42	49	28
sub-Saharan Africa	2011	129	68	46	60	31
	2015	60	-	-	75	42

**Source:** United Nations (2011) The Millennium Development Goals Report 2011. New York: UN.

- Notes:** 1. Deaths of children before reaching the age of five per 1,000 live births;  
 2. Percentage of children 12-23 months who received at least one dose of measles vaccine;  
 3. Percentage of births attended by skilled health personnel;  
 4. Percentage of population using an improved drinking water source;  
 5. Percentage of population using improved sanitation.

## What are the solutions?

### 1. Comprehensive child eye-health programmes: from prevention and early intervention to treatment and rehabilitation

Many of the components of a comprehensive child eye-health programme are provided for in existing programmes. Drawing them together in one strategic document enables states to identify gaps in the system and to prioritise child eye care within these programmes.

#### Prevention

- ensure early diagnosis and treatment of STDS in pregnant women
- improve nutrition and coverage of Vitamin A
- increase immunisation coverage to prevent measles
- promote health and hygiene programmes
- increase access to water and sanitation – especially for children under five

#### Early diagnosis

- include vision screening as a core component of Integrated Management of Childhood Illnesses, preschool and school health programmes
- train midwives, community health workers and school nurses to enable early detection, referral and treatment

#### Referral

- strengthen referral systems and follow up between primary, secondary and tertiary level care

#### Treatment

- establish child eye-care centres with specialised staff and equipment at tertiary level to provide timely surgery, treatment and follow-up for children

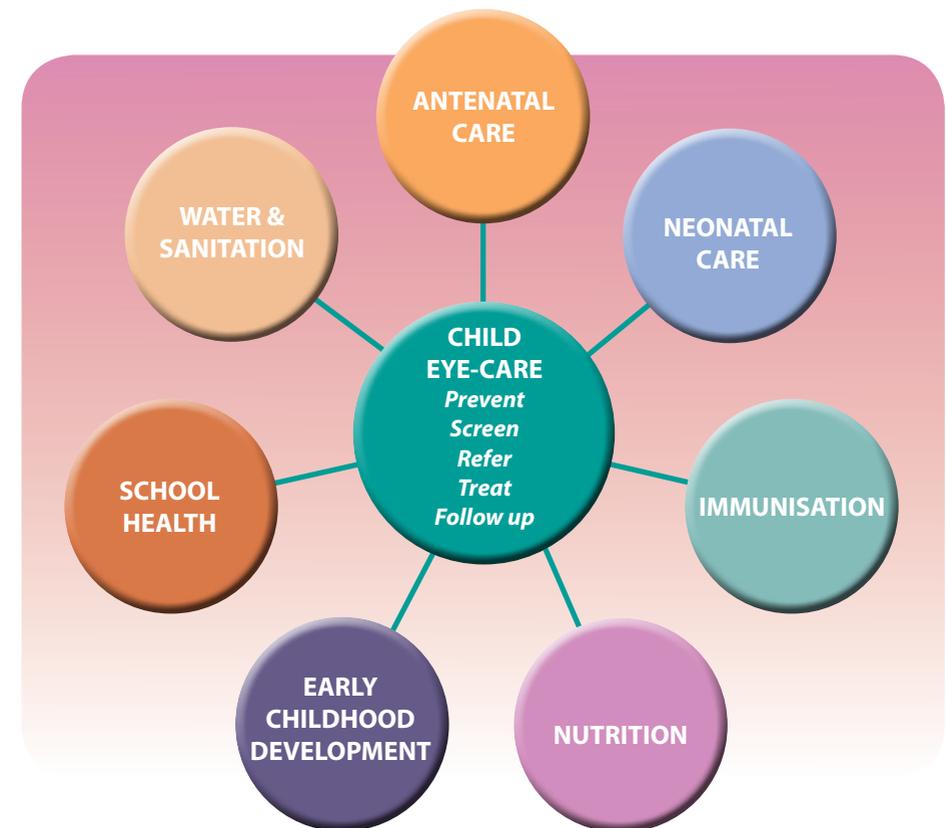
#### Rehabilitation

- provide spectacles that are of good quality, accessible and affordable
- provide low vision services (special education, therapy and visual aids) to enable children to make the best possible use of the vision they have

### 2. An integrated approach

Child eye-health needs to be integrated into national plans including: antenatal, neonatal, immunisation, nutrition, early childhood development, school health, and water and sanitation programmes/services.

### 3. Training and resources to support the work of health workers at all levels of the health care system



### SPECIALIST CHILD EYE-CARE CENTRES

Most of these services can and should be delivered at community and primary level. The World Health Organisation has set a goal of one child eye-care centre per 10 million people by 2020.<sup>13</sup>

- These tertiary-level centres have the capacity to treat and perform surgery for a range of serious paediatric conditions.

- Each centre requires a team of paediatric eye care specialists and specialised equipment, infrastructure and consumables for infants and children.
- Sub-Saharan Africa has a population of 821 million yet there are only 26 centres concentrated in 12 out of 48 countries.
- Cross-border arrangements should be established to ensure these specialised services are available for children in countries with smaller populations.

## EARLY INTERVENTION KEY TO SUCCESSFUL TREATMENT

George Miti and his mother, Chalwe, met the Kitwe Paediatric Eye Care Centre's outreach team by coincidence when they were conducting a screening day near their village on the outskirts of Kitwe, Zambia.

Chalwe explained to them that during previous weeks her son's eyelids had suddenly and unexplainably swollen to such an extent that he could no longer open his eyes.

The outreach team, which focuses on educating communities on eye health, finding children with uncorrected eye conditions and referring cases to the hospital, sent him straight to the eye care unit.

Dr. Chileshe Mboni assessed and diagnosed George's problem. George had a major sinus infection on the eye socket that, if left untreated, can be life threatening. If eyelids continue to swell, pressure on the eye can lead to permanent vision loss. The infection can also spread to the brain and cause meningitis.

Dr Mboni explained that: *"in George's case the dusty environment of his village coupled with the lack of clean water to wash his face lead to the infection."* Dr. Mboni gave him an antibiotic and within 48 hours the swelling in

George's eye had completely gone and he was able to fully open his eyes. George was himself again.

This story has a happy ending, but without the early intervention of the Kitwe eye care team the outcome could have been so different.

The Kitwe Paediatric Eye Care Centre opened on 12 September 2011 and is the only child focused eye care facility in Zambia where paediatric cataract, glaucoma, trachoma and conjunctivitis are all too prevalent.



## Recommendations

Children's organisations, civil society and governments should:

1. make child eye health a **priority** within their child rights and health care programmes
2. raise awareness of the links between eye health and children's access to adequate **water and sanitation** and primary health care services
3. include **training** in basic eye health care for children in their neonatal and primary health care programmes
4. provide basic information on eye care to educators, community development workers and social service practitioners to enable prevention and early detection
5. advocate for children's **right to quality, accessible care** and basic services such as water, sanitation and electricity
6. collaborate across borders to share best practice on community based interventions and establish **specialised child eye-care** centres to serve the needs of all children in the region.

## ACKNOWLEDGEMENTS

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## REFERENCES

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- <sup>2</sup> World Health Organization (2000) **Preventing blindness in children. Report of a WHO/IAPB scientific meeting**. Geneva: WHO. (WHO/PBL/00.77).
- <sup>3</sup> See note 1 (Action plan).
- <sup>4</sup> See Note 2 above (HWO/IAPB report).
- <sup>5</sup> Gilbert C & Muhit M (2008) Twenty years of childhood blindness: What have we learnt? **Community Eye Health Journal** 21(67): 46-47.
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