1. Watch the video and tick the chunks of words you hear:

<table>
<thead>
<tr>
<th>Visually impaired</th>
<th>Leading cause of blindness globally</th>
<th>Age related impairment</th>
<th>Infectious disease</th>
<th>He lost his sight to illness</th>
<th>After an attack of measles</th>
<th>Native herbs</th>
<th>eventually</th>
<th>Limited to the four corners of their home</th>
<th>They take to the streets as beggars</th>
<th>Avoidable blindness</th>
<th>You’ve come across</th>
<th>Flying high hospital</th>
<th>Eye care</th>
<th>Building capacity</th>
<th>Not long ago</th>
<th>To help deliver</th>
<th>The follow up</th>
<th>Direct hands on training</th>
<th>We are all about showing how not showing off</th>
<th>Be engaged with</th>
</tr>
</thead>
</table>

2. Now, with a partner, try to guess the meaning.

3. Watch the video again and answer the following multiple choice questions.

1. The major causes of blindness are
   a. cataracts, diabetes, trachoma and viral diseases in adults.
   b. cataracts, diabetes, trachoma and other illnesses during childhood.
   c. Diabetes, glaucoma and viral diseases in children.

2. The number of people that become blind
   a. because of illnesses related to age is gradually decreasing.
   b. because of contagious diseases is being considerably reduced.
   c. as children is being greatly reduced.

3. Thomas Alieu became blind
   a. at the age of five as a side effect of measles.
   b. at five because there was no hospital or doctors to cure him.
   c. because he got the wrong treatment in the hospital.

4. In Sierra Leone
   a. Blind people have good living conditions.
   b. Are not allowed to go out of their homes.
   c. Are confined to their homes or are forced to beg in the street.

5. According to WHO,
   a. About three quarters of blindness in the world could be avoided.
   b. Blindness could be reduced to a 75%.
   c. 75% of blindness cannot be cured or prevented.

6. The flying high hospital is:
   a. A very successful hospital in the treatment of avoidable blindness.
   b. A plane equipped as a hospital.
   c. A very successful training program on a plane.

7. What makes ORBIS International an outstanding project is
   a. that it provides both treatment and training in partnership with local teams.
   b. that the team members are great at showing off.
   c. that they train local medical teams.
Man: Well it’s Thursday and therefore our In Focus health correspondent Linord Moudou joins us and I believe today Linord today is going to give some new information on blindness.

Linord M.: And that’s right Vincent. Get this over 300 million people worldwide are visually impaired and 45 million of them are blind. The World Health Organisation says 87% of the world’s visually impaired live in the developing countries and cataracts remains the leading cause of blindness globally. Other major causes include diabetes, trachoma and diseases in children. Experts say age related impairment is increasing but the good news is the number of people blinded by infectious disease is being greatly reduced. Thomas Alieu was not so lucky. At the age of five he lost his sight to illness. Mr. Alieu is now the founder of the educational center for the blind and visually impaired in Sierra Leone.

Thomas Alieu: I became blind at the tender age of five, after an attack of measles and that eventually made me to lose my sight. My parents were very, very poor; so, when I had this measles, they never took me to the hospital but they used native herbs and eventually all these native herbs helped to destroy my eyes. It was very difficult because, you know, I had the opportunity to see a bit of the world, then later on I couldn’t have the opportunity to see and play with my friends. Generally we have very negative sociocultural beliefs: blind people are expected to be limited to the four corners of their home and because of this blind people who should (in a) patronization building are forced to be dropped out in our society and they take to the street as beggars...

LM.: WHO says approximately 75% of blindness worldwide could be prevented or cured. An organization based here in the United States is working to save sight and eliminate avoidable blindness around the world. Joining us in the studio is doctor Hunter Cherweck, medical director of ORBIS International. "Doctor Hunter, Welcome to the program".

Dr. H.: Thank you very much. It’s wonderful to be here”. “It’s great to have you”

LM: Your organization has been working around the world fighting blindness and particularly in Africa; tell us about what type of diseases you’ve come across.

Dr. H.: Sure, like Thomas spoke on the piece, a lot of infectious causes are still a problem in Africa. Specifically river blindness, trachoma, as well as he mentioned and measles. All these are reducing but that’s because of the great work of organizations like ORBIS International that are focused on saving sight worldwide.

LM: One of your specific projects is the flying high hospital. The plane is travelling around the world doing surgery, treating people, tell us about that.

Dr. H.: Yes, it is a DC10 plane that is maintained by Fedex, they are a great corporate sponsor. This plane is not only able to give the highest level of eye care possible, no matter where we are in the world but it’s also designed to teach. So, we’re building capacity and we’re leaving an academic legacy after the plane takes off.

LM: So, tell us exactly what is being done on the ground once the plane lands in a country. For example you were in Uganda not long ago.

Dr. H.: Absolutely, when we land on a country all we ask is that the doctors partner with us to help deliver the eye care program as well as to participate in the training program. We not only train doctors but we train nurses as well as engineers. So it really is … it’s service delivery as well as a training program that tries to build capacity in whichever country where the plane may be found.

LM: It’s very important that you mention capacity building because a lot of time when some NGOs go in a country, when they leave there’s a problem with the follow up. Now, tell us about the type of training that you administer to these doctors.

Dr. H.: Absolutely, well first of all we do basic science training through lectures and workshops but I think the real important thing which the plane allows is direct hands on training: two teams working together in partnership, to exchanging skills and demonstrating best practices for the patients on board the plane as well as at the partner hospital. When the plane lands about half the team works on the flying eye hospital, the other half works at the partner hospital, at the local hospital. We are all about showing how not showing off at ORBIS and that’s really what makes us such a great organization as a partnership model and working through partnership and capacity building effort.

LM: Now, in the plain what type of treatment or surgery is taking place?

Dr. H.: We could do the exact surgery on the plane as we have here in Washington DC. We have lasers, we… now we are specifically focused on saving sight; so, all we do is eye surgery but every single eye surgery that you could do here in Washington DC we could do on the ORBIS aircraft and again the plane was designed to teach so we also have teaching facilities, we have an audiovisual studio and we have monitors so that all the classroom, all the nurses can be engaged with the surgery on board the plane.

LM: Now, really quickly, what will be the next country or what will you be doing next?

Dr. H.: Yes, next is a very exciting schedule. We’ll be in Siria, we’ll be in Nigeria, we’ll be in Laos, then we’ll go to Nepal, Mongolia and South America, specifically Peru.

LM: We’ll Dr Hunter thank you so much for coming.

Dr. H.: Thank you so much for being allowed to be here.

LM: And it’s time for a short break.