

## **Africa Regional Report:**

### **Part 1: Executive Summary**

#### **1. IAPB Africa Executive Office**

##### **1.1 Significant Achievements – Executive Office**

- Human Resources for Eye Health (HReH) Workshop: Nairobi, Kenya 2-4 June 2013
- Task Team Review Meeting: Durban, South Africa, 5 August 2013
- Appointment of the Eye Health Focal person at WHO AFRO
- Finalisation of WHO Prototype Curricula for Nurses and Midwives in Africa

##### **1.2 Key Opportunities – Executive Office**

- Health Management Information Systems (HMIS) Harmonisation Meeting in Rwanda
- VISION 2020 Workshops: Advocacy, HMIS and RAABs
- Joint Meeting of WHO AFRO and IAPB Africa in December

##### **1.3 Significant Achievements for the Africa Region – IAPB Partners**

- KCCO: Publication of Global Trichiasis Scientific Meeting Report
- ORBIS: Flying Eye Hospital and alignment with IAPB Africa HReH Strategy
- Sightsavers: HReH Meeting focusing on training institutions Tanzania March 2013
- KCCO: Capacity building in knowledge translation
- BHVI: Graduation of optometry students in The Gambia, Eritrea, Malawi and Mozambique
- KCCO: Completion of Zithromax Mass Drug Administration (MDA) Best Practices Project
- BHVI-DIT: Faculty Development Programme launched in 10 institutions
- AVRI: Post-graduate Review and capacity Building Workshop

##### **1.4 Key Opportunities for Africa Region – IAPB partners**

- LftW: Growing momentum of trachoma mapping
- KCCO: Health system strengthening through trachoma
- ORBIS: Sustained support to IAPB Africa data base
- BHVI: Steady growth in number of optometry students enrolled
- AVRI: Mapping research status and capacity
- January 2014 Launch of new journal - African Vision for Optometry and Ophthalmology
- Sightsavers: Involved with other NGDOs in shaping the post 2015 APOC

## **2. EAST AFRICA Sub-Region**

### **2.1 Significant Achievements for the East Africa Sub Region**

- Start of Seeing is Believing Child Eye Health Project in East Africa
- Establishment of COECSA (College of Ophthalmology of East, Central and South Africa)

### **2.2 Key Opportunities for the East Africa Sub Region**

- Roll out of the Trachoma mapping project
- Participation of WHO Country Officers in the promotion of VISION 2020

#### **2.3.1 Burundi**

- KCCO: Evaluation of a private-public vision centre model in Burundi

#### **2.3.2 Ethiopia**

- LftW: Launch of NTD Master Plan by Federal Ministry of Health
- FHF, ORBIS, CBM: Global Trachoma Mapping in several regions + SAFE Strategy implementation, and Trachoma Action Plan Meeting

#### **2.3.3 Uganda**

- BHVI: Expansion of optometry training

#### **2.3.4 Kenya**

- OEU: SiB Phase 5 in Rift Valley Province

## **3. SOUTHERN AFRICA**

### **3.1 Significant Achievements for the Southern Africa Sub Region**

- CBM: Systematic capacity development activities
- CBM: Significant progress with cost recovery in Angola, Madagascar, Malawi, Zimbabwe and Zambia

### **3.2 Key Opportunities for the Southern Africa Sub Region**

- CBM: Successful relationships between partners and institutional donors
- CBM: North-South Co-operation
- CBM: Advisory consultants and training methodologies

#### **3.3.1 Botswana**

- BOA: Reimbursement Model
- BOA: Human Resource Development: CPD

- BOA: Advocacy for the placement of optometrists within the government
- BOA: Scope and practice of optometry

### **3.3.2 South Africa**

- ORBIS: Child Eye Health in Africa: the Status of Child Health
- ORBIS: The African Child Policy Forum
- CBM: Training in the management of VISION 2020 programmes
- ORBIS: Training opportunities with the Flying Eye Hospital

### **3.3.3 Zambia**

- CBM: Cost recovery and financial self-sustainability in VISION 2020 programmes
- VAO: First graduates in Optometry from Chainama College of Health Sciences, Lusaka
- OEU: 7 new boreholes in Sinazongwe District

### **3.3.4 Zimbabwe**

- CBM: Cost recovery and financial self-sustainability in VISION 2020 programmes

### **3.3.5 Mozambique:**

- BHVI: Ministry of Health creates new posts for optometrists in public sector

## **4. WEST AFRICA**

### **4.1 Significant Achievements for the West Africa Sub Region**

- The 9<sup>th</sup> Annual Meeting of the West Africa NGDO
- WAHO: Harmonised code of ethics for the practice of Doctors and Dentists

### **4.2 Key Opportunities for the West Africa Sub Region**

- Advocacy for the recognition and recruitment of optometrists in the public sector
- WAHO: Appoints Dr. William Bosu as permanent Vision 2020 coordinator

