1. Editorial

Dear Colleagues,

First of all I would like to thank all of you for the confidence you showed in me by affording me the opportunity to be the IAPB Africa Chair. **Vision 2020** was formulated to eliminate the main causes of avoidable blindness and visual impairment. The plan sought to bring together stakeholders to facilitate the planning, development and implementation of sustainable national eye care programmes.

The **WHO Global Action Plan, 2014-2019** further supports these efforts, placing emphasis on using the health system approach and the integration of eye care programs into the wider health care system at all levels. African Governments, concerned by Africa’s increasing disease burden, through the African Union, developed the African Health Strategy 2016 – 2030 to ensure healthy lives and to promote the well-being for all in Africa in the context of “**Agenda 2063: The Africa We Want**”.

In IAPB-Africa, our vision is “**for all people in the region to have access to the highest possible standard of eye health**”. However, we realize that we cannot do everything at once and that we can achieve very little on our own, hence the famous concept on “how to eat an elephant”: The challenge for us now, as IAPB Africa, is to position ourselves in such a way that we fully integrate the eye health agenda into mainstream health strategies for the greater good of the communities we serve. At this point it is imperative to re-emphasize the importance of working together as a cohesive group to achieve our goals. A good team in the region is of outmost importance. This calls for ‘round’ table meetings where different organizations can air their views and concerns based on their individual objectives which have to be taken into consideration at every step of the planning and implementation phases.

We have to commend the Secretariat, who work tirelessly to get things done the right way and always on time. Without them we would not be where we are. And of course Kovi and our Co-Chairs have made a massive input. Already, our efforts are bearing fruit: The competencies of eye health cadres are already with WHO-Afro for validation: our advocacy is generating success at national and regional levels and we have seen our member agencies stepping up their investments in the training institutions. But, as one great statesman said, “**success isn’t final and failure isn’t fatal, it is the courage to continue which counts**”.

Dr. Aaron Magava
2. IAPB NEWS

2.1 The IAPB 10th General Assembly, Durban, 27-30 October 2016

The 10th General Assembly hosted at the ICC in the City of Durban proved to be a powerful platform for scientific deliberations and a sterling success for eye health in general. The event was started with a Panel Discussion led by Prof Kovin Naidoo, the immediate past Regional Chair for Africa featuring speakers including the South African Minister of Health, the Premier of Kwazulu Natal and representation from the Liberian Ministry of Health in discussion around how civil society interfaces with government and that the best way to achieve better health outcomes was by addressing Universal Health Coverage.

President Ellen Johnson Sirleaf, President of Liberia inspired delegates with her Keynote Speech at the Opening Ceremony encouraging all to leave the event with a greater commitment to end avoidable blindness. The Opening Ceremony also marked the launch of the IAPB Vision Atlas—a compendium of the latest data on prevalence and GAP indicators by Peter Ackland, IAPB CEO. Video footage of the Opening Ceremony can be found by clicking here.

Left: Prof Francis Omaswa, Executive Director of the African Centre for Global Health and Social Transformation (ACHEST) maintained that “...The IAPB is a fantastic model for global and regional work and I look forward to remaining engaged with IAPB network...”

Right: Prof Yoswa Dambisya, Director General of the East, Central and Southern Africa Health Community said, “Thanks for the excellent organisation which made the 10th GA a resounding success. I am humbled that you gave me the opportunity to participate in such a high profile gathering.”

The Scientific Programme saw delegates attend sessions (courses, symposiums, free papers in total 60 sessions with 200 speakers and 250 poster presentations over 3 days on a range of topics). Specific courses were accredited for both optometry and ophthalmology, through South African and UK tertiary institutes. Copies of all presentations can be found by clicking here. The GA brought together 1150 eye care professionals from 100 countries.

We trust that the theme “Stronger Together” will continue to drive the legacy of the 10 GA into eye health work both in Africa and globally.
2.2 Why do we need the IAPB Vision Atlas?

