



International Agency for the Prevention of Blindness

**BOARD OF TRUSTEES MEETING  
APRIL 8-9 , 2013**

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CONSENT AGENDA ITEM 1.8 : IAPB REGIONAL UPDATES – AFRICA

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### **IAPB Africa Executive Office**

#### **1. IAPB internal planning session:**

This was held in November 2012 to review the progress made over the last 4 years. Key issues arising, progress towards the 5 key priority areas, and the development of an IAPB Africa work-plan for 6 following months to guide IAPB activities until the WHO Afro/IAPB meeting in Brazzaville were the outcomes.

*Next Steps:* Communiqué regarding the recent progress made by IAPB Africa was developed and circulated to members, for feedback, IAPB will update the work-plan based on feedback and circulate to. The work-plan and progress to date will be a key discussion point for the upcoming Regional consultation in Brazzaville.

#### **2. Human resource for Eye Health:**

IAPB Africa hosted the first Human Resources for Eye Health (HReH) Africa-wide workshop on 21-22 November 2012. This workshop was initiated based on the need to look at issues related to HReH, with the hope of developing an overarching strategy for HReH in sub-Saharan Africa. Accordingly, it was agreed that to move the HReH strategy forward, building consensus among key stakeholders in both the eye and non-eye health sectors was essential when developing a comprehensive strategy that meets both the immediate and more systemic needs for HReH. The HReH task team is IAPB Africa's key initiative highlighted both by support for the initiative, and recent actions to move all Advocacy efforts to support the development and implementation of a Sub-Saharan Africa HReH strategy.

Below is a brief explanation of the goal, purpose, objective and outputs of the workshop.

#### **Goal of HReH Work for Eye Health:**

1. Become an integral part of the broader HR change agenda

#### **Purpose of Workshop:**

1. The workshop was the catalyst for starting the process of change in HReH, thus ensuring a focused agenda, integrated into the broader health system and taking cognizance of the need to ensure that resolutions at global, regional and sub-regional levels are filtered down to a country level.

#### **Objectives of the Workshop:**

1. Develop a consensus that a change in the way we do things is needed, for example, quality, competencies, distribution, integration, etc.
2. Identify parameters of the new paradigm within each focus area and explore how to get there
3. Consensus on a clear roadmap, short, medium and long term

### Output of Workshop:

1. Skelton strategy by priority areas (5)
2. Gap analysis of knowledge required to complete the plan in the 6 areas, i.e. identification gaps of information/evidence needed or required for follow up and completion
3. Short term 1-2 year plans for immediate action
4. Priority areas 3-5 deliverables identified (doesn't have to be constrained to the immediate actionables)
5. Identify potential ways to pilot recommended initiatives
6. Appoint a chair and co-chair for each priority area to follow up and produce 2 page draft strategy
7. List of individuals, institutions, agencies that need to be included in this discussion

### Next Steps:

1. Collect the remainder of the 5-priority area work-plans, thus far we've received: Ophthalmology, Allied Eye Health and a draft version of PEC/PHC. Remaining is Optometry and Francophone/Lusophone strategies.
2. Draft Workshop report once all plans have been received
3. Circulate workshop report to relevant stakeholder, and incorporate any changes as identified
4. Develop 10 year strategy document, with 5 year work-plan

### 3. IAPB Africa Advocacy Task Team:

*Progress to date:* The advocacy and communication task team held its first official meeting on the 19<sup>th</sup> of September 2012, whilst at the Hyderabad 9GA, with a view to having 1 Taskteam encompassing advocacy, communications and PR, a decision that was made during the IAPB regional planning workshop, in order to align priorities.

#### *Results/Outcomes:*

The key decisions included:

- 1) An agreement to focus on advocacy activities initially
- 2) The task team to focus advocacy efforts around HReH agenda, with 2-3 clear messages to be brought forward across Sub-Saharan Africa, on policy related issues and targeting key government decision makers thus ensuring alignment of IAPB HReH activities to government programs as well as regional and global HR efforts
- 3) Linking to other key advocacy and HR efforts currently taking place throughout the region and globally, thus ensuring a common platform for a comprehensive/complementary implementation strategy; and
- 4) The setting up of a task team to review and endorse the current Advocacy training manual and the proposed training approach, to ensure that the training is sustainable, grounded in, and makes optimal use of knowledge/skills and expertise already on the continent, rather than reinventing the wheel

*Next Steps:* Advocacy steering committee to meet in March to develop key advocacy messages through the use of a PR company, ensure integration into the HReH strategy for Africa and agree on way forward for training of advocates.