#### **4.3.1 Benin**

- Al Basr: Disease control

#### **4.3.2 Guinea-Conakry**

- Sub-regional Francophone DO-training programme (DESSO : Diplome d'Études Supérieures Spécialisées d'Ophtalmologie)
- Advocacy initiative for the inclusion of eye health into the basic package of services

#### **4.3.3 Togo**

- Funding approval for a National multi-year programme for the Childhood Blindness Programme

#### **4.3.4 Ghana**

- Guidelines for Eye Camps and Outreach Surgery in Ghana
- VAO: Optical services at Korle Bu
- OEU: Plans for Blindness survey
- OEU: SiB Phase 5 project

#### **4.3.5 Sierra Leone**

- VAO commence 5 year programme to provide optometry services in Eastern Province

#### **4.3.6 Burkina Faso**

- VAO open their first Vision centre in the country. Second one planned for Ouagadougou

## **Part 2: IAPB Africa Executive Office**

### **1. Significant Achievements of the IAPB Africa Office**

#### **1.1 Human Resources for Eye Health (HReH) Workshop: Nairobi, Kenya 2-4 June 2013**

The *IAPB Africa: Draft HReH Strategic Plan Phase 1: 2014-2018* was a result of a series of workshops started in 2008 that gathered momentum in prioritizing human resources. The first Africa wide HReH workshop was held in Nairobi in November 2012 to act as a catalyst for change in HReH, to start the process of integration into broader health systems and to ensure that global and regional resolutions are filtered down to country level.

The Strategic Plan document was developed during a workshop held in early June 2013, in Nairobi Kenya **in consultation with** members of the Africa HR and Advocacy Task Teams, IAPB Chair, co-chairs and staff, **facilitated by** John Batten and Ian Chandler.

Within the context of the **global health workforce crisis**, with particular reference to the eye health crisis in **Africa**, the HReH Strategy was conceived as a way to **address the gaps** in the eye health workforce, and the many **related issues** including: distribution, accreditation, training institutions, harmonization of curricula, policy change and building research capacity. All the ‘next steps’ have now been taken, with a draft 10 year strategy and a 5 year Work Plan now circulating internally.

#### **1.2 Task Team Review Meeting: Durban, South Africa, 5 August 2013**

A meeting of the Africa Task Teams took place in August 2013 to review the membership, terms of reference, alignment to the HReH Strategy document and way forward. The following was proposed in consultation with the chairs of each task team, IAPB staff and Regional Chair:

- There will be 4 Task Teams: HMIS, Research, Advocacy and HReH and 5 HReH Working Groups: Ophthalmology, Optometry, Allied Eye Health Professionals (AEHP), Primary Eye Care (PEC) and Community Health Workers (CHW). Please see diagram below.
- Chairs were proposed for each Working Group and each Task Team should ideally comprise 5 members including the Chair. The Task Teams and Working Groups need to strike a **balance** between expertise and representation with due consideration to language groups, and geographical representation.
- It was confirmed that funds from the Vision for Africa initiative are available to the Task Teams for 2013-2014.
- An Annual Planning and Review week has been proposed starting in 2014 which will bring together the Task Teams, Working Groups, Steering committees, etc. to make planning and logistics much easier.

#### **1.3 Appointment of the WHO AFRO Focal Person for Eye Health**

There has been a new appointment of a focal person for blindness prevention at WHO AFRO. This is both significant, and presents a key opportunity to move the eye health agenda forward in Africa.

#### **1.4 Finalisation of WHO Prototype Curricula for Nurses and Midwives in Africa**

The process of developing competency based curricula for nurses and mid-wives in Africa (an estimated 26,000 new health workers per year) is now approaching completion following a series of experts meetings over the last 18 months, chaired by Dr. Margaret Phiri of WHO-Afro. The good news is that a module on eye health has been included in the new curricula following expert advice from Dr. Hannah Faal, Dr. Ciku Mathenge and Renee du Toit.

### **2. Key Opportunities of the IAPB Africa Office**

#### **2.1 Harmonization Meeting: Health Management Information Systems (HMIS)**

IAPB Africa is holding a **Harmonization of Indicators** meeting with, Dr Ciku Mathenge, Dr Serge Resnikoff, Mr Miguel Peixoto and IAPB staff in Kigali, Rwanda on 30 Sept – 1 Oct 2013 in an effort to align the eye health indicators within the WHO AFRO draft catalogue of eye health indicators, the IAPB Africa database and the WHO Action plan, to ensure the harmonization of HMIS platforms across Africa.