Today, the world is populated by hundreds of millions of people who are unnecessarily blind or visually impaired from causes that are treatable or preventable. Proven and highly cost-effective solutions exist but have not been taken to scale – a shameful social injustice. It is our intention and hope that the IAPB Vision Atlas will become a powerful tool in the fight to redress the inequities and failings that give rise to this injustice.

The IAPB Vision Atlas brings together the latest data and evidence related to avoidable blindness and sight loss; tells the story behind the numbers; presents solutions, and good practice; highlights the opportunities to eliminate some blinding conditions; and warns of emerging threats that, if ignored, could reverse the progress that has been made in reducing prevalence over the past 25 years.

The IAPB Vision Atlas is designed around two main sets of data: the estimates of the burden of blindness and visual impairment made by the Vision Loss Expert Group (VLEG) and national level performance against the key indicators laid out in the World Health Assembly resolution 66.4 ‘Universal Eye Health: a Global Action Plan 2014 – 2019’ (the GAP). VLEG data – a comprehensive database of prevalence eye surveys – provides prevalence of blindness and visual impairment estimates from 1990 to 2010. The maps have a new design and can be viewed for all ages or for adults over 50. The GAP indicator data – a limited, initial survey of available data – gives CSR/CSC data, human resources and national planning data.

This IAPB Vision Atlas website was launched on 27th October 2016 at IAPB’s 10th General Assembly and will be periodically updated as new data is obtained. The website will be followed by a published form of the IAPB Vision Atlas that will include updated VLEG data covering the period up to 2015. The VLEG aims to publish its new findings in early 2017 and the publication of the IAPB Vision Atlas will follow shortly after.

Link to the IAPB Vision Atlas website here

Is the data for your country missing, incorrect or in need of updating?

If so, send an e-mail to: 
✉️ visionatlas@iapb.org
and, following its validation, we will update the data shown here in the web-based version of the IAPB Vision Atlas.
2.3 IAPB Africa: Annual Meeting, Durban, 27th October, 2016

This year we took advantage of a number of colleagues coming to 10GA to convene a half day meeting of members, partners, experts and friends. The workshop started with a few words of welcome from our out-going chair, Prof. Kovin Naidoo, before moving swiftly on to a series of short and sharp updates from several new-ish members – Vision for Nation, Himalaya Cataract Project, SightLife and Al Magraby. The Secretariat then provided updates on recent activities including the IAPB Database, Strategic Advocacy, HReH and our communications with members.

Dr. Patrick Kadama, from the AP/HRH, a critical partner of IAPB in Africa, then broadened our horizons with a presentation on wider health workforce perspectives, followed by our own Phil Hoare who launched the new IAPB Standard List. Luis Perez, the IAPB coordinator from Latin America also widened our horizon by describing progress with the Global Action Plan in his region before handing over to Prof. Clare Gilbert who updated the gathering on the 3 day DR Network meeting which had just finished.

Renee Du Toit, chair of the HReH Task Team then led a quick succession of presentations on the achievements and plans of the 5 Working Groups (Ophthalmology, Optometry, AOPs, PEC and CHWs), now that the core competencies had been safely delivered to WHO for validation.

We were then joined by members of AFCO for what was perhaps the highlight of the meeting - the launch of the new Optometry Strategic Framework by IAPB and AFCO (see below), before the incoming chair of IAPB Africa, Dr. Aaron Magava, closed the meeting with a few well-chosen words. All the presentations are now available on the IAPB Africa website.
2.4 The 3rd ASHGOVNET Congress and the IAPB Central Africa Advocacy Workshop

The 3rd ASHGOVNET Congress was convened in Kampala in November 2016 to:

1. Review the HRH crisis in Africa
2. Carry out an in-depth analysis of health systems governance
3. Discuss approaches to strengthening the impact of our work

Convened over 3 days, the Congress was opened by the Prime Minister of Uganda, the Hon. Dr. Rugunda (left), who highlighted the new African Union Health Strategy, 2016-2030 and observed that Africa seems to be driven by a global agenda rather than Africa driving the global agenda. He noted that Africa was now facing a double epidemic of the existing burden of diseases, plus new epidemics such as diabetes. Prof. Omaswa, chair of ASHGOVNET and our partner in the AP/HRH noted a lack of political will to address the workforce crisis, which is deepening by the day and the need to create a ‘climate of opinion’ – one that causes outrage.

However, Dr. Adam Ahmat, from WHO-Afro, provided strong evidence of progress with all six strategic priorities of the WHO-Afro Road Map, while noting the new expectations of workforce density arising from UHC and the SDGs. In other words, while many countries are progressing, population increase and epidemiological changes mean that Africa is still the Region least likely to achieve UHC and SDG targets.

Immediate ‘take homes’ for IAPB included engagement with the biomedical engineers, initially in Ghana but in time elsewhere, a new contact with the President of the ECSA College of Nursing, which will help with our SiB Ophthalmic Nursing proposal, a new relationship with the Association of African Medical Universities and a preliminary discussion with the AP/HRH on the content of our next MoU.

Central Africa Workshop, Libreville, Gabon 6-7 December 2016

In August 2015 IAPB Africa held the Central Africa Workshop in Yaoundé, Cameroon, 2015 on the theme “Eye Health Human Resources Planning in Central Africa”. During the meeting a Sub-regional eye health human resources strategy was developed as well as 11 recommendations.

In December 2016 a follow up meeting was held in Libreville, Gabon. The workshop was hosted by WHO and was attended by representatives from Central African Republic (CAR), Chad, Republic of Congo and Democratic Republic of Congo. It was also attended by representatives from WHO AFRO and the Magrabi ICO Cameroon Eye Institute. The workshop was funded by the International Centre for Eye Health programme.

The aim of the workshop was to advance/consolidate the integration of HReH in the National HRH Strategies and set a Sub-Regional HReH Consortium for advocacy and resource mobilisation for Eye Health. The objectives of the workshop were to:

1. To consolidate the integration of HReH into the National HRH strategies
2. To agree key milestones for setting up an Eye Health Consortium for Central Africa built around ECCAS and supported by WHO
3. To identify avenues for training of HReH for Central Africa.

At the end of the 2 day workshop strategic priorities had been identified for countries and organisations along with 8 recommendations.
3. WHO NEWS
3.1 WHO Data

The World Health Organization (WHO) has released data for 2015 showing that a record 979 million people benefited from large-scale treatment of at least one neglected tropical disease in 2015 alone. This unprecedented achievement may be the first time that so many people have been treated globally as part of a public health intervention in one single year.

“This is a monumental public health achievement. Reaching 979 million people spread out across the globe in one single year involves intensive planning and coordination” said Dr Dirk Engels, Director, WHO Department of Control of Neglected Tropical Diseases. “It involved providing more than 1.2 billion treatments to those who need them most, both in rural and underserved urban areas.” As well as the gradual scale-up of preventive chemotherapy and as part of global efforts to accelerate the expansion of preventive chemotherapy to eliminate and control these diseases over the years, WHO has created practical tools to facilitate the supply of medicines donated by the pharmaceutical industry.

“We developed a joint mechanism to facilitate the process of application and the delivery of medicines free of charge to countries requesting them” said Dr Gautam Biswas, Coordinator, Preventive Chemotherapy and Transmission Control Unit at WHO headquarters in Geneva. “This mechanism allows for better planning, forecasting, review, reporting and, above all, inflow of data that improves coordination and integration among different programmes.” Safe, quality-assured medicines are largely donated through WHO by pharmaceutical companies. In 2015, a total of 1.5 billion tablets were shipped to countries requesting medicines through WHO. In return, countries are asked to report on the annual progress of their control and elimination interventions relevant to the target diseases. Since the Joint Application Package2 was introduced in 2012, there has been a net improvement in standardizing the collection of a massive load of data received from national programmes and health ministries. In 2016, 74 countries reported data to WHO. For further information, contact Ashok Moloo molooa@who.int

3.2 Research on community-based health workers is needed to achieve the sustainable development goals. Dermot Maher & Giorgio Cometto, Bull WHO 2016;94

Selected Extracts: We identify 5 key issues for consideration in building this evidence base.

1. While there is a wealth of research experience on the role of community-based health workers regarding communicable diseases and maternal and child health, there is less research on their role regarding non-communicable diseases...

2. More attention should be paid to cross-cutting enabling factors, for example, education, accreditation and regulation, management and supervision, effective linkage to professional cadres, motivation and remuneration, and provision of essential drugs and commodities...

3. There is a research gap in understanding how to ensure the sustainability of programmes supported by community-based health workers, by using innovative national planning, governance, legal and financing mechanisms...

4. Previous research experience on the role of community-based health workers represents a mix of varying degrees of quality, while the emphasis of future research must be on scientific rigour to strengthen the evidence base for policy and practice.

5. It is important to avoid too narrow a disease- or intervention-specific focus to community-based health workers’ research...

Readers will recall the announcement on this new High Level Commission in Newsletter Vol. 5 No. 1 earlier this year. Well, the Expert Group has been hard at work and has now produced their final Report, well within the time allocated. And what interesting reading it is for all of us concerned about the health worker crisis and its impact on economic growth, peace and social justice.

We have three key messages:

- **Message 1:** Transforming and expanding the health and public health workforce, including reform of the skills and mix of that workforce, has the potential to accelerate inclusive economic growth and progress towards health equity.

- **Message 2:** Achieving person- and community-centred universal health coverage by increasing employment, through the equitable distribution of decent jobs for health and non-health workers, will be a crucial foundation for inclusive economic growth and sustainable development.

- **Message 3:** Reforming aid and accountability for health system strengthening with a focus on skilled health workers can initiate a new era of international cooperation and action for economic and human security.

---

The Innov8 approach: Moving from ‘what’ to ‘how’

The Innov8 Approach for Reviewing National Health Programmes to Leave No One Behind is a resource that supports the operationalization of the Sustainable Development Goals and the progressive realization of universal health coverage and the right to health. It does this by identifying ways to make concrete, meaningful and evidence-based programmatic action to “leave no one behind” in health programmes. The Innov8 review process results in recommendations for specific entry points and actions to make the health programme more equity-oriented, rights-based and gender responsive, while addressing critical social determinants of health influencing programme effectiveness and outcomes. Innov8 is best applied in synergy with a national health programme’s planning and review cycle.
4. **MEMBER NEWS**

4.1 **Orbis launches Human Resources for Eye Health Initiative**

Orbis has launched the Human Resources for Eye Health Initiative. The initiative will create a group of leaders who will play a role in a turning point for blindness and visual impairment in Africa. Orbis has partnered with International Agency for the Prevention of Blindness in Africa and the College of Ophthalmology of Eastern, Central and Southern Africa (COECSA).

“**Africa is a unique continent with unique Eye Care challenges and needs. In fact, Africa carries a large burden of diseases without commensurate resources to respond appropriately.**” says former president, Kgalema Motlanthe. Since his appointment as International Council of Ophthalmology Ambassador for 'VISION 2020: Sub-Saharan Africa' in 2014, Motlanthe has helped to raise awareness of the causes of avoidable blindness and the solutions available in the region.

The Human Resources for Eye Health Initiative will strengthen a network of African medical schools and affiliated teaching hospitals by providing training and infrastructure for better service delivery, building an African leadership network to lead the way towards the elimination of avoidable blindness and advocating for eye health to become an integral component of participating country’s health systems. The initiative will benefit medical schools and teaching hospitals in Kenya, Uganda, Rwanda, Malawi, Tanzania and Zambia. Implementation partners include South African Private Institution of Higher Education, and the Foundation for Professional Development.

**STOP PRESS** **STOP PRESS** **STOP PRESS** **STOP PRESS**

Sightsavers has been named as one of seven “top charities” for its work on treating children for parasitic infections, also called “deworming”. The announcement from GiveWell, a non-profit that conducts in-depth analysis to find and recommend outstanding charities to donors, comes just in time for the 2016 giving season. For more click [here](#).

