



INTERNATIONAL AGENCY FOR THE PREVENTION OF BLINDNESS

IAPB Africa Council Report

2nd Half of Year Report

IAPB Africa

9/15/2012

This report provides a summary of activities completed by IAPB Africa, partners in Eye Health in Africa, as well as country level activities. The report covers areas such as support to Eye Health Partners, Country level support completed by IAPB Africa, Executive office activities, country level achievements and highlights from partners across Africa.

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1. General Updates

1.1. New Members to the Africa Team:

This year two staff members have joined our core coordinating team, in place, thanks to the recruitment of Halli, our Programme Coordinator, and Stephanie, our HRD Coordinator, and a full time IT and Communication Officer, soon to be recruited

Programme Coordinators Main Roles include:

- Overall co-ordination of VISION 2020 activities across the continent
- Providing technical assistance where and as appropriate
- Promoting the research agenda across the continent
- Monitoring and evaluation, support for IAPB Africa
- Overseeing the maintenance and update of the Africa wide database and website
- Active role in high level advocacy representation to pan-Africa institutions and WHO AFRO, plus the major donors

Human Resources Coordinators Main Roles include:

- Review, collection, and compilation of HR related information on eye health;
- Liaising with and coordinating the input of IAPB partners and vision 2020 stakeholders working in HRD across Africa.
- Maintaining up to date available information on HR profile for eye health in sub-Saharan African countries
- Serve as the secretary of the HRD IAPB Africa working group and ensure follow up of the main conclusions and recommendations of the forthcoming HR Africa wide consultation workshop.

1.2. Collaboration with WHO AFRO:

- Signing of an MOU focusing on PEC, research, & health system between WHO - AFRO & Sight Savers.
- Visit to WHO - AFRO Head Quarters by IAPB Africa senior team to discuss and explore opportunities and areas of future joint work and collaboration, including support for the WHO - AFRO Eye Health Post
- Finalization of the consultation process on PEC. The main outcome was consensus reached on the PEC agenda for the sub-region, in collaboration with WHO Joint development of PEC algorithms for the management of common eye diseases, a subset of the wider range of NCD algorithms that WHO - AFRO wishes to make available to member countries as they become available
- Finalization of MOU AFRO at the end of February, 2012, thanks to generous contributions from partners
- AFRO Eye Health Post opened for candidates to apply, currently awaiting feedback for progress and next steps

1.3 IAPB Regional Consultation

- IAPB held its regional consultation in July with IAPB Africa partners and experts in eye health in Africa. The purpose of the consultation is to offer an opportunity for the IAPB global and regional offices to update partner NGOs on activities from the last year, looking at achievements, successes, challenges, and recommendations that have emerged. The consultation is also an opportunity to agree together on the way forward, including the key activities for IAPB Africa going forward. IAPB partners also provided key activities, successes, lessons learned, and perspective activities for the upcoming year.
- The outcome of the consultation included revisions and consensus around the 5 key IAPB Africa task teams, including revisions of the TORs; agreement on the VISION for Africa funds and way forward; and a priority action plan for IAPB Africa and its partners.

2. Support to partners:

2.1. DESSO Evaluation:

DESSO or **D**iplôme des **E**tudes **S**upérieures **S**pécialisées en **O**phthalmologie, is the Francophone equivalent of the Anglophone Diploma in Ophthalmology (DO), a two year post-graduate ophthalmology training, which was established to produce ophthalmologists able to work in rural areas. It was established in ... by WAHO (the West African Health Organisation) and its collaborating non-governmental developmental organisations (NGDOs), notably CBM and Sightsavers, to support the establishment of a regional training course based in Conakry Guinea.

The overall aim of the first evaluation: assess progress made by DESSO towards achieving its goal, and identify the scale and nature of any systemic change that has resulted from the implementation of the programme, with an emphasis on learning what has worked well and less well and making recommendations for the way forward.

