1. IAPB SECRETARIAT UPDATES
1.1 IAPB Secretariat Plan 2018-2021

At its September meeting, the IAPB Board agreed to a new 3-year plan for the Secretariat. It set four key priorities for the next three years: Global Advocacy, Connecting Knowledge, Strengthening the Network and Providing Services.

These will be a critical three years for the eye care sector as we transition from VISION 2020. We face real challenges such as the uncertain funding environment, the hostility NGOs face in some countries and the constant battle to get eye care on governments’ agendas.

But there are also real opportunities: New technologies are creating new, cost effective ways of diagnosing and tackling vision impairment and sight loss; the WHO’s World Report on Vision is intended to provide the strategic framework for global eye care services for the next decade and will provide a real impetus to integrate eye care into Universal Health Coverage; and there is enormous energy and enthusiasm. In the past year, there have been some significant successes in raising the profile of vision impairment and avoidable blindness, including commitments from the Commonwealth Heads of Government.

The plan sets out how the Secretariat will support members to tackle the challenges we face in the next three years and achieve our shared goals. It describes our four key priorities:

- **Global Advocacy**: A core role for the Secretariat is to represent members to key international institutions. Our objective will be to raise the profile of eye care so it receives the attention and resources needed to achieve universal access to eye health. We will facilitate a strategy for the eye health sector which sets out how we develop eye care in the context of Universal Health Coverage and support the implementation of the World Report on Vision.

- **Connecting knowledge**: Underpinning our activities is our role in providing authoritative data and information and enabling access to up to date knowledge, information and practice. Our objectives will be to be the authoritative source for data and information about eye health; and to enable the sharing of knowledge and experience to promote the development of good policy and practice.

- **Strengthening the network**: We will support active partnership building both between members and with other key sectors. We will aim to strengthen the network by facilitating partnership building to tackle the barriers to delivering eye care for all.

- **Providing Services**: We will aim to provide good quality services which add value to members, which are economically viable and, where appropriate, contribute a surplus.

Download the IAPB Secretariat Plan 2018-2021 here.

Mr Peter Holland, CEO, IAPB
1.2 The IAPB Membership Map

IAPB has developed an interactive, online tool which shows where IAPB members from across the globe can be found. The map allows you to see information about which members are working in which countries and who to contact. It offers members the chance to connect, build potential partnerships and focus on where the need is most.

The map will be updated as and when new information is provided and we look forward to building and maintaining this vital resource for the alliance. In this regard, if your organisation is not fully represented on the map please get in touch with Ms Emma Foote, IAPB Membership and Fundraising Officer at efoote@iapb.org.

To find partners in countries you work, check out the map and also find out how to plot your organisation. The IAPB Membership Map can be found on the IAPB website, via this link: https://www.iapb.org/iapb-membership/membership-map/

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](#).
2. **IAPB MEMBER UPDATES**

### 2.1 Eye Care Services Can and Shall Be Inclusive

“My name is Julian and I am blind. I have been coming to health centre for 10 years mostly for eye treatment as often I feel a lot of pain in my eyes which gives me a terrible headache. In the past I would ask someone to guide me to the centre and we would stand and wait in a long queue for the whole day. I would ask my guide: “How many people are in front of us?” He would not reply to me. It meant that we had to go home and return the next day very early in the morning to stand in line again…”

The story of Julian from Rwanda echoes many other stories of persons with disabilities who cannot access eye care services due to their setup and lack of capacity in communicating with people with different types of disabilities. People with hearing impairment and intellectual disabilities are often the most marginalized. We want to make sure that nobody is left behind when it comes to eye care! For this purpose, Light for the World has initiated the “Every Life Matters” program to develop inclusive eye care services that are contextualized to the needs of local population and that can be scaled up in rural settings.

The organization collaborates with four primary eye care units and two tertiary hospitals in Rwanda and Mozambique, and with a Regional Health Bureau in Ethiopia. In addition, Light for the World partners with Sightsavers in Mozambique, as both organizations are piloting inclusive eye care strategies in the country, to exchange on their learning experiences and develop tools for mainstreaming disability inclusion in eye care services.

