



International Agency for the Prevention of Blindness

**BOARD OF TRUSTEES MEETING
MARCH 28-29 , 2012**

IAPB REGIONAL UPDATES – NORTH AMERICA

NORTH AMERICA 2011 PROGRESS REPORT

USA

VISION 2020 US is one of the sponsors of "**Focus on Eye Health: A National Summit**" being hosted by Prevent Blindness America, on June 20, 2012 at the Washington Marriott at Metro Center. This event will launch the update of two very significant public health reports – Vision Problem in the U.S. and Economic Impact of Vision Problems. In addition to these updates, a variety of public health presentations will address vision and eye health in United States.

Attendees will include patient advocates, community-based organizations, national vision and eye health organizations, government agencies, and policymakers.

CANADA

The VISION 2020 Canada held a World Sight Day event on Parliament Hill.

The group is refining its operating principles, identifying Strategic Area Working Groups and undertaking to expand the membership base so that the right people/organizations are at the table and participating in strategic efforts to eliminate avoidable blindness in Canada and globally.

THE CARIBBEAN

Information	Antigua	Barbados	Belize	Dominica	Grenada	Guyana	Haiti	Jamaica
I. Central Organization, Leadership & Governance								
Year of Data	-		2011	2010	2010	2010	2010	-
Signed national Declaration in support of V2020			Yes	No	N/A		Yes	
Celebrating World Sight Day			Yes	Yes	No	Yes	Yes	
V2020 active & meeting regularly			No	No	No	Yes	Yes	
National workshop organised in the past year			Yes	No	No		Yes	
Focal Person to assist V2020 Committee and MOH			Yes, BCVI	No	Yes	Yes	Yes, CNPC-Haiti	
Written National V2020 strategic framework			Yes	Yes	N/A	No, Situational Analysis is being produced	Yes	
Implementating a national V2020 Plan			Yes	Yes	No	No, Situational Analysis is being produced	Yes	
Including eye health in the national health plans policies and systems			No	Yes	No	Yes		
Government financial contribution to Eye health			US\$31,566	N/A	N/A	N/A	unknown	

Information	Antigua	Barbados	Belize	Dominica	Grenada	Guyana	Haiti	Jamaica
II Disease Control								
CATARACT								
Number of cataract surgeries per year			343	181	78	414	2000	
Total population			333,200	71,000	100,000	751,223	10,000	
Year			2011	2010	2010	2010	2010	
CSR (cataract surgical rate)			1029	2549	780	551	200	
Utilizing a cataract outcomes monitoring tool/systems. Results available			Yes	No	No	N/A	N/A	
GLAUCOMA								
Carrying out glaucoma community awareness programs			Yes	Yes	Yes	Yes		
Including glaucoma eye medications in subsidized drug list			Yes	Yes	Yes	Yes		
DIABETIC RETINOPATHY								
Diabetic retinopathy services situation analysis conducted			Yes	Yes	No	Yes		
Integrate early detection (diabetics screening) and treatment programs for diabetic retinopathy into non-communicable chronic diseases programs			Yes	Yes	No	Yes		
1. Digital photograph screening available in								
a. public sector,			No	Yes	No	Yes		
b. private sector			No	No	Yes	N/A		
2. Diabetic patients routinely referred to ophthalmology unit for examination;			No	Yes	No	Yes		

3. Laser treatment services available in								
a. public sector			No	Yes	Yes	Yes		
b. private sector			Yes	No	Yes	Yes		
CHILDHOOD BLINDNESS								
Documentation on causes of childhood blindness in school children in country			Yes	No	N/A	Yes		
Have a national Retinopathy of Prematurity (ROP) prevention policy			No, in progress	No	N/A	Yes		
Screening and treatment services available?			No	Yes	N/A	N/A		
Implementing an eye care component in maternal and child care programs (eg.. Retinopathy of prematurity program,)			No	Yes	Yes, Limited referrals seen	N/A		
Capacity (paediatric oriented ophthalmologists and equipment) in tertiary facility to perform paediatric cataract, ROP examinations and treatment, and other blinding and non-blinding children's eye conditions			No	Yes	No, visiting itinerant surgeons provide service. Other cases are referred overseas: squints (4-5 cases) Cataract (2 cases)	Yes		
Please provide the following information annually: Note NA when necessary								
1. Total children examined in OPD			2129	1582	909	N/A		
2. Total examined for ROP			36	39	N/A	N/A		
3. Total child surgeries			N/A	10	9	N/A		
4. Total paediatric cataract			N/A	0		N/A		

5. Total pediatric trauma			N/A		3		N/A		
6. Total pediatric strabismus			N/A		3		N/A		
7. Total pediatric (others not mentioned above)			N/A		4	squint surgery 3	N/A		

REFRACTIVE ERROR

Implementing a national refractive errors program			Yes	No	No, patients are referred to private providers	Yes		
Spectacle labs producing affordable, quality spectacles			Yes	Yes	No	Yes	No, future project	
Number dispensed per year			3512 (2010)	Unknown	N/A	5246 (2010)	N/A	
Detecting and treating presbyopia			Yes	Yes	No,	Yes	Yes	

LOW VISION

Low-vision services available with									
1. Trained professional(s),			Yes	Yes	No	Yes	Yes		
2. the necessary equipment and			Yes	No	No	Yes	N/A		
3. Low Vision aids available?			Yes	No	N/A	Yes	N/A		

INCLUSIVE SERVICES

Implementing a national plans for inclusive education			yes	Yes	No	No		
Implementing a national plan for rehabilitation / adjustment to blindness.			Yes	No	N/A	Yes	Yes	

Information	Antigua	Barbados	Belize	Dominica	Grenada	Guyana	Haiti	Jamaica
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III HUMAN RESOURCES

Total number of Ophthalmologists			4 (1/83,300)	1 (1/71,000)	2 (1/50,000)	10 (1/75,122)		
Total number of Ophthalmologists performing surgery			4 (1/83,300)	1 (1/71,000)	2 (1/50,000)	4 (1/187,805)		



Optometrists			4 (1/83,300)	1 (1/71,000)	3 (1/33,333)	8 (1/92,902)		
Refractionists				0 2 (1/35,500)		0 15 (1/50,081)		
Ophthalmic nurses			4 (1/83,300)	1 (1/71,000)		0 24 (1/31,300)		
Ophthalmic assistants			2 (1/166,600)			0		
Community Eye Health personnel trained in Eye Health			4 (1/83,300)	9 (1/7,888)	3 (1/33,333)	114 (1/6,589)		
Availability of national educational curricula for ophthalmologists and/or optometrists			none	No	N/A	Yes		

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IV INFRASTRUCTURE

Preventive maintenance performed in each hospital with ophthalmology unit routinely			No	No	Yes	Yes		
3 monthly								
6 monthly								
annually						annually		



QUALITATIVE ASSESSMENT (related to the action plan & strategic framework for country)

Countries	Describe major achievements in implementing the Eye Health/Prevention of Blindness/VISION 2020 National Plan:	Major constrains in implementