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  - Bloomberg School of Public Health
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  - Baltimore, Maryland

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  - Department of Ophthalmology
  - Osaka University
  - Osaka, Japan
2007
International Council of Ophthalmology (ICO)
and
ICOFoundation Activities Include:

ICO and ICOFoundation Strategic Plans
Formed multiyear Strategic Plans based on the needs and opportunities for worldwide eye care.

Ophthalmology Program Directors Courses
Presented Program Directors Courses in Pakistan, Argentina and Brazil.

Ophthalmic Knowledge Assessments
Conducted Basic Science and Clinical Sciences Assessments for 1,647 Candidates at 92 Test Centers in 61 Countries.

Ophthalmology Fellowships
Awarded Fellowships to 58 ophthalmologists from 31 developing countries.

Ophthalmology Training and Eye Care Centers
Advanced Ophthalmology Training Centers in Nigeria, China and Senegal.

World Ophthalmology Roundtable on Leadership Development—WORLD
Convened WORLD Programs in Pakistan, United Arab Emirates and Kenya.
Greater than ever before, the needs and opportunities for worldwide eye care stem from population growth and aging, advances in ophthalmic science and the vital role of vision in the quality of life.

**Great and Growing Need for Eye Care.** Throughout the world, 161 million people are severely visually impaired due to eye disease and of these, 37 million people are blind. (Ref. 1 Global Data on Visual Impairment in the Year 2002. Resnikoff S, et al. Bull. World Health Organization 2004: 82(11), 844–851). World Health Organization data document that the burden of visual impairment and blindness is greatest in the least developed regions of the globe and the burden is greater, in all regions, among women than men. More than 1.4 million children are blind, but visual impairment and blindness are most prevalent in adults 50 years of age and older. In addition, an estimated 153 million people have severe impairment of vision, including 5 million who are blind, due to uncorrected refractive error. (Ref. 2 http://www.who.int/mediacentre/news/releases/2006/pr55/en/index.html).

Adding to this burden, the worldwide population is projected to increase in number and, even more significantly, advance in age. Between 2000 and 2030 in the United States, for example, the number of people age 65 years and older will increase from 35 million to more than 71 million. (Ref. 3 Lee P. Into the Looking Glass: Factors and Opportunities to Reshape Eye Care in the Next 25 Years, Ophthalmol 2007;14(1):1–2). With each decade of increased age over age 40, the prevalence of vision loss and blindness increases three-fold (Ref. 4 Taylor, HR. Eye Care: Dollars and Sense. Am J Ophthalmol 2007;143:1–8).

**Advances in Ophthalmic Science.** At least 75% of disease-related vision loss and an even greater percent of visual impairment due to refractive error are avoidable—either preventable or treatable—with currently available knowledge and biotechnology. (Ref. 5 Global Initiative for the Elimination of Avoidable Blindness. World Health Organization/PBL/97.61) Looking ahead, scientific discovery, technological advances, clinical trials and epidemiological studies document increasingly effective medical and surgical means to prevent vision loss caused by cataract, glaucoma, infectious disease, childhood eye disease, diabetic retinopathy, uveitis, age-related macular degeneration and a host of other conditions.

**Vision-related Quality of Life.** In the brain of each of us, nearly one-third of the cerebral cortex—the thin surface layer of 20 billion neurons responsible for language, consciousness and reasoning—is devoted to vision (Ref. 6 Nyberg, KA. An Early Start for the Thinking Brain, Yale Medicine, Winter 2007, page 10). Cortical cells joined through neural paths to the intricacies of the eye form the visual system that is the primary sense we rely on in our daily lives. Vision contributes to learning, mobility, perception and the quality of life.

The world today presents extraordinary challenges in the context of increasing economic, environmental and geopolitical interdependency. More than at any time in the history of human civilization, the well being of each individual is inexorably linked to that of every other. The reality of extensive and avoidable visual impairment and blindness throughout the world compels a global initiative to realize the opportunities for measures to promote the best possible vision for every person.

With a yearlong planning process in 2007, the ICOFoundation Officers and Directors developed a strategic plan entitled Envision 2008–2010. Commencing with analysis of the activities conducted in 2007, this forward-looking multiyear agenda projects the ICOFoundation goals, financial resources and organizational development required to advance ophthalmic education and eye care in areas of greatest need.

