IAPB Africa Newsletter

World Sight Day 2018
Eye Care Everywhere

Download the Implementation Pack and Promotional Material [here](#)
1. IAPB UPDATES

The development landscape is changing as donor budgets are being reduced and new actors appear on the scene to help to meet our ambitious development goals – the SDGs.

This issue of the Newsletter draws our attention to a number of new initiatives which, if adopted and implemented by countries and member agencies, will support the strengthening of health systems in Africa which alone can deliver the comprehensive eye health services we want to see.

This is an exciting time for eye health. The WHO is preparing the World Report on Vision and we will all have an important role in advocating with governments to ensure they include comprehensive eye care in their UHC schemes. In their new Strategic Response to the NCDs, WHO has also suggested 6 key recommendations to combat the epidemic while a new Review of Reviews suggests that effective integration of CHW programs into health systems can bolster program sustainability and credibility.

But perhaps, most critically, WHO-Afro has also now published its Primary Eye Care Training Manual 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.

At the same time, as we start thinking and planning for the next World Ophthalmology Congress, to be held in Sub-Saharan Africa for the first time in 2020, the AOC and ICO have convened the third in a series of summits to chart the way forward. IAPB believes that by working together we have far greater chances of achieving change than any one organisation can alone and the example of collaboration by 3 member agencies in Ghana is surely a pointer to the direction we must now travel in.
1.2 IAPB Council of Members 2018

The IAPB Council of Members 2018 was a new and exciting opportunity for members to meet, taking part in member-led sessions and to connect with new partners. One of the themes of the Council has been integrating eye care into broader health systems. The presence and vocal support of the Ministers of Health from India and Liberia, and other government officials at the event really underscored their commitment to eye health and India’s approaches to including eye care in their health care packages to citizens.

The IAPB Council’s themes were: Learn, Connect, Advocate, Trend.

The opening session began with Dr Alarcos Cieza, Coordinator, Disability and Rehabilitation at the WHO, highlighting the building momentum around eye health services and their integration into UHC. She called on the IAPB membership to think of fresh ideas to keep the momentum going.

IAPB’s CEO Peter Holland showcased the big numbers and their all-too-human impact. He talked about national and state-level UHC programmes that included eye health, and promised to work with the membership to encourage other countries to do the same.

Victoria Sheffield, IAPB Vice-President, also emphasized the importance of integrating eye care into Universal Health Care. She talked about the need to work with Ministries of Health to improve eye care services and eye health in their countries through UHC. She ended with the clarion call: “Integrating eye care into Universal Health Care – this is our way forward!”

The council continued over two days with a programme packed with sessions covering a range of topics such as Successful Partnerships, Emerging Technologies, and Gender Equity all in relation to eye health.

In addition, the social sessions programme afforded the opportunity for delegates to meet and connect.

A roundup of the council can be located on the IAPB website. The next Council of Members will be held 5-8 October 2019 in Nairobi, alongside local partners Sightsavers.
1.3 IAPB Africa Advocacy Capacity Building Workshop

This workshop was the fourth such event, building on the success of similar workshops in Ghana (2014 and 2015) and Togo (2017). The overall objective of these workshops has been to equip the eye health sector with the tools and techniques to integrate the planning the eye health workforce into broader national HRH plans as the first step in governments assuming a greater responsibility for the expansion of the workforce. 18 countries have now been introduced to the techniques of systematic and strategic advocacy, with success to date in 8 countries and progress in 5 more. This workshop brought together national eye care coordinators, directors of HRH and IAPB member agencies in Sierra Leone, Botswana, Burundi, Zimbabwe, Kenya and Ethiopia. Over the course of 3 days, delegates were introduced to the full extent of the eye health workforce crisis in Africa, the advocacy planning cycle, planning materials and the need for in-country collaboration to resolve the crisis.