#### **2.2 VISION 2020 Workshops: HMIS, RAABs and Advocacy**

##### **2.2.1 HMIS Workshop: IAPB Africa Database and Website**

The IAPB Africa database and website are now functional and live and the website can be accessed at [www.iapbafrika.co.za](http://www.iapbafrika.co.za). In order to optimise the use and value of the database and website, **training of the NEC or HMIS-dedicated resources at country level** is essential as the next phase which includes the roll out:

- Completing the **data entry** into the database and ensuring countries input new and updated data into the online platform
- **Building customized reports**, which users will be able to extract from the database
- Ensuring that fields are populated with data in remote/ rural areas where no current internet access exists through the **Mobile solutions project**
- Development of **training materials and roll out of training on the database in the Sub-Saharan countries** over the next 4-5 years.

A workshop is currently planned for 15 country representatives for the last quarter of 2013 in Addis Ababa to introduce the database and website and train the relevant personnel in it's use.

##### **2.2.2 RAABs Workshop**

As part of our work to support the implementation of the new WHO Global Action Plan 2014-2019 adopted at the recent World Health Assembly, we are drawing up a list of RAABs in Sub-Saharan Africa both completed and planned, often with the support of IAPB members to produce a more comprehensive overview of the current prevalence of blindness in Africa. This will be a half day workshop and will complete our assessment for Africa as part of a global initiative.

### **2.2.3 Advocacy for HReH Strategy**

IAPB can and must play a critical role at regional and sub-regional levels, complementing the advocacy work at country level. The planned Advocacy workshop will synergize IAPB Advocacy for HReH strategies, strengthening the strategy by bringing on board the designated Task Team, identifying priorities, introducing the tool kit and planning manuals and establishing a process to start influencing key decision makers at regional and sub-regional levels in support of work at the country level. This has become increasingly important since the WHO Action Plan has been ratified and the pressure is on us all to implement it country and regional levels.

The overall objective of the workshop will be to develop a clear and implementable advocacy strategy for HReH in SSA and capacity development for country representatives in the development of a sound advocacy strategy which can be used at National Level.

Planned Outcomes of the Workshop include:

- Advocacy Strategy outline completed with priorities identified at regional, sub-regional and national levels
- Key influential HReH advocacy targets identified and priority organizations and departments, outlined with specific advocacy strategies based on priority areas.
- Communications strategy identified and outlined
- Research needs identified and communicated to the research task team helping to develop evidence for the advocacy strategy
- Next steps and work-plan developed

### **2.3 Regional Consultation of the WHO AFRO and IAPB Africa**

The IAPB Africa office has confirmed the Regional Consultation with the WHO AFRO for December 2013.

The purpose of the Regional Consultation is to agree on key priority areas, a collaboration framework and formulate a joint work-plan, highlighting ways to operationalize eye health priorities at country level, and develop strategic plans at a regional, sub-regional and country level throughout SSA. The HMIS, RAABs and Advocacy Workshops will feed into the Regional Consultation.

### **Part 3: SIGNIFICANT ACHIEVEMENTS AND KEY OPPORTUNITIES FOR THE AFRICA REGION – IAPB PARTNERS**

MAJOR ACHIEVEMENTS	KEY OPPORTUNITIES
<p><b>Light for the World (LftW)</b> focused on HReH with sustained support to the training of ophthalmologists and ophthalmic nurses in Ethiopia, Burkina Faso and Mozambique.</p>	<p><b>LftW</b> reported growing momentum behind the mapping and elimination of blinding trachoma in Ethiopia, Mozambique and South Sudan.</p>
<p>Capacity building in knowledge translation: The Kilimanjaro Center for Community Ophthalmology (<b>KCCO</b>) organized and hosted an Africa-wide capacity building course on knowledge translation. The International Development Research Centre (ICRC) course focused primarily on task shifting research and KCCO has completed and submitted 4 manuscripts related to HReH (on PEC, trichiasis surgeons, and cataract surgeons). Policy briefs were also developed.</p> <p>Publication of Global Trichiasis Scientific Meeting Report: In 2012 <b>KCCO</b> organized and hosted the Global Trichiasis Scientific Meeting. The report, published under the auspices of the International Coalition for Trachoma Control (ICTC) serves as a preferred practice guide for trichiasis surgical programmes. Due to high demand the first print run has already been exhausted and a 2<sup>nd</sup> print run (in addition to a French language version) is now ready.</p> <p>Completion of Zithromax Mass Drug Administration (MDA) Best Practices Project: In June <b>KCCO</b> successfully completed the multi-year Zithromax MDA Best Practices Project. The project, supported by the International Trachoma Initiative led to the publication of the Zithromax MDA Preferred Practices manual, under the auspices of the ICTC. A French version will be printed shortly.</p>	<p><b>KCCO</b> Health systems strengthening though upcoming trachoma capacity strengthening activities: The recent scaling-up of support for the elimination of trachoma by multiple donors (Queen Elizabeth Diamond Jubilee Trust, USAID, Dfid, etc.) presents an opportunity to strengthen health systems in Africa; in particular, there is support to address planning, leadership/management, supervisory systems, micro-planning, and implementation systems. The major focus of support will be for trichiasis surgery and MDA. Support is from numerous organizations, as part of an overall ICTC partnership.</p>