**Funding Updates**

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Closing Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DFID Girls’ Education Challenge:</strong></td>
<td>Closing date: 20 Dec 2016</td>
</tr>
<tr>
<td><strong>Commonwealth Foundation General Grants:</strong></td>
<td>Closing date: 4 Jan 2017</td>
</tr>
<tr>
<td><strong>Woman to Woman Fund:</strong></td>
<td>Closing date: 16 Jan</td>
</tr>
<tr>
<td><strong>KR Foundation Grant:</strong></td>
<td>Closing date: 19 Jan</td>
</tr>
<tr>
<td><strong>National Endowment for Democracy:</strong></td>
<td>Closing date: 20 Jan</td>
</tr>
<tr>
<td><strong>Development Frontiers Research Grant:</strong></td>
<td>Closing date: 26 Jan</td>
</tr>
<tr>
<td><strong>UK Aid Match:</strong></td>
<td>Closing date: 31 Jan</td>
</tr>
<tr>
<td><strong>UK Aid Direct Impact Grants:</strong></td>
<td>Closing date: 31 Jan</td>
</tr>
<tr>
<td><strong>UK Aid Direct Community Partnership Grants:</strong></td>
<td>Closing date: 31 Jan</td>
</tr>
<tr>
<td><strong>The Maypole Fund:</strong></td>
<td>Closing date: 31 Jan</td>
</tr>
</tbody>
</table>
4.2 CCBRT: Evolving to Serve More Tanzanians

Two weeks ago I traveled from Dar es Salaam to New York to attend events around the UN General Assembly with CCBRT’s sister organisation in the US, Kupona Foundation. These international gatherings are valuable because they set CCBRT’s work -- to change the lives of people with disabilities and to improve maternal and newborn health outcomes -- in the context of global action on health, poverty and inequality through the Sustainable Development Goals.

A major takeaway from this year’s UNGA week was that the donor reliant funding and financing model needs to evolve. NGOs all over the world are striving to become more financially independent and therefore sustainable, rather than relying on donors year-on-year to keep service programmes running.

This requires a real shift in perspective when it comes to financing. Diana Ayton-Shenker from Global Momenta summed this up last week when speaking on the Roadmap to 2030 Safe Surgery panel. She noted: the mechanisms to unlock more innovative financing for social entrepreneurship don’t yet exist. Investing in social entrepreneurship may feel uncomfortable because it doesn’t fit with our traditional ideas of charity.

At CCBRT, we recognised the need to decrease our reliance on donors and shifted towards social enterprise in 2005 with the opening of our Private Clinic. Our Private patients receive the same expert care from CCBRT doctors but at an increased cost with more amenities. For 11 years, revenue from the Private Clinic have subsidized thousands of surgeries for patients at the Disability Hospital (DH) who would otherwise not have been able to afford this life-changing treatment. Recognising the power of this model, and responding to demand from Tanzania’s growing middle class, CCBRT is continuing to invest in sustainability by constructing a brand new and expanded Private Clinic which will subsidize over 28,000 surgeries at the DH over the next five years.

Following discussions and global momentum-building on sustainable financing at UNGA, I’m hopeful that CCBRT’s pursuit of new, innovative ways of achieving financial sustainability, while serving even more Tanzanians, will be embraced by supporters and organizations alike.

Erwin Telemans, CEO CCBRT

4.3 Tanzania: How Stigma Takes Toll On Elderly and Disabled

A new report has revealed that stigma and discrimination are creating serious health and safety concerns for the elderly and the disabled. The joint report will be launched on Wednesday by Sightsavers, ADD International and HelpAge International in partnership with the Ifakara Health Institute in Dar es Salaam. The report titled ‘Disability and Old Age are not Curses’ shows that people with disabilities and the elderly in Tanzania face issues such as limited access to education, health services, sexual violence, poor treatment from family members, as well as physical violence and other forms of discrimination.

