**IAPB**

**Regional Report**

**REGION: Europe**

**PERIOD OF REPORT: October 2018 – March 2019**

1. **List any key outcomes from the region resulting from member work and advocacy**

* **International Centre for Eye Health** will co-facilitate a **workshop on ROP** in Ukraine in June 2019.
* **ROP trainings and donations in Ukraine:** Dr. Shahid Husain (Homerton University Hospital NHS Foundation Trust, London, United Kingdom) and Dr. Alan Richards (Eye Samaritans International) visited Ukraine the week of May 20-26 to assist with the prevention and treatment of ROP. They met with the Deputy Minister of Health to outline the program of **Eye Samaritans International** in Ukraine. They made presentations on ROP, and how to improve organization and delivery of care to preterm infants. Equipment was donated to the unit to facilitate eye exams in neonates (specula and scleral depressors), and a streak retinoscope was delivered to the pediatric ophthalmologist along with training on how to use the retinoscope and hands on training in proper retinal exam in a preterm infant to detect ROP. They visited the NICUs in Kyiv, Lviv and Ternopil, assessed the needs of each NICU, made presentations on ROP and neonatal care, and donated equipment and gave one on one instruction in the use of the equipment. They made presentations to the National Neonatology Conference on ROP the extent of the problem and Dr. Husain had outlined concrete steps to be taken with preterm infants to improve survival and reduce complications from prematurity.
* **Lviv, Ukraine Conference:** **Eye Samaritans International** sponsored neonatologist Shahid Hussain MD and NICU nurse and instructor Julie Flanagan to travel to Ukraine to speak at the 2nd Congress of the Ukrainian Academy of Pediatrics, and to visit and work with the NICU in nearby Ivano-Frankivsk, as well as the NICU unit in Lviv.
* **Armenia work by Eye Samaritans International:** Donation of a compressor to the NICU of the Republican Hospital in Yerevan, Armenia to allow preterm infants to receive blended oxygen (oxygen blender with air to allow less than 100% oxygen to be given). $19,000 was donated in NICU equipment (air oxygen blenders and pulse oximeters) to the NICU of the Republican Hospital NICU in Yerevan, Armenia. Sponsorisation of two neonatologists and one NICU nurse from Yerevan, Armenia to spend two weeks training at elite NICUs in London and Manchester in March 2019.
* **Swiss Red Cross.** In 2016, the Swiss Red Cross’ (SRC) launched an eye care program in **Kyrgyzstan**, that uses an integrated approach, in close collaboration with the Ministry of Health. Working with the Red Crescent Society of Kyrgyzstan, the Rapid Assessment of Avoidable Blindness was conducted in southern provinces in 2017. The new second project phase (2018-2021) will address key issues identified in the RAAB study to reduce avoidable blindness and visual impairment of the population in southern Kyrgyzstan. All project components of the eye care project will be implemented together with the Ministry of Health of the Kyrgyz Republic and other partners.