<p>In July 2013 <b>ORBIS</b> International and IAPB hosted a meeting of regional stakeholders in Sub-Saharan Africa to discuss the alignment of ORBIS’s Flying Eye Hospital (FEH) with IAPB’s Human Resources for Eye Health strategy (HReH), the WHO Global Plan for the prevention of avoidable blindness and visual impairment for 2014-19, and the WHO-Afro Road Map for scaling up the health workforce, 2012-2025. Leveraging its unique ability to capture the imagination of government officials, media, donors, and medical practitioners alike, the FEH is envisioned as a vital source of momentum in the effort to empower local eye health professionals and provide them with the knowledge, skills and systems they need to tackle the continent’s rapidly shifting burden of blindness and visual impairment. At the conclusion of the meeting, the partners agreed to develop a strategy and budget to pilot ORBIS’s FEH Africa Initiative. The pilot initiative will strive to offer comprehensive multi-disciplinary continuing medical education, advocacy and public awareness to the national and local eye-care community.</p>	<p><b>ORBIS</b> is supporting the IAPB Africa data base and aims to utilise this to its full extent to improve knowledge and information about eye health across sub-Saharan Africa.</p>
<p><b>The Brien Holden Vision Institute</b> noted that a total of 49 optometry students (23 Optometry Technicians and 26 optometrists) successfully completed their course in the past 6 months. Gambia and Eritrea have graduated 5 and 18 Optometry Technicians respectively while Mali has also graduated 8 optometrists. Mzuzu University in Malawi, which is supported by a consortium that comprises <b>Sightsavers, Brien Holden Vision Institute</b> and <b>Optometry Giving Sight</b> graduated its 2<sup>nd</sup> batch of 9 optometrists in July. Mozambique has seen its first 9 optometrists graduate from Lurio University.</p>	<p>The past 6 months have seen a steady growth of optometry students intake into the training Institutions supported by the <b>Brien Holden Vision Institute</b>. 8 Institutions across 7 countries now have a total population of 359 students enrolled in various years of study for either an Optometry Technicians qualification (Diploma) or optometry qualification (degree).</p>
<p><b>The Brien Holden Vision Institute</b> Faculty Development Programme has been initiated with an initial grant from Irish Aid in partnership with <b>Dublin</b></p>	

<p><b>Institute of Technology.</b> 10 institutions in Africa that train optometrists are benefitting from this programme that will see optometry lecturers from these institutions sponsored to study for either a Master’s or Bachelor’s degree depending on the needs of the participating institution. They will also receive pedagogical training. Currently 2 lecturers from Kilimanjaro Christian Medical College (KCMC) in Tanzania have enrolled at Mzuzu University to upgrade their diploma qualification to a degree. 4 others are in the process of enrolling for a Master’s Degree programme at University of KwaZulu Natal in South Africa.</p>	
<p>The <b>AVRI</b> Postgraduate Review and Capacity Building Workshop in June. For the first time in history, 19 post-graduate optometry students from around Africa gathered to discuss, review and debate the research topics that form the basis of their post-graduate qualifications, and which will eventually lead the way in changing eye health practices on the African continent. The students from Ghana, Malawi, Nigeria, South African and Cameroon, many of whom are eye health faculty were funded by the <b>Brien Holden Vision Institute, Sight Savers, Fred Hollows Foundation and Vision CRC</b>. In addition, students also attended Capacity Building sessions, including an Introduction to Scientific Writing and Basics Statistics.</p> <p><b>African Vision for Optometry and Ophthalmology:</b> Signed MOU with the South African Optometric Association Journal (SAOA) to establish an online African Vision for Optometry and Ophthalmology Journal (AVOO). This journal is SAPSE accredited and Peer Reviewed. First issue in 2014.</p>	<p><b>AVRI</b> Mapping the status of Research Capacity and Resources for Eye Health in Africa and identifying the gaps.</p> <p>Identify research that needs to be commissioned (burden of eye disease, cost-benefit analysis etc.) to facilitate the generation of evidence needed to support advocacy. This needs to be done to influence critical, non-eye health partnerships such as the AFDB, AP/HRH and the regional health authorities so eye health is no longer regarded as a vertical/parallel concern to mainstream health development.</p> <p>AVREN is a new research blog linking academics, researchers, universities, research institutions and organisations in Africa, developed on the <b>AVRI</b> website.</p>

