



## IAPB VISION 2020 Workshop Programme: 2016



### Central Africa regional meeting on Human Resources for Eye Health:

Dr Georgette NGWEME BENI – Deputy Focal Point Training Officer at the Centre for Ophthalmology Training in Central Africa DRC

Dr Georges YAYA – Director of the National Programme for Control of Blindness, CAR

Prof MENGOME – Member of the Gabon National Ophthalmology Association



Ophthalmic Aid to Eastern Europe

**Coordinated by** the International Centre for Eye Health with **funding from** CBM, ORBIS, Sightsavers, Eye Samaritans International and Ophthalmic Aid to Eastern Europe.

## **IAPB VISION 2020 Workshops – Support to the GAP globally and locally**

### **Executive Summary**

2016 was an exciting and busy year for the IAPB V2020 workshops programme, whose purpose is to support the delivery of the WHO Global Action Plan (GAP): Universal Eye Health.

The programme takes a coordinated approach with workshops at national level to support the translation of the GAP into national plans and programmes; whilst concurrently supporting strategic global and regional priorities. The programme is delivered by the IAPB regional teams in partnership with the Ministries of Health, local and international NGOs, IAPB members and other leading eye care stakeholders.

Our prime focus with the workshops programme is to effect change and improvements in eye care services at the national level; this is where impact is most effective and sustained. Some of the success we have helped achieve in 2016 are:

- A commitment from the National College of Ophthalmologists in Sri Lanka to commit resources to address the cataract backlog
- An initiative from the Thailand Ministry of Health (MoH) to conduct a full population eye survey in 2017
- Agreement to establishing a regional Human Resources for Eye Health (HReH) repository for the Eastern Mediterranean
- Draft five year eye health plan developed and submitted to the Ministry of Health, Lebanon
- National Eye Care plan approved in Libya.
- Collaboration with WHO – Intercountry Support Team, Gabon, to support the development of Human Resources for Eye Health in the Central Africa region

In Russia and Eastern Europe we run a Retinopathy of Prematurity (ROP) programme delivering strategic, regional and national workshops and working with teams of paediatric ophthalmologists, neonatologists and neonatal nurses.

### **This report features:**

17 workshops held in the regions of: Africa, Western Pacific, Eastern Mediterranean, South East Asia and Latin America.

ROP Eastern Europe Programme – 1 workshop and developmental activities

A full list of activities is found in **Appendix A**

## 2016 activities

### Regional workshops to promote the roll out of the GAP (2)

1. In **South East Asia** a regional workshop was held in Indonesia and brought together the National Eye Health Coordinators from all countries in the region (except North Korea), WHO representatives from SEARO and Geneva and INGO colleagues.



Gender discussions at the Indonesia – SEA regional workshop

The first day of the workshop focussed on the issue of gender and the inequality of access to services. Country level presentations were given on the local situation, barriers faced by women and examples of good practice to address these.

On the second day National Eye Care Coordinators (NECs) presented country data reporting progress toward the targets in the GAP together with their annual targets to 2019. This allowed progress to be assessed, challenge areas identified and resolutions found. The third day was group work to determine country level recommendations.

#### Outcomes:

From the gender session key issues were identified and then recommended actions were made. These have been compiled into a document for WHO SEARO who has then taken the responsibility of circulating them to the MoH offices in each member state.

It was agreed by the plenary that these workshops are essential to help maintain momentum and monitoring of the implementation of the GAP and secondly for National Eye Care Coordinators to share successes and find solutions to challenges as a group who could provide support to each other.

2. In the **Eastern Mediterranean** region (EMR), the regional workshop was held to coincide with the MEACO meeting, in Bahrain to allow the NECs to attend both meetings.

This workshop had two broad objectives, firstly to address the need for improved monitoring of Human Resources for Eye Health (HReH) to identify needs and gaps as well as to assess the capacity requirements of key training institutions in order to improve HR planning. As part of this process indicators would be identified and mechanisms for monitoring HReH with the possibility of setting up a regional repository for data on HReH and curricular.

Prior to the workshop each country had carried out a situational analysis on the available HReH in their country, their distribution, number, governance and policies. These data were then analysed and used during the group sessions.

The secondly part of the workshop was to review the status of Member States in the Eastern Mediterranean Region in implementing the WHO Global Action Plan and to discuss best practises. There were National Coordinators or Ministry of Health representatives from 13 countries in the region, also present were WHO, INGOs, IAPB, representatives of national and regional training institutions. This workshop had originally be planned for 2015.