1. **List any key events in the region (IAPB and Members)**

* **Firework eye injuries**
  1. SOE Secretariat informed and encouraged national ophthalmological societies to perform national surveys on firework eye injuries in each country, because the problem is now underestimated. ICO Position Paper (2 pages) needs to translate to national languages and advertised on homepages of national ophthalmological societies in their own languages and asking data collection in SOE Firework Survey on-line.
  2. Dutch Safety Board official report was published at <https://www.onderzoeksraad.nl/nl/page/12057/annual-reports-and-budgets>
  3. SOE is planning an advocacy action in the new European Parliament after the election will be concluded.
* **SOE Public Eye Health Session including 2 lectures of Fireworks eye injuries is organized in the next SOE Congress** (2019 in Nice), invited speakers are: Jan Tjeerd de Faber (Netherlands), Eugene Bendelic (Moldova), Aselia Abdurakhmanova (Kyrgyzstan), Serge Resnikoff (Switzerland), Ivo Kocur (Switzerland), Philip Rizzuto (United States).
* After the publication of the **Myopia** White Papers in IOVS (free open access: <https://iovs.arvojournals.org/issues.aspx?issueid=937872#issueid=937872> ), SOE started *the* **formation of a working team** (including SOE Board members) for European adaptation.
* In cooperation with SOE and Hungarian School for Blind, IAPB Europe has initiated a plan to find partners for **doing research on financing of eye care in Europe.** Connections were established in Hungary for the renewal of Hungarian publication from 2010: “The cost of blindness”. There is a stated willingness from several countries (high schools of blind and partially sighted) to enlarge this project to a European level survey.
* SOE Board is planning **to improve inclusion of young ophthalmologists** to public eye health issues. A proposal is under development for national representatives that the national ophthalmic accreditation and specialisation exam need to include questions about public eye health, epidemiology and prevention of blindness, and on vision rehabilitation.
* Jan Keunen and Hans Limburg in cooperation with IAPB Europe are planning to organize a **European VISION 2020 Meeting** next year in the Netherlands.
* With the lead of WHO, data collection (**WHO ECSAT**) was performed for evidence based advocacy in Latvia, Lithuania, Estonia, Serbia, Russia, Bulgaria. Some of the results will be presented during the SOE 2019 Congress in Nice.

1. **List any new evidence that has been created and disseminated in the reporting period**

* Joined IAPB-Europe and SOE publication: The **SOE Board Survey** results and the European plans of future targeted public eye health activities were **published as an Editorial in the European Journal of Ophthalmology**:

János Németh, Gábor Tóth, Serge Resnikoff, Jan Tjeerd de Faber. Preventing blindness and visual impairment in Europe: What do we have to do? Editorial. Eur J Ophthalmol. 2019;29(2): 129-132.

* **European Eye Epidemiology Consortium:** Delcourt C et al. The decreasing prevalence of nonrefractive visual impairment in older Europeans: a meta-analysis of published and unpublished data. Ophthalmology. 2018;125: 1149-1159.
* **Vision Loss Expert Group of the Global Burden of Disease Group:** Bourne RRA et al. Prevalence and causes of vision loss in high-income countries and in Eastern and Central Europe in 2015: magnitude, temporal trends and projections. Br J Ophthalmol. 2018; 102:575-585.
* **OVIS Study Group**: Larsen PP et al. Visual impairment and blindness in institutionalized elderly in Germany. Graefes Arch Clin Exp Ophthalmol. 2019;257:363-370.
* Mauschnitz MM et al. Epidemiology of severe visual impairment and blindness of old people in Germany. Ophthalmologe. 2019;116: 201-212.
* Van Nispen R et al. Reducing avoidable visual impairment in elderly home healthcare patients by basic ophthalmologic screening. Acta Ophthalmol. 2018 Oct 27.
* Tóth G et al. Diabetes and blindness in people with diabetes in Hungary. Eur J Ophthalmol. 2018 Nov 21.
* Harrington SC et al. Refractive error and visual impairment in Ireland schoolchildren. Br J Ophthalmol. 2018 Oct 12.
* Ramos PL et al. Predicting participation of people with impaired vision in epidemiological studies. BMC Ophthalmol. 2018;18:236.
* Bruce A et al. Prevalence of, and risk factors of, presenting visual impairment: findings from a vision screening programme based on UK NSC guidance in a multi-ethnic population. Eye. 2018;32:1599-1607.
* Fricke TR et al. Global prevalence of presbyopia and visual impairment from uncorrected presbyopia: systematic review, meta-analysis, and modelling. Ophthalmology. 2019;125:1492-1499.

1. **List any new challenges in the region that have created barriers to IAPB and/or its Members achieving its objectives in the region**

* Very few IAPB members are working actively in Europe.
* To find adequate financial and human resources to conduct surveys and to implement stronger presence in public media.
* To find contact with governments and decision-makers in order to take on strategy to a national level.
* Health industry is interested in and spends money mainly for treatment and not for prevention.

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