Ultimately, the final goal of the “Every Life Matters” program is to show that eye care services can be and shall be inclusive to all including people with disabilities who have the fundamental right to good quality health and treatment. Therefore, in the coming years we hope to share our experiences and program results with broader stakeholders to make sure that inclusive eye care services are practiced beyond the program.

For more information on the program, please contact Zinayida Olshanska z.olshanska@light-for-the-world.org
2.2 Are you working in Burkina Faso? New Eye Care Coalition launched!

Light for the World, CBM and Helen Keller International relaunched the coalition of NGOs working in Eye Health in Burkina Faso on Tuesday 27th November 2018. Burkina Health Foundation, Sightsavers and Vision Aid Overseas also support this initiative, although they could not attend the first meeting.

High representation of the Ministry of Health was present and warmly welcomed the initiative: "The Ministry needs non-state actors active in the field of eye health to collaborate and coordinate their actions. This Coalition will make us all more efficient!"

The newly established “Coalition Vision” aims to bring together all NGOs working in the field of eye health, coordinate actions, improve synergy, and technically support the Ministry of Health. It aims to be as inclusive as possible, also reaching out to organisations who may not be based in the country. As far as technology allows, bi-annual meetings will enable online participation.

The first meeting included a presentation by the Ministry of Health, as well as from the NGOs on their current and planned eye health programmes. A roadmap for the Coalition has been drafted and reviewed. First actions will include a mapping of various initiatives and NGO stakeholders in Burkina Faso.

If you work in Burkina Faso, we want to hear from you! Please get in touch with burkinafaso@light-for-the-world.org

2.3 He Eye Specialists Hospital Holds Forum on Sight for Africa

Helen Yan, Director PBL Department Shenyang He Eye Hospital

IAPB’s China member, the Shenyang based He Eye Specialists Hospital recently organised the 2018 China-Africa Eye Health Cooperation Forum hosted by National Health Commission of P.R.China and co-organised by Orbis International, International Council of Ophthalmology (ICO), African Ophthalmology Council (AOC), HESH and National Training Base for Prevention of Blindness. The forum was held at National China National Convention Center (CNCC) on 18th August, 2018.

As the National Training Base for Prevention of Blindness, which is appointed by National Health Commission of P.R.China, HESH, will export “capability trainings, technologies, precision medicine initiative and poverty alleviation model” to African countries. President Wei He pointed out that “helping Africa is the process of growth on both training and studying. Our medical team and research team will get self-development, as well as the ability to train.”

The forum was themed “Sight for Africa”, with discussions on prevention of blindness; looking at the latest results, strategies and opportunities to contribute towards blindness prevention in different
countries. It was suggested that we should integrate multiple resources, in order to jointly solve the problems of blindness. At the conclusion of the Forum, 11 representatives from different countries visited the He University and signed a Memorandum of Understanding with Ethiopian Society of Ophthalmology, Ghana Society of Ophthalmology, Rwanda Ophthalmology Society, Ophthalmological Society of South Africa, College of Ophthalmologist for Eastern, Central and Southern Africa, and University of Cape Town.

### 2.4 15 Years of Seeing Is Believing: A Visionary Partnership

Seeing is Believing (SiB) is an ambitious partnership between Standard Chartered and the International Agency for the Prevention of Blindness (IAPB) that seeks to tackle avoidable blindness and visual impairment. This year marks 15 years of Seeing is Believing and we are proud to announce that we have achieved our USD100 million fundraising target two years ahead of schedule.

In 2003, SiB began with a simple idea – to raise enough money to support 28,000 cataract operations. SiB is now a multi-stakeholder partnership that has impacted the lives of 167 million people across 37 countries. This report sets out how the partnership has fostered collaboration across the eye health sector and has supported the development of more sustainable eye healthcare systems across Africa, Asia, the Middle East and South America.