Participants at the IAPB GAP workshop

#### **Outcomes:**

The discussion and group work led to the identification of the core cadres needed for optimal eye care in each country. This will form the basis of national advocacy initiatives to begin to influence change and get more resources allocated to these cadres by the Ministry of Health.

**Potential Indicators** to be used for the national HReH and possibly EMR HReH repository were identified in line with the national Health Information Systems (HIS). These are under the following categories: Personnel, Training, Governance and Trends

**EMR HReH repository;** It was agreed to have an EMR HReH repository which will have vital information on cadres, training institutions, CPD, Governance and trends. The repository's host, resources need, mechanism of data collation, mechanism of utilization/access will be finalized after further discussions, with WHO EMRO, professional bodies like MEACO etc. The repository will need to be updated on an annual basis.

Database of **all Training institutions and Continuous Medical Education (CME) providers**, and basic facts about them will be developed in collaboration with professional bodies, NGOs and MOHs. This will form part of the regional HReH repository.

The **EMR HR workforce committee** will be reconstituted in order to re-energize it to lead some of the main recommendations /decisions of this workshop. Revised Terms of reference and list of new members will be developed by IAPB EMR and circulated to all stakeholders for comments and suggestions.

It was reported that in the region 14 out of 21 countries had developed their national Action Plan on eye health and that most were in line with the Global Action Plan. Two more countries are scheduled to develop their plan in late 2016 – 2017. In three countries insecurity has made planning difficult if not impossible in many countries. Follow up meetings were scheduled to support four countries in their planning – Yemen, Libya, Lebanon and Jordan.

## National Workshops to support GAP planning (10)

In the **South East Asia region** IAPB supported four countries to strengthen eye care services and promote the GAP. These workshops were usually one or two days and key to their success was having the buy in and support of the Ministries of Health. These workshops were held in Nepal ( Jan) + August) Thailand (Nov), Bhutan (Nov) and Sri Lanka (May).

### Outcomes:

1. In **Sri Lanka** the Ministry of Health jointly with IAPB conducted the national planning workshop. In this workshop the recent national survey results were discussed and priorities identified using the GAP framework. These recommendations will be used by the Ministry of Health to guide their national eye health planning. In the workshop a commitment was made by the National College of Ophthalmologists that enough ophthalmologists would volunteer to work with the Karuna Trust to address the cataract backlog.
2. **The Thailand** national planning workshop was to disseminate the findings of the recent Eye Care Systems Assessment (ECSA) and to advocate and plan for a national survey. Representatives from the Ministry of Health from all districts attended were involved in a day's planning for the national survey on day 2 of the workshop. By the end of the workshop the Ministry of Health committed to start the survey in June of 2017, this survey will be for the whole population.
3. In **Bhutan** the national planning workshop was primarily to advocate for a national school eye health programme. This was to sensitise the agencies and stakeholders on the magnitude and prevalence of uncorrected refractive error and its impact on the country's wellbeing. Senior officials from the Ministry of Health attended as well as representatives from IAPB and Mission for Vision.



**Bhutan – School eye health programme planning**

Following the workshop the Ministry of Health committed to financing 30% of the school eye health programme and Mission for Vision and WHO SEARO have been asked to support the remaining 70%. The Ministry is now developing a full programme and budget for their review. This programme will screen all children in schools across Bhutan. At this meeting the MoH also committed to work in partnership with IAPB to conduct a national RAAB and we are now working on a joint funding proposal.

4. In January IAPB, in partnership with INGOs operating in **Nepal** and Nepal Netra Jyoti Sangh (NNJS), convened a meeting to develop post disaster long term strategy and action plan for eye

health in Nepal. A thorough analysis of lessons learnt from the earthquake was made and at the end of the workshop it was agreed NNJS would coordinate with the relevant Ministries to finalise the strategic plan and building guidelines for health institutions.

5. In August the Eye Care Assessment (ECSA) dissemination workshop for **Nepal** was convened. This was to present and analyse the results of the ECSA and to use these to develop recommendations for the Ministry of Health to strengthen eye care services. The recommendations to changes in eye health policy were submitted to the Ministry of Health. Already a policy has been developed to integrate Primary Eye Care (PEC) into Primary Health Care (PHC) and is awaiting approval from the Ministry of Health.