Implementing Envision 2008–2010, the ICOFoundation Board of Directors, at the Board Meeting on November 11, 2007, approved the recommendation of President Bradley R. Straatsma and elected Dr. Hilel Lewis as ICOFoundation President effective January 1, 2009, and Dr. Alfred Sommer as ICOFoundation Vice President effective January 1, 2009. Prior to assuming office, Dr. Lewis and Dr. Sommer are President-Elect and Vice President-Elect respectively.
Celebrating 150 years of international ophthalmology, the International Council of Ophthalmology (ICO, www.icoph.org) traces its origin to 1857 when 150 ophthalmologists from 24 countries convened in Brussels for the first International Congress of Ophthalmology. Since then, the ICO has been responsible for organizing the periodic International Congress of Ophthalmology and for conducting global programs to advance ophthalmology education, patient care and research.

The ICO is the executive body of the International Federation of Ophthalmological Societies (IFOS). As such, the ICO is composed of members elected by Delegates of the IFOS; members representing the Academia Ophthalmologica Internationalis, International Agency for Prevention of Blindness, ICOFoundation, and the major supernational ophthalmological societies; and members who are coordinators of the principal ICO programs.

Uniquely representative of world ophthalmology, the ICO/IFOS, registered as a nonprofit organization in Switzerland, is made up of the national ophthalmology societies of over 100 countries and more than 23 multinational subspecialty ophthalmology societies. In aggregate, the ICO, along with the IFOS, brings together ophthalmologists worldwide.

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International Federation of Ophthalmological Societies

Ophthalmologists Worldwide

<table>
<thead>
<tr>
<th>Region</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>1,881</td>
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<tr>
<td>Asia</td>
<td>38,914</td>
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<tr>
<td>Australia–Oceana</td>
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<tr>
<td>Europe</td>
<td>44,930</td>
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<td>North America</td>
<td>29,186</td>
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<tr>
<td>South America</td>
<td>8,434</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>124,348</strong></td>
</tr>
</tbody>
</table>

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World Ophthalmology Congress®

Organized by the International Council of Ophthalmology, the 2006 World Ophthalmology Congress® in São Paulo, Brazil, combined the XXX International Congress of Ophthalmology; the XXVI Pan-American Congress of Ophthalmology; and the XVII Brazilian Blindness Prevention and Visual Rehabilitation Congress. With Dr. Rubens Belfort (Brazil) as President, the 2006 World Ophthalmology Congress® was attended by more than 12,000 participants from 120 countries.

The 2008 World Ophthalmology Congress® in Hong Kong, China, will combine the XXXI International Congress of Ophthalmology; the XXIII Congress of the Asia-Pacific Academy of Ophthalmology; the XIII Congress of the Chinese Ophthalmological Society, and the XX Hong Kong Ophthalmological Symposium. With Dr. Dennis S. C. Lam (China) as President, the 2008 World Ophthalmology Congress® will meet in Hong Kong, China, on June 28–July 2, 2008.

The 2010 World Ophthalmology Congress® will return to Europe. With Gerhard K. Lang (Germany) as President, the Congress will be hosted by the German Ophthalmological Society and convene in Berlin, Germany, on June 5–8, 2010.

ICO/IFOS Fellowships 2007

From Romania and Iraq to Gunma University
Department of Ophthalmology, Maebashi, Japan.

“Prof. Kishi took time to explain how to diagnose and treat patients with vitreoretinal disease.”
Dr. Remi Pescaru, Romania

Under supervision of Dr. Shoji Kishi (center), Dr. Remi Pescaru (Romania, left) and Dr. Hassan Shany (Iraq, right) trained in vitreoretinal surgery.

