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The problem of avoidable blindness is still a significant public health issue with nearly 90 per cent residing in developing countries, as shown in the recent publication by the Vision Loss Expert Group. While effective and cost effective solutions are available for the major causes of Cataract and Uncorrected Refractive Errors, certain other conditions such as Glaucoma still remain elusive for any large scale public health interventions.

Difficulty in diagnosis and relative complexity in management, with the requirements of appropriate infrastructure and well trained specialists, make the care of glaucoma more challenging. One of the approaches to address this issue is to develop a cadre of ophthalmologists with special competencies in this area who can then become trainers in their geographic areas. During this month, we have conducted many continuing education programmes one of which is the "Glaucoma Preceptorship Programme". This course was mainly intended for sub-Saharan African countries but we also had participants from Vietnam. A combination of didactic, interactive, and hands-on sessions through wet lab offered the participants an overview of the diagnosis and management of various forms of glaucoma. These trainers can then impart the knowledge and skills to ophthalmologists in their countries and enhance the care of this potentially blinding disease. As our friend and renowned glaucoma specialist, Ravi Thomas often says “Let us begin to diagnose at least in the face of glaucoma”. By this, he was referring to those who are already in the clinics where a diagnosis of glaucoma should not be missed.

Yet another programme was on ophthalmic plastic surgery held at our tertiary care campus in Vijayawada. Seventy six participants from this part of the country attended. Newer and better ways of dealing with this aspect of ophthalmic care constituted the theme. Reconstructive, lacrimal and orbital problems were the topics of the programme. This subspeciality is another relatively neglected area that needs attention. The sequelae of neglected or poorly managed lid and other problems can contribute to ocular morbidity.

Continuing on the topic of training, our public health group that is coordinating the Lions International SightFirst's "Sight for Kids" programme has trained several heads of government schools in the rural district near Hyderabad. These 40 teachers were trained in proper screening methods for eye ailments. Those identified with a problem will then be referred for further care to eye centres; and those identified with Refractive Errors get corrective spectacles. This is one of the most successful Children's Eye Health initiatives supported by Johnson &Johnson.

One of the barriers for provision of appropriate and quality care in these situations is the prohibitive cost of equipment that low income economies cannot afford. Our engineering innovation group, led by Ashutosh Richhariya, is working tirelessly to arrive at cost effective, yet high-quality solutions. This group has just completed a “photo slit lamp project” that will aid

in diagnosis and documentation, and promote better follow up care. Over the past year, this group, through their innovation, has brought down the cost of our equipment maintenance and spare parts by a large margin. We are optimistic that in the next two years these can be shared with many other organisations that can have a bigger impact. I convey my sincere appreciation to this brilliant team of engineers and technologists.

Advocacy, planning and formulation of policy is an important function of our Institute for the past quarter century. We are delighted that T P Das, our Vice Chair, was appointed by the state government of Odisha (Orissa) as Chair of the newly formed Universal Eye Health programme. I am sure that TP, with his penchant for this area of activity, will work to put in place a sustainable programme. He is already playing a notable role in the area of prevention of avoidable blindness as President of VISION 2020: The Right to Sight – India, and as the South East Asia Regional Chair of the International Agency for the Prevention of Blindness. These experiences will be of great value in creating a robust model for this state. Our best wishes for his success in this new role.

Several other colleagues received honours at the state, national and international levels to all of whom I convey my compliments and thank them for enhancing the image of our Institute.

While we strive hard to give high quality education to trainees of all cadres of eye care team, this effort also extends to our clients of the "Dr. PRK Prasad Centre for Vision Rehabilitation". The story of Yusuf is moving and inspiring from this perspective. He lost his vision from a retinal problem soon after completion of high school around which time, to his misfortune, he lost his father too. He went into depression and confined himself to his home. Following an advice from friends to seek help at our Institute, he was first seen by our Retina specialist, Subhadra Jalali, who referred him for rehabilitation service. After counselling, he was given training in computers, mobility training, spoken English and personality development. All this landed him with employment through job placement and he received the "Best Employee" award in his very first job. This was followed more recently by a better opportunity in a software company. He was full of appreciation to Subhadra and the rehabilitation team for the role they played in changing his life. This is an example of the potency of comprehensive care, where clinical care is combined with rehabilitation services "so that all may see and so that all realise their full potential".

- Gullapalli N Rao