Following the regional workshop in Bahrain for the **Eastern Mediterranean** four follow up national meetings were held in selected countries who were facing multiple challenges including insecurity and large numbers of refugees. These meetings were to promote the need for national planning, to assess the current status and to look for a way to push the process forward. These countries were Jordan, Lebanon, Libya and Yemen.

#### **Outcomes:**

6. In **Jordan** a meeting was hosted by WHO-EMR with IAPB to discuss the status of the National Eye Health Plan (2014 – 2019) with the National Coordinator and The President of the National Society of Ophthalmologists. The meeting summarised ongoing work and achievements as well as discussing plans and challenges.
7. In **Lebanon** a consultant was hired to gather data on the status of eye care services from the Ministry of Health. This information was used to identify issues in healthcare and eyecare in Lebanon, which was presented to WHO-EMR. The next step has been to develop a draft five and ten year plan, both have been reviewed by WHO-EMR and Dr Warak, the President of the National Society of Ophthalmologists. The five year plan has now been submitted to the President of the National Society to take forward.
8. In **Libya** the national plan was finalised during a meeting of the National Committee and this plan has now been approved by the Minister of Health. Due to insecurity in the country this plan had been on hold since 2014 so it a great achievement to get it approved at last.
9. In **Yemen** WHO-EMR and the Ministry of Public Health and Population arranged a three day strategic planning workshop to develop a national eye health strategy 2016-2020 in line with the GAP. By the end of the meeting a set of recommendations had been agreed on, which were then submitted to the Ministry of Health to form the basis of their new strategic plan.

In **Latin America** the programme is looking for ways to reinvigorate the National Prevention of Blindness Committee through the Brazilian Society of Ophthalmologists. Unfortunately, the ongoing political confusion and Zika virus outbreak in Brazil meant it was difficult to engage with the Ministry of Health until stability is restored. This will now begin in 2017.

10. In **Bolivia** the programme in partnership with International Service (IS) and following the RAAB results being published the programme supported a national workshop. This was co hosted by Pan America Health Organisation (PAHO), participants included the Bolivian National Committee members, INGOs, Private and public sector ophthalmologists. The objective of this was firstly to disseminate the RAAB results and secondly to use these to support National Eye Health Planning.

#### **Outcomes:**

A draft Eye Health plan was drawn up in the meeting; this has since been submitted and approved by the Ministry of Health.

An ECSAT has been planned and a group delegated the responsibility to take this forward.

## Building capacity to gather data for evidence (2)

Data and evidence are key to the implementation of the GAP, this has meant that RAAB has been promoted as an effective tool to gather data for national planning and to fulfilling the GAP. RAAB data are an important advocacy tool, contribute to the Vision Atlas and establish national CSC data, which is increasingly recognised by WHO as an indicator of Universal Health Coverage. All of which help raise the profile and importance of eye care services at the national level.

1. Building on the **RAAB meeting** in November 2015 a follow up meeting was convened during the IAPB 10 GA in October bringing together a similar group - RAAB technical experts, the RAAB and mRAAB developers, INGO stakeholders, ICEH, IAPB representatives and funders. In this meeting new developments and funding opportunities were presented, alongside this there was a discussion on the management structure and governance to guide the development of RAAB.

### Outcomes:

A number of recommendations were made for the ICEH team who will review the proposed management and governance structure in light of these.

2. In March IAPB Africa launched the **IAPB Africa Database (IADb)** in Nairobi, Kenya for 6 countries. This database incorporates around 300 eye health indicators and was first introduced to 9 countries in 2014, since then each country has taken the database and used it to suit their needs – three countries have used it as it stands, others have integrated the indicators into their current system. This workshop was to roll out the database to 6 countries, some for the first time others to reintroduce the database; to train up country representatives and to develop an implementation plan.



IADB launch – Nairobi

### Outcomes:

All participants felt confident they could use and demonstrate the database on their return home. Data protection and sharing was the most complex issue and it was agreed that all countries would refer to their current policies before developing a MoU with IAPB over the storage and use of the data on the database.

HMIS focal points to review the DHIS2 (a web based data management system) and the IADb to look at the possibility to transfer data between the two systems; and also to compare indicators in each system with a view to integrating them.