According to a joint press release the report is a compilation of results from a study carried out between 2012 and 2016 in Nachingwea District and Kibaha Urban. HelpAge International's country director Amleset Tewodros said the report highlighted the need for policy makers, traditional and community leaders, law enforcer, legislators and the wider society to recognise human rights of the elderly and people with disabilities.
The Global Burden of Diseases, Injuries, and Risk Factors Study 2015 (GBD 2015) brings together the most recent epidemiological data according to year, age, and sex from 195 countries and territories. In a continuation of the partnership between The Lancet and the Institute for Health Metrics and Evaluation (IHME), this year marks the first of an annual commitment to publish the four capstone GBD papers—on global mortality, years lived with disability, disability-adjusted life-years, and risk factors—in a single issue. 2015 also represents a key milestone in the global health and development community, with the end of the Millennium Development Goals (MDGs) era and the launch of the 17 Sustainable Development Goals (SDGs). Two health-related MDGs—maternal and child mortality—are subjected to systematic analysis in this issue, and a third companion study aims to define baseline measurements for health-related SDGs.

Despite the gains made by 2015, considerable challenges remain. Crucially, the global health community needs to move beyond assessing individual health-related SDGs to investigating the links between different goals. There can be little doubt that factors such as education, access to clean water and sanitation, gender equality, and peace, justice, and strong civil institutions all have a profound impact on health. What is less clear, however, is how to analyse and measure these relationships. But measure them we must. Because what you don't measure you don't know, and what you don't know you can't act on. Good science is the start.

New results from the Global Burden of Disease Study 2015 examine causes of death and categorise regions according to the Socio-demographic Index, or ‘SDI’.

### Categories: Global Health

#### Collection(s): Global Health

| View on YouTube | Visit associated page |

#### 4.5 USAID & Partners Announce $6 Billion to Expand Fight Against Neglected Tropical Diseases

The U.S. Agency for International Development (USAID) today announced new partnerships to help countries eliminate and control neglected tropical diseases (NTDs). Over the next five years new and expanded partnerships will provide 1.3 billion treatments, leverage $6 billion in donated drugs, and prevent more than 585 million people from needing treatment for NTDs. Over the next five years, USAID and its partners have committed to eliminating Trachoma, the world's leading cause of preventable blindness, by treating at-risk communities and supporting surgeries for affected individuals. USAID will also combat and seek to eliminate Lymphatic Filariasis, a painful and disfiguring parasitic infection transmitted by mosquitoes. In addition, USAID will promote improved sanitation to break the transmission of diseases like Schistosomiasis, caused by a painful abdominal parasite. These neglected tropical diseases have endured because of indifference. But many of these diseases can be eliminated with sanitation, preventive treatments, and mass drug distribution campaigns. "Here's the good news: we can make NTDs a thing of the past," said Gayle Smith, USAID Administrator. "Working together with our partners over the past ten years, we have figured out an approach that works and freed over a hundred million people from these parasitic worms and bacterial infections that have held communities back for too long. Now is the time to double down and reach scale". Over the past 10 years, pharmaceutical companies have given more than $11 billion worth of drugs free of charge to the countries where USAID supports mass treatment campaigns.

These companies include Eisai, GlaxoSmithKline, Johnson & Johnson, Merck & Co., Merck Serono and Pfizer. Every $1 invested by USAID in NTDs leverages $26 in pharmaceutical donations for mass treatment campaigns reducing USAID's treatment cost to 63 cents per person, a best buy in public health.
5. Resources

Eyeglasses for Global Development: Bridging the Visual Divide Eyelliance, June 2016

This 37 page report, compiled by a group of global experts including many drawn from our own membership (VisionSpring, Brien Holden Vision Institute, IEF, Sightsavers, HKI, CBM and OneSight), presents perhaps the most up to date and comprehensive perspective yet on how we can bridge the visual divide. In the introduction, the authors state:

“This report not only lays out the evidence that correcting vision with glasses has a profound impact on socioeconomic development, but also highlights validated, scalable models. The challenge is: how can the concerned actors work together to address the barriers to systemic change, take these models to scale and close the global gap for those needing eyeglasses? The report’s advisory panel recommends engaging multiple sectors to dismantle the primary supply-and-demand barriers, and create new opportunities for collaboration across sectors to solve the problem at scale”.