## EAST AFRICA

SUBREGIONAL INFORMATION	
MAJOR ACHIEVEMENTS	KEY OPPORTUNITIES
<p><b>CBM</b> reported that the <b>Seeing is Believing (SiB)</b> initiative to promote child eye health in Kenya, Tanzania and Uganda is being implemented and will enhance child eye health in the region. A consortium of 8 Organizations has begun the implementation of the child Eye Health project in East Africa sponsored by <b>Seeing is Believing (SIB)</b>. The consortium members are Light for the World, Operation Eyesight Universal (lead agency in Kenya) Fred Hollows Foundation, Brien Holden Vision Institute, Perkins International, Masinde Muliro University of Science and Technology, Optometric Association of Uganda and Tanzania Optometric Association. The project is earmarked to benefit about 4 million children over a period of 4 years.</p>	<p><b>CBM</b> noted that the roll out of the Trachoma mapping project and the strong support for the mapping as well as for the implementation of trachoma control in the countries present a key opportunity in the subregion to achieve the GET 2020 target.</p>
<p><b>CBM</b> noted the establishment of COECSA (College of ophthalmology of East, Central and South Africa) by the merger of OSEA (Ophthalmological Society of Eastern Africa) and EACO (East Africa College of Ophthalmology). COECSA held its 1<sup>st</sup> scientific conference on 21-23 August 2013 in Kigali, Rwanda.</p>	<p>As a key opportunity, <b>CBM</b> noted that it would be very helpful if WHO country offices proactively involve and promote VISION 2020 (Eye Health) with the ministry of Health within countries and recommended that IAPB play a role in lobbying for this to happen.</p>
COUNTRY INFORMATION EAST AFRICA	
<p><b>ETHIOPIA:</b></p> <p><b>CBM</b> reported on the successful completion of the Global Trachoma Mapping in most parts of the country in Ethiopia to be followed by SAFE Strategy implementation.</p> <p>In August the <b>Fred Hollows Foundation</b> supported a Trachoma Action Plan (TAP) meeting, held in Addis Ababa. The TAP brought together stakeholders across Oromia district from the government, eye health NGO</p>	<p><b>ETHIOPIA:</b></p> <p>NTD Master Plan launched by Federal Ministry of Health.</p>

<p>and water and sanitation sector. The outcome of the TAP is a fully costed plan for the implementation of the WHO endorsed SAFE strategy for trachoma elimination. The plan is expected to be completed and released on the 2<sup>nd</sup> of September.</p> <p>The <b>Fred Hollows Foundation</b> coordinated the mapping of the trachoma prevalence in Oromia region, funded through the DFID Global Trachoma Mapping Project (GTMP) starting in December 2012. By May 176,000 people in Oromia, were examined for signs of trachoma. The mapping data was collected and uploaded directly to the Global Trachoma atlas using GPS enabled android devices.</p> <p><b>ORBIS</b> completed the Trachoma Mapping in Southern Nations, Nationalities, and Peoples' Region as part of the Global Trachoma Mapping Initiative.</p> <p><b>LftW</b> completed the mapping of trachoma in Tigray and Somali regions in collaboration with the GTMP. LftW also expanded outreach activities in Western Ethiopia in partnership with HelpAge.</p>	
	<p><b>UGANDA:</b></p> <p><b>Brien Holden Vision Institute</b> notes the further expansion of optometry training. Supported by the Institute, Makerere University in Uganda is due to start an optometry degree programme in the next academic year.</p>
	<p><b>BURUNDI:</b></p> <p><b>KCCO:</b> A recent evaluation of a private-public vision centre in Burundi has highlighted the potential of this model to address many priorities within VISION 2020: access and use of eye care services, affordability of services, quality of services, and financial sustainability.</p>

	<p>Further assessment is underway (a second vision centre in Burundi) and findings should be of interest to IAPB members as they consider how best to ensure both equity and quality of PEC.</p>
<p><b>KENYA:</b>  <b>OEU</b> support new borehole in West Pokot.</p>	<p><b>KENYA:</b>  <b>OEU, SiB Phase 5.</b> Contribute to elimination of Blindness in Kenya through strengthening of community outreach program in the Rift Valley Province in Kenya.</p> <ol style="list-style-type: none"> <li>1. Disease control initiatives within the project area are strengthened to provide quality and sustainable eye care services</li> <li>2. Human resource capacity is strengthened to ensure quality eye care services</li> <li>3. Eye care infrastructure is sufficient to provide quality eye care services</li> <li>4. The profile of eye care health is increased at the county level</li> <li>5. Primary Eye Care is integrated in the general public health care system</li> </ol>