### Objectives of Task Team:

1. Obtain agreement that a paradigm shift is needed
2. Formulate a paradigm
3. Develop a strategy to achieve this paradigm shift that is aligned with existing HR frameworks in Africa
4. Seek endorsement from the eye health sector of this strategic framework
5. Encourage alignment of the work of eye health partners to support the implementation of the strategic framework
6. To encourage alignment of what happens in this forum with the overall strategy for IAPB

### Vision of Task Team:

To ensure that everyone in Africa has access to skilled and committed eye health provider(s) by 2023

### Opportunities and Issues to be Taken Up

#### I. WHO Afro/IAPB Africa Planning:

WHO is in the process of finalization of the contract for the WHO AFRO appointed focal person; once completed, a strategic collaborative meeting between IAPB Africa and WHO/AFRO, with IAPB member INGOs and member states, will take place to review/update and agree on a joint collaboration framework, looking specifically at how this can be reflected and operationalized at country level throughout Sub-Saharan Africa.

**Expected outcomes from relationship and Planning Session:** Developing a common understanding of how WHO AFRO and IAPB Africa work together to achieve a common goal including:

- Continued focus on WHO's leadership role in the provision of normative and policy guidance as well as strengthening partnerships and harmonization;
- Supporting the strengthening of health systems based on the primary health care approach;
- Closer collaboration and greater synergy in the work of IAPB and its partners, and WHO, at country level.
- Joint participation whenever possible at relevant international forums of common interest (including health systems strengthening, PHC, Human Resource for Health initiatives and forums, etc.)
- Strengthening sub-regional coordination of eye health activities, including whenever possible, strengthening of sub-regional and country offices with skilled workforce in Eye Health and in the monitoring & evaluating Eye Health programme implementation.

#### **Expected outcomes of Workshop:**

- Alignment of WHO Afros and IAPB Africa's work-plans including the 5 key priority areas as identified by IAPB Africa member organizations.
- Strategy developed to introduce WHO AFRO and IAPB as a coordinating structures in an effort to coordinate eye health throughout SSA
- IAPB partners agree to support the integrated WHO/IAPB Africa work plan for 2-3 years, through internal programmes and collective IAPB initiatives

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## 2. HReH Strategic Plan for Africa

Due to the cross cutting nature of Human Resource for Health (HReH), as well as the growing support and agreement around the essential nature of human resource development as a key building block within the health system framework, HReH has become the key focus area of IAPB Africa. The immense support to the HReH agenda has been further highlighted by the decision made in the advocacy task team to align priority areas for both the IAPB Africa advocacy and IAPB Africa HReH task teams.

Building a consensus in HReH for SSA would help to bring together HR experts from partner NGOs, MOH HR and health policies units, WHO/AFRO HR and health policies units, relevant training institutions (of ophthalmologists, Optometrists and MLEP), as well as a few individuals recognized for their expertise in the area.

### **Next Steps:**

Developing a HReH strategy that examines and outlines how to ensure a process of change in HReH, through a focused agenda, integrated into the broader health system and taking cognizance of resolutions at global, regional and sub-regional levels, filtering down strategies ultimately to a country level.