![SiB Impact Map](image)

SiB has changed the lives of millions of individuals and families, making it easier for many to return to education and work. As a result this has boosted local economies and strengthened communities. The partnership demonstrates what can be achieved when corporations and non-governmental organisations work together with governments and local communities to meet an ambitious goal. Its success is underpinned by the sustained commitment of Standard Chartered’s employees to raise funds for SiB and the focus on strong programme delivery by IAPB’s members.

**Long read:** Standard Chartered's Seeing is Believing recently celebrated two milestones - reaching USD 100 million and completing 15 years. A report that charts 15 years of impact, lessons learnt, collaborations and more... [Read more](#)
3. WHO UPDATES

3.1 Global health organizations commit to new ways of working together for greater impact

Eleven heads of the world’s leading health and development organizations have signed a landmark commitment to find new ways of working together to accelerate progress towards achieving the United Nations’ Sustainable Development Goals. Coordinated by the World Health Organization, the initiative unites the work of 11 organizations, with others set to join in the next phase.

“Healthy people are essential for sustainable development – to ending poverty, promoting peaceful and inclusive societies and protecting the environment. However, despite great strides made against many of the leading causes of death and disease, we must redouble our efforts or we will not reach several of the health-related targets.”

The group has agreed to develop new ways of working together to maximize resources and measure progress in a more transparent and engaging way. The first phase of the plan’s development is organized under three strategic approaches: align, accelerate and account.

**Align:** The organizations have committed to coordinate programmatic, financing and operational processes to increase collective efficiency and impact on a number of shared priorities such as gender equality and reproductive, maternal, new-born, child and adolescent health.

**Accelerate:** They have agreed to develop common approaches and coordinate action in areas of work that have the potential to increase the pace of progress in global health. The initial set of seven “accelerators” include community and civil society engagement, research and development, data and sustainable financing.

**Account:** To improve transparency and accountability to countries and development partners, the health organizations are breaking new ground by setting common milestones for nearly 50 health-related targets across 14 Sustainable Development Goals.

The Global Action Plan will also enhance collective action and leverage funds to address gender inequalities that act as barriers to accessing health, and to improve comprehensive quality health care for women and girls, including sexual and reproductive health services. The organizations that have already signed up to the Global Action Plan for Healthy Lives and Well-being for All are: Gavi the Vaccine Alliance, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Global Financing Facility, UNAIDS, UNDP, UNFPA, UNICEF, Unitaid, UN Women, the World Bank and WHO. The World Food Programme has committed to join the plan in the coming months. For more information, [www.who.int/sdg/global-action-plan](http://www.who.int/sdg/global-action-plan)
3.2 WHO Bulletin

**Special Theme: The Future of Eye Care in a Changing World**

The October issue of the WHO Bulletin is devoted to Eye Care. Topics include eye care in national health strategies, diabetic retinopathy referral network in Peru, improving school-based eye-care services, rapid assessment of avoidable blindness, creation of a national eye-care service, interventions needed to eliminate trachoma, and eye-care needs of Australia’s Indigenous people.

A summary of the special issue can be found [here](#).

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3.3 New Guidelines for Community Health Workers

Successful delivery of services through CHWs requires evidence-based models for education, deployment and management of these health workers. The guideline is intended as a tool for national policy makers and planners and their international partners to use in the design, implementation, performance and evaluation of effective community health worker programmes. It contains pragmatic recommendations on selection, training and certification; management and supervision; and integration into health systems and community engagement.

‘By fully harnessing the potential of community health workers, including by dramatically improving their working and living conditions, we can make progress together towards universal health coverage and achieving the health targets of the Sustainable Development Goals’.

Dr Tedros Ghebreyesus, WHO
3.4 WHO: HRH and the SDGs

#WORKFORCE2030 and the Sustainable Development Goals

GOAL 1: REDUCE POVERTY
Healthy societies are engines for economic growth. Health workers are at the core of health systems ensuring healthy lives and wellbeing.