“I saw the most updated equipment and vitreoretinal surgery. I will implement all my new experience in my city hospital.”
Dr. Hassan Shany, Iraq.
International Council of Ophthalmology and ICOFoundation Programs


With actions as closely intertwined as two strands of DNA, ICO and ICOFoundation programs support Ophthalmic Education and Training, Ophthalmic Knowledge Assessments, Ophthalmology Fellowship Training, Ophthalmology Training and Eye Care Centers, Eye and Vision Care Guidelines, Advocacy for Preservation of Vision, and Research in Ophthalmology and Vision.
Fundamental to preservation and restoration of vision worldwide, ophthalmic education and training were advanced in 2007 by:

- Ophthalmology Curricula
- Ophthalmology Resident Program Directors Courses
- World Ophthalmology Residency Development (WORD) Forum

**Ophthalmology Curricula**

Addressing the question of “What to teach?”, a multinational committee, appointed by the ICO and chaired by Dr. Mark O. M. Tso (United States), and specific task forces focused on curricula for Ophthalmology Medical Student Education, Ophthalmology Resident-Specialist Education, Ophthalmology Continuing Education, and Para-Ophthalmic Vision Specialist Education. Published in Klinische Monatsblätter für Augenheilkunde in November 2006 and posted on the Internet, curricula are undergoing regular periodic revision.

**Ophthalmology Medical Student Education.** Eye diseases such as cataract, glaucoma, diabetic retinopathy and age-related macular degeneration are increasingly important in the general scope of medical practice. Consequently, the ICO and the ICOFoundation are promoting ophthalmology education for medical students through a universally applicable curriculum. Formulated by an ICO multinational committee of educator—scientists formerly led by Dr. Richard K. Parrish II (United States) and currently chaired by Dr. Susan Lightman (United Kingdom), this curriculum presents a core of essential knowledge, additional content appropriate for specific geographic regions, and measures for objective assessment of the student’s knowledge and skills. (www.icoph.org/med).

In 2007, the medical student curriculum was augmented by graphic lectures and teaching images that are a valuable resource for teaching medical students. Materials provided by Dr. Richard K. Parrish II, Dr. Susan Lightman and the American Academy of Ophthalmology are available without charge on the Internet (www.icoph.org/med/resources.html#lightman and www.icoph.org/med/resources.html#images).

**Ophthalmology Resident-Specialist Education.** To advance resident—specialty education, the ICO multinational committee is led by Dr. Andrew G. Lee (United States). Culminating six years of work to determine the “need to know” for ophthalmologists throughout the world, the multilevel “Principles and Guidelines of a Curriculum for Education of the Ophthalmic Specialist” is presented on the Internet (www.icoph.org/pdf/icocurricres.pdf).

In 2007, an additional curriculum module is being developed for Teaching Community Eye Health. This addition to the curriculum emphasizes the importance of eye care for all members of the community.
Ophthalmology Resident Program Directors Courses

Addressing the question “How to teach?” the Program Directors Courses focus on methods of instruction, assessing skills, changing resident behavior when indicated and measuring competence. Conducted by the ICO and the ICO Foundation, program director courses strengthen coordination among ophthalmology organizations by endorsement from the American Academy of Ophthalmology, Association of University Professors of Ophthalmology, regional multinational ophthalmology societies and national ophthalmology organizations in the host country.

Ophthalmology Continuing Education. Dr. Zbigniew Zagorski (Poland) chairs the ICO committee coordinating information regarding ophthalmology continuing education programs. This program recognizes the need for continuing enhancement of knowledge, refinement of professional skills and training for utilization of advanced technology. Continuing professional development requires lifelong learning. This curriculum, in basic form, is posted on the Internet (www.icoph.org/pdf/icocurriccme.pdf).

Para-Ophthalmic Vision Specialist Education.

Ophthalmic patient care services are provided within a broad range of eye and healthcare programs. For efficacy and efficiency, the ophthalmologist is in continuous communication with para-ophthalmic vision specialists and with physicians in related medical specialties.

Dr. Sivaguru Selvarajah (Malaysia) leads a multinational ICO committee committed to the education of community based para-ophthalmic personnel, hospital based para-ophthalmic personnel, orthoptists and ophthalmic technicians. The program developed by this team of educators is presented on the Internet (www.icoph.org/pdf/icocurricpara.pdf).
During 2007, Ophthalmology Resident Program Directors Courses took place in Pakistan, Argentina and Brazil.

Pakistan. The ICO and ICOFoundation convened an Ophthalmology Resident Program Directors Course in Lahore, Pakistan on February 27–28, 2007. With Dr. M. Daud Kahn (Pakistan), Chair, and Dr. Karl C. Golnik (United States), Co-Chair, the program was coordinated with the Asia-Pacific Academy of Ophthalmology and endorsed by the Ophthalmological Society of Pakistan and Pakistan Association of Professors of Ophthalmology. With a multinational faculty, the Course featured extensive interactions among the more than 30 Program Directors and educators representing Pakistan, Afghanistan, Bangladesh, China, India and Maldives.

