1. EDITORIAL

Ophthalmic Nurses (ONs) provide the backbone of eye health services in Africa, whether working alongside the surgeon in theatre, taking care of patients, running a busy OPD or, in many settings, working alone to provide eye health services in remote and underserved locations.

With number of ONs (and the Francophone ISOS) now in the region of 4,000 (with an additional estimated 2000+ TSOs and OCOs), and with 43 active training schools across the continent, with an estimated total training capacity of around 750 allied ophthalmic professionals (AOPs) per year, it is not hard to see the mismatch between needs, numbers and opportunities. Retention, given limited career development options, remains a real challenge as several countries explore degree level training and additional sub-specialty nursing.

IAPB Africa has tried to address these issues head-on through the development of WHO endorsed core competencies as a prelude to curriculum review and reform and, more recently, the establishment of a small consortium of countries (Ghana, Tanzania and Botswana) and member agencies (OEU, SSI and Cambridge Global Health Partnerships, formerly Addenbrookes Abroad) to take forward a 4 year project to strengthen ophthalmic nursing with the financial support of Seeing is Believing. IAPB has also developed a directory of ON training institutions and tries to maintain a country level data base as part of the work around the WHO-Afro Catalogue of Eye Health indicators and the IAPB Vision Atlas.

In Section 3.4 (below) we draw your attention to a new global campaign called Nursing Now, launched a few months ago, with the support of WHO, and based on the fact that Universal Health Coverage will not be achieved without developing nursing globally. What is equally true is that Universal Eye Health Coverage will not be achieved without developing ophthalmic nursing and the training, deployment and retention of all other AOPs.

The global campaign is new and the eye health movement has much to gain by being part of it. As the feature below highlights, opportunities exist for countries and member agencies to make sure that ophthalmic nursing is not left behind as the campaign gathers momentum. Integration, at all levels, remains the name of the game.
2. IAPB UPDATES
2.1 World Sight Day 2018

World Sight Day is the most important advocacy and communications event on the eye health calendar. It is a great time to engage with the world around us – a patient’s family, those who seldom get an eye exam, diabetics. We have the data and evidence. We also have projections into the future and we know things can go bad, if we don’t act now.

We know now that 1.2 billion people don’t have access to glasses. Over 3 out of 4 of the world’s vision impaired are avoidably so. What can be done to arrest this unconscionable fact? First, arm yourself with your country’s prevalence data and Eye Health system information – the number of trained eye health personnel, your country’s plans to tackle blindness. This World Sight Day, let’s find the solutions to ensure that everyone, everywhere has access to sight.

This year, let us draw attention to eye care issues so that everyone, everywhere has access to good eye health. What’s the first thing you can do? Plan for an eye examination. Look around in your family, especially for those who are vulnerable: young, school-going children, the elderly, those with diabetes. WSD 2018 will be on 11 October 2018. This year’s call to action: Eye Care Everywhere.
2.2 IAPB: Comprehensive School Eye Health Programs: A Unique Opportunity

School health programs are a unique opportunity to provide comprehensive eye health services to potentially more than 700 million children throughout the world. Access to eye care for an increasing number of school age children is critically important for at least four reasons:

First, it is a golden opportunity to deliver eye health education messages ranging from hygiene to healthy diet and outdoor activities to prevent trachoma, vitamin A deficiency, diabetes and high myopia.

Second, early detection and referral of children with eye problems is key to timely provision of highly cost effective interventions such as provision of glasses. School-based screening programs allow early detection of conditions that cannot be cured but require appropriate low vision services. These include inclusive education, to ensure that each and every child can achieve his or her full potential. This further contributes to the social and economic development at individual and community level.

Third, irritated, sore, light sensitive eyes significantly impede children’s ability to learn and may lead to the use of harmful practices, which can further damage the eyes. In some areas, eye morbidity represents a significant cause of school dropout. The detection and treatment of common eye conditions, such as conjunctivitis and lid infections are a critical part of child-centred comprehensive school health programs.

Fourth, considering that 80% (estimate) of what a child learns is processed through the visual system, good vision is critical to the child’s ability to participate in and benefit from educational experiences.

Because of the outstanding experience of the authors – as a team they cover the whole spectrum of eye health – these guidelines provide not only a very comprehensive approach to school eye health but also some practical keys to integrate it into general health policies and programs.

Prof. Serge Resnikoff - MD PhD
2.3 Inaugural Meeting of the ECSA-HC Experts Committee on Eye Health

As reported in the [IAPB Africa Newsletter 2017 Q2](#), the East, Central and Southern African Health Community (ECSA HC), with support of College of Ophthalmologists of East Central and Southern Africa (COECSA) and IABP established the ECSA-HC expert committee on eye health in an effort to raise and sustain the eye health agenda high at regional and national level in the ECSA-HC member states.

The inaugural meeting of the Experts Committee on Eye Health was held in Arusha, Tanzania, in May 2018 as a pre-ECSA Directors Joint Consultative Committee (DJCC)/11th Best Practices Forum meeting with the objectives of finalising its TOR and agreeing on its Modus Operandi. The Committee then went on to develop the recommendations raised by the stakeholders during the consultative meeting in May 2017 for presentation by the Committee’s chair to the DJCC for consideration of submission to the ECSA-HC Health Ministers Conference (HMC).