The final report of this important evaluation will soon be available. It will highlight the remarkable achievements of this programme, despite the difficult context and environment in which it was established, as well as its remaining challenges. It will also offer, it is hoped, broader lessons on how to start on how to develop training programmes that are understood by all parties concerned and improve their chances for long-term sustainability.

2.2. Eritrea Evaluation: National Prevention Program

Evaluation for: Fred Hollows Foundation

Overall Aim of Evaluation: to get a fresh look at the Eritrean National Programme for the Prevention of Blindness (ENPPB), its achievements and remaining challenges, review FHF's past and present support to the programme, and redefine in close collaboration with the nature and scope of that support over the next 5 years.

2.3. Results Based Funding – Burundi and Rwanda:

Short Definition: "Performance based financing (PBF) is defined as Fee For Service-conditional-on-quality-of-care (Soeters et al.) That is health care providers are paid for delivering specific services, provided the services follow explicit protocols, with a system of inspection and auditing to assure compliance and to raise quality where necessary. Performance-based payments are also provided for the teams that carry out these inspections, to motivate them to be thorough and accurate. PBF is therefore a subset of RBF."

Evaluation For: IAPB and the World Bank

Overall Aim of Trip: explore how the Results-Based Financing package is currently operating in Burundi and Rwanda and to explore in both countries:

- Whether the Ministry of Health would have any interest in including cataract and other potential eye health interventions in the RBF package;
- In Rwanda, the MoH's willingness to join IAPB and advocate for a meeting with the World Bank to explore opportunities further;
- In Burundi, whether or local officials – Government and World Bank - are broadly positive about the idea of including eye health interventions in the RBF package;
- Whether RBF would be a viable, worthwhile approach for IAPB resource mobilisation efforts.

3. Africa Glaucoma vision loss control workshop

A workshop on the Public Health Control of Glaucoma in Africa was held in Kampala Uganda, 17-18 April 2012. It was organized by PBU in collaboration with IAPB Africa. The workshop was attended

by over 30 experts in Glaucoma, eye care program, governmental and non-governmental organizations, training institutions, professional bodies, patients group in the region etc. At the end of the workshop a resolution towards control of visual loss from Glaucoma in the African continent was released.

In addition to the resolution the meeting also developed actionable activities that will be undertaken by various stakeholders in eye care in the Africa region to address the high burden of glaucoma visual loss. The meeting was funded by the Islamic Development Bank and PBU. The report of the workshop with the resolution and actionable can be accessed at www.pbunion.org

4. Support to Countries

4.1. Mozambique VISION 2020 Plan:

IAPB Africa was requested by the Mozambique Eye Care Coalition, to support the planning and development of the updated VISION 2020 Plan. IAPB Executive Director and the IAPB Africa Programme Coordinator were present invited to attend the initial planning session which provided an opportunity for all districts to present progress of VISION 2020 activities, as well as an opportunity for partners to discuss their activities in Mozambique. The last two days of the workshop focused on putting together an initial draft outline for the new VISION 2020 plan providing an opportunity those involved in eye health to plan approach and way forward.

IAPB Africa executive office supported the National Prevention of Blindness Coordinator in development of a situational analysis which was intending to help guide the development and updating of the final Mozambique updated plan.

Presently, Mozambique is in the process of completing their plan, IAPB has been asked to provide technical assistance where and as needed.

5. Partner Updates

Partner	Sub-region Successes
Al-Basar International Foundation	The Al-Basar International Foundation reported the achievement of 12 Free Eye Camps i.e. Al-Basar Caravan in Subsaharan Africa, with 66,130 patients screened and treated, 4,091 patients received surgeries and 11,030 spectacles were distributed. Al-Basar has received registration to establish its centers in Ethiopia, Senegal and Chad. A program of 4 eye camps in Central Africa has been started from 01 September in Central Africa Republic, Tanzania, Congo Republic and DR of Congo.
Brien Holden Vision Institute	The Brien Holden Vision Institute reported the Graduation of 16 Diploma qualified Optometry Technicians from College of Health Sciences, Asmara. All the graduates have been deployed by the Ministry of Health in the respective Vision Centers that the Brien Holden Vision Institute has supported to set up in the country. This was the second batch of graduates bringing the total number of