## REGIONAL ACTIVITIES

MAJOR ACHIEVEMENTS	KEY ISSUES/ OPPORTUNITIES/ CHALLENGES
<p><b>ORBIS:</b> 1. In 2012 ORBIS implemented 17 projects in Ethiopia (10) South Africa (4), Zambia (1), Cameroon (1) and Burkina Faso (1) in 2012. ORBIS hosted two Flying Eye Hospital Programmes in Africa; one in Ethiopia and one in Zambia. 2. Key highlights of the approach used by ORBIS for the advocacy project for Sub-Saharan Africa included: the advocacy report (<i>Advocating for Action to Ensure Child Eye Health in Africa</i>), development of the advocacy brief for child and advocacy organisations (<i>The Right to Sight</i>), development of a background paper (<i>The Status of Child Eye Health in Africa: The Way Forward</i>), Collaboration with other organisations such as Children’s Institute and the Office of the High Commission for Human Rights, wide media coverage of an advocacy article written by Lene Overland, Jeremy Sarkin and Reshma Dabideen. Lene was also appointed as the chair of the Advocacy Task Team for IAPB Africa.</p>	<p><b>Opportunities:</b> 1. In 2013 a networking strategy will be developed to form meaningful partnerships with 3 child rights organisations, linking our research projects with key advocacy messages, launch the background papers, and design and implement a public awareness and advocacy campaign in South Africa through opinion pieces, interviews and media. 2. In 2013 ORBIS will implement 21 projects in Africa: Ethiopia (13), South Africa (4), Zambia (2), Cameroon and (1), Ghana (1) and will also host one FEH programme in Cameroon. 3. During 2013 ORBIS will look to create opportunities for how to optimize the utilization of the Flying Eye Hospital through capacity building, advocacy and public awareness.</p>
<p><b>Dublin Institute of Technology (DIT):</b> Irish Aid funding received for a “Human Resources for Eye Health” collaborative initiative between Dublin Institute of Technology (Project Lead – Dr. James Loughman) and Brien Holden Vision Institute, designed to promote optometry faculty development through a series of Health Leadership, Teaching &amp; Learning (EyeTeach) and Masters research programmes. This will benefit optometry programmes in up to 8 SSA countries.</p>	
<p><b>African Vision Research Institute (AVRI):</b> 1. Increased the number of Honorary Research Fellows (14), number of registered students (15) and recruited students (10) 2. Launched the “Poverty and Eye Health” together with ORBIS report which was distributed at 9 General Assembly. 3. Started negotiations for implementing an African Journal for Ophthalmology and Optometry</p>	<p><b>Opportunities:</b> 1. Recruiting a Senior Research Fellow 2. Increasing the research capacity of current staff and recruiting more skilled staff 3. Mapping the status of Research Capacity and Resources for Eye Health in Africa and identifying the gaps.</p>
<p><b>Light for the World:</b> A significant achievement has been the upscaling of the Trachoma work and the Global Trachoma Mapping Project in a number of African countries.</p>	<p>A key opportunity is the discussion on universal health coverage/social protection/health insurance.</p>

## EAST AFRICA PROGRESS

<b>GEOGRAPHICAL COVERAGE</b>	<b>MAJOR ACHIEVEMENTS</b>	<b>KEY ISSUES/ OPPORTUNITIES/ CHALLENGES</b>
<b>EAST AFRICA SUBREGION</b>	<p>1. The Workshop on Child Eye Health in Kampala (Jan 2012), Uganda led to the development of the East African Region Child Eye Health Strategic Plan 2012 - 2016.</p> <p>2. The workshop in collaboration with the World Bank in Addis Ababa, Ethiopia (May 2012) led to the inclusion of eye health in the Ethiopian National School Eye Health &amp; Nutrition Plan.</p> <p>3. The workshop on emerging eye care conditions (Aug 2012) in Kampala, Uganda raised awareness about the need to prepare for the emerging eye diseases and not only concentrate on cataracts.</p>	<p>Opportunities:</p> <p>CBM East Africa - The SiB child eye health support provides opportunities for research (baseline survey) on various aspects of child eye health in collaboration with COECSA in the three countries. These findings will help enrich information and evidence base in child eye health.</p>
	<p>1.FHF reported that the organisation Successfully piloted the installation of e-HIS in 8 health facilities (including training of users), an assessment done at the end of the year to ascertain the usage and challenges will inform future roll out</p> <p>2. Sub-specialty training: Trained 1 ophthalmologist in phacoemulsification at Aravind Eye Hospital in India. Another enrolled to undertake training in Child Eye Health in 2013 at the Comprehensive Community Based Rehabilitation in Tanzania (CCBRT).</p>	<p>FHF noted opportunities:</p> <p>1.Increased resource allocation to eye health from the National and District level governments</p> <p>2.HRD – marketing of ophthalmology courses to increase uptake</p> <ul style="list-style-type: none"> <li>- Systems strengthening of the Training Institutions</li> </ul>
	<p>1. CBM East Africa received immense support from the Seeing is Believing (SIB) initiative to promote child eye health services in; Tanzania, Kenya and Uganda.</p> <p>2. CBM Regional office in partnership with EACO/COECSA provided sponsorships for residents who joined Nairobi University and Tumaini University (KCMC). These trainees included 1 from Kenya and 2 from</p>	<p>Opportunities:</p> <p>1.CBM East Africa - The Global trachoma mapping project which will be followed by the Trachoma control implantation program funded by DFID has created a great opportunity to promote and implement trachoma control programs in high trachoma endemic countries like Ethiopia, S.Sudan and others.</p>