This workshop equipped key stakeholders in 4 countries with the means to take forward the integration of eye health workforce planning as part and parcel of broader national HRH planning. All 4 countries are now determined to take this first step in strategic advocacy, bearing in mind that a change in policy – an integrated workforce plan – is often meaningless without the requisite change in practice, in this case persuading Ministries of Health to resource the expansion and further development of the eye health workforce. By the end of the workshop each country had produced a draft Action Plan for the next 18 months to share with all other stakeholders on their return home given that successful advocacy require as large a coalition of supporters as possible. In this regard, a coordinating partner for each country was invited to participate in the workshop to ensure momentum is maintained at national level and to keep IAPB Africa abreast of developments as the process unfolds.

1.4 IAPB and Member Releases

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<tr>
<th>BOOST - app improving cataract surgical outcomes</th>
<th>Gender Equity Work Group - updates (and a survey)</th>
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<tr>
<td>This simple and free app helps surgeons monitor and improve cataract surgical outcomes; developed by a consortium of eye health organisations.</td>
<td>The IAPB Gender Equity Work Group held their first meeting. Here is a quick update, plus we have opened up the Gender Equity Survey again--do take it.</td>
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<td>Read more here</td>
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<tr>
<th>Gender and Blindness booklet</th>
<th>Eye Banking: SightLife's Best Practices Guide</th>
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<tr>
<td>Seva Canada’s booklet with updated research and strategies to overcome the barriers women and girls face in accessing care.</td>
<td>This guide outlines the policies critical to establishing a legal framework for eye banking and ensuring access to donors.</td>
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<td>Read more here</td>
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2. WHO UPDATES

2.1 Eye Health at a Crossroads

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, there was strong support for the strategy and for its strengthened in-country focus.

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.

Next Steps

This is an exciting time for eye health. Ahead of the launch of the World Report on Vision, IAPB and members are starting to work on a resolution for the following World Health Assembly. 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.

2.2 WHO: New Strategy for NCDs

A new World Health Organization Report, Saving Lives, Spending Less: A Strategic Response to NCDs, has put forward 6 recommendations to combat the global epidemic of non-communicable diseases (NCDs). Convened by Dr Tedros to advise on accelerating progress towards Sustainable Development Goal 3.4 on the prevention and treatment of NCDs, the Commission has stated that governments should:

1. Take responsibility for the NCD agenda instead of delegating to ministries of health.
2. Implement a specific set of priorities based on public health needs.
3. Reorient health systems to include NCDs in UHC policies and plans.
4. Increase effective regulation and engage with the private sector, academia, civil society and communities.

5. Develop a new economic paradigm to fund actions on NCDs and mental health.

6. Strengthen accountability by simplifying existing accountability mechanisms.

“The NCD epidemic has exploded in low- and middle-income countries ... We need to move quickly to save lives, prevent needless suffering, and keep fragile health systems from collapsing,” said Commission Co-Chair Sania Nishtar.

2.3 Eye Heath Data on the Africa Health Observatory

The Africa Health Observatory (AHO), a product of the World Health Organization’s Regional Office for Africa, is a web-based platform that serves four functions: a) Storage and sharing of data and statistics for elaboration; b) Production and sharing of evidence through the analysis and synthesis of information; c) Sustaining networks and communities, for better translation of evidence; and d) Supporting countries establish national or sub-national health observatories.

In 2014, an electronic survey to populate the Catalogue of Key Eye Health Indicators in the African Region was shared by WHO Afro with the 47 Member States of the Africa region. Member states completed the survey and the data therein was validated at the Ministry of Health level and returned to WHO Afro. This eye health data has now been successfully been integrated into, and published on, the AHO and can be located by clicking here.

