The majority of the World's blind people today — curable and incurable — are to be found in South Asia, consisting of India, Bangladesh, Nepal, Bhutan and Sri Lanka. Even by conservative estimates, these 5 countries in this region today will have 10 million blind people. And, at least 7 million of them can have their sight restored by surgical interference. Further, it is estimated that in this region about 1.5 million people go blind every year; most of them with curable blindness. In spite of all the developments so far, the infrastructure and efforts can cope with only about 750,000 surgeries in a year. This simply means that to the already existing back log of 7 million curable blind in South Asia, another three quarters of a million is added on, year after year. If this trend continues unchecked, in another 20 years, by 2000 AD, the number of curably blind people in South Asia would have risen to 15 million. That is almost a quarter of today's total population of Federal Republic of Germany.

Yes, we have to act quickly and wisely. A back log of 7 million curably blind people and the addition of one and half a million of curably blind people every year is the state of affairs of South Asia today. The problem appears staggering. Will the five developing countries in South Asia, whose problems are varied and whose priorities lie elsewhere, be able to meet this challenge, and can they combat effectively this onslaught of blindness? The answer is, yes, it is possible.

Prevention of Visual Impairment and control of blindness in a majority of cases is relatively a simple and uncomplex matter. In countries of South Asia, this is more a question of a realistic strategy and effective organisation of existing facilities than of finding additional resources. It is the approach to the problem and the strategy that is important. Let us take the case of one country — India — as an example. The back log of curable blind people is 5 million. Additions to this back log every year is 1.2 million. If there is to be a plan to wipe out the back log in 10 years and at the same time prevent accumulation of recurring cases, there will be the need for 1.7 million eye surgeries in India every year. There are about 4000 Ophthalmologists in India today. 1.7 million cases and 4000 Ophthalmologists working out to about 425 major eye surgeries in a year per Ophthalmologist.
Is this a formidable quota? That answer is no. The Christoffel Blindenmission which supports over 80 Ophthalmic Health Centres in India knows many Ophthalmic Surgeons who are even now doing an average of 1500 to 2000 surgeries each year. Generally, in CBM supported institutions, one eye Surgeon is capable of accounting for 750 major eye surgeries and an equal number of minor surgeries. We do not lack the personnel. We only lack the strategy and the organisation.

What will be the right strategy and how can this be effectively organised? First, we must find out where the majority of the 1.7 million people needing eye surgeries in India every year are located. Any one studying the pattern of eye diseases in India will realize that two thirds of preventable and curable blindness occurs in rural India. It is in rural India that 80% of the countries population live. It is in rural India poverty, ignorance and superstitions prevent curable blind persons seeking remedy in a City centre.

Secondly, what is the pattern of eye diseases in rural areas? After repeated studies and surveys it is now generally accepted that the major causes of preventable and curable blindness in India are:-

- Cataract 55.0%
- Corneal infection 20.0%
- Systemic diseases (TB, STD and leprosy) 8.0%
- Nutrition Deficiency 20.0%
- Injuries 1.2%
- Glaucoma 0.5%
- Others 13.3%

It can easily be deduced that almost 80% of the people with curable blindness need only minor treatments and simple surgery.

Dr. David Morley has rightly used the phrase ‘rule of three quarters’. He meant that while three quarters of the population of developing countries live in rural areas, three quarters of health care endeavours were concentrated in urban areas! If only three quarters of the 4000 Ophthalmologists of India are presented into or even enticed into service in rural areas and if a proper strategy is evolved, it is possible to ensue in ten years that nobody will needlessly remain or go blind in India. The success depends upon the strategy and its implementation.

The strategy and the method can be described as a comprehensive action for Ophthalmic care for a determined target population in a viable area. These services will be rendered by a Rural Eye Clinic. A Rural Eye Clinic should promise itself that it will provide only simple treatment and surgery: That all cases needing specialised treatment with sophisticated instruments are referred to a regional centre; That in addition to curative services, it will accept responsibility for preventive work and also for promotion of eye health.

Where will these Rural Eye Clinics be located and how many of them are needed? India is a densely populated country with an average of 170 persons