Note: Eyeglass distribution includes surveyed organizations (primarily International NGOs). Data does not include local private sector, health systems or individual donations. Source: 2015 eyeglass distribution derived from FSG Survey Analysis.

The Report summarises the evidence of impact, the need for multi-sectoral engagement, how to overcome supply and demand barriers and the need for cross-sector partnerships. The need in Africa is huge, as the projected prevalence of myopia illustrates below.

<table>
<thead>
<tr>
<th>GBD Region</th>
<th>2000</th>
<th>2020</th>
<th>2050</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Africa</td>
<td>5.1%</td>
<td>9.8%</td>
<td>27.9%</td>
</tr>
<tr>
<td>East Africa</td>
<td>3.2%</td>
<td>8.4%</td>
<td>22.7%</td>
</tr>
<tr>
<td>Southern Africa</td>
<td>5.1%</td>
<td>12.1%</td>
<td>30.2%</td>
</tr>
<tr>
<td>West Africa</td>
<td>5.2%</td>
<td>9.6%</td>
<td>26.8%</td>
</tr>
</tbody>
</table>
6. Upcoming Events

Management Priorities in Eye Care Delivery
FOR HEADS OF EYE HOSPITALS
January 22 - 28, 2017
ARAVIND EYE CARE SYSTEM

47th National Congress: Ophthalmological Society of South Africa (OSSA)

15–19 March 2017, Boardwalk Hotel, Port Elizabeth, South Africa.

Please complete the registration form online (preferred option) here

INTERNATIONAL COUNCIL OF OPHTHALMOLOGY

WORLD OPHTHALMOLOGY CONGRESS®
BARCELONA | JUNE 16–19

2nd WORLD CONGRESS OF OPTOMETRY
Hyderabad - India
11, 12 and 13 of September 2017
E: enquiry@worldcongresssofoptometry.org
W: www.worldcongresssofoptometry.org
7. New Publications

In 2016, IAPB in collaboration with the African Council of Optometry (AFCO) and several supporting member agencies, undertook a full Situation Analysis of the current state of optometry in Africa (left). This provided the context for an important planning event in Durban in June which in turn led to the publication of a 10 Year Strategic Framework for the Expansion of Optometry in Africa, in keeping with one of the key HRH objectives of the WHO Global Action Plan. Both documents are available on the IAPB Africa website.

DR Barometer: Shifting the Needle

This important new study, funded by Bayer Pharma AG and undertaken by the International Federation on Ageing, IAPB and the International Diabetes Federation not only provides a comprehensive summary of the current status of diabetes and diabetic retinopathy in 41 countries around the world but demonstrates what can be achieved by inter-sectoral collaboration between 3 major global agencies working together on a single issue.

The report can be easily downloaded and, in the very near future, will be supported by a Literature Review and 41 country studies, including South Africa and Uganda. In due course the report will be available on the IAPB Africa website.

2017 Guidelines for Diabetic Eye Care Now Available

Proper screening, assessment, and treatment of diabetic eye disease are critical to reduce worldwide vision loss related to diabetes. And the 2017 Update: ICO Guidelines for Diabetic Eye Care present a revised consensus for both high resource and low/intermediate resource settings.

The updated Guidelines —introduced at this month’s 10th General Assembly of the International Association for the Prevention of Blindness (IAPB) in South Africa—are designed to be adapted as needed to meet local eye care needs and will be revised on an on-going basis.
8. Knowledge

1. EYE HEALTH


Bourne, Taylor et al., *Number of People Blind or Visually Impaired by Glaucoma Worldwide and in World Regions 1990-2010: A Meta-Analysis*. PLOS ONE 11(10), October 2016


Elshafie, Osman et al., *The Epidemiology of Trachoma in Darfur States and Khartoum State, Sudan: Results of 32 Population-Based Prevalence Surveys*, Ophthalmic Epidemiology, 23:6, November 2016