There are three sets of indicators under the following headings:

1. Indicators for trends in the magnitude and causes of visual impairment
2. Indicators to monitor the development and implementation of integrated national eye health policies, plans, programmes and eye care services in line with WHO’s framework for action for strengthening health systems
3. Indicators to address multi-sectoral engagement and effective partnerships to strengthen eye Health

The Catalogue of Key Eye Health Indicators in the African Region can be located by clicking here. In 2016, a second round of survey was undertaken, the results of which are scheduled to be published on the AHO in early 2019.
3. MEMBER UPDATES

3.1 The Power of the Collective

IAPB believes “that by working together we have far greater chances of achieving change than any one organisation can alone.” To this end, IAPB actively seeks partnerships and collaboration with others as an effective means to achieve its vision.

Partnerships and collaboration are often spoken about as ways to achieve greater impact, but it isn’t always easy to put these ideas into action. This is why we’re proud of the progress being made in Ghana through the Ghana Eye Health Consortium, an exciting new collaboration of three eye care NGOs: Operation Eyesight Universal, Vision Aid Overseas and Vision for a Nation Foundation.

The three organisations have agreed to work together to support the Ghana Health Service (GHS) to overcome the barriers to improving eye health services. The consortium’s approach is designed to encourage communities to take ownership and responsibility for their eye care needs. Through dialogue, capacity building and knowledge sharing, the organisations will work together under the direction of the GHS to develop a comprehensive and sustainable eye health programme. Phase 1 of the programme is currently being developed, and once success is demonstrated, the consortium will work with GHS to sustainably scale-up nationwide.

All partners have a successful track record delivering eye health in Africa. Vision for a Nation is experienced in primary eye care (PEC), Vision Aid Overseas in secondary eye care (SEC) and uncorrected refractive error, and Operation Eyesight Universal in delivery across PEC, SEC and tertiary eye care. With their combined expertise, these organizations will support the GHS to strengthen Ghana’s eye health services and ensure they become integrated and sustainable components of the country’s health system. This approach to sustainability is informed by lessons from all three agencies’ work across Africa.

The consortium organisations, along with VisionSpring, a social enterprise that creates access to affordable eyeglasses, have established the Ghana Vision Hub, a shared workspace in Accra that will not only enable stronger collaboration and knowledge-sharing, but will also serve as a valuable opportunity to pool resources and find efficiencies. As a result, donors and partners will see the highest return on their investments of funding and time.

We look forward to sharing the consortium’s work with you in future newsletters, so we can continue to learn and grow together as we work to eliminate avoidable blindness in Africa.

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<thead>
<tr>
<th>Emmanuel Kumah</th>
<th>Anne Buglass</th>
<th>Louise Storey</th>
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<tbody>
<tr>
<td>Country Manager, Ghana</td>
<td>Director of Programmes</td>
<td>Head of Programmes</td>
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<tr>
<td><strong>Operation Eyesight Universal</strong></td>
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<td><strong>Vision for a Nation Foundation</strong></td>
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<td><a href="mailto:louise.storey@vfanf.org">louise.storey@vfanf.org</a></td>
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3.2 Orbis

1. Human Resources in the spotlight

Up to 75% of all blindness and visual impairment is preventable, but it takes the right human resources to stop these conditions in their tracks. This is why, since 2016, Orbis International Africa, in partnership with the International Agency for the Prevention of Blindness (IAPB) in Africa, the Amref International University and the College of Ophthalmology of Eastern, Central and Southern Africa (COECSA), has rolled out Human Resources for Eye Health strengthening activities in the Eastern and Southern Africa region. The HReH initiative aims to create a group of leaders who will turn the tide on blindness and visual impairment in Africa. With a long-term solution in mind, the initiative is working towards
developing a strong cohort of African leaders that does not rely on external support and will address
the unmet eye health needs in Eastern and Southern Africa. Seven key institutions in Kenya, Uganda,
Rwanda, Malawi, Tanzania and Zambia are benefitting from the Orbis-led initiative that is being rolled
out in collaboration with various implementation partners.

2. Twinning Programme

Recent successes within the HReH Initiative includes the effective rollout of a Twinning Programme. The programme, based on partnerships between teaching institutions in Africa and globally, has enabled exchange visits between heads of departments so that faculty can learn and share best practices in the running of residency programmes. One of the beneficiaries of the Orbis-funded Twinning Programme is Dr Petros Kayange, Head of the Ophthalmology Unit at the College of Medicine at the University of Malawi. Dr Kayange attended an observership at the Department of Ophthalmology and Visual Sciences at the University of Alberta in Edmonton, Canada in June and July 2018.

“The mentorship visit at the University of Alberta in Canada was well organised and intensive, but also extremely rewarding. I learned many lessons and most of the lessons can be applied at my teaching hospital to enhance the teaching of students, development of the department and career development for young faculty.” Dr Petros Kayange

3. Leading from the front

There are various challenges in the governance, leadership and management of health systems in sub-Saharan Africa. In response to these challenges, in 2017, Orbis launched the Amref-accredited Governance, Leadership and Management (GLM) Training Programme. The course, first presented at a workshop in Dar es Salaam, Tanzania in June 2017, is set up to help equip eye health professionals with the skills to competently navigate the critical processes in the health systems of their respective countries. It also provides them with skills on how to mobilise and advocate for resources for health, develop relevant health policies towards improved services, and implementation across various levels in their facilities and health systems.

The second GLM Training Programme was held in Blantyre in July 2018, all of whom are the first graduates of the Amref, Orbis, COECSA leadership training programme. Eleven ophthalmologists, from Eastern, Central and Southern Africa learned how to coordinate relevant stakeholders in the health sector and how to make timely and responsive decisions based on reputable evidence. The group also developed their skills in planning, prioritising and budgeting for health needs in their facilities and within the national policies.

“We envision a stronger network of African teaching institutions in Eastern, Central and Southern Africa, with a focus on developing leaders. By getting the Human Resource for Eye Health component right, we will have the right people in the right place with the right skills at the right time.” Dr Ibrahim Matende, President, COECSA
3.3 Brien Holden Vision Institute

Recognizing that uncorrected refractive errors is a barrier to learning among many children, the Institute was invited to make a presentation on NGO support to addressing refractive errors among school children at the South Africa inaugural conference on Care and Support to Teaching and Learning (CSTL). The conference was organized by the National Department of Basic Education (DBE) in partnership with UNICEF and Media in Education and Technology (MiET) Africa. The conference’s key outcome was the establishment of a national CSTL network that will comprise all stakeholders with an interest in addressing barriers to learning such as poor vision and providing care and support to children in school. A Vision Alliance was also established with a view to improve children’s access to refractive errors services in the country.

The number of optometrists on the continent supported by Brien Holden Vision Institute has risen by 47 in the last 3 months. Lurio University in Mozambique graduated 26 optometrists, bringing the total number of optometrists in Mozambique and trained at the university to 78. Malawi now has a total of 50 locally trained optometrists after Mzuzu University graduated another 15 in June. The 6 pioneer Bachelor of Optometry students at Makerere University in Uganda completed their course in May and will graduate in January 2019 upon completing their internship. They will be the first locally trained optometrists in Uganda.

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.

171 institutions globally, of which 13 are in Africa, are members of CUGH. If your institution would like to become a member, you can find more information here.
3.4 Queen Elizabeth Diamond Jubilee Trust supports strengthening of sub-specialisation

There is a growing recognition in Sub-Saharan Africa (SSA) of the need for increased sub-specialisation in areas of ophthalmic care such as glaucoma, cornea, oculoplastic, paediatric ophthalmology and retinal services.

The College of Ophthalmology of Eastern, Central and Southern Africa (COECSA) and West Africa College of Surgeons (WACS) had been working separately on ways to address this important challenge with the facilitation of IAPB Africa. Additional support came from the Queen Elizabeth Diamond Jubilee Trust through the Commonwealth Eye Health Consortium (CEHC), who sponsored over a hundred ophthalmologists and other eye care team members from the region to undertake clinical fellowships training in centres of excellence, predominantly in Asia. This has been with the aim of enlarging the number of sub-specialty trained personnel in the region. The expanded pool of potential teaching faculty provides the colleges with necessary resource for the next phase, to promote sub-specialist training opportunities in centres of excellence in SSA itself.

In May 2018 COECSA and WACS held a joint workshop to assess the need and future direction for sub-speciality training in the region. This has led to an 18-month development plan to establish regional training programmes. A situational analysis is underway to identify exactly what capacity currently exists to deliver sub-specialist fellowship level training. Systems, curricula and infra-structure are being put in place by each college to facilitate the accreditation of institutions to offer sub-specialist training posts, recruit fellowship candidates to those posts and certify ophthalmologists as sub-specialists. This development process is being supported by the Queen Elizabeth Diamond Jubilee Trust, and it is hoped that additional funding will be secured to support the ongoing delivery of these new programmes from 2020.

3.5 Magrabi-ICO Cameroon Eye Institute

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<tr>
<th>Cadre</th>
<th>Competence</th>
<th>Number</th>
<th>Country of participants</th>
<th>Linguistic background</th>
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<td>45</td>
<td>Cameroon, Gabon, Guinea, Togo, Congo, Burkina Faso.</td>
<td>Francophone</td>
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<td></td>
<td>Cataract surgery</td>
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<td>Ophthalmic Nurses</td>
<td>Instrument Maintenance</td>
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<td>Burkina Faso, Cameroon, Gabon, Guinea, Cote d’Ivoire.</td>
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<td>Refraction</td>
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<td>Ophthalmic Assistance</td>
<td>Ophthalmic Assisting</td>
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<td>Francophone Anglophone</td>
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<td>Primary Eye Health Workers</td>
<td>Comprehensive eye care</td>
<td>53</td>
<td>Cameroon</td>
<td>Francophone</td>
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<td>Community Health workers</td>
<td>Community awareness and mobilization</td>
<td>424</td>
<td>Cameroon</td>
<td>Francophone</td>
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<tr>
<td>TOTAL</td>
<td></td>
<td>572</td>
<td>8 Countries</td>
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4. COLLECTIVE EFFORTS

4.1 The World Ophthalmology Congress 2018

A total of 8,000 participants from 146 countries benefited from the WOC2018 scientific program that included the latest developments in eye health, eye disease management, and ophthalmic education. Spread over four days, more than 400 sessions and 623 e-posters were presented. The WOC2018 scientific program proved to be an incredibly valuable learning experience. We invite you to access more than 500 hours of those presentations from 225 Sessions addressing all subspecialties and related interests in ophthalmology through WOC OnDemand.

Learn more by visiting woc.ondemand.org.

Barcelona 2018:

- Overall attendance was 8,000, from 146 countries
- Over 2,200 speakers participating in the Invited and Submitted Program
- 93 supranational, regional, national, and subspecialty societies contributing
- Over 2,000 abstract submissions:
  - 1,058 Free Papers
  - 150 Instruction Courses and 905 E-Posters and E-Videos

We very much look forward to seeing you all at WOC2020 in Cape Town, South Africa 26–29 June 2020. Registration is now open for WOC2020 at a discounted rate, don’t delay! Learn more at icoph.org/WOC2020. Registration for WOC2020 is open. Join us June 26-29, 2020, in Cape Town, South Africa, at the Cape Town International Convention Centre for the 37th World Ophthalmology Congress® (WOC) of the International Council of Ophthalmology, the premier and largest international ophthalmic congress, with over 12,000 delegates expected to attend from over 110 countries.

The WOC will be held in Sub-Saharan Africa for the first time in 2020. The congress is held every two years in a different region of the world and provides an international audience of ophthalmologists with a scientific program addressing all subspecialties and related interests in ophthalmology, the opportunity to network with recognized international leaders and professionals and an exhibition featuring the latest products and services in the field. Revenues from the WOC help support ICO programs including ophthalmic education, eye care delivery, leadership and society development and the ICO’s commitment to “Building a World Alliance for Sight.”
4.2 International Council of Ophthalmology/ African Ophthalmologic Society

The Summit of the African Ophthalmologic Society Presidents was held before the start of the World Ophthalmology Congress 2018 (WOC2018) in Barcelona, Spain. The Summit was convened and organized by the African Ophthalmology Council (AOC) and the International Council of Ophthalmology (ICO), with financial support from The Fred Hollows Foundation and Dr. Kunle Hassan.

Follow Up Actions

- AOC will circulate a report on the Summit to all the societies that were present.
- AOC and ICO will work to get consensus from each society on its objective for 2020.
- Provide a President’s Report on progress at second Summit at OSSA in 20–24 March 2019 in Cape Town.
- Develop a strategic planning session for AOC at the OSSA meeting 2019.
- Define additional objectives and the way forward for each society.

4.3 Launch of a World First Ethical Agreement for use of Eye Tissue

On June 14th – just before the WOC in Barcelona, professionals from around the world gathered to support and launch a new global Agreement on the use of donated human tissue for ocular transplantation, research, and future technologies, named the Barcelona Principles: An Agreement on the use of human donated tissue for ocular transplantation, research and future technologies.

“The Framework - co-developed by the IAPB, ICO and lead by the Global Alliance of Eye Bank Associations, had been in discussion for many years” Says Dr Bade Ogundipe a Stakeholder Representative for Africa who alongside Syliva Madi (Egypt) was part of the Framework’s development, “but the project really started in 2017. Involvement was voluntary, with many Africans in this sector choosing to be involved as survey and draft reviewers for our continent.

In Africa we do not do enough corneal surgery, we do not have lots of eye banks or an eye bank association, and we certainly do not have enough access to corneal tissue to meet our continent’s needs.

“Being asked to be involved in the Framework development may seem strange seeing we have very few eye banks – but it is not. We need these services either locally or through tissue importation until our services are built and we are self-sufficient.

“In doing so, we in Africa need to be vigilant and ensure, as our corneal service sector grows, that we are aware of our ethical obligations to the donor and recipient – and the global recommendations of experts in this field. This framework helps us do that.
“Our involvement for Africa has also ensured that the Barcelona Principles not only help those countries with systems already in place, but also those who are considering building services in the future. We can use the Framework to make sure we get our system right from the get-go.

“The Barcelona Principles focus on 9 key strategies (listed below). The idea being that as we develop services for our patients (and perhaps provide tissue for training and research) that we do so without forgetting the valuable gift from the donor on their death. We must seek to ensure that the donation remains a public resource for the shared benefit of all.

“How we promote donation in our communities, allocate tissue and develop ethical cost-recovery systems is also important, so we can prevent the sector from profiting from the death of others, or the movement of their donation inside a profit supply-chain.

“I am honoured to have been involved in the development of the Barcelona Principles, and I welcome everyone to take a look at the Barcelona Principles and keep these in your mind as we move forward”’

Says Dr Ogundipe.

The Agreement’s key 9 Strategies include:

1. Respect the autonomy of the donor and their next-of-kin in the consent process.
2. Protect the integrity of the altruistic and voluntary donation and its utility as a public resource for the shared benefit of all.
3. Support sight restoration and ocular health for recipients
4. Promote fair, equitable and transparent allocation mechanisms
5. Uphold the integrity of the custodian’s profession in all jurisdictions
6. Develop high-quality services that promote ethical CTO management, traceability, and utility
7. Develop local/national self-sufficient services
8. Recognise and address the potential ethical, legal and clinical implications of cross-border activities
9. Ensure ethical practice and governance of research (non-therapeutic) requiring cells, tissue and/or organs.