GOAL 2: ZERO HUNGER
Substantive and strategic investments in the global health workforce are essential to provide essential health services including those related to nutrition.

GOAL 3: HEALTH AND WELL-BEING
The health workforce is central in translating the vision of universal health coverage into reality. Goal 3c: "substantially increase health financing and the workforce, development, training and retention of the health workforce... sets the foundation for the vision and objectives of the Global Strategy on Human Resources for Health (WHO/HRH/2008), which provides guidance and policy options for countries looking to improve the health of their populations."

GOAL 4: QUALITY EDUCATION
Girls’ education is a strategic development investment. Tolerance and equitable education can lead to greater economic growth, better health outcomes, and improved global security. Equal opportunities to affordable and quality technical, vocational and tertiary education will improve the pool of high-school graduates and qualified health workers.

GOAL 5: DECENT WORK AND ECONOMIC GROWTH
Women are a large part of the health workforce and obtaining qualified jobs in the formal sector of the economy can be a driver of gender empowerment. However, opportunities for women to engage in high-level professions are constrained. Health workers with improved employment conditions need to be gender-sensitive allowing equal opportunities for career development. Violence, harassment and discrimination during training, recruitment, employment and in the workplace must be eliminated.

GOAL 10: REDUCE MIGRATION
Migration and mobility of health workers can result in inequitable access to health care, within and among countries. The WHO Code of Practice on International Recruitment of Health Personnel is a framework for guiding national dialogue among sectors and stakeholders to inform solutions to the challenges of health system sustainability and workforce mobility.

GOAL 11: SUSTAINABLE CITIES AND COMMUNITIES
The majority of the world’s population lives in urban areas. Over 3.9 billion in 2014, of which 828 million live in slum conditions. Sustainable access to health care will improve basic services for all.

GOAL 17: PARTNERSHIP FOR THE GOALS
Multi-stakeholder partnerships, the design and implementation of effective health workforce policies rest on collaboration across different sectors (health, education, finance, labour) and stakeholders (govern, and private employers, professional associations, trade unions). Strengthening such collaborative platforms can have positive cascading effects on national and global partnerships for sustainable development.

Download the Health workforce and the Sustainable Development Goals infographic here
4. COLLECTIVE EFFORTS

4.1 The 10th Regional Forum on Eye Health, West Africa

The 10th Regional Forum on Eye Health was convened in Cape Verde over 2 days in July on the theme "Eye Health for Sustainable Development in West Africa" and was jointly organized by WAHO and the Ministry of Health and Social Security of Cape Verde. The opening ceremony was enhanced by the presence of the Minister of Health of Cape Verde and the Director General of WAHO. Participants worked through 10 sessions, as delineated below:

1. Follow-up on Mali meeting, 2016
2. Eye Health and the SDGs
3. The burden of eye disease
4. Panel Discussion: Eyecare Everywhere
5. Misallocation of HReH
6. Training Eye Health Professionals
7. Community Eye Care for Development
8. Funding Eye Health
9. Eye Health Information
10. Partner activities 2017-2018

Of particular interest to IAPB were the following sessions. The 6th session, on the training of eye health professionals, was particularly useful given the participation of IOTA, the SZRECC, and the West African College of Surgeons. The speakers highlighted the high cost of training, the single language of instruction and certification diplomas for their recognition in different countries. The issue of maintenance of ophthalmic equipment was raised.

The 7th session focused on community eye care for development with Guinea Bissau, Mali, Senegal and Sierra Leone each presenting on their country experiences, organization, coverage, staff, cost, impact and lessons learned. Senegal, for example, has returned to training of school teachers, traditional healers, journalists, district management teams, and non-specialist health workers in the periphery. This allows a complete offer (promotion, prevention, curative, rehabilitation), accessible everywhere through proximity, early detection, cost and the integration of eye care in the primary health care package. The 9th session dealt with the management of eye health information and Cape Verde presented its information management system. Computerization and interconnection were highlighted for greater efficiency and real-time decision-making. IAPB also presented a database it has created which has been taken up by five countries. It includes data on human resources, the epidemiological profile, infrastructure and equipment, performance in the various interventions.