Haddad, Nwobi et al, *Elimination of Trachoma – Knowing Where to Intervene*, Ophthalmic Epidemiology 23 (6), 2016

2. HEALTH WORKFORCE


Dambisya, Y., *Giving New Momentum to Strategies for Retaining Health Workers*, Equinet Policy Brief 41

Akintola O & Chikoko G., *Factors Influencing Motivation and Job Satisfaction Among Supervisors of Community Health Workers in Marginalised Communities in South Africa*: Human Resources for Health 14(54), 2016


Rabbani, Shipton, White et al., *Schools of Public Health in Low and Middle-income Countries: an Imperative Investment for Improving the Health of Populations?* BMC, Public Health 16 (941) 2016

Maher and Cometto, *Research on Community-Based Health Workers in Needed to Achieve the Sustainable Development Goals*, Bull. World Health Organisation, 94, 216
**The 10 largest public and philanthropic funders of health research in the world: what they fund and how they distribute their funds.** Roderik F. Viergever, Email author and Thom C. C. Hendriks Health Research Policy and Systems 2016 14:12 DOI: 10.1186/s12961-015-0074-z


McQuide, Millonzi et al., *Strengthening Health Professional Associations*, USAID Capacity Project, Technical Brief No. 8, 2016


**3. HEALTH**


Seitz, K. *FENSA: A Fence Against Undue Corporate Influence: A New Framework of Engagement with Non-State Actors at the WHO*, Brot fur die Welt, September 2016


**Featured Resource**

**EQUINET POLICY BRIEF 41: GIVING NEW MOMENTUM TO STRATEGIES FOR RETAINING HEALTH WORKERS**, Dambisya Y: EQUINET with ECSA HC, TARSC and U Limpopo, September 2016

This brief discusses the strategies used for attracting and retaining skilled health workers in ESA countries, especially to address underserved rural and remote areas, primary care settings and in the public sector. It reviews practice to date and identifies strategic options, given both regional learning and the opportunity of the 2016 Global Strategy on Human Resources for Health. Whereas ESA countries have implemented various attraction and retention regimes, the results have not been well documented, with still limited evaluation and reporting of impact of these strategies. The evidence suggests a need for a comprehensive, multi-sectoral and co-ordinated approach to planning and implementation, to make the case for improved funding and with greater use of information and monitoring systems.
9. **SNIPPETS**

9.1 **Transforming Organizations Discussed at ICO WORLD Meeting**

Two talks exploring transitioning to new organizational paradigms and having more inclusive representation within organizations were the focus of lively and stimulating discussion at the ICO World Ophthalmology Roundtable on Leadership Development (WORLD), at the 2016 American Academy of Ophthalmology meeting in Chicago, Illinois. ICO Board members Drs. Wanjiku Matenge and Pinar Aydin O'Dwyer shared personal stories with over 90 attendees that dynamically addressed this year’s theme: “The Diversity Challenge: How to Transform Organizations to Reflect Your Community.” Their talks, and the thoughtful and intriguing perspectives that followed, made this year’s WORLD a truly memorable event.

Making Eye Health a Population Health Imperative: Vision for Tomorrow: Despite the importance of eyesight, millions of people grapple with undiagnosed or untreated vision impairments—ranging from mild conditions to total blindness—and eye and vision health remain relatively absent from national health priority lists, says a new report from the National Academies of Sciences, Engineering, and Medicine.

In 2014, the Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine convened a multidisciplinary committee to “examine the core principles and public health strategies to reduce visual impairment and promote eye health in the United States,” including short- and long-term strategies to prioritize eye and vision health through collaborative actions across a variety of topics, settings, community stakeholders, and levels of government.

This report proposes a population health action framework to guide action and coordination among various—and sometimes competing—stakeholders in pursuit of improved eye and vision health and health equity in the United States.

9.2 **IAPB TV: Click on the link for the channel you would like to view**

IAPB TV

Channel 1. IAPB 10 GA Opening Ceremony

Channel 2. IAPB 10GA Celebration Ceremony

Channel 3. Kovin Naidoo Tedx Talk: Let my people see