Argentina. In Buenos Aires, Argentina, on July 16–17, 2007, the ICO and ICOFoundation Program Directors Course was led by Dr. Ricardo A. Dodds (Argentina), Chair, and Co-Chairs Dr. Anthony C. Arnold (United States) & Dr. Karl C. Golnik (United States). The 33 ophthalmology educators from Argentina were joined by 16 participants from Chile, Paraguay, Peru and Uruguay. The program benefited from coordination with the Pan-American Association of Ophthalmology and Pan-American Council of University Professors.

Buenos Aires, Argentina
Chair: Dr. Ricardo A. Dodds (Argentina)
Co-Chairs: Dr. Anthony C. Arnold (United States) & Dr. Karl C. Golnik (United States)
Participants: Program Directors of Argentina, Chile, Paraguay, Peru and Uruguay.

Brasilia, Brazil
Chair: Dr. Paula A. Mello (Brazil)
Co-Chair: Dr. Karl C. Golnik (United States)
Participants: Resident Program Directors of Brazil.
Brazil. Bringing together the leaders of ophthalmology resident training in Brazil, the Program Directors Course conducted by the ICO and ICOFoundation in the capital city of Brasilia on September 1–2, 2007, was led by Dr. Paula A. Mello (Brazil), Chair, and Dr. Karl C. Golnik (United States), Co-Chair. The Course was strongly aided by the Pan-American Association of Ophthalmology and Brazilian Council of Ophthalmology. The two-day program featured didactic presentations, small group discussions, practical exercises and extensive informal exchange. A follow-up Program Directors Course is scheduled in Brazil during 2008.

World Ophthalmology Residency Development (WORD) Forum

Initiated by Dr. Eduardo Mayorga (Argentina) and Dr. Gabriela Palis (Argentina) as an interactive website for use prior to and following the Program Directors Course in Buenos Aires, Argentina, the enlarged World Ophthalmology Residency Development (WORD) Forum is a new interactive website for global communication among ophthalmology Program Directors. With password access, the WORD website presents the curriculum and content of ICO and ICOFoundation Program Directors Courses, didactic instruction material, teaching manuals and a forum for Internet discussion among ophthalmology Program Directors (www.icoword.org).
The ICO Ophthalmic Knowledge Assessments in Basic Science and in the Clinical Sciences are conducted annually to address the question “What has been learned?” by ophthalmologists in training. The Assessments are formal written examinations that present questions prepared by a multinational committee of examiners chaired by Dr. Peter G. Watson (United Kingdom). Examinations are set at the same standard as the highest board, college and qualifying examinations in the world.

Assessment questions are translated from English into French, German, Portuguese, Spanish, Turkish and other languages according to need. At the time of examination, the English version is presented along with the alternate language so that comparisons can be made by the candidate.

Successful passage of the ICO Assessments is recognized by a certificate that is universally acknowledged to show that the holder has achieved a high standard of theoretical knowledge. In Turkey and a number of other countries, the Basic Science and Clinical Sciences Assessments are part of the national examination for ophthalmology certification.

Dr. Watson has elected to step down as Director of the ICO Assessments after many years of brilliant leadership. In 2008, Dr. David Taylor (United Kingdom) will commence appointment as Director of the ICO Assessments.

The ICO Foundation provides support funds to extend the Assessments to candidates unable to compete for the certificate because of economic factors and to encourage regional initiative for use of the Ophthalmic Knowledge Assessments in geographic sectors without formal written evaluations. In 2007, for example, the Pan-American Council of University Professors of Ophthalmology acted to encourage use of the ICO Assessments throughout Latin America.

Since the Basic Science Assessment was inaugurated in 1995 and the Clinical Sciences Assessment was initiated in 1998, more than 15,000 candidates have voluntarily applied for and taken the Assessments. In recent years, the annual Assessments took place at multiple sites in countries throughout the world on April 7, 2005, April 6, 2006 and April 12, 2007. The ICO Assessments are scheduled on April 10, 2008, in countries that range alphabetically from Argentina to Yugoslavia (www.icoph.org).
The ICO/IFOS Fellowship was inaugurated in 2001 and led by Dr. Balder P. Gloor (Switzerland) from 2001 through 2006. In recognition of Dr. Gloor’s initiative, an ICO/IFOS Fellowship each year is named the Balder P. Gloor Fellowship.