	<p><b>Tanzania.</b> LFTW and Brien Holden Vision Institute: National Intervention on Uncorrected Refractive Errors (NIURE) 1. The National Optical workshop of NIURE increased its productivity to more than 150 spectacles in average per month. 2. CPD for OCO/Refractionists has been held at Mengo hospital and will further be carried out in 3 other regional centres 3. Makerere University is planning to gazette the optometry training within the first half of 2013.</p>	<p><b>Opportunities:</b> District programmes are presently developed together with the trained OCO/Refractionists to gear up outreaches and school eye health activities</p>
<p><b>Kilimanjaro Centre for Community Ophthalmology KCCO</b></p>	<p>1. Successful completion of the 3 year African Health Systems Initiative (AHSI) project (Kenya, Tanzania, Malawi) which is providing some of the evidence needed to help refine policies, practices, and programmes related to task shifting for eye care in Africa (cataract surgeons, trichiasis surgeons, and primary eye care). AHSI support for 2013 for work in Ethiopia. 2. KCCO hosted meetings on preferred practices related to trachoma (trichiasis and Zithromax mass drug administration) and have published reports on both topics that will help national trachoma control programmes achieve their desired targets. 3. Assistance and mentorship provided to African researchers and “district” VISION 2020 ophthalmologists helping them get their research published and run organizationally sustainable programmes.</p>	<p><b>Opportunities:</b> 1. We all need a better understanding of the contribution of PEC to eye care service utilization and service delivery. 2. There is a need to revise the VISION 2020 target indicators; existing indicators are not based on new knowledge of epidemiology of eye diseases and other factors.</p>
<p><b>KENYA</b></p>	<p>1. SAFE: OEU in partnership with FHF are conducting the SAFE strategy in Pokot, Kenya. SAFE is ongoing in Narok Districts in Kenya. 2. Community Development: By the end of 2012 OEU had provided 51 water points in Kenya. Coverage of Latrines has improved.</p>	

	2. CBM East Africa obtained financial support from GIZ for government Centers in Kenya for the purchase of eye health equipment.	
<b>ETHIOPIA</b>	CBM Ethiopia organized a 2- day consultative workshop on the current eye health situation and the way forward, which saw participation from development partners, professional organizations, training institutions and service providers.	Opportunities: 1. CBM East Africa- Piloting of the school eye health as a part of the National School Health and Nutrition activity in Ethiopia.
<b>SOUTH SUDAN</b>		Opportunities: CBM East Africa has recruited a country Program coordinator for S. Sudan which will help strengthening the eye care program and eye care service provision and training in the country.