## **Development of a sustainable workforce – Human Resources for Eye Health (HReH) Programme (3)**

IAPB in partnership with WHO AfRO and its members has identified HReH as a priority for the Africa region. The first step was to develop a HReH strategy for Africa and then to enable this strategy to be realised to **train up advocacy advisors** for each country. The goal of the strategy is to have HReH embedded in the Human Resources for Health (HRH) strategies in every country. This is a phased strategy with target countries, in 2014 advisors were trained up in 5 countries – Ghana, Kenya, Senegal, Cameroon and Mozambique. To support these advisors a ‘How to’ Advocacy guide has been developed and they have the in country support of a lead IAPB member to help facilitate the process of developing a national advocacy strategy for HReH. In 2015 the second Advocacy Advisor training was held which was to train up advisors from the next 3 countries Mali, Burkina Faso and Malawi and to sensitise 3 more countries – Uganda, Tanzania and Zambia. The training for 2016 was postponed to January 2017 due to the IAPB 10GA, the next countries will be the Francophone countries of Cote d’Ivoire, DRC and Sierra Leone.

### **1. Advocacy for HReH strategic planning, Gabon**

In **Central Africa** where there are very few IAPB members to help support the process a different strategy was used. NECs and Directors of HRH were brought together in a sub-regional workshop on 2015 to develop a sub regional advocacy strategy for HReH and look for innovative ways to take the strategy forward. WHO attended this workshop and offered to host a subsequent workshop in 2016. This was held in Libreville, Gabon and was attended by Ministry of Health representatives from 5 countries. The aim was to consolidate the integration of eye health into national human resources for health strategies; to identify avenues for meeting regional training needs and to agree milestones for the establishment of a HReH consortium for the region.

#### **Outcomes:**

Having this workshop hosted by WHO gave it another level of authority and was found to be a powerful advocacy tool when advocating with the Ministry of Health representatives.

During the workshop each country developed action points which were then refined into strategic priorities specific to each country.

This workshop opened the eyes of the participants to the NCD/SDG/UHC agendas and the opportunities these offer to advocate for eye health.

The success in Cameroon, with eye health now integrated into national HRH plans and budgets provides an excellent case study for other countries. This is to be documented such that it illustrates the key ‘ingredients’ to its success and provide guidance for other countries to develop their own ‘recipes.’

### **2. Kiribati Islands**

This workshop was to provide refresher training to those nurses who had completed a certificate, postgraduate diploma or diploma in eye care and who had been trained by FHF New Zealand in 2014 or before. This was the first refresher training and was an opportunity to update participants over a three-day course. There were nine participants in all from six islands.





**Nurse Training – Kiribati**



**Cataract Finding Training - Malaysia**

**Outcomes:**

The graduates were all updated on the latest techniques and had the opportunity to practice their clinical and non-clinical skills. Part of the training gave the graduates tools to help strengthen the work of community eye care workers.

**3. Malaysia**

From the national eye survey in 2014 cataract was the main cause of preventable blindness and it was noted that some communities had a marked higher level of cataract than others, a main contributing factor being distance from the eye health facility and lack of knowledge or awareness about cataract surgery. To address this the Ministry of Health developed a training programme for primary eye care providers in the more remote regions of Malaysia, twinned with this training programme for junior surgeons in cataract surgery to develop their skills and confidence by providing direct supervision from a certified trainer.

**Outcomes:**

Training was provided in five regions of Malaysia, a 2 day training for cataract finders and a 2 day training for cataract surgeons. Those trained included, Medical Assistants, Private Optometrists, Medical Officers, Staff nurses and medical assistants; 63 persons in all. From data collected at the referral hospital on cataract surgical output it has already shown that output has increased from an average of 101 per month for the first six months of the year and then 140 for the four months following the training.

This strength of this programme is that it is driven by the Ministry of Health and is their own strategy to address inequities in cataract surgical coverage in Malaysia. The Ministry intends to extend this programme to other regions.

## ROP Programme in Russia and Eastern Europe

IAPB receives support from Eye Samaritans International (previously Shreveport Sees Russia), Medicor and Ophthalmic Aid to Eastern Europe to support a ROP programme in Eastern Europe.

This programme is to support Ministries of Health to strengthen their national ROP programmes through interactive workshops, sponsorship to key events, provision of information and resources, facilitation of partnerships and linking to funding opportunities.