## SOUTHERN AFRICA

SUBREGIONAL INFORMATION	
MAJOR ACHIEVEMENTS	KEY OPPORTUNITIES
<p>Since 2009, <b>CBM</b> has engaged in systematic capacity development activities within its supported V2020 programs in Southern Africa. The main aim of this complex capacity development intervention was the enhancement of financial sustainability of CBM-supported V2020 programs through the adoption of cost-recovery systems based on business models. Capacity building interventions of different nature were carried out in projects located in different countries across Southern Africa: Angola, Madagascar, Malawi, Zambia and Zimbabwe.</p> <p>In all projects, business planning activities were implemented with <b>CBM</b> support through workshops or through <i>taylor-made</i> consultancies based on the specific project’s needs and contexts. In order to ensure that principles of equity and humanity were maintained in the service provision, the promoted business strategies consisted mainly of price discrimination and income cross-subsidization; ‘target market’ definition; market and competitors’ analysis; income forecasting, etc...</p> <p>So far (2011), the results of this intervention show that 80% of the eye care projects supported by <b>CBM</b> in Southern Africa reached a level of financial sustainability ranging between 68% and 89% (% of Total Income deriving from Cost-Recovery Activities) with a further increase emerging from the preliminary 2012 results. We are also happy to report that, during this process, none of the CBM-supported V2020 projects reported a significant decrease in the level of outputs (i.e. consultations, surgeries, etc...).</p>	<p>Successful relationships between <b>CBM</b> and institutional donors brought to a closer cooperation/ interaction for the funding of V2020 Programs in Southern Africa (i.e. BMZ, RTL, HDL, etc...). It is envisaged that, thanks to these successful interactions, designated funding available for the support of V2020 activities in Southern Africa might increase even further in the near future.</p> <p>Strengthened management capacity within <b>CBM</b>-supported projects and adoption of successful cost recovery systems have decreased financial dependency of projects on external funding (including CBM funding!). The achievement of this milestone has shown that another cooperation, North-South is possible and that it is not all about money. Well defined capacity development interventions taking place in the past 4 years have proven to be some of the most cost-effective interventions that CBM-supported projects have ever benefitted. Acknowledgment that success in V2020 relies on two strong foundations: good-quality technical/ medical work as well as strong management.</p> <p>In <b>CBM</b> experience, the development of <i>ad hoc</i> advisory consultancies as well as the development of training methodologies that resulted to be very effective can be replicated and translated into training modules that could be available to other institutions. Discussions took place between CBM and the Community Eye Health Institute (CEHI) of the University of Cape Town (UCT) on how to ‘translate’ some of these methodologies/approaches into the curriculum of the trainings delivered by the institution.</p>

<p>There has been significant and encouraging progress with cost recovery and financial self-sustainability in VISION 2020 programmes supported by <b>CBM</b> in Angola, Madagascar, Malawi, Zimbabwe, and Zambia. More information contained below under specific countries.</p>	
<p><b>COUNTRY INFORMATION SOUTHERN AFRICA</b></p>	
<p><b>BOTSWANA: The Botswana Optometric Association (BOA)</b> Medical liaison sub-committee’s contribution to the meetings with Medical aid schemes and /Consolidated Health Practitioners Group. Following the discord surrounding service tariffs, meetings have been held between the Health Funders Association Botswana (HFAB) &amp; Consolidated Health Practitioners Group (CHPG) comprising Medical Practitioners Association, Dental Association &amp; Optometrists Association. The initial stages of the consultative process was to establish a work plan to guide the group and sharing of expectations by both the HFAB &amp; CHPG members on the reimbursement model.</p> <p>March 2013, it was agreed by both that: a reimbursement model that allows a range of tariffs will be explored and that health care funders will reimburse within this range, an independent body will be engaged by both HFAB &amp; CHPG to conduct an industry assessment on the current state of costing and pricing of private health care services, and that long term initiatives like peer-review mechanisms, performance based reimbursement of service providers and quality assurance processes will also be discussed.</p> <p><b>Human Resource Development: CPD</b></p> <p>The Education Subcommittee of the <b>BOA</b> has been working on Continuous Professional Development</p>	<p><b>BOTSWANA: Advocacy</b> - Optometry is still locked out of the national health system and the profession is still not well understood. <b>BOA</b> continues to advocate for the placement of optometrists at the Government-run facilities and to hold offices at the Ministry of Health.</p> <p><b>Scope and Practice of Optometry</b> - <b>BOA</b> has its representations at the ophthalmic board of Botswana Health Professions Council and has forwarded the Scope of Practice of Optometry to Therapeutics for approval. <b>BOA</b> is trying to ensure that all relevant parties are fully aware of the Scope and make sure Optometry professional integrity is maintained.</p>

<p>(CPD) for <b>BOA</b> members, and the most utilized CPD system in South Africa, SYNAPSE was introduced by Mr Robert Lang, the Head of the Education subcommittee for the BOA. The Synapse CPD system has been successfully implemented through BOA and Accreditation applied for at Botswana Health Professions Council.</p>	
<p><b>MOZAMBIQUE:</b></p> <p>The <b>Brien Holden Vision Institute</b> noted that for the first time in Mozambique’s history, the country will have optometrists serving in the public hospitals. Following the Institute’s advocacy the Ministry of Health has created optometry posts in the public sector and employed all the four optometrists that were available for employment.</p>	
<p><b>SOUTH AFRICA:</b></p> <p>A report entitled <i>Child Eye Health in Africa: the Status of Child Health by ORBIS</i> and the <i>African Child Policy Forum</i> was launched on September 3 in Johannesburg by <b>ORBIS</b>. A workshop was held with a number of potential partners, including the departments of Health, Social Development Basic Education, and development partners and NGOs working in sectors such as ECD, health, education and others to start planning for effective collaboration to ensure that child eye health is a national developmental priority. The objective of the workshop was to collaborate with multi-sectoral stakeholders to develop an action framework to ensure that it is on the national developmental agenda and the national public health agenda.</p>	<p><b>SOUTH AFRICA:</b></p> <p><b>CBM</b> The University of Cape Town Community Eye Health Institute offers training in management of VISION 2020 programmes (1 year post graduate diploma) + in public health for eye care (1.5 – 2 year master in public health, community eye health track). These courses provide opportunity to strengthen human resource capacity for management and research in VISION 2020 in Africa.</p>
<p><b>ZAMBIA:</b></p> <p><b>Success with Cost recovery and financial self-sustainability in VISION 2020 programmes:</b> On the 1<sup>st</sup> of June 2013, the Vice President of Zambia Dr. Guy Scott inaugurated the new Eye Unit at <b>CBM</b>-supported Kitwe Central Hospital in the Copperbelt</p>	

<p>Province at a ceremony attended by the Ministry of Health (MOH) and funding organizations CBM and Lions. The unit was built thanks to a grant to CBM from the Federal Ministry for the Economic Development and Cooperation of Germany (BMZ), with supplementary financial support from CBM and the Lions. The unit comprises of OPD, wards, operating theatre, administration/office block, optical workshop and Low Vision unit, is located within the hospital's main campus and represents the solution to meet the needs for a modern state-of-the-art tertiary centre like Kitwe Central Hospital.</p> <p><b>OEU</b> support new 7 new boreholes in Sinazongwe District, Southern Province.</p> <p><b>VAO</b> notes Chainama College of Health Sciences, <b>LUSAKA, ZAMBIA:</b> Nine students have graduated from the Optometry Technologists diploma at Chainama College of Health Sciences in Lusaka. The graduation ceremony will take place on 13 September 2013. Vision Aid Overseas has been supporting the course, the first optometry training of its kind in Zambia, since 2009 in partnership with Sightsavers, the Zambian Ministry of Health and the University of Zambia. <b>Vision Aid Overseas</b> has provided guest lecturers, sponsored training for 2 Zambian optometry lecturers, undertaken supervised clinical practise for the students and taken a very hands-on role in supporting the faculty throughout its early development.</p>	
<p><b>ZIMBABWE:</b> Success with Cost recovery and financial self-sustainability in VISION 2020 programmes: In line with the newly developed Zimbabwean National Eye Health Strategy, <b>CBM</b> engaged with the V2020 National Coordinator and with its partners in the process of strengthening the</p>	

service delivery of CBM-supported Vision 2020 provincial programs as well as in identifying underserved provinces in need of the development of new provincial Vision 2020 programs.

*Ad hoc project* plans are in the process of being developed in close cooperation with the MoH, the relevant provincial health authorities and the partners. A range of funding institutions has already been approached and has expressed their interest to **CBM** for the support of these important developments. The highlights of this new wave of funding for **CBM** V2020 activities in Zimbabwe will include the strengthening of provincial V2020 programs and, in particular, the integration of a PEC component within the provincial PHC systems; the establishment of sound patients referral systems to bridge barriers to access to services and increase V2020 units' outputs; the introduction of phaco-emulsification surgery in all CBM-supported units as well as a consistent financial investment in much needed infrastructures in both V2020 provincial programs and national tertiary units.

## WEST AFRICA SUB REGION

SUBREGIONAL INFORMATION																	
MAJOR ACHIEVEMENTS	KEY OPPORTUNITIES																
<p>The <b>West Africa NGDO</b> (WANGDO) Coordination Group held their ninth annual meeting on 10-11 April 2013 at Bobo Dioulasso, Burkina Faso. The meeting was attended by IAPB (W.A.), eight Partner NGDOs and several Directors from WAHO</p>	<p>The <b>WANGDO</b> Group recalled the recommendation from the 2010 meeting and requested WAHO to develop a resolution to be adopted by the General Assembly of Ministers of Health of <b>ECOWAS</b> on the recognition and recruitment of optometrists in the public sector. The Group will continue to advocate for the recognition and recruitment of the current cadre of optometrist technicians trained for 3 years at IOTA by member countries.</p>																
<p><b>WAHO</b> has developed a harmonised code of ethics for the practice of Doctors and Dentists which is relevant to external practitioners who undertake camps or missions to Member States. This will be shared with Partners.</p>	<p><b>WAHO</b> has appointed a permanent V2020 Coordinator within the structure of WAHO. Dr. William Bosu, who is in charge of NCD is also responsible for V2020 Coordination.</p>																
COUNTRY INFORMATION WEST AFRICA																	
<p><b>BENIN</b> Les 11 au 15 et 16 au 20 Juin 2013 se sont déroulés au Benin respectivement deux camps de chirurgie de cataracte par la fondation <b>AL BASAR INTERNATIONAL</b> sponsorisée par la Banque Internationale de Développement (BID), <b>l'POPEP</b> et <b>AZERBAIDJAN FOUNDATION</b>. Un total de six cent vingt-huit (628) cas de cataracte ont été présélectionnés. 612 ont été retenues.</p>																	
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<p><b>GHANA:</b> The “Guidelines for Eye Camps and Outreach Surgery in Ghana” was accepted by the</p>	<p><b>GHANA:</b> Korle Bu Optical Services, Accra, <b>Vision Aid Overseas</b> is working in partnership with the Lions</p>																