### CENTRAL AFRICA

<b>GEOGRAPHICAL COVERAGE</b>	<b>MAJOR ACHIEVEMENTS</b>	<b>KEY ISSUES/ OPPORTUNITIES/ CHALLENGES</b>
<b>CENTRAL AFRICA SUBREGION</b>	Cameroun. CAR, Chad 1. A feasibility study on eye subspecialties (paediatric, vitreo-retinal & uveitis) was successfully conducted in 2012 by P2531 (SEEPD- Socio-Economic Empowerment of PwDs) and recommendations given on the way forward in the Cameroon context.	
<b>GREAT LAKES (Rwanda, Burundi, east DRC)</b>	Early stages in the development of Low Vision unit which needs further discussion with Government and sensitisation with Ministry of Education.	
<b>CAMEROON</b>		CBM -The training of ophthalmologists and ophthalmic nurses that started in Yaounde is an opportunity to improve on the scarcity of human resources in ophthalmology in the sub-region and needs support.
<b>CENTRAL AFRICAN REPUBLIC</b>	CBM Central Africa noted that NTD mapping is in progress and to be completed by 2013	Opportunities: CBM Central Africa - Development of best practice models in eye care that can be used as advocacy tools with Government, other

		stakeholders and ophthalmologists in AFC to improve quality of eye care in the region
<b>DEMOCRATIC REPUBLIC OF CONGO</b> West and Central	<p>1. CBM Central Africa saw an increase in the number of consultations and surgeries since 2012 at Masina Eye Hospital Kinshasa Total number of eye surgeries: 1,592 Number of cataract surgeries with lens implantations: 1,251 Total number of consultations at the base: 3, 1719 (New patients: Adults: 12,628; Children: 378. Repeat Adults: 18,295. Children: 418) Total number of consultations outreach: 3,233 (New: 2,485. Repeat: 748)</p> <p>2. Improved management and clinical services at Masina Eye Hospital</p> <p>3. Ophthalmologist now working at a secondary level eye clinic in north-eastern DRC (Isiro); infrastructure and quality health personnel are installed. This clinic offers services for more than a million people.</p>	<p>Opportunities:</p> <p>1. CBM Central Africa - Kinshasa Eye Care Generally: Review collaboration and synergies with other stakeholders in the community, Caritas and with Government with the direct purpose of improving identification and referral of patients to appropriate services.</p> <p>2. Review with stakeholders (education and health sectors) the development of comprehensive paediatric ophthalmology services at St Joseph's Hospital, Kinshasa for western and central DRC.</p>
<b>EAST DRC</b>		<p>Opportunities:</p> <p>CBM Central Africa reported the development of comprehensive paediatric ophthalmic services with links to education sectors in Butembo (East DRC)</p>
<b>RWANDA</b>	<p>1. CBM Central Africa Increased number of eye surgeries were performed at Kabgayi (Rwanda) (around 3800 of which 50% were SICS, phaco) with 1 ophthalmologist and about 14 nurses) and limited resources.</p> <p>2. Kabgayi (Rwanda): chemotherapy for retinoblastoma children: 1 and 3 new cases each month.</p>	<p>Opportunities:</p> <p>Development in 2013/2014 of a vitreo retinal unit at Kabgayi. This sub-specialisation at Kabgayi has already been recognised by Government.</p>