	<p>Optometry Technicians who have completed their course to 36. The Schools of Optometry Programme (SOOP) in Malawi at Muzu University and Malawi College Graduation reported the first 5 Degree qualified Optometrists from Mzuzu University, Malawi.</p>
CBM	<p>Central Africa – DRC</p> <p>CBM supported a Disability and Inclusive Development workshop in Kinshasa designed to help eye health programmes to introduce the disability inclusion practices in eye health in order to ensure people with all types of disabilities can equally access and benefit from eye care services. To achieve inclusion goals the following tools were recommended: The comprehensive accessibility (Environmental accessibility of PWDs, accessibility to services for PWDs, and access to the communication of PWDs), twin track approach: to increase the empowerment and participation of PWDs, and integration of disability perspectives in all development projects and community-based rehabilitation.</p> <p>Southern Africa</p> <p>Some of our partners in Zambia (Kitwe Central Hospital), Zimbabwe (Morgenster Hospital), and Madagascar (Ambohibao Hospital and Antsirabe Hospital) have made remarkable progress in achieving financial self-sustainability for the running costs of their programmes. This has been from patient OPD fees, spectacle sales, and surgery fees, which is an important milestone.</p>
Fred Hollows Foundation	<p>In Kenya, The Fred Hollows Foundation (FHF) has supported the Department of Ophthalmic Services to conduct surveys to assess the prevalence of Trachoma in 18 suspected Districts. In addition, The Foundation has commenced a trachoma elimination project in Turkana District.</p> <p>FHF has conducted a situational analysis of teaching and learning environments across 17 training institutions in Eritrea, Ethiopia, Kenya and Rwanda. The findings from these analyses will inform The Foundation’s strategic approach to strengthening Human Resource Development in East and Southern Africa.</p>
Himalayan Cataract Foundation	<p>East Africa</p> <p>Together with partners from three continents, the Himalayan Cataract Project (HCP) managed a high-volume cataract intervention in Woldiya, Ethiopia, that provided over 1,100 sight-restoring surgeries in May. The HCP team consisted of Ethiopian ophthalmologist Dr. Alemu Kerie and a team from the Woldiya Hospital, Dr. Tilahun Kiros and a team from Quiha Zonal Hospital, Dr. Sanduk Ruit and a team from the Tilganga Institute of Ophthalmology in Nepal, and Drs. Geoff Tabin and Matt Oliva from the US.</p> <p>The intervention was part of a broader research initiative being undertaken with the purpose of providing a better understanding of the costs of blindness in the developing world and the cost</p>

	<p>effectiveness of cataract surgical interventions to restore sight. HCP is working with the RAND Corporation to carry out this three-year research initiative that utilizes baseline and follow-up data from the Woldiya intervention.</p> <p>West Africa The doors are almost open to a new, stand-alone 27,000 square foot eye surgery training facility for West Africa at the Komfo Anokye Teaching Hospital (KATH) in Kumasi, Ghana. HCP has been working with the KATH clinical staff since 2006 -providing training opportunities onsite and abroad in all sub-specialties -while developing the new eye center to increase patient volume and provide high-quality patient care. In June 2012, HCP successfully completed one USAID-supported project for construction and starting a second to equip and furnish the new facility on a total budget of \$1,793,400. Other notable events include a high-volume cataract workshop in August with HCP Co-Director Dr. Geoff Tabin and six KATH ophthalmologists, during which 213 cataract surgeries were provided. Lartey also successfully performed nine cornea transplants, bringing the total transplants for the year to over 40. One KATH nurse recently completed a 3-month pediatric ophthalmology training course at Aravind in India. Formal inauguration of the new facility is tentatively scheduled for May, 2013.</p>
KCCO	<p>Eastern Africa A new programme, supported by TOMS and Seva Foundation, enabled the KCCO with the MoH in North Shoa Region to expand trichiasis services into Ethiopia. At the first stage in the development of a national paediatric eye care plan, KCCO collaborated with partners in Burundi to conduct a paediatric surgical outreach. The successful programme also included visits to the 3 schools for the blind in the country. KCCO provided the team training for RAABs in Uganda.</p> <p>Southern Africa With support from Seva Canada, KCCO and the MoH organized outreach to provide services for patients identified with cataracts during the 2011 RAAB in Atsinanana Region, Madagascar. With KCCO assistance, the Blantyre Child Eye Health Tertiary Facility conducted the first paediatric outreach to Lilongwe, providing surgical eye care services for children from northern and central Malawi.</p> <p>West Africa KCCO was responsible for the team training for the Liberia RAAB.</p> <p>Subsaharan Africa KCCO led the development of training material for district-based trachoma surveys to be undertaken in trachoma-suspect districts</p>