At the end of the Forum, the recommendations were reviewed to agree on their relevance and especially in the evaluation of their implementation. Dr. James Addy from Ghana and Dr. Paulin Somda from Burkina Faso were designated to accompany WAHO in monitoring the implementation of the recommendations. Sierra Leone was proposed as the venue for the next forum in 2020. The closing remarks were made by the representative of the host country Cape Verde, the representative of the IAPB and by Dr. William Bosu from WAHO.
4.2 Will Brain Gain from Nigeria’s Diaspora revive Health Sector?


During this important conference on the diaspora and potential brain gain, Dr. Fatima Kyari, Founder of the Centre for Community and Rural Eye Care and IAPB Africa co-chair for West Africa (Anglophone) said her stay outside the country opened her eyes to how passion, integrity and information are critical for healthcare delivery.

Describing her experience visiting over 300 hospitals across the country while working on a national survey, she lamented that 4 out of every 5 cases of blindness in Nigeria are preventable.

4.3 Eye Doctors gather for Vision 2020 – The Right to Sight

The 43rd Annual General Meeting and Scientific Conference looked beyond 2020 to push for a Nigeria where everyone has a right to 20/20 vision. The conference presented a crucial platform to share experiences, best practices and new innovations in eye care, with the aim of improving the delivery of eye care services in Nigeria. At the opening ceremony, Dr Osagie Ehanire pledged the commitment of the Federal Government to scale up the implementation of Vision 2020 ‘Right to Sight’ to ensure universal access to healthy eyesight. The Minister of State for Health raised his concerns about the challenges in eye health in the country but disclosed that the government had procured modern machines for phaco-emulsification surgery for the National Eye Centre, Kaduna, and other tertiary hospitals.

Dr Bade Ogundipe, OSN President, said the ‘Vision 2020 Right to Sight’ was to ensure that everyone had access to promotive, preventive, curative and rehabilitative eye healthcare at sufficient quality without suffering financial hardship. Ogundipe noted that the goal of the OSN was to attain a ‘Nigeria where nobody goes needlessly blind’. It is worthy to note that the Gambian Eye Care program (GECP) demonstrated a decrease in the prevalence of blindness from 0.70% to 0.42% between 1986 and 1996. The prevalence in 1986 was similar to the global prevalence of blindness. Although the prevalence in 1996 was somewhat higher than the levels anticipated from sub-Saharan Africa after Vision 2020 (0.33%), this was achieved after only eleven (11) years of implementation.

The goals of Vision 2020 and the government’s expressed commitment to meeting them are commendable. There has been a push to include eye health in the National Strategic Health Development Plan and significant progress has been made in this area with the process of developing a national eye health policy. However, beyond Vision 2020, there is need to strengthen eye care services via improving quality and equity of eye health services. It is critical for investments in eye health to be increased, and primary eye care should be included as part of the basic package of health services if we are to effectively tackle this challenge. It is essential that all Nigerians have access to good eye care, especially vulnerable populations and the elderly, if we are to become a nation with a healthy and productive people.
BOND, the UK forum for international development organisations, including a number of IAPB member agencies, has just completed a fascinating review of UK funding trends over the last 10 years, providing an important insight into how INGOs are funded and how far they have achieved the key goal of financial sustainability.

The graphics below reveals a few key facts in our understanding of the sector with almost a third of income coming from individual giving; growth in funding for international development far outstripping the growth in funding for domestic issues and a third of total income going to the 8 largest agencies, each with an annual income exceeding STG100 million.

The full report, covering a wide range of funding issues including the volume of EU grants (now at risk for British agencies post-Brexit), changes in corporate giving and the importance of innovation and new business models, was released at the end of October.