In 2007, Dr. Veit-Peter Gabel (Germany) commenced as chair of the multinational committee directing the ICO/IFOS Fellowship Program. Fellowships are offered to ophthalmologists from developing countries who are preferably in a teaching position, preferably hold the Ophthalmic Knowledge Assessment Certificate and are committed to return to their country of origin after the fellowship.

Generally of three months duration, fellowships are offered in Comprehensive Ophthalmology and in subspecialty areas. More than 60 institutions that have agreed to accept ICO/IFOS Fellows identify the characteristics of their programs on the Internet. Candidates apply to a host institution via the Internet, goals of the fellowship are established and language issues affecting communication are considered. Following evaluation of all information, ICO/IFOS Fellowships are awarded. To control costs, all parts of the ICO/IFOS Fellowship application, review, award process and follow-up report are conducted online (www.icoph.org/fellow).

With support from the ICO, ICOFoundation and institutions, 293 ICO/IFOS Fellowships have been awarded. Fellows from 65 countries of origin benefited greatly from training institutions in 29 countries. Reports filed at the conclusion of each fellowship attest to the cordiality of international relationships and the extraordinary value of the knowledge and skills acquired during the fellowship.
From Nigeria to Kilimanjaro Christian Medical Centre, Moshi, Tanzania.

Under supervision of Dr. Anthony B. Hall, Dr. Adekunle Rotimi-Samuel (Nigeria) trained in vitreoretinal surgery.

“I can now fully handle surgical management of retinal detachments.”
Dr. Rotimi-Samuel, Nigeria.

From Bulgaria to the University of Ulm Department of Ophthalmology, Ulm, Germany.

Under supervision of Dr. Gabriele E. Lang, Dr. Christina N. Vidinova (Bulgaria) trained in medical treatment of retinal disease.

“Prof. Gabriele Lang showed me exactly how laser therapy has to be done. She is the best teacher that I have ever had.”
Dr. Vidinova, Bulgaria.

From Kazakhstan to the New York Eye and Ear Infirmary, New York, United States.

Under supervision of Dr. Robert Ritch, Dr. Madina Kurmangaliyeva (Kazakhstan) trained in glaucoma and cataract.

“I learned new diagnostic methods and wrote two articles under Dr. Ritch’s supervision.”
Dr. Kurmangaliyeva, Kazakhstan.
From Azerbaijan to Mahatme Eye Bank and Eye Hospital, Nagpur, India.

Under supervision of Dr. Vikas Mahatme, Dr. Saida Talibova (Azerbaijan) obtained cataract surgery training.

"Wet-lab training was very useful. I got surgical skills and did surgeries in Mahatme Eye Hospital."

Dr. Talibova, Azerbaijan

"ICO/IFOS Fellowships are an investment in the future of ophthalmology in developing countries."

Viet-Peter Gabel, M.D.
To reduce avoidable visual impairment and blindness, the ICO and ICOFoundation are working with other ophthalmic, public service and industry organizations to build ophthalmology training and eye care centers in Nigeria, China and Senegal. These centers are committed to ophthalmology specialist-subspecialist training and sustainable eye care for all segments of the population.

**Nigeria.** Africa’s most populous nation, Nigeria’s population of 140 million includes an estimated 2 million blind and 5 million with disease-related visual impairment or uncorrected refractive error. The causes of blindness in Nigeria are cataract, infection, trauma, glaucoma, childhood blindness and uncorrected refractive error (Ref. 8 Ajayi, BGK. Primary Eye Care in Western Nigeria, In Primary Health Care in Western Nigeria 1977–2007. Awojobi, OA Editor, 2007, 119–121).

Following assessment of ophthalmology training centers by ICO members and leaders of the Ophthalmological Society of Nigeria in 2004, the ICO and ICOFoundation funded equipment for broadband Internet access at six regional Resident-Specialist Training Centers in Nigeria. With encouragement by the Ophthalmological Society of Nigeria, all six centers initiated high speed, broadband Internet access for medical information in 2007. Internet access at training facilities opens the path for a wealth of current biomedical information and technology.