The interim chairperson of the Committee Dr Aaron Magava presented to the DJCC on the need to make eye health issues more visible and improved prioritization for eye health services in the region. He highlighted the underreporting of eye conditions in national HMIS where countries only measure 2-3 eye conditions. He also emphasised the need for the integration of eye health cadres national HRH Plans.

On the Committee’s behalf, the Dr Magava made the following request to be processed for HMC’s consideration:

a) Human resources development for eye health

- To be integrated into the National HRD policies to address the availability of right numbers, in the right place and at the right time of eye health workers to provide comprehensive eye care in Member States.
- To put in place measures to improve the skills of the eye health workers such as adopting the competency based curricula for teaching and educating eye health workers.
b) Research on eye health

- To generate quality eye health data through integration of eye health into existing national HMIS by increasing the number of indicators used to monitor eye health services.

c) Inclusion in the next Best Practice Forum of a theme or subtheme on Eye Health.

The DJCC was concerned about issues presented, high burden of eye conditions and yet limited response by the countries in the region and applauded the efforts being made to raise eye health issue high on the agenda. The DJCC approved the request by the Experts Committee on Eye Health for the inclusion of a theme on eye health in the next ECSA-HC Best Practices Forum, so that comprehensive recommendations can be drawn and taken to the ECSA-HC Health Ministers Conference.
3. WHO UPDATES:

3.1 The 71st World Health Assembly: a new Strategy and a cross-roads for eye health

The 71st World Health Assembly (#WHA71), the annual decision-making body of the WHO, took place in Geneva on 21st-26th May. Johannes Trimmel, Peter Holland and I attended, participated in numerous events, and met key WHO officials and other players. The mood was positive and optimistic: WHO Director General Dr Tedros and the new team were successful in getting agreement to their strategy, the General Programme of Work 2019-2023 (#GPW13). If resources follow and all goes to plan, it will lead to a significant shift in the way the WHO operates. Everything will be geared towards achieving universal health coverage and the realisation of the health SDGs. The WHO aims to become more impact-focused, more country needs and in-country action oriented, and take a stronger leadership role. Although many countries in the debate called for a clearer way forward and a more detailed impact framework and indicators, there was strong support for the strategy and for its strengthened in-country focus.

The sub-title of the General Programme of Work is ‘Promote health, Keep the world safe, Serve the vulnerable’. It has 3 targets:

- 1 billion more people benefiting from universal health coverage
- 1 billion more people protected from health emergencies, and
- 1 billion more people enjoying better health and well-being.

Partly in response to mistakes in tackling Ebola and the evident weak underlying health systems, the programme includes continued and increasing emphasis on health systems as well as changes in the way the WHO shall address emergencies. The emphasis on Universal Health Coverage and the focus on health systems and integrated and people-centred care offer significant advocacy opportunities for eye health. There is also very welcome attention to disability inclusion, including some focus on rehabilitation, and numerous references to equity and rights.

Eye health must be integral: According to the WHO team we met with during the week, WHO’s work on eye health must be absolutely integral to the General Programme of Work. Their actions will include the development of technical tools to integrate eye health in health systems and take advantage of the stepped-up push for Universal Health Coverage globally. The aim being to ensure that all people can access eye health according to need and without suffering financial hardship. The WHO team responsible for eye health intend to develop a comprehensive eye health package for
inclusion in Universal Health Coverage, with the workforce an important component. Their plans also include developing better indicators including on impact, and a strengthened accountability framework for universal eye health including at country level.

**Other developments: the First WHO resolution on Assistive Technology:** The adoption of the Assistive Technology resolution was a big win. Despite massive unmet need, assistive devices have not been on the WHA agenda before. During the week, IAPB met with the WHO’s Global Cooperation on Assistive Technology team (GATE), WHO’s global partnership initiative on assistive technology, with whom we already have a close relationship. IAPB’s Standard List now incorporates GATE’s vision related assistive devices. The resolution gives GATE a clear mandate for its work. It will be an important tool to promote better systems and access to assistive devices, as countries have made a commitment to strengthen their policies and programmes on access to assistive technology. The resolution should also benefit access to vision related devices as they are heavily featured in WHO’s work on assistive devices. The GATE team has a number of actions underway, including developing guidance for procurement, work on standards and a training package for primary healthcare, which includes a module on vision and reading glasses.

Other important developments around the WHA included:

- Preparations for the High-Level Meeting on Non-Communicable Diseases;
- A new Action Plan to achieve the health SDG3. This was called for by Germany, Ghana, and Norway with strong messaging on improving partnerships and streamlining the work of the main funding mechanisms including the Global Fund and GAVI; and
- A new WHO task force for civil society engagement

**Next Steps:** This is an exciting time for eye health. The WHO will launch the World Report on Vision in October. IAPB and members are starting to work on a resolution for the next World Health Assembly in May 2019. We aim to secure support and buy-in from member states on recommendations and next steps on eye health as set out in the World Report on Vision. The WHO eye health team are keen to work with IAPB and members on developing a practical package of services and support to integrate eye health into health systems and the framework of indicators. We will have an important role in ensuring that the package is comprehensive and fit-for-purpose, and in advocating with governments to ensure they include comprehensive eye care in their UHC schemes. WHO may also seek help in piloting integration approaches. There is a lot to do. As implementation of the General Programme of Work begins, we will need to support WHO in their efforts to help make eye health integral to Universal Health Coverage and ensure governments take the practical steps needed to make eye health for all a reality.