**Conclusions**

1. The sector is growing
2. Government grants/contracts are strong sources of funding.
3. Success in fundraising appears to depend on the size of an organisation

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<th>Purpose</th>
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<td>Education/training</td>
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<tr>
<td>The prevention or relief of poverty</td>
<td>236</td>
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<tr>
<td>Overseas aid/famine relief</td>
<td>179</td>
</tr>
<tr>
<td>The advancement of health/saving of lives</td>
<td>158</td>
</tr>
<tr>
<td>Community development/employment</td>
<td>156</td>
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</tbody>
</table>
5.2 HReH

Occasionally, we can see the future for Africa in other parts of the world as they grapple, often successfully, with the challenges around the eye health workforce. A recent report in the CEHJ lays out one potential scenario as Nepal addresses the second tier of workforce issues having successfully scaled up its eye health workforce over the last 20 years.

Brain Drain: A mid-term VISION 2020 review in 2010 showed that brain drain was a major challenge in terms of human resources. Nearly 36% of optometrists, 25% of ophthalmic assistants and 11.2% of ophthalmologists moved out of Nepal for better opportunities.

Distribution: There is an inequality in the distribution of human resources in Nepal. Geographically all ophthalmologists are in the flatter areas whereas not a single ophthalmologist practices in the mountains. 37% of population have access to 60% of eye care human resources while the remaining 63% are served by 40% human resources.

Lack of job opportunities in government health care system: In Nepal, NGOs and privately-run eye hospitals provide basic eye care to tertiary level services. This has led to under-utilisation of existing government infrastructure in rural and urban areas.

Insufficient number of trained human resources with different sub-specialties The RAAB survey of 2010 showed that cataract is the major cause of blindness followed by retinal disease, glaucoma and corneal disease. Nepal has insufficient number of specialists to deal with new emerging causes of blindness.

Conclusion and recommendations.

‘Although there has been tremendous progress in availability of trained ophthalmic human resources, there is a need for more to meet future challenges. Nepal needs to address a gap in specialists and other eye health professionals. Inequality in the distribution of human resources across different geographical regions can be tackled by providing extra incentives and opportunities for continuous medical education. We need to provide opportunities for ophthalmic human resources to work within government systems, so that existing HR can be distributed at community and district levels in different geographical regions of Nepal. Furthermore, qualitative and quantitative research is needed to test innovative ways to recruit and retain the work force’. Community Eye Health Vol. 31 No. 102 2018

5.3 Essilor

Essilor is proud to announce Professor Kovin Naidoo has been appointed Senior Vice President of Inclusive Business, Philanthropy and Social Impact. In this new position, Professor Naidoo will lead efforts to reach the 2.5 billion people living with uncorrected vision through inclusive business and philanthropy.

Most recently serving as Associate Professor of Optometry at the University of KwaZulu-Natal, former CEO of the Brien Holden Vision Institute and former Africa Chair of IAPB, Professor Naidoo is internationally celebrated as a public health leader. This year Kovin has been recognised by American Academy of Optometry with the Carel Koch Memorial Medal for his outstanding contributions to the development of relationships between optometry and other professions.
6. KNOWLEDGE

6.1 Eye Health


Glick, Luoto, et al., *The Individual and Household Impacts of Cataract Surgery on Older Blind Adults in Ethiopia*, Ophthalmic Epidemiology, 2018

Alain Labrique, Lavanya Vasudevan, William Weiss and Kate Wilson, *Establishing Standards to Evaluate the Impact of Integrating Digital Health into Health Systems*, Global Health: Science and Practice October 2018, 6 (Supplement 1)

Ivo Kocur,a Etienne Krug,a Silvio P Mariottia & Megan McCoy, *Benefits of Integrating Eye Care into Health Systems*, Bulletin of the WHO, Available at: http://www.who.int/bulletin/volumes/96/10/18-221887


**Conclusion:** Blindness and severe visual impairment were significantly decreased in the early postoperative period. Poor outcomes were associated with older age, low preoperative binocular visual acuity and intraoperative complications. Non-physician cataract surgeons may compensate for the lack of ophthalmologists in remote areas of low-income and middle-income countries.