<p>Forum as one that could be adapted by National Eye Care Programmes (NECP) and NGOs in the Region. The Ghana guidelines addresses the types of cases that could be managed, certification of surgeons by the national accreditation and regulatory body, location of eye camps, provision of post-camp services, involvement of district and regional health authorities and reporting of service outputs and surgery outcomes</p>	<p>Moorfields Korle Bu Trust to support Korle Bu Optical Services in Accra. Vision Aid Overseas is developing a business model at KBOS that will fully sustain services and generate a surplus income that will be reinvested in community eye care services throughout Ghana.</p> <p><b>OEU</b> receive ethical approval for Blindness and Visual impairment</p> <p><b>OEU Quality Eye Health For All (SiB Phase 5), To</b> improve the eye health of Ghanaians through integration of primary eye care into primary health care in all 10 regions in Ghana.</p> <ol style="list-style-type: none"> <li>1. Quality screening and assertive case-finding in 35 districts.</li> <li>2. Comprehensive community-based primary eye health care to cover 75% of the population in the catchment area.</li> <li>3. Strategic partnerships with other non-government organizations to advocate for necessary primary eye health care, and community infrastructure.</li> <li>4. Creating awareness campaigns throughout the ten regions to promote eye health seeking behaviour to increase patients accessing and receiving quality comprehensive eye care.</li> <li>5. Equip at least 10 hospitals with modern ophthalmic equipment.</li> </ol>
<p><b>GUINEA Conakry</b></p> <p>DESSO : Diplome d'Études Supérieures Spécialisées d'Ophthalmologie) <b>CBM</b> reported that since its inception the sub-regional francophone DO-training programme in Conakry, Guinea, 44 doctors from 5 countries have successfully completed the training. Another 15 are in the first and second year in the on-going courses. In Guinea, itself where they constitute 86 % of all ophthalmologists, the CSR has increased</p>	

<p>from 144 to 663 between the year 2000 and 2011.</p> <p><b>Sightsavers</b> reported an advocacy initiative has helped to get eye health included into the basic package of essential health services (BPEHS)</p>	
<p><b>SIERRA LEONE: VAO</b> has commenced 5 five-year programme to provide optometry services in the 3 districts of Eastern Province (Kenema, Kailahun and Kono). The programme, which has been fully funded, will provide training to twelve Optometry Technicians at the Sheikh Zayed Regional Eye Care Centre in The Gambia and have a significant focus on delivering primary eye care services to rural locations throughout the Province.</p>	
<p><b>BURKINA FASO:</b> In partnership with Fondation L’Occitane and A Better Life Foundation, <b>Vision Aid Overseas</b> has established optical dispensing services at the Koudougou Regional Hospital in the Centre-Ouest Region of Burkina Faso. This is the first Vision Centre programme Vision Aid Overseas has pursued in the country.</p>	<p><b>BURKINA FASO:</b> Later in 2013, <b>Vision Aid Overseas</b> will be establishing a Vision Centre in the Burkina Faso capital Ouagadougou and will be working with a number of partners to ensure that it is utilised to provide optical services to locations around the country.</p>
<p><b>NIGERIA:</b></p> <p><b>Sightsavers</b> notes that the global mapping of NTDs completed it’s first phase in Nigeria, covering 5 northern states of over 20 million people. This provides the first ever completed data on the NTDs in this area.</p>	
<p><b>TOGO:</b> With regards to the National Prevention of Childhood Blindness Programme in Togo, <b>CBM</b> reported that by end of June, funding for a national multi-year programme for the prevention of childhood blindness has been approved. It covers medical and low vision care, educational rehabilitation and community mobilisation by community volunteers. It includes training of selected eye doctors and eye nurses abroad who after return will offer in-country training of</p>	



<p>other colleagues, general nurses and midwives. It also includes construction, provision of equipment and consumables.</p>	
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