### SOUTHERN AFRICA PROGRESS

<b>GEOGRAPHICAL COVERAGE</b>	<b>MAJOR ACHIEVEMENTS</b>	<b>KEY ISSUES/ OPPORTUNITIES/ CHALLENGES</b>
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<p><b>SOUTHERN AFRICA SUBREGION</b></p>	<p>HelpAge International is responsible for the advocacy component of the EC-funded Advancing Health Communities (AHC) Programme - in Malawi, Mozambique and Zimbabwe. Significant achievements include:</p> <ol style="list-style-type: none"> <li>1. The establishment of 2 advocacy groups for each country above comprising 4 per country and conducting a country level health advocacy strategy workshop.</li> <li>2. The Regional advocacy strategy for the AHC programme was approved at the Regional Partners' Meeting held in Harare, Zimbabwe on 3 – 5 May 2012</li> <li>3. A draft SADC Strategy for the Prevention and Control of Non-Communicable Diseases and Conditions 2011 – 2016 had been developed.</li> </ol>	<p>Opportunities:</p> <ol style="list-style-type: none"> <li>1. The 6 AHC programme national eye health advocacy groups will be focused on implementing their respective advocacy strategies.</li> <li>2. The AHC programme Regional Advocacy Team is optimistic that the recommended inclusion of eye health in the SADC Strategy for the Prevention and Control of Non-Communicable Diseases and Conditions 2011 – 2016 will be approved by SADC, and that Member States will then commence integrating the SADC regional policies and plans of action into their respective national NCD policies and strategic frameworks, including actions for eye health.</li> </ol>
<p><b>BOTSWANA</b></p>	<p>Ministry of Health: HRD: The NECC graduated with a Post Graduate Diploma in Community Eye Health in December, 2012, and 2 local Medical officers were sent to China and Kenya to specialize in Ophthalmology. Disease Control Strategy: Evaluation of the 5- year national strategic plan took place in October, 2012 by Dr Daniel Etya'ale. Infrastructure and Technology: 2 fundal cameras were purchased, and Donga Clinic in Francistown (Northern Region) was opened for the screening of Diabetic Retinopathy.</p>	
<p><b>MADAGASCAR</b></p>	<ol style="list-style-type: none"> <li>1. There is more coordinated collaboration between public and private sectors and NGDOs.</li> <li>2. The Eye Health Services have been separated from Oral Services and enjoys a certain amount of autonomy.</li> <li>3. There has significant progress with the establishment of infrastructure that makes provision to support the training of French-speaking clinicians (Ophthalmic nursing and refraction)</li> </ol>	<p>Challenges:</p> <ol style="list-style-type: none"> <li>1. HR needs a team approach, including adequate technical/ managerial support, with materials, equipment and coherent HRD policies.</li> <li>2. Survey or RAAB</li> <li>3. Structured monitoring, supervision and a good reporting system is required.</li> <li>4. Revision and funding of the National Plan with support from IAPB, NGOs and WHO is required.</li> <li>5. Support is required for the establishment</li> </ol>

		of effective plans of action and VISION2020 delivery units at district level; variable population density and service delivery needs to be addressed through evidence based planning.
<b>MALAWI</b>	<p>1. The NECC office was successful in its application to the International Trachoma Initiative for 2 districts (Nsanje and Salima) being approved for Zithromax for 2013 following trachoma mapping.</p> <p>2.HRD- There has been inclusion of PEC modules in HAS's training curriculum</p> <p>3. The National Eye Care Plan 2011-2016 was approved by MoH, and the Vice President (current Minister of Health); the NEC Office is now recognised in the MoH with a post and an approved budget line.</p>	<p>1. Support and supervise visits to the District Health Officers and empower the OCOs to be able to advocate on their own.</p> <p>2. Promote Networking with other civil society organisations on eye health.</p> <p>3. Conduct trachoma prevalence survey in the remaining districts and coordinate the rolling out of trachoma elimination in Malawi.</p>
	Brien Holden Vision Institute reported the Graduation of the 1 <sup>st</sup> 5 students with a degree in Optometry from Mzuzu University, in Malawi. The project is in partnership with OGS, Sightsavers, Malawi College of Health Science and Mzuzu University.	<p>Opportunities:</p> <p>Brien Holden Vision Institute: Kovin Naidoo has been invited to meet with the President of the Country.</p>
<b>MOZAMBIQUE</b>	1. HRD Funding: Brien Holden Vision Institute received funding and have started implementation of the HRDeH project, aimed at developing skilled faculties for Optometry schools in partnership DIT, Mzuzu University, AVRI and partnering Universities.	<p>Opportunities:</p> <p>Brien Holden Vision Institute reported that with regards to the Mozambican Vision 2020 Eye Care Plan: After a strategic planning session last year, process is under way to finalize a strategic planning document, which may lead to prioritization of eye health in resource allocation.</p>
	1. The Mozambique Eye care Coalition (MECC), Dublin Institute of Technology, the Brien Holden Vision Institute, Universidade Lúrio and University of Ulster successfully graduated the first 9 optometrists in Mozambique, 4 have been recruited by Universidade Lúrio, and have entered a faculty development programme. The remaining 5 optometrists will be employed by the MoH, and deployed to provincial hospital centers. Universidade Lúrio is currently	<p>Opportunities:</p> <p>1: The National Eyecare Plan for Mozambique (2013-17) has been drafted by the NECC, based on an IAPB facilitated workshop in 2012 (likely to be the most progressive national plan ever adopted in Mozambique). The MECC has been invited to make comment.</p> <p>2: The optometry graduates are currently being encouraged to establish a professional association. Once there are sufficient graduates, this association can evolve into a</p>