For more information on Universal Health Coverage and the GPW13 please email Jtrimmel@iapb.org

For more information on disability inclusion and the GPW13 please email zgray@iapb.org
3.2 World Health Assembly: CHW Update

Geneva, 21 May 2018 – A side event on the contributions of Community Health Workers to Primary Health Care and Universal Health Coverage attracted a large group of high-level delegates, policymakers, civil society organizations, youth and health workers on the opening day of the 71st World Health Assembly at the UN in Geneva. Tapping into the individual and collective potential of community health workers can help overcome some of the health workforce challenges and accelerate progress towards universal health coverage. WHO is in the process of developing guidelines to assist national governments, as well as national and international partners to improve the design, implementation, performance and evaluation of CHW programmes. The guidelines will be launched later this year.
3.3 WHO AFRO Primary Eye Care Training Manual

Primary Health Care (PHC) is usually the first point of contact people have with the health care system. It provides comprehensive, accessible, community-based care that meets the health needs of individuals throughout their life. It forms an integral part both of the country’s health system, of which it is the central function and main focus, and of the overall social and economic development of the community.

A health system with a strong PHC as its core delivers better health outcomes, efficiency and improved quality of care compared to other models. As a consequence, WHO recommends Member States to strengthen health systems at PHC level to achieve the specific health goal (target 3) among the Sustainable Development Goals (SDG) “to ensure healthy lives and promote well-being for all at all ages”.

Since 2006, a series of workshops were organized to sensitize and orient African Member State representatives to the need of an integrated approach to the eye health component at PHC level consisting of promotive, preventive, curative and rehabilitative services. Consequently, WHO in the African region commissioned a group of experts to support the development of standards of care and algorithms for eye care; Member States representatives and PHC workers reviewed and endorsed the documents considering them as valid, reliable, clear, and realistic. The Primary Eye Care training manual is the result of all the above-mentioned efforts and of the continuous support of partners. It is an essential training package of interventions to equip primary health care workers in the African region with a set of simple and effective guidelines and methods to address the common eye diseases they encounter on a daily basis.

The Primary Eye Care training manual is being launched on WHO in the African region website in the incoming weeks. The purpose of this manual is to provide guidance in the design, implementation and evaluation of a course that aims to build and strengthen the capacity of health personnel to manage eye patients at primary-level health facilities in the African Region. Its content focuses on simple evidence-based practice that can be easily carried out in primary-level health facilities all over Africa.

The manual is intended for use by course directors and facilitators. Its intended audience includes all persons who wish to commission, support or offer a course serving the above aims, including pre-service training. This manual sets out the requisite steps for the preparation and organization of such a course.
The course is designed for health personnel such as nurses and clinical officers working at primary-level health facilities. These workers are often the first professional point of contact for patients with eye diseases. The aim of the course is to strengthen their ability to successfully manage patients with eye complaints.

The course is primarily structured as a series of problem-based tasks for small groups. Learning is reinforced by adding tasks in a cumulative manner and allowing trainees to reflect on their experiences. It is not designed for personnel without formal medical training such as community health workers.

Dr S. Shongwe, Acting NCD Director, WHO Regional Office for Africa

Update:
The Primary Eye Care training manual has now been launched on the WHO AFRO website. Link to it here: http://www.afro.who.int/publications/primary-eye-care-training-manual

3.3 IAPB Sensitisation and Pilot Implementation of the WHO AFRO Primary Eye Care Training Manual

IAPB believes that governments in sub-Saharan Africa are committed to Primary Eye Care (PEC) as an integral part of Primary Health Care (PHC). Their approaches to the implementation of eye health is, however not consistent. Reasons for this include that many countries’ health systems are not robust, countries have different approaches, prioritisation of health issues, and provide levels of support and funding to eye health. Some countries thus reported difficulty in rendering PEC operational or sustainable within PHC structures and systems.

IAPB sees the release of the PEC Training Manual as an opportunity to promote the PEC agenda in countries and to build capacity that can be carried out in first line health facilities all over Africa. In partnership with Vision for a Nation, IAPB Africa will host hosting a training workshop with the purpose of sensitising the relevant PEC and HRH stakeholders on the document. The training will target National Eye Care Coordinators and Heads of PEC from participating countries. IAPB will also invite member agencies active in the pilot countries to participate in the workshop with a view on them providing a leading role in supporting the process at country level. The workshop will be carried out by a certified trainer and deliver the participants the capacity to train others and roll out the PEC Algorithms in their respective countries.

An aim of the event would be

• Sensitization of key country decision makers
• an agreement to take forward a number of pilot projects with VFAN and other lead agencies supporting the implementation of pilots as a stepping stone to scaling up to national programmes and building a narrative to secure donor investment

If your organisation is interested in participating the workshop, email the IAPB Africa Programme Coordinator here
4. MEMBER UPDATES
4.1 Joint COECSA/WACS Sub-Specialist Fellowship Training Programme Development Workshop

Recent decades have brought a much greater understanding of disease processes, and a proliferation of treatment modalities to tackle these diseases. This expansion in the knowledge and skills required has driven ophthalmologists and other eye health professionals to become progressively more subspecialised to maintain expertise and promote quality of care. Sub-Saharan Africa is also experiencing this shift towards subspecialisation and the major regional Colleges are leading the discussion around this.