	<p>throughout Africa. KCCO completed 3 exhaustive literature reviews on [a] task shifting for cataract surgery (cataract surgeons); [b] task shifting for trichiasis surgery (trichiasis surgeons) and [c] primary eye care. KCCO hosted (with FHF support) a meeting on “Evidence on Cataract in Africa”. The participants reviewed the evidence (prevalence/incidence, cataract surgical coverage, cataract surgical outcome) from the literature, discussed the implications, and proposed conclusions.</p>
<p>ORBIS</p>	<p>Sub-Saharan Africa To mainstream eye health, in particular child eye health, onto the public health and development agenda in sub-Saharan Africa several publications have been developed. The publications include: Report: <i>Advocacy for Advocating for Action to ensure Child eye health in Africa</i> and Advocacy Brief: <i>Children have the Right to Sight</i>. Face-to-face meetings with Special Rapporteurs to the United Nations, UN agencies and sub-regional policy forums are also held. To expand opportunities for paediatric ophthalmology sub-specialty training in sub-Saharan Africa an initiative is under way to facilitate the development of the Paediatric Ophthalmology Sub-specialist Training. To date the following has been progressed: Selection document for trainees; Selection document for hospitals; Curriculum development; and Communications with prospective trainees.</p> <p>West Africa – Burkina Faso Following the RAAB Study carried out in the Centre-Ouest region, a RAAB Feedback Workshop was held in collaboration with the Ministry of Health for all key stakeholders in country. The first ORBIS-funded Small Incision Cataract Surgery Training Programme was held in the Centre-Ouest region.</p> <p>Central Africa – Cameroon ORBIS has signed a partner agreement with the Yaoundé Vision Institute. Dr Ted Dr Ted Grimbert Afetane Evina recruited as the Paediatric Fellow has commenced fellowship training at The Central Africa Training Centre for Allied Eye Personnel (CFOAC) in Kinshasa. In collaboration with the Prime Minister’s office in Cameroon and the Yaoundé Vision Institute ORBIS has started the planning of a Flying Eye Hospital Visit to Cameroon in 2014.</p> <p>East Africa – Ethiopia In Ethiopia ORBIS carried out a cross sectional research study to follow up non-doctor eye care workers throughout Ethiopia to establish their whereabouts, productivity and issues that impact on their ability to perform their roles. ORBIS contributed to the development of a National Trachoma Action Plan (TAP) in Ethiopia.</p> <p>Southern Africa – South Africa and Zambia A Private-Public partnership with mining companies allowed</p>

