Africa is one of the largest continents of the world and ironically beset with overwhelming problems in preventive medicine. While consumers of fast food products in the United States of America can sue the fast food chain restaurants as being responsible for their obesity, millions of Africans still go hungry. In a society where the African with all his/her senses intact is still struggling to cope with the daily chores of living, the visually impaired person is in a worse situation.

There are 7.1 million blind people in Africa constituting nearly 20% of the global burden of blindness. China, India and Africa together constitute nearly 60% of the global burden of blindness. The major causes of blindness in Africa are cataract, trachoma, glaucoma and onchocerciasis. Childhood blindness in Africa is mainly caused by corneal ulcer/scar from measles, vitamin A deficiency and harmful traditional practices. Congenital cataract usually from a mother who had rubella in pregnancy is another major cause of childhood blindness in Africa. Onchocerciasis is caused by the Simulium black fly, the insect vector of the disease.

This vector breeds at high altitudes and can be killed by aerial spraying with abate a biodegradable insecticide. The life span of the adult female worm is about fifteen years, thus, for the aerial spraying to be effective, it must be done for at least twenty years.

Control programmes are in place but its effect is not well marked. In Nigeria alone, approximately, 3.1 million people are blind from Onchocerciasis. Ivermectin, a macrocyclic lactone has been shown to be an effective microfilaricide, which also has a temporary suppressive effect on the release of microfilaria for 6-12 months.

Cataract is opacification of the lens. It is a major cause of blindness worldwide. It is estimated that 16-20 million people are bilaterally blind from cataract and the number is increasing. It is estimated that in Africa and Asia, at least one person per 1000 population goes blind from cataract every year i.e. 600,000 per year in Africa and 900,000 per year in India.

Congenital cataract in children is usually as a result of rubella infection in the mother when she was pregnant.

According to WHO 2000 report, 50 million people are blind worldwide and 25 million of these people are blind from cataract i.e. 50% of global blindness is caused by cataract. Cataract is the only reversible cause of blindness and yet many people do not have the operation because of bad cataract motivators, lack of trained personnel in villages to do the operations, the cost of surgery, ignorance, and fear of operation on the eyes.

Congenital cataract can be prevented if the mother has had rubella at least three months before getting pregnant, either through passive or active immunisation.

In most countries in Africa, the rubella vaccine is yet to be included in their national programme on immunisation.

Trachoma is common in areas where the level of hygiene is poor especially where there is lack of water and excess of flies. It is caused Chlamydia trachomatis.

The common mode of transmission is mechanical from hand to eye by contaminated fingers, cloths, towels and flies.
Apart from chemotherapy with antibiotics, the disease can be controlled by improvement in living standards.

Childhood blindness is usually as a result of vitamin A deficiency and measles. Effective immunisation and health education should bring down the level of childhood blindness. Harmful traditional practice like washing the eyes of the child with urine are some of the vices that effective health education can help eradicate. The ten components of the primary health care do not directly focus on the visually impaired. However, there is a need to integrate preventive measures on causes of blindness into the primary healthcare system.

"Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination."

The objective of the meeting held in Alma-Ata twenty-five years ago are not being met. Otherwise, the visually impaired in Africa will have better chances.

In order to improve the plight of the visually impaired in Africa, decision-makers, advocacy groups, and the health professionals, must begin to include the interest of the visually impaired in their list of priority objectives. There are not many schools for the visually impaired in Africa and many mainstream schools do not have facilities to accommodate more than one or two visually impaired pupils.

The only thing absent in the visually impaired is their sight. They can do all other things that an average person can do. The society should not limit their capabilities further.

Structures are not present in the African society to allow the visually impaired to become independent. They can get married, have babies and join political parties. Helen Keller (1880-1968) though blind at the age of nineteen months, and through the help of Anne Sullivan, a partially sighted woman was able to attend university, write books and meet the American president. If a blind person in Africa is given the right encouragement, he or she achieve even more than Helen Keller.

REFERENCES

OPTOMETRIST

Patient to optometrist: I'm very worried about the outcome of this operation, Doctor. What are the chances?
Optometrist to patient: Don't worry, you won't be able to see the difference.