IAPB has a longstanding relationship with **Russia** which has gone from strength to strength. This year was the first time that IAPB was asked to send experts to run a ROP course at the Russian Neonatal Congress. This gave an invaluable opportunity to access the neonatal community, both practitioners and policy makers with key messages on ROP prevention and the need for timely screening for those babies at risk. Two international experts – a neonatal nurse and a neonatologist – attended the congress and gave presentations at the main forum as well as running a ROP course. It looks likely that this invitation will be extended in 2017 as well.

One neonatologist was sponsored to attend the congress on transport of high-risk neonates in Copenhagen, <https://www.eiseverywhere.com/ehome/142020>. On his return, he provided a brief report emphasising how the congress had opened his eyes to programmes in other countries and how transportation is organised to minimise risk to the infants. One of the main impacts of these sponsorship opportunities is to help bring Russian practitioners into the global forum and to provide exposure to the latest developments as well as the networking opportunity to make new contacts.

Also in **Russia** IAPB was requested by the Ministry of Health to run a ROP workshop for the Yekaterinburg region. This is now the third ROP workshop for Russia and targeted regional teams from Neonatal Intensive Care Units (NICUs) – neonatologists, neonatal nurses and ophthalmologists – to review their ROP programmes and guidelines and identify how best to strengthen them.

Following on from the 2015 national ROP workshop in **Romania** IAPB has worked closely with the lead ophthalmologist there to develop a two year ROP programme and to secure funding for it. This programme was funded by Medicor in October 2016 and will see the establishment of a National ROP Committee, review of guidelines and protocols and the mentoring of four level III NICUs to become training centres for the NICU teams in their regions.

To support the ROP programme in Romania IAPB has helped facilitate the donation of a laser from Eye Samaritans International and two indirect ophthalmoscopes from the Ophthalmic Aid to Eastern Europe.

One emerging need from the workshops in Russia is the dearth of information on ROP to support the education and awareness of neonatal nurse on the risks, prevention and screening for ROP. To help bridge this gap IAPB approached Council of International Neonatal Nurses (COINN) to see if they could work together to provide some on line videos for nurse – initially in English. This has been agreed and a programme has been outlined for filming in 2017.

## Appendix A – Regional list of Workshops/Activities in 2016

### 1. Global Workshop Programme:

#### Africa

Libreville, Gabon	Central Africa HReH	December 6 <sup>th</sup> – 7 <sup>th</sup>
Nairobi, Kenya	Database Launch	March 17 <sup>th</sup> – 18 <sup>th</sup>

#### South East Asia

Nepal	ECSAT Dissemination Workshop	August 19 <sup>th</sup>
Bhutan	National Advocacy and School Eye Health Planning	November 15 <sup>th</sup>
Thailand	Public Health Ophth. and National Planning	November 7 <sup>th</sup> -8 <sup>th</sup>
Indonesia	Regional Workshop on GAP + Gender Planning	July 19 <sup>th</sup> – 21 <sup>st</sup>
Sri Lanka	National Planning Workshop	May 5 <sup>th</sup> – 6 <sup>th</sup>
Nepal	Post Disaster Eye Care Planning	January 31 <sup>st</sup>

#### Western Pacific

Pan Malaysia	Cataract Finder Training for PEC	5 X 2 day training
	Training of Cataract Surgeons	5 X 2 day training
Kiribati Islands	Eye Care Training for Nurses	August 2 <sup>nd</sup> -3 <sup>rd</sup>

#### Latin America

La Paz, Bolivia	National Planning workshop	March 28 <sup>th</sup> -30 <sup>th</sup>
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#### Eastern Mediterranean

Bahrain	Regional GAP Review + HReH Planning	May 2 <sup>nd</sup> – 4 <sup>th</sup>
Jordan	National Planning Meeting	August 16 <sup>th</sup>
Lebanon	Development of National Plan	November
Yemen	Strategic Planning for Eye Health	August 27 <sup>th</sup> - 29 <sup>th</sup>
Libya	National Planning	

#### Global

Durban, South Africa	RAAB stakeholder Meeting	October 28 <sup>th</sup>
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### 2. ROP Programme in Russia and Eastern Europe

Yekaterinburg, Russia	ROP Course at the Neonatal Congress	April 17 <sup>th</sup>
Yekaterinburg, Russia	ROP Workshop	June 23 <sup>rd</sup> – 24 <sup>th</sup>
Copenhagen, Denmark	Sponsorship to attend the 2 <sup>nd</sup> Transport of high risk neonates	August 31 <sup>st</sup> – Sept 3 <sup>rd</sup>