	<p>transport to be provided, free-of-charge, to children and parents needing repeat examinations at Kitwe Eye Hospital. This led to a 100% follow-up on paediatric cases for the quarter ending June 2012. Hospital based training in areas of Anaesthetics, Nursing, Bio-Medical Engineering and Orthoptics were conducted for Kitwe Eye Hospital staff by ORBIS Volunteer Faculty. A total of 41 nurses, ophthalmologists, anaesthesiologists, ophthalmic assistants and refractionists attended these training sessions.</p> <p>ORBIS hosted two Hospital Based Programmes in Paediatric Ophthalmology and Orthoptics in KwaZulu-Natal province, South Africa. To ensure the delivery of high quality paediatric services, 24 district level ophthalmic nurses and optometrists throughout KwaZulu-Natal completed a practical course on paediatric eye care.</p>
West Africa NGDO Coordination Group	<p>The main objective of the meeting was to assess the level of implementation of Vision 2020 in the sub-region, to propose solutions challenges identified and to make recommendation to accelerate the Vision 2020 implementation to attain the goals by the end of the year 2020. Activity reports (for 2011-2012) and action plans (for 2012) were presented by NGOs and the Group reviewed West Africa Vision 2020 NGDO Coordination Group Structure.</p>
Thulsi Chanrai Foundation	<p>Tulsi Chanrai Foundation (TCF) working in Nigeria has established five Eye Centers: in Calabar, Katsina, Yola and Birnin Kebbi. To date, TCF has performed 83794 surgeries in Nigeria, mainly cataracts and a small number of surgeries for Glaucoma-trabeculectomies and combined surgeries with 94% of the patients receiving better than 6/18 vision post-surgery.</p> <p>TCF has engaged the State Governments in Public-Private Partnerships where the State provides the infrastructure, equipment, staff, accommodation and hospital maintenance. TCF provides the services of a surgeon and all the consumables for preoperative, intraoperative and post-operative.</p> <p>World Glaucoma week was observed from Sunday 11th March to Saturday 17th March in all Centers with Centers conducting advocacy and including free glaucoma screening.</p> <p>TCF has partnered with Sankara Eye Hospital, Chennai, India to train ophthalmologists aimed at refining the cataract surgical skills. Performing of surgeries aside, the course will take into account pre-surgical comprehensive eye examination, special tests required as a work up for cataract surgery and post-surgical follow up protocols. 3 ophthalmologists were selected for the training programme, 1 of them is already undergoing training in India.</p>

6. Sub-Regional Updates

6.1. IAPB Sub-Regional Update

Sub-Region	Key Highlights/Updates from last year
East Africa	<p>The Vision 2020 Workshop on Emerging Eye Care Conditions in Eastern Africa held on 21-22 August aimed to discuss emerging eye care challenges in Eastern Africa and opportunities for addressing them, share experiences and good practice from different countries in the sub-region and generate actionable recommendations for National Eye Care Coordinators and stakeholders. Some of the highlights from discussions and presentations included the following:</p> <ul style="list-style-type: none"> • Viable solutions for Diabetic retinopathy, AMD and glaucoma included restructuring and strengthening health systems, looking specifically at initiatives such as Primary Eye Care/Community Programmes, focusing on screening, education, Telemedicine and new initiatives. • The integration of eye care into NTD and NCD initiatives highlighted the change in focus globally in health care initiatives, detailing the change from vertical programmes to an integrated/comprehensive model. Increasing attention and resources allocated to NCD's and NTD's provide opportunities for eye health to be integrated and propelled further. • Apart from HRD, the role of training institutions within this workshop was highlighted to include identifying and executing research, reviewing and revising curriculum to ensure the content covers the current situation, ensuring equipment provision for teaching, advocacy for appropriate policy and human resource development and the production of Diagnostic and treatment guidelines for each disease • The role of optometry highlighted the issues with ensuring low vision workers recognition across Africa, as well as ensuring optometrists have been integrated as an official cadre. Discussion focused on collaboration and co-management of refractive errors with all mid-level eye health workers.
Central Africa	<ul style="list-style-type: none"> • The Vision 2020 Workshop on Evidence-Based Planning Yaoundé, Cameroon held on 6-7 August was aimed at building the capacities of national eye care coordinators on evidence based planning. The major outcome of this workshop was the elaboration of a sub-regional work plan and budget for the organisation of RAABs in the Central African region in which no RAAB has been carried out (full report will be circulated). • The Vision 2020 Workshop on Advocacy for Human Resources for Eye Health held on 8-9 August led to the elaboration of a sub-regional advocacy plan (full report will be circulated later).
Southern Africa	<p>The Southern Africa workshop held from 16 to 18 July looked at the current status of Health Management Information Systems (HMIS in Southern Africa. The workshop aimed teach NECs and partners about</p>