Ian McCormick, Priya Morjaria, Islay Mactaggart, Catey Bunce, Covadonga Bascaran, Maipelo Jeremiah & Allen Foster (2018): *Spectacle Compliance and Its Determinants in a School Vision Screening Pilot in Botswana*, Ophthalmic Epidemiology, DOI: 10.1080/09286586.2018

Davis S., “*Near vision correction and work productivity among textile workers***” African Vision and Eye Health: https://avehjournal.org/index.php/aveh/article/view/357


6.2 Health Work Force


Winters N, Langer L, Geniets A. *Scoping Review Assessing the Evidence used to Support the Adoption of Mobile Health (mHealth) Technologies for the Education and Training of Community Health Workers (CHWs) in Low-income and Middle-income Countries*. BMJ Open. 2018;8(7).

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**FEATURED ARTICLE**

Giorgio Cometto et al. *Health Policy and System Support to Optmise Community Health Worker Programmes: An Abridged WHO Guideline*, The Lancet Global Health 2018, Published: October 26, 2018

Optimising community health worker (CHW) programmes requires evidence-based policies on their education, deployment, and management. This guideline aims to inform efforts by planners, policy makers, and managers to improve CHW programmes as part of an integrated approach to strengthen primary health care and health systems. The development of this guideline followed the standard WHO approach to developing global guidelines. We conducted one overview of reviews, 15 systematic reviews (each on a specific policy question), and a survey of stakeholders' views on the acceptability and feasibility of the interventions under consideration. We assessed the quality of systematic reviews using the AMSTAR tool, and the certainty of the evidence using the GRADE methodology. The overview of reviews identified 122 eligible articles and the systematic reviews identified 137 eligible primary studies. The stakeholder perception survey obtained inputs from 96 respondents. Recommendations were developed in the areas of CHW selection, preservice education, certification, supervision, remuneration and career advancement, planning, community embeddedness, and health system support. These are the first evidence-based global guidelines for health policy and system support to optimise community health worker programmes. Key considerations for implementation include the need to define the role of CHWs in relation to other health workers and plan for the health workforce as a whole rather than by specific occupational groups; appropriately integrate CHW programmes into the general health system and existing community systems; and ensure internal coherence and consistency across different policies and programmes affecting CHWs.

A.S. George, J. Campbell and A. Ghaffar (HPSR HRH Reader Collaborators) *Advancing the Science Behind Human Resources for Health: Highlights from the Health Policy and Systems Research Reader on Human Resources for Health*, Human Resources for Health, 2018, 16:35
7. SNIPPETS

7.1 Podcast from the Guardian Newspaper: Disability is not the end of the world: reinventing yourself after becoming blind

Activist Christophe Oulé had a glittering career in engineering in Burkina Faso when he lost his sight. Now he campaigns tirelessly to improve the lives of other blind people. Presented by Lucy Lamble and produced by Danielle Stephens. Christophe Oulé had it all: a lovely family and a good education. Oulé was an engineer, and after years of working for other people, he was in the midst of fulfilling his lifelong dream of setting up his own company when disaster struck. He lost his sight. At the peak of his career everything he had built came tumbling down. He became depressed and wondered what use he could be. But Oulé didn’t stay down. Over time, with support from his family and his doctor, he reinvented himself – and life took an unexpected turn. Access the podcast here: https://iono.fm/e/622720

Thank you to Axel Kacoutié for voicing the English version of this interview. Thanks too to Philippe Compaoré, from Light for the World, Hamadou Sanggo and Diane Somé for translation support.

7.2 A World of Kindness

According to a recent report from the Charities Aid Foundation (CAF), from a survey in 146 countries, asking respondents if they had helped a stranger, donated to charity or volunteered for an organisation in the previous month, 4 countries in Africa feature in the CAF top twenty world ranking. The results make fascinating reading.

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<thead>
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<th>Ranking by Country</th>
<th>CAF Index Score</th>
<th>Helping a stranger</th>
<th>Donating Money</th>
<th>Volunteering time</th>
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