	<p>advancing the process of registering those graduates with the MoH.</p> <p>2. Universidade Lúrio is currently seeking registration with WCO and AFCO as an optometry training institution</p>	<p>body that establishes the scope of practice and regulation of this emerging profession in Mozambique.</p>
<b>SOUTH AFRICA</b>	<p>1. In South Africa, Brien Holden Vision Institute was awarded funds by SCB to implement a comprehensive eye Health Project in Soweto.</p> <p>2. Drive for Sight Event across South Africa to celebrate World Sight Week was part of the rebranding process. 1748 children were screened and assessed, 118 spectacles were dispensed. 1301 adults were screened and 575 reading spectacles were prescribed.</p>	<p>Opportunities: Brien Holden Vision Institute – with regards to Child Eye Health in South Africa: the Government has completed a PHC reengineering which has resulted in the prioritization of PHC and in particular school health services.</p>
	<p>Cape Peninsula University of Technology noted (CPUT):</p> <p>1. A 5 year accreditation from HPCSA for National Diploma: Optical Dispensing</p> <p>2. International accreditation for our National Diploma: Optical Dispensing by the Association of Dispensing Opticians (UK).</p>	<p>CPUT - Opportunities:</p> <p>1. Curriculation and development of a three year professional degree in Ophthalmic Sciences (Ophthalmic Dispensing) by CPUT by 2015</p> <p>2. Possible development of MoU with BHVI for Spectacle Technician / Optician Training (after successful 1<sup>st</sup> training programme in Kenya Jan 2013).</p>
	<p>Community Eye Health Institute (CEHI)</p> <p>1. The 1<sup>st</sup> student was registered in "Master of Public Health (Community Ophthalmology track)" to complement the popular Postgraduate Diploma in Community Eye Health.</p> <p>2.3 Issues of CEHI-News was launched and produced, aimed at sharing success stories from students and participants</p> <p>3. The review of refractive services available to children in Cape Town's metropolitan health district was presented at the IAPB's 9th GA.</p>	<p>CEHI – Opportunities</p> <p>Eye care stakeholders should take the shortage in competent eye care managers more seriously by investing more in developing management skills in eye care programmes. This is crucial as many of the challenges faced by eye care programmes can be overcome by effective management."</p>
<b>ZAMBIA</b>	<p>1. OEU supported the development of infrastructure in Zambia: University Teaching Hospital (UTH) in Lusaka Eye OPD commissioned in October 2012.</p> <p>2. OEU commenced with the implementation of the SAFE strategy in the Sinazongwe District in Southern Province of Zambia.</p>	<p>Opportunities:</p> <p>In Zambia, OEU is partnering with ORBIS to implement SiB 5 in the North Western Province.</p>

	3. Community Development: By the end of 2012 OEU had provided 72 water points in Zambia.	
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### WEST AFRICA PROGRESS

<b>GEOGRAPHICAL COVERAGE</b>	<b>MAJOR ACHIEVEMENTS</b>	<b>KEY ISSUES/ OPPORTUNITIES/ CHALLENGES</b>
<b>WEST AFRICA SUBREGION</b>	CBM West Africa - Regional recognition of the 2-year training in ophthalmology is consolidating and more francophone countries plan to send candidates to DESSO who on return can complete to full fellows in their home country.	Opportunities: CBM West Africa - HR-development eye doctors DESSO, Guinea Conakry: Make maximal use of training capacity for DO's in Guinea, Conakry. A MYP is prepared and donors are interested.
	World Sight Day has been celebrated in nearly all the 10 countries.	Key Issue: The contract of Dr DOULAYE SACKO Vision 2020 coordinator for West Africa has officially ended in November 2012.
<b>BURKINA FASO</b>	VAO have partnered with A Better Life Foundation to strengthen uncorrected refractive error services in Burkina Faso. Funded by L'Occitane Foundation the grant will establish a Vision Centre at Ouagadougou University Hospital and a dispensary at Koudougou, develop a supply chain of spectacles and train eye care professionals in refraction and business management systems.	Key Issues: The change of name has not been done yet. The Vision 2020 strategic plan is available.
<b>BENIN</b>	CBM West Africa – Bénin: Hôpital St. André de Tinré has by far the highest surgical output amongst CBM-partners with 4.300 surgeries done in 2012, mainly cataracts. The hospital is near Parakou serves the northern part of the country; patients also come from neighbouring Nigeria, Niger and some from Togo.	Opportunities: CBM West Africa – HR-development eye nurses Parakou, Bénin: To complement the doctors training from other training institutions it is under discussion to offer practical skills training to already qualified eye nurses including a theatre management course to keep pace with new theatre techniques. A 6-months rotation could be included as a module in the curricula of existing sub-regional eye nurse training programs.
<b>COTE D'IVOIRE</b>		Key Issues: Change of name is in the pipeline of the government. The new Vision 2020 plan revised is available.