A three-day workshop involving 29 delegates representing 8 different countries in sub-Saharan Africa was held at Kilimanjaro Christian Medical Centre, Tanzania, May 2018. COECSA and the WACS Faculty of Ophthalmology were equally represented, and discussions centred around the development of subspecialty training in each region.

Although each college presented data on their current capacity to train, both in terms of potential training institutions and individual trainers, a major conclusion was that more detailed situational analysis is required promptly to define existing capacity for subspecialty training, the expected demand for this training, and thereby identify quantifiable gaps so that plans can be made to fill them.

In the COECSA region, candidates for subspecialist training will have completed their MMed, and will be at the point of taking up consultant posts or be already working at consultant level within their institution providing general ophthalmology services. COECSA will act as the coordinator of subspecialty training across the region; advertising posts on their website, handling applications, accrediting institutions and providing certification of those who have undergone subspecialist training. WACS have recently altered their resident training and examination structure. Residents after three years will be expected to have achieved qualification as Members of the college (MWACS), trained to provide general ophthalmology services. Depending on the requirements of the country or region in which a Member is anticipating working, they may apply to undertake another two years’ subspecialist training to achieve Fellowship of their college (FWACS). This will be subspecialist training, although provision will be made for those wishing to train as comprehensive ophthalmologists but at FWACS
level. WACS will stipulate standards for institutions and individual subspecialist trainers, will define curricula and certification through the final fellowship examination. Information to signpost trainees to the fellowship training opportunities will be on the Faculty website, but application will be made directly to the training institutions.

Opportunities exist for collaboration between WACS and COECSA as both undertake situational analysis. Harmonisation of curricula and accreditation processes may also be possible, as might exchange attachment of trainees and faculty across the continent to mutual benefit.

We would like to thank the Queen Elizabeth Diamond Jubilee Trust for their financial support of this meeting through the Commonwealth Eye Health Consortium at the International Centre for Eye Health, LSHTM. We would also like to thank KCMC for hosting, and Prof Hannah Faal for so ably chairing the meeting.

4.2 Commonwealth Heads of Government Meeting Communiqué “Towards a Common Future”

The global vision crisis was recognised at a meeting of world leaders for the first time in history. The heads of all 53 Commonwealth nations committed to action to achieve ‘quality eye care for all’ - a landmark decision that can change hundreds of millions of lives in the years ahead. The key clause (N0.33) is reproduced below.

33. Heads welcomed global, regional and national efforts to combat malaria and other mosquito borne diseases, and committed to halve malaria across the Commonwealth by 2023. They also urged acceleration of efforts to reduce malaria globally by 90 percent by 2030. They further committed to take action towards achieving access to quality eye care for all, including eliminating blinding trachoma by 2020, which disproportionately affects women and children across the Commonwealth. Heads acknowledged the work done by the Queen Elizabeth Diamond Jubilee Trust in that regard. Heads agreed that progress on these commitments should be considered every two years at the Commonwealth Health Ministers’ Meeting and progress should be reported at CHOGM.

IAPB Africa would like to thank the Organisation pour la Prévention de la Cécité (OPC) for their support in translating this Newsletter into French.

Learn more about the work of OPC here.
4.3 The Effectiveness of Glasses in Rural Burkina Faso

What are people in rural Burkina Faso willing to pay for OneDollarGlasses? This study sheds light on the potential to distribute glasses through the market in a poor rural context.

There are millions of people around the world in need of glasses but cannot afford them. As a result, there are children who cannot learn and adults who cannot work for want of glasses. We want to change that! At OneDollarGlasses (ODG) we aim to provide high quality, custom eye glasses through our programmes, which are economically sustainable. OneDollarGlasses are produced on-site where the cost of materials is about 1 US Dollar. People trained by ODG can make a living from the production and sale of glasses.

In Burkina Faso, we operate in urban areas with shops around the capital Ouagadougou, and other bigger cities in the country. Our glasses are sold for 5000 CFA (approx. 9 USD), around 2-3 times daily wages.

To align the business with our mission, we need to find ways of serving remote areas as well as making sure that we operate sustainably. This ensures that our local employees can make a living from what they earn and ODG can remain self-supporting.

Therefore, in October 2017, we conducted a study in the municipality of Kaya (100km northeast of Ouagadougou)–led by the Department of Development Economics of the University of Passau, Germany–to find out what people in rural areas are willing to pay for our glasses. The survey would help us align our concurrent goals – serving poorer people in distant areas but still operating locally and sustainably, reducing dependency on donor funds.

The study showed an average willingness to pay for corrective glasses at 20% of our current market price. It also showed that if people saw a 3-minute educational video during the selling process, the willingness to pay increased by around 14%. This brought us to the conclusion that raising more awareness and a potential trial period could positively influence the willingness to pay. It is clear that people who’ve never had the opportunity to wear glasses, cannot value them sufficiently.

To test the validity of this assumption, we conducted a follow-up study in April 2018 that documents the positive effect of using the glasses for a period of five to six months on the willingness to pay (WTP). Using a survey-based measure, participants reported an average WTP that was 80% higher than stated in the initial survey. Unlike the initial study which applied the Becker-deGroot-Marschak mechanism* to elicit willingness to pay, the survey-based measure is not incentivized and might be subject to over reporting. Hence, these results must be considered with a grain of salt. However, the results still indicate that it is important to find ways to show people how glasses can improve their lives. This will, in the end, also help people place a higher value on glasses.