At University College Hospital, Ibadan, development of a regional center for training of ophthalmologists and for population-based eye care is progressing with support of Vision 2020, the Carl Zeiss Project, the Alcon Foundation and the ICOFoundation. Ophthalmologists have received specialized training in cataract surgery, corneal—anterior segment disease and retinal surgery. Progress is being made on development of University College Hospital as a resource for Nigeria.

**China.** Responding to the global epidemic of diabetes mellitus, the ICO and ICOFoundation combined with Eli Lilly & Company to establish the Peking University Eli Lilly Diabetic Eye Disease Center in Beijing, China, in May 2007. With formal approval of Peking University, direction by Dr. Zhizhong Ma, Executive Vice President of the Peking University Eye Center, and leadership by Dr. Mark O. M. Tso (United States), the Diabetic Eye Disease Center is working to prevent and treat diabetic eye disease by coordinated diabetic medical care and ophthalmic care, community outreach and diabetes-related education.

Aided by ongoing consultation with a team representing Lions Aravind Institute of Community Ophthalmology, Madurai, India, the Eli Lilly Diabetic Eye Disease Center initiated the program of diabetic eye disease awareness, community outreach and diabetic retinopathy management. In July 2007, screening of diabetic patients and
treatment of diabetic eye disease commenced for the urban population of Beijing and the rural population of Shunyi County, China.

**Senegal.** Within the large French-speaking population of Sub-Saharan Africa, Senegal is a regional leader. Among the population of approximately 12 million centered at the capital city of Dakar, approximately 168,000 people are blind, 430,000 have severe visual impairment and 660,000 have uncorrected refractive error. Primary causes of blindness and severe visual impairment are cataract, infection, glaucoma, diabetic retinopathy and childhood eye disease.

At Dakar, the Dakar City Council, Senegal Ministry of Health and Senegal University system are combining with the philanthropy of Dr. Akef El-Maghraby (Egypt) and support by the ICO, ICOFoundation, Alcon Foundation, Al Noor Foundation and other entities to build a national ophthalmology training and eye care center.

Consultants from Lions Aravind Institute of Community Ophthalmology and specialists from several entities are engaged in need assessment, program planning, management development and ophthalmology staff subspecialty training. With commencement of operations scheduled for 2008, the ophthalmology training and eye care center in Dakar is planned as a national and regional resource serving French-speaking Sub-Saharan Africa.
The ICO Eye and Vision Care Guidelines recognize that medical knowledge is derived from thousands of sources and technology is advancing continuously. Therefore, assimilation of knowledge and technology into best medical practice is a continuing challenge. For global use, the ICO Eye and Vision Care Guidelines are needed to define what constitutes appropriate eye care and to encourage a universal high standard of quality.

To promote best medical practice, a multinational committee of internationally recognized experts, with Dr. Richard L. Abbott (United States) as chair, is responsible for development of guidelines. The committee reviews and adapts for worldwide use the American Academy of Ophthalmology Preferred Practice Patterns®, Royal Australian and New Zealand College of Ophthalmologists Clinical Practice Guidelines for Specialists and similar practice recommendations by other professional organizations.

When formulated, the guidelines are placed on the Internet for comment and global peer review. By this process, the ICO has formed eye care guidelines for management of 20 major ophthalmic entities that are available on the Internet (www.icoph.org/guide).

Following a series of meetings with leaders of the Chinese Ophthalmological Society in 2005–2007, the ICO Eye and Vision Care Guidelines were distributed by the Chinese Ophthalmological Society for use throughout China. Other nations are considering similar programs to review and adapt the ICO Eye and Vision Care Guidelines for use within the respective countries.

Experience with clinical practice guidelines in the United States, China and other countries documents the need for extensive communication, direct discussion and extended professional interaction in the formulation and ongoing review of Eye and Vision Care Guidelines.
In 2007, advocacy for preservation and restoration of vision advanced through actions by the World Health Assembly, increased public awareness of blindness prevention, and commencement of ICO World Ophthalmology Roundtable on Leadership Development (WORD).