Barcelona Principles Partners: Global Alliance of Eye Bank Associations (Lead), International Council of Ophthalmology, International Agency for the Prevention of Blindness, The Cornea Society, and in regions without eye bank representation, and in regions without an eye bank association, ophthalmology societies such as the Ophthalmology Society of the West Indies, and the Pacific Eye Care Society. Access the Barcelona Principles via: www.gaeba.org/publications

4.4 NCDs and Disability

On July 24, 2018, governments, technology companies, researchers and charities convened in London for the first ever Global Disability Summit. The summit is part of the UK Government's commitment to support approaches to tackle the discrimination and neglect faced by many of the 1 billion people living with a disability. It also follows the UK’s support to the control and elimination of neglected tropical diseases. 'People with disabilities may trachoma or schistosomiasis programmes may operate mass drug administration through schools. However, children with disabilities are often excluded from schools, and so will not receive the treatment. Or messaging find it more difficult to engage in NTD control programmes for a variety of reasons. For instance, about prevention of NTDs may be transmitted by radio, which will not reach people who can’t hear. Steps are therefore needed to ensure that NTD programmes are inclusive. This may require tackling physical barriers (e.g. ensuring treatment distribution points are accessible), providing
communications in a range of formats (e.g. visual, radio), and including images of people with disabilities in campaign pictures to highlight that the programme is for everyone…'

Hannah Kuper, Director of the International Centre for Evidence in Disability at the London School of Hygiene and Tropical Medicine in London. Full text here:


4.5 ARCLIGHT TANDEM AFRICA

In the last newsletter we reported on the quest of Alex McMaster and Merlin Hetherington, students at the University of St Andrews who are undertaking a 10,000km cycle ride from Cairo to Cape Town. In countries they travel through, Alex and Merlin aim to distribute the Arclight for free and train medical students with the device.

The boys have now travelled to Cairo and are in the final stages of preparation before beginning their epic journey on 11 October 2018, World Sight Day. You can track their progress via their website, www.arclight-tandemafrica.com/ and also keep up to date with their adventures via social media on Twitter - @tandemafrica, Facebook www.facebook.com/arclight.tandemafrica/ and Instagram www.instagram.com/tandemafrica.

If you would like to support the boys further you can donate to their cause via the following link: saintsfunder.st-andrews.ac.uk/p/tandemafrica/. Already their first milestone of £6,000 is almost in reach and they have an ambitious target of £20,000.
4.6 Community Health Workers: Review of Reviews


**FINDINGS:**

We identified 122 reviews (75 systematic reviews, of which 34 are meta-analyses, and 47 non-systematic reviews). 83 of the included reviews were from low- and middle-income countries. CHW programs included in these reviews are diverse in interventions provided, selection and training of CHWs, supervision, remuneration and integration into the health system.

Features that enable positive CHW program outcomes include community embeddedness (whereby community members have a sense of ownership of the program and positive relationships with the CHW), supportive supervision, continuous education, and adequate logistical support and supplies. Effective integration of CHW programs into health systems can bolster program sustainability and credibility, clarify CHW roles, and foster collaboration between CHWs and higher-level health system actors. We found gaps in the review evidence, including on the rights and needs of CHWs, on effective approaches to training and supervision, on CHWs as community change agents, and on the influence of health system decentralization, social accountability, and governance.

**CONCLUSION:**

Evidence concerning CHW program effectiveness can help policymakers identify a range of options to consider. However, this evidence needs to be contextualized and adapted to inform policy and practice. Advancing the evidence base with context-specific elements will be vital to helping these programs achieve their full potential.

**SELECTED EXTRACTS:**

'We defined CHWs as health workers based in communities (i.e., conducting outreach from their homes and beyond primary health care facilities or based at peripheral health posts that are not staffed by doctors or nurses), who are either paid or volunteer, who are not professionals, and who have fewer than 2 years training but at least some training, if only for a few hours. Adhering closely to this definition led us to include some programs, such as those for peer supporters and traditional birth attendants with some training that reflect divergent and context-specific understandings of the term “CHW.”'