<b>GHANA</b>	I. Operation Eyesight Universal (OEU) supported the development of infrastructure in Ghana: the Watborg Eye Hospital in Awutu Bereku, Central Region was commissioned in April 2012	Opportunities: 1. OEU is the beneficiary of the SiB 5 project which commence in June 2013 2. OEU is partnering with the Faculty of Public Health and NGOs to conduct the Ghana National Blindness and Visual Impairment Survey in 2013, with plans to partner with the Department of Optometry, University of Cape Coast.
<b>GUINEE BISSAU</b>		Key Issue: The change of name is effective.
<b>MALI</b>	The VISION 2020 plan is implemented. The 2 <sup>nd</sup> batch of optometric assistants from IOTA graduated in November 2012 together with ophthalmologists and ophthalmic nurses. The event took place under the auspices of the Minister of Health.	Key Issue: The change of name is not yet completed.
<b>NIGER</b>	The new revised Vision 2020 plan has been adopted for application.	Key Issue: The new denomination is not out yet.
<b>NIGERIA</b>	The MoH reported: 1. The Nigerian National blindness and low vision survey has provided relevant data for eye care planning. 2. The National Eye Care Program has become functional. 3. There has been an integration of PEC into the PHC program in some states eg. Lagos	Areas of importance to take eye care to the next level include: 1. The development of a strategic plan 2. The Nation-wide integration of eye care into PHC services 3. The development of HR for eyecare at all levels
<b>SENEGAL</b>	The change of name has been implemented. More than 12000 cataract surgeries performed in 2012 with 96% implants. 613000 persons have been treated for trachoma in 5 districts (80%). 5 districts eye care unit are functional and 4 of them have cataract surgery available. An optical center has been created ; A truck donated by a Spanish NGDO allows outreach and has in 6 months undergone 485 cataract surgeries. 4 Vision 2020 regional committees officially have been set up.	
	I. Vision Aid Overseas (VAO) has been awarded a grant to expand in Sierra	Opportunities: I. With the number of Vision Centre's

<p><b>SIERRA LEONE</b></p>	<p>Leone by supporting the installation of 3 new Vision Centers, 1 in each district of Eastern Province directly benefitting 129,600 people who currently have limited access to eye care services.</p>	<p>currently established and planned, VAO have the opportunity to standardize operating procedures across countries.</p> <p>2. A challenge for VAO is to create an M &amp; E system to truly capture numbers of patients seen and other beneficiaries.</p> <p>3. VAO continues to carry organizational risk due to delays in getting MOUs signed with MOH and individual hospitals.</p>
<p><b>TOGO</b></p>	<p>The program has been integrated in the National program of NTD and a strategic policy document for 2012 is available.</p>	<p>Opportunities:</p> <p>1. CBM West Africa - Repair and maintenance workshop, Lomé for electric and electronic eye equipment is under discussion in collaboration with a German initiative and pilot phase is expected to take place this year in Lomé.</p> <p>2. National child eye care program in Togo is being developed. Experience shall be used for other countries. It could participate in a francophone training program in pediatric ophthalmology.</p> <p>Key Issue: The process of name change is ongoing.</p>