	<p>how to ensure effective HMIS systems, as well as teaching them about the basics principles of a functioning HMIS system.</p> <p>The outcome of the meeting included agreement around the need for effective HMIS systems to monitor implementation, demonstrate the need in eye health programmes, play a key advocacy role in motivating governments to invest effort into eye health, and the need to integration eye health indicators into the main HMIS systems at MoH's.</p>
West Africa	<ul style="list-style-type: none"> • The Cote d'Ivoire National Eye Health Program reviewed its Vision 2020 Strategic Plan 2007-2012 developed a new one for the period 2012 to 2015. • A Workshop was held in Niger to review the 1st strategic plan during May and to develop a new one for the period 2013 to 2017. It was noted that good progress had been made reducing blinding trachoma and cataract during the five last years. The new plan proposed to consolidate the gains during the implementation of the last plan, focused on refractive error service delivery, glaucoma control and childhood blindness control which were noted as weaknesses during the review of the last plan. The workshop also identified limited financial support from the Government to the eye health program and thus, a strong recommendation and strategies have been drawn up to mobilize more internal resources. • Having identified the need to train program and service managers (in management, leadership, advocacy and resource mobilization to improve implementation and service delivery), West African Health Organization (WAHO) finalized the modules for management and leadership to be incorporated in the basic training curriculum in February 2012. In May 2012, WAHO met with West Africa Francophone Ophthalmology training institutions to determine how the modules can be incorporated in the basic training curriculum. The modules were adopted and strategies for the way forward were proposed. • The 7th West Africa Vision 2020 Forum with the theme "Improving Eye Health indicators within the National Health Information Management System in the sub-region" were presented with the different National data collection systems and eye health indicators, the Forum compiled a draft of list of essential data to be collected by each NEHP and indicators to be included in the NHIMS. The Action Group of the Forum reviewed both the implementation of planned activities from 2010 to 2012 on 2nd July and conclusions and recommendations of the Forum and, developed an action plan for 2012-2014. • To support the efforts towards the prevention of Childhood Blindness, 2 Paediatric Units from the WHO and Lions Club International Project for childhood blindness control have been chosen to be upgraded to training centers; 1 at University College Hospital (UCH), Ibadan in Nigeria for English-speaking countries and the other at IOTA in Bamako, Mali for French speaking countries. The unit at UCH at Ibadan is ready to commence the training before the end of 2012. With support from WAHO

	<p>the equipment has been improved, 1 ophthalmologist has been trained in paediatric ophthalmology in South Africa in 2010-2011 to reinforce the team. In collaboration with the Faculty of Medicine in Ibadan and the WACS training modules for paediatric ophthalmology have been finalized and printed in June 2012.</p> <ul style="list-style-type: none"> • The Vision 2020 Workshop was held in Lagos, Nigeria (28-29 August) with the theme “Alliance for Sight – West Africa: building eye care teams for impact”. Three key actions came out of the meeting, which each country representative has agreed to implement and report back at the following years workshop they include: <ul style="list-style-type: none"> - Each country to ensure eye health is included into the PHC model - Development of a referral system which ensures effective communication between each level of eye health programmes, ensuring integration into existing MOH policies and procedures - NECs to help support WHO-PEN activities where and when applicable <p>The workshop was held in collaboration with ICO and the Ophthalmological Society of Nigeria. (Full report will be circulated).</p>
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6.2. IAPB Africa Task Team Update:

Work Group	Activities to Date	Work Group Activities to Come:
African Eye Health Workforce (AEHWF)	<ul style="list-style-type: none"> • Subcommittee task team met in May to plan AEHWF workshop • 6 priority areas have been identified for HReH in Africa including: <ul style="list-style-type: none"> • Training institutions, • Francophone countries, • Mid level eye care personnel, • Community/ primary eye care (integrated to PHC), • Sub specialties (specific to eye health), • Optometry & refractive services • Presently planning in action for the larger consortium meeting, 4-5 October, 2012 	<ul style="list-style-type: none"> • Planning in action for the larger consortium meeting, 4-5 October, 2012 • Ensure set up of a steering committee to drive process forward • Set up of sub-committees to develop strategies and draft work plans on the 6 priority areas • Complete the 10 year HReH strategy based on the outcomes from the AEHWF workshop • Roll out strategy • Investigate through the steering committee ways to find funding to achieve the objectives of the workplan

<p>PEC/PHC</p>	<ul style="list-style-type: none"> • To date, the consultation process for PEC/PHC working group is completed • Results included: <ul style="list-style-type: none"> • A consensus on PEC agenda for the sub-region (in collaboration with WHO), and on the PEC workgroup roles and responsibilities • Definition and purpose of PEC has been finalized and includes the following: “needed to keep the eyes of as many children and adults as healthy as possible, for as long as possible, through health promotion and prevention; through early detection that includes screening, followed by referral or other appropriate management” • Principles of Primary care for eye health agreed upon, as well as an application for the principles • PEC/PHC policy indicators agreed upon • Development of Toolkit is ongoing – due to limited resources • WHO PEN Activities, as part of the NCD strategy: <ul style="list-style-type: none"> • Standards of care, algorithms, and protocols for primary eye care were developed and agreed. • Initial review based on expert’s consensus suggested that the standards were valid, reliable, clear, and realistic. • Developed a training package, a monitoring and evaluation framework and other supporting structures 	<ul style="list-style-type: none"> • Develop a 5 year strategy for the PEC workgroup, including aspects such as: <ul style="list-style-type: none"> • Research and documentation of evidence – approved by WHO (facilitating ownership) • Advocacy strategy, built into the Advocacy workgroup • Toolkit follow up: <ul style="list-style-type: none"> • Find resources to complete the PEC toolkit and in close collaboration with WHO, • Pilot implementation of toolkit • Pilot the algorithms and the associated health education materials • Pilot teaching materials, checklists and other tools • Pilot the toolkit implementation guide • Piloting the intervention • Print materials for roll out (funds are an issue here) • Mid 2013 next meeting (Date to be confirmed) • WHO PEN Activities: <ul style="list-style-type: none"> • WHO will support selected member states to test and validate the tools prior to their finalization and dissemination. • Once finalized and disseminated, member states would be encouraged to include this WHO AFRO PEC package into their respective national health systems.
<p>Research</p>	<ul style="list-style-type: none"> • Task force delegates selected • First meeting takes place, initial 	<ul style="list-style-type: none"> • Research planning workshop to take place in November to

	<p>planning to look at development of a strategy for research in Eye Health through SSA</p> <ul style="list-style-type: none"> • TOR updated to include IAPB members feedback 	<p>look at the current gaps in research in eye health and determine ways of collaborating and informing policy based on clear evidence</p>
Advocacy and Communications	<ul style="list-style-type: none"> • Task force delegates selected • First meeting takes place, initial planning to look at development of a strategy for communications/PR strategy for Eye Health through SSA • TOR updated to include IAPB members feedback • Advocacy Training: <ul style="list-style-type: none"> • Final stages of developing an IAPB Africa Advocacy manual • IAPB Advocacy trainers have been selected • Roll out of train the trainers to in planning process • TOR updated to include IAPB members feedback 	<ul style="list-style-type: none"> • Task team to be merged with the advocacy task team and a clear terms of reference determined for the combined task team • Advocacy: <ul style="list-style-type: none"> • Complete the training of trainers and advocates • Finalize strategy for roll out into the other sub-regions • Play a key role in the advocacy around the IAPB Action Plan at the Regional World Health Assembly, through country representatives
HMIS	<ul style="list-style-type: none"> • Task team identified at the Regional consultation. Task team members to be identified and first meeting to take place within the last quarter of 2012. 	<ul style="list-style-type: none"> •