We probably need to subsidize end-user prices in rural areas to bring adoption rates to socially desirable levels, possibly cross-financed through sales at higher prices in urban areas. But it also indicates that it is probably more sustainable to sell glasses – even in the poorest areas of the world – instead of donating them. People are willing to pay for glasses; it is about creating a sustainable, permanently available supply and spreading the value and use of glasses in general. Martin Aufmuth, Inventor and Chairman, OneDollarGlasses.

*a method whereby the participants are invited to bid a price for glasses. In contrast to simple survey questions where the reported WTP is without consequence for the respondent and may even invite voluntary misreporting, the BDM method confronts the respondent with a real purchase decision and is hence incentive compatible.
4.4 ARCLIGHT TANDEM AFRICA

Alex McMaster and Merlin Hetherington are students at the University of St Andrews. In October 2018 they will set off from Cairo on a 10,000km cycle to Cape Town. They will be travelling through parts of the African continent that have limited access to health resources, but where there is often a high burden of disease.

The Arclight is a pocket sized ophthalmoscope and otoscope that performs as well as traditional devices but at a fraction of the cost. With a small amount of training, it can be used to diagnose the main causes of blindness and deafness in low-resource settings. It is solar-powered, compact and durable, and does not require expensive replacement parts like traditional devices. In the countries Alex and Merlin travel through they aim to distribute the Arclight for free and train medical students with the device. It takes one hour to train 20 people to use the Arclight. This will provide the next generation of doctors with the tools needed to combat eye and ear disease.

4.5 AOC Announcement

We are pleased to announce the addition of a new staff to the offices of the African Ophthalmology Council (AOC).

Ms. Vestal Fick, from Cape Town (South Africa), joins the AOC as their Manager. This new role was created to provide professional management and administrative support to the AOC President, Executive Committee and other committees and task forces. Reporting directly to the AOC President, Dr. Kgao Legodi, Vestal is the primary contact for AOC member societies leaders and will continue developing strong relationships with the individual society leaders in the region, and recruit for new members.

Vestal is a graduate of the Cape Peninsula University of Technology and has over 20 years of administrative experience, mainly in the corporate finance sector. She spent 3 years at the King Khaled Eye Specialist Hospital, in Riyadh, KSA – supervising the Secretarial Department. Followed by 4 years at the IMPACT-EMR office in Riyadh, as Communications Coordinator for the Middle East Africa Council of Ophthalmology (MEACO), PBUUnion and IAPB-EMR. She was part of MEACO’s organising
team, who hosted the World Ophthalmology Council® (WOC2012), the first WOC to be held in the Middle East.

The African Ophthalmology Council (AOC) is a supranational ophthalmology organization with the aim to represent the interests of national and sub-regional ophthalmological societies across Sub-Saharan Africa as well as that of the members of those societies. It is also a platform for ophthalmologists in the diaspora to contribute to the agenda of improving eye health care in Sub-Saharan Africa.

4.6 Dr. Bo Wiafe retires from Operation Eyesight Universal

Dr. Boateng Wiafe who has been associated with Operation Eyesight Universal since 1985 has retired from his position.

With more than 35 years' experience in eye care, Dr. Wiafe is recognized as an authority in the development of sustainable eye care in Africa. In the early days, he was one of only eight ophthalmologists in Zambia. Working strategically with the government in Zambia, he encouraged them to take a lead role in the development and implementation of quality eye care. He also mentored and motivated other doctors to become ophthalmologists. He set new standards in volume of eye surgeries, completing 2,000 a year and engaging other ophthalmologists to undertake another 500. In addition, he launched the first primary eye care training course in Zambia. In all of the districts in which he worked, Dr. Wiafe established programmes that still serve their communities today, most notably the Lusaka Eye Hospital.

In 2001, Dr. Wiafe piloted a model trachoma control programme in the Gwembe District of Southern Zambia where the prevalence of trachoma was reduced from 50 percent to about 5 percent. Today, that model serves as the standard in prevention of trachoma in Zambia.

Dr. Bo became part of Operation Eyesight’s team first on a contract basis in 2006 as Regional Advisor. By 2009, he was Regional Director for Africa, and in 2015 he took on a new role as Director of Quality and Advocacy.

In this role, Dr. Bo advocated Operation Eyesight Universal’s work to eye health providers, ministries of government, corporations and other non-government organisations. Through his dedication to Operation Eyesight and the patients he’s served, Dr. Bo’s been instrumental in increasing support for eye care throughout Africa.

In 2015, Dr. Bo led the first ever Ghana National Blindness and Visual Impairment Study as the principal investigator.

“Thanks to Dr. Bo’s experience and expertise, he has contributed to the development of Operation Eyesight’s policy on quality. Working with a team of experts from Operation Eyesight, this policy sets
the guidelines to ensure the best possible care for the people who need it. It’s no exaggeration to say Dr. Bo’s guidance and knowledge have been essential to our work.”