4.7 Cochrane Review

A new update of the Cochrane EPOC review on nurses as substitutes for doctors in primary care. A team of Cochrane authors based in the Netherlands, Thailand, and the United Kingdom worked with Cochrane Effective Practice and Organisation of Care to update the 2005 Cochrane Review that investigated the impact of nurses working as substitutes for primary care doctors on: patient outcomes; processes of care; and utilisation, including volume and cost. Nine randomized trials were added to this update, bringing the total examined to 18. One study was conducted in a middle-income country, and all other studies in high-income countries.

In summary, the review update found that delivery of primary healthcare services by nurses instead of doctors probably leads to similar or better patient health and higher patient satisfaction. Nurses probably also have longer consultations with patients. Using nurses instead of doctors makes little or no difference in the numbers of prescriptions and tests ordered. However, the impacts on the amount of information offered to patients, on the extent to which guidelines are followed and on healthcare costs are uncertain. Read the full Open Access Cochrane Review:

5. COUNTRY UPDATES

5.1 Nigeria Launches New Health Plan

The Federal government has launched the second National Strategic Health Development Plan (NSHDP) to deepen healthcare service delivery in the country. The new NSHDP was initiated after the first plan came to an end in 2015 after a five-year period. Launching the new plan at the ongoing National Council on Health (NCH) in Kano State, Minister of Health, Prof. Isaac Adewole, explained that the five-year plan will help to foster efficient healthcare services across the country.

Adewole said, “I am glad to inform you that the long awaited Second National Strategic Health Development Plan is now ready. Nigeria now has another well-articulated and robust plan, which is the product of vigorous and extensive work by government and all our stakeholders.” He added that in view of the significance of the NHDP II in the realisation of government’s goal of increasing access, improving health outcomes and achieving universal health coverage remain strategic in the provision of adequate healthcare around the country.

In 2 related stories, President Buhari has pledged to increase the health budget and the Federal government currently devotes a staggering 64% of the health budget to primary care. To keep up with Nigerian health news, readers can subscribe to Nigeria Health Watch, a digest of the top ten health stories of the week.

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5.2 Aid Transparency Index 2018

The past year has been a complex and challenging one for aid and development transparency. To help fulfil development needs and ambitious global objectives, such as the Sustainable Development Goals (SDGs), more and better aid and development finance than ever is required, especially at a time when some donors’ budgets are being reduced. To help meet this demand, more actors – including development finance institutions (DFIs) and others from the private and humanitarian sector – have become more involved, changing the landscape of aid and development finance forever.

The involvement of a growing number of aid and development actors presents a transparency challenge. To ensure that we can see the whole picture of aid and development finance, information provided for public use must remain consistent, whatever type of donor shares it. This comes at a time when the effectiveness and accountability of aid is under increased scrutiny. This scrutiny is necessary – it is vital to ensure the long-term sustainability and effectiveness of future aid and development finance projects.

Download the full 2018 Aid Transparency Index [here](#)
6. KNOWLEDGE

6.1 Eye Health


Courtright, Rotondo et al., *Strengthening the Links Between Mapping, Planning and Global Engagement for Disease Elimination: Lessons Learnt from Trachoma*, BJO, 15th June, 2018


6.2 Health


4.4 ARCLIGHT TANDEM AFRICA

In the last newsletter we reported on the quest of Alex McMaster and Merlin Hetherington, students at the University of St Andrews who are undertaking a 10,000km cycle ride from Cairo to Cape Town. In countries they travel through, Alex and Merlin aim to distribute the Arclight for free and train medical students with the device.

The boys have now travelled to Cairo and are in the final stages of preparation before beginning their epic journey on 11 October 2018, World Sight Day. You can track their progress via their website, www.arlight-tandemafrica.com/ and also keep up to date with their adventures via social media on Twitter - @tandemafrica, Facebook www.facebook.com/arclight.tandemafrica/ and Instagram www.instagram.com/tandemafrica.

If you would like to support the boys further you can donate to their cause via the following link: saintsfunder.st-andrews.ac.uk/p/tandemafrica/. Already their first milestone of £6,000 is almost in reach and they have an ambitious target of £20,000.