

Blindness in South Sudan

Small dots started blocking Morris' field of vision. The size of the dots changed but they never really went away. He doesn't remember exactly how old he was when the dots appeared, although he knows he was in primary school and had to inch closer and closer to the blackboard to make out what the teacher had written.

Losing your sight in South Sudan can be a disaster. If it happens during school years it's difficult to continue your education and that will severely affect your job prospects. If you are already working the loss of sight however gradual can be crippling. Many a family is plunged into debt and hunger as the bread winner loses their income.

Blindness in South Sudan is common and preventable. Two infections cause widespread blindness and with a struggling health system the control of these infections has to compete with maternal health, malaria and other neglected tropical diseases for funding.

The two main infections that cause blindness are trachoma and river blindness. Trachoma starts with a chlamydial infection that causes roughening of the inner surface of the eyelids. This causes abrasions of the conjunctiva and the eyelid itself rolling in on itself so that the eyelash is a constant irritant leading to scarring, opacity and irreversible blindness. Antibiotics are available to control the infection and even the surgical management of trachoma is simple and can be performed by a 'bare foot doctor' or clinical officer.

River blindness is an infection carried by blackflies that breed along fast flowing rivers where villagers gather to fish. The infection causes generalised symptoms such as itching and rashes but eventually loss of eyesight follows. Huge steps have been made to clear undergrowth near rivers to control the flies' breeding grounds. The infection can be well controlled with a tablet of Ivermectin every year but a big cost is attached to this treatment. It's out of reach for most of the farmers and citizens in rural communities.

The Sudan Medical Link supplies essential medicines to church based and rural clinics. It also provides funds for the training of nurses, midwives and clinical officers. The early diagnosis and treatment of these two crippling infections is crucial in their control. The clinical officers take every opportunity to engage with members of their community to recognise these early signs. Simple measures to clear riverside undergrowth and have antibiotics available is all part of their ministry to these good people who have had so much to endure during these long years of civil unrest.

John Rennie