“For all of us who’ve had the pleasure to work with Dr. Bo, I’m sure you’ll agree, his kindness, graciousness and dedication will be genuinely missed. Dr. Bo, we’re sincerely grateful for your devotion and loyalty to Operation Eyesight, and to eliminating avoidable blindness. We wish you all the best in your next pursuits…

For All The World To See!”– Aly Bandali, Executive Director, OEU

TRAINING OPPORTUNITIES

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<th>Dates</th>
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<tr>
<td>02 – 06 July 2018</td>
<td>Trabeculectomy</td>
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<tr>
<td>09 – 13 July 2018</td>
<td>Trabeculectomy</td>
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<tr>
<td>25 – 29 September 2018</td>
<td>Phaco-emulsification surgery</td>
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<tr>
<td>19 – 23 November 2018</td>
<td>Manual small incision cataract surgery</td>
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<td>11 – 15 December 2018</td>
<td>Manual small incision cataract surgery</td>
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Who are the courses for? The courses are for ophthalmologists and eye surgeons from sub Saharan Africa, for training or upskilling in the relevant surgical technique.

Where are the courses run? The courses are run in the Ophthalmology Surgery Training Unit at Groote Schuur Hospital.

What is the structure of the courses? The five-day courses involve intense practical simulation-based surgical education with expert surgeon trainers. They are blended courses, with on-line study modules in the weeks beforehand. This minimises didactic teaching in Cape Town, and maximises hands-on training and practice.

What is the cost of the courses? The cost of each course is US$600 / ZAR7000. Additionally, a recommended budget for accommodation and meals in Cape Town is US$150 / ZAR1800 per day.

Where can application forms be obtained and where should the applications be sent? Applications should be obtained from and returned to Chervon van der Ross at cehi@uct.ac.za
5. COLLECTIVE EFFORTS

5.1 Helpage International

### Missing millions: How older people with disabilities are excluded from humanitarian response (executive summary)

This is the executive summary of a report exploring how older people with disabilities’ rights and needs are widely overlooked in humanitarian responses. It highlights barriers they face in getting assistance and how these can be overcome.

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### Voice and accountability in the Zanzibar Universal Pension Scheme

**Evidence from older citizen monitors in Zanzibar**

Voice and accountability are central principles of a rights-based approach to social protection. This brief summarises data from surveys carried out by older citizen monitors with recipients of the Zanzibar Universal Pension Scheme, and group discussions between older citizen monitors and government officials. The surveys and discussions focused on implementation and accountability issues in the scheme. They highlighted areas for improvement, both in local-level programme implementation and in social protection policy design.

**Key messages**

- The simple eligibility criteria and universal design of the Zanzibar Universal Pension Scheme (ZUPS) promote transparency and accountability.

- Older citizen monitors and older persons’ forums play an active role in raising older people’s awareness of ZUPS eligibility criteria, payment processes, and the complaints and appeals mechanism.

- Fully implementing the complaints and appeals mechanism would provide a number of different channels for older people to make complaints, including complaints about sensitive issues such as financial abuse.
70 years and above, and is fully funded by the government. It is administered by the Social Protection Unit of the Ministry responsible for older people.

The scheme was introduced primarily in response to weakening traditional support systems for older people. A decline in subsistence farming has resulted in many older people receiving inadequate support from family members. Many are unable to work or can only earn a very small income. The majority of older people do not have any other source of income, such as an earnings-related pension.6

Before the introduction of the ZUPS, Zanzibar had a system of poor relief for “destitute” older people. These were typically older people who were not only poor, but also in poor health, and who had no surviving children. The combination of conducive economic, social and political conditions, as well as this foundation of public responsibility, were important factors in the introduction of the ZUPS.7 27,668 people aged 70 years and above currently receive a pension from the ZUPS.

### 5.2 Nursing Now

In collaboration with the World Health Organization and International Council of Nurses, Nursing Now aims to raise the status and profile of nursing. We work to empower nurses to take their place at the heart of tackling 21st Century health challenges. Run in collaboration with the World Health Organization and International Council of Nurses, **Nursing Now** seeks to empower nurses to take their place at the heart of tackling 21st Century health challenges. The campaign was launched globally on 27 February 2018 and will run until the end of 2020. The campaign aims to improve perceptions of nurses, enhance their influence and maximise their contributions to ensuring that everyone everywhere has access to health and healthcare.

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<tr>
<th>Region</th>
<th>Medical doctors</th>
<th>Nurses/midwives</th>
<th>All other cadres ¹</th>
<th>Total ²</th>
<th>Medical doctors per 1000</th>
<th>Nurses/midwives per 1000</th>
<th>All other cadres per 1000</th>
<th>Total per 1000 ³</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>226,120</td>
<td>1,039,709</td>
<td>620,315</td>
<td>1,885,144</td>
<td>0.27</td>
<td>1.22</td>
<td>0.73</td>
<td>2.22</td>
</tr>
<tr>
<td>Americas</td>
<td>2,025,041</td>
<td>4,629,099</td>
<td>2,637,289</td>
<td>9,354,429</td>
<td>2.09</td>
<td>4.85</td>
<td>2.73</td>
<td>9.68</td>
</tr>
<tr>
<td>Eastern Mediterranean</td>
<td>785,629</td>
<td>1,295,020</td>
<td>979,097</td>
<td>3,059,747</td>
<td>1.26</td>
<td>2.08</td>
<td>1.57</td>
<td>4.91</td>
</tr>
<tr>
<td>Europe</td>
<td>2,909,059</td>
<td>5,314,157</td>
<td>3,308,690</td>
<td>11,531,897</td>
<td>3.20</td>
<td>5.84</td>
<td>3.64</td>
<td>12.68</td>
</tr>
<tr>
<td>South-East Asia</td>
<td>1,062,373</td>
<td>2,776,662</td>
<td>2,093,276</td>
<td>5,932,311</td>
<td>0.57</td>
<td>1.50</td>
<td>1.13</td>
<td>3.20</td>
</tr>
<tr>
<td>Western Pacific</td>
<td>2,721,036</td>
<td>4,624,862</td>
<td>2,959,246</td>
<td>10,305,145</td>
<td>1.49</td>
<td>2.54</td>
<td>1.62</td>
<td>5.66</td>
</tr>
</tbody>
</table>