World Health Assembly. Culminating the initiative advanced by HRH Prince AbdulAziz Ahmad AbdulAziz AlSaud (Saudi Arabia), Dr. Abdulaziz AlRajhi (Saudi Arabia) and the International Agency for Prevention of Blindness, the World Health Assembly adopted a 2007 resolution to increase the priority given to prevention of avoidable blindness and visual impairment by the World Health Organization. Implementation of this resolution brings greater attention to programs of eye and vision care worldwide.

Worldwide Visual Impairment. Advocacy by the ICO, led by Dr. Hugh R. Taylor (Australia) complements the World Health Assembly resolution by drawing public awareness to the extent and causes of visual impairment. Worldwide, 161 million people are severely visually impaired due to eye disease and 37 million of these are blind.1 Added to this are 153 million people with severe visual impairment due to uncorrected refractive error.2 Causes of disease-related blindness as a percentage of total blindness vary by region and country. However, cataract continues to be the leading cause of worldwide blindness.

<table>
<thead>
<tr>
<th>Causes of Worldwide Blindness¹</th>
<th>Percentage of total blindness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glaucoma</td>
<td>12.3%</td>
</tr>
<tr>
<td>Age-related Macular Degeneration</td>
<td>8.7%</td>
</tr>
<tr>
<td>Corneal Opacities</td>
<td>5.1%</td>
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<tr>
<td>Diabetic Retinopathy</td>
<td>4.8%</td>
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<tr>
<td>Childhood Blindness</td>
<td>3.9%</td>
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<tr>
<td>Trachoma</td>
<td>3.9%</td>
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<tr>
<td>Onchocerciasis</td>
<td>0.8%</td>
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<tr>
<td>Other Causes</td>
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World Ophthalmology Roundtable on Leadership Development (WORLD). Initiated in 2007, ICO World Ophthalmology Roundtable on Leadership Development (WORLD) works to build present and future ophthalmologic leaders by encouraging community and regional programs to enhance ophthalmology training, increase public support for eye care and encourage national and regional ophthalmologic societies. ICO WORLD commenced in 2007 under leadership of the ICO President, Dr. Bruce E. Spivey (United States), and William Felch, ICO Executive Director (United States). Three WORLD meetings, supported in part by the ICO Foundation were convened:

In February 2007, 36 ophthalmology leaders from 16 countries met at Lahore, Pakistan, in conjunction with the Asia Pacific Academy of Ophthalmology.

In March 2007, 25 present and future ophthalmology leaders from 11 Sub-Saharan African countries met in Dubai, United Arab Emirates with the Middle East African Council of Ophthalmology and formed the Leadership Group for Sub-Saharan Africa.

In October 2007, the second meeting of the Leadership Group for Sub-Saharan Africa took place in Nairobi, Kenya, in conjunction with the Ophthalmological Society of East Africa. The agenda included working group reports on Enhancing Residency Education, Subspecialty Development, Advocacy for Support of Eye Care, Equipment for Training and Practice, and Society and Professional Development.


The ICO Research Committee with Dr. Alfred Sommer (United States) as chair, reassessed the committee report entitled "A Research Agenda for Global Blindness Prevention." The committee's plan for applied vision research has been officially endorsed by the Blindness and Disabilities Prevention Program of the World Health Organization and is presented in its entirety on the Internet (www.icoph.org/research).

In 2007, the ICO and ICOFoundation commenced applied research with initiation of the Diabetic Eye Disease Community Screening Project in Shunyi County, China. Working with the Peking University Eli Lilly Diabetic Eye Disease Center in Beijing, the Community Screening Project provides support for community screening data management and reporting. The goal of the Diabetic Eye Disease Community Screening Project is to develop a model that can replicated throughout rural regions.
International Council of Ophthalmology

Executive body of the International Federation of Ophthalmological Societies

Bruce E. Spivey, M.D., President
San Francisco, California, United States

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BRADLEY R. STRAATSMA, M.D., J.D.
President, International Council of Ophthalmology Foundation
3031 Elvido Drive
Los Angeles, California 90049
Telephone: (310) 472-5517
Fax: (310) 206-4293
E-mail: straatsma@jsei.ucla.edu

BRUCE E. SPIVEY, M.D.
Secretary-Treasurer, International Council of Ophthalmology Foundation
945 Green Street
San Francisco, California 94133
Telephone: (415) 409-8410
Fax: (415) 409-8403
E-mail: brence@spivey.org

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