If you’re committed to giving nurses more recognition, investment and influence, sign up to support the campaign. Use Nursing Now’s social media toolkit to help get others interested and involved. Nursing Now also plans to showcase supporter-led events, case studies, trainings and funding opportunities. Share your plans and they’ll be added to the campaign’s global activity map.
This campaign is based on the report *The Triple Impact of Nursing – How Developing Nursing will Improve Health, Promote Gender Equality and Support Economic Growth* (2016) published by the All-Party Parliamentary Group on Global Health following its review of nursing globally. The report concluded that:

- Universal Health Coverage will not be achieved without developing nursing globally. Nurses are the largest part of the professional health workforce and provide an enormous amount of care and treatment worldwide; however, they are very often under-valued and under-utilised. Nurses could have a significant impact in the future – and will be decisive as to whether UHC is achieved.
- Developing nursing will have the triple impact of contributing to three of the Sustainable Development Goals – improving health, promoting gender equality, and strengthening economies.

Pledge your support at: [www.nursingnow.org/join-the-campaign](http://www.nursingnow.org/join-the-campaign)

### 5.3 ODI: Leaving No-one Behind in Access to Vision

Khan, A, Engen, L. & Desai H., *Leaving No One Behind In Access to Vision: Catalysing Funding for Primary Eye Care*, ODI Report, April 2018

In 2017, James Chen, founder of the UK-based eye health agency - Vision For A Nation - published the book *Clearly: How a 700-year old invention can change the world forever*. In it, he stated that ‘global prosperity cannot be achieved without clear vision for all’, and showed how simple primary eye care interventions are some of the most useful ways for people in developing countries to access a pair of glasses if needed in order to restore their sight. The Report was funded by:

Chen (2017) argues that the global development community must act decisively to remove the barriers to the provision of Primary Eye Care in developing countries through policy changes in the ‘four Ds’:

1. **Diagnosis**: allowing health workers, nurses or teachers to take on simple, straightforward tasks of vision screening.
2. **Distribution**: subsiding provision of glasses to the poorest people to help gradually create a market, removing inappropriate regulations on selling glasses, and creating simpler, cheaper supply chains.
3. **Dollars**: removing import duties and taxes on basic glasses to make them affordable.
4. **Demand**: eliminating social and cultural barriers to wearing glasses.
1. Two and a half billion people in the world today need but lack access to glasses, 80% of whom live in just 20 developing countries.

2. Effective delivery models for primary eyecare do exist: case studies in Rwanda, Bangladesh and Cambodia show that eyecare services that are integrated with existing health and education systems are fit for the future.

3. Donors can play an important role in addressing the unmet need for glasses, and in drawing attention to amplifying the impact of clear eyesight on people’s health, education and economic outcomes.

4. Instead, innovative financing mechanisms can be used to leverage and multiply available funding from sources such as the private sector and philanthropies.

The Fifth Global Symposium on Health Systems Research will take place at the ACC in Liverpool, UK from 8 to 12 October, 2018. Advancing Health Systems for All in the SDG Era.

6th Annual Scientific Congress of the College of Ophthalmology of Eastern, Central and Southern Africa
Addis Ababa, Ethiopia
August 29-31, 2018
www.coecsacongress.net/
6. GLOBAL UPDATES

6.1 Major Commitments made to bring sight to millions across the Commonwealth

Two new major commitments towards universal eye health by Essilor International and the UK government have been announced as The Queen Elizabeth Diamond Jubilee Trust (the Trust) and the City of London Corporation held a special event to mark efforts undertaken by Commonwealth nations to bring vision to everyone, everywhere.

Working through the Vision Catalyst Fund, Essilor will both improve the vision care infrastructure and provide 200 million people living below the poverty line with free ophthalmic lenses. This landmark commitment will help realise the mission of the Vision Catalyst Fund, a new initiative under development by civil society and public-private stakeholders to accelerate systems change and provide sustainable solutions for eye health to entire populations in Commonwealth countries and across the globe. The Trust is working with leading eye health agencies under the “Vision for the Commonwealth” banner to call on Commonwealth leaders meeting at CHOGM to bring vision to everyone, everywhere and for each country to commit to taking one significant action by 2020 towards that goal.

$1bn Vision Catalyst Fund to be established to provide vision to entire populations across the Commonwealth

Building on the major achievements in eye health over recent years, led by governments, NGOs, philanthropists and corporates, the Trust is joining forces with civil society, public and private sector organisations with expertise in eye health to develop the Vision Catalyst Fund over the next two years. Once operational, the $1 billion Vision Catalyst Fund will seek to accelerate systems change and expand universal eye health services led by governments, to provide sustainable and efficient long term solutions for eye health to entire populations in Commonwealth countries and across the globe. Those involved include Standard Chartered, UBS, Essilor International, Peek Vision, Clearly, Sightsavers, the Fred Hollows Foundation and the International Agency for the Prevention of Blindness.

6.3 PwC Report Highlights Benefits of Investing in Vision

A new report by PwC has highlighted the value of investing in eye health in the Commonwealth. PwC’s economic analysis has shown that for every £1 invested in tackling avoidable blindness across the Commonwealth £5 is returned. The report concludes that, “Targeted investments in vision will enable people to increase productivity... contributing to better economic outcomes at the individual, household, community, national and global level.”

The PwC report highlighted that targeted investment by The Trust in areas of most need has generated an even higher return on investment. For every £1 the Trust has invested in improving eye health across the Commonwealth, £12 has been returned. By investing in prevention and education, as well as treatment, The Trust has been able to magnify its impact. Click here to read the full report.
6.2 PLEA FOR GLASSES IN COMMONWEALTH

“Three-quarters of the leaders at the Commonwealth heads of government meeting (CHOGM) in London this week will be wearing spectacles. This is not an option for nearly a billion people in their countries, who suffer from poor vision because they have no access to glasses — an invention that is 700 years old. The cost to individuals of the world’s largest unaddressed disability is huge. When their vision fails they often have to give up work. Children with poor eyesight cannot see the blackboard at school. Health costs and lost productivity mean a global bill running into trillions. We want the CHOGM to be the first forum to recognise the importance of vision for everyone, everywhere. The Commonwealth meets under the laudable banner of building a common future for all. But how can that, or the UN goals on health, education, poverty and gender equality, be achieved if a third of the world cannot see clearly? Vision from Commonwealth leaders can provide vision for all Commonwealth citizens. The time is now”.

Sir John Major; Tony Blair; Kate Osamor MP, Shadow International Development Secretary; Lord (Chris) Patten; Lord (George) Robertson; Lord (Peter) Mandelson; Lord (Paddy) Ashdown; Caroline Lucas MP; Ed Balls; Chuka Umunna MP; Carolyn Harris MP; Priti Patel MP; Justine Greening MP; Andrew Mitchell MP; Douglas Alexander; Hilary Benn MP; Baroness (Valerie) Amos; Clare Short; James Chen, Clearly; Peter Piot, London School of Hygiene & Tropical Medicine; David Nabarro, Imperial College London; Kevin Cahill, ex Comic Relief; Dr Agnes Binagwaho, University of Global Health Equity; Laurie Lee, Care International UK; Astrid Bonfield, Queen Elizabeth Diamond Jubilee Trust; Caroline Harper, Sightsavers; Jennifer Gersbeck, Fred Hollows Foundation; Andrew Bastawrous, Peek Vision; Nicola Chevis, Vision Aid Overseas; Professor Tom Shakespeare, Light for the World UK; Liz Smith and Jordan Kasselow, Eyelliance; Tony Hulton, Vision for a Nation; Sir Lenny Henry; Hugh Laurie; Steve Coogan; Eddie Izzard; Maddi Waterhouse; Brenda Blethyn; Paterson Joseph; Nick Frost; Niall Horan

7. KNOWLEDGE
7.1 EYE HEALTH

Khan, A, Engen, L. & Desai H., Leaving No One Behind In Access to Vision: Catalysing Funding for Primary Eye Care, ODI Report, April 2018,


Thomsen, Bach-Holmin et al., Operating Room Performance Improves after Proficiency-Based Virtual Reality Cataract Surgery Training, AAO, http://dx.doi.org/10.1016/j.ophtha.2016.11.015


Rezvan F, Khabazkhoob M, Hooshmand E, Yekta A, Saatchi M, Hashemi


SO Baboolal and DP Smit;., *South African Eye Study (SAES): ethnic differences in central corneal thickness and intraocular pressure*, Eye (2018), 1–8


### 7.2 HEALTH


Valentina Iemmi, Lorna Gibson, Karl Blanchet et al. *Community-based Rehabilitation for People with Disabilities in Low- and Middle-income Countries: A Systematic Review*, International Initiative for Impact Evaluation (3ie), September 2015


### 8. SNIPPETS

#### 8.1 The Spectacular Power of Big Lens: The Guardian ‘Long Read’, 14/05/2018

This is an important essay for anyone involved in the eye health sector, laying out the often shadowy world of frame and lens manufacture and the emergence of a near monopoly created by the recent merger of *Essilor* (45% of the global prescription lens market and *Luxottica* (25% of the global frames market). Looking forward, now that the fusion of the fashion industry and optical business is now regarded as complete (known in the industry as ‘romancing the product’, the combined company can now choose how to interpret its mission in any way it wants: Share new technologies, screen populations and bridge the ‘visual divide’ or choke supply, jack up prices and make billions. It could go either way. Click here for the full article:

https://www.theguardian.com/news/2018/may/10/the-invisible-power-of-big-glasses-eyewear-industry-essilor-luxottica

#### 8.2 RAAB REPOSITORY

Rapid assessment of avoidable blindness (RAAB) is a rapid, population-based survey methodology on blindness, visual impairment and eye care services among people aged 50 years and over. Findings from RACSS and RAAB are essential as baseline data for planning of intervention programmes to eliminate avoidable blindness, and to measure achievements over time of on-going intervention programmes. Posted on 28 March 2018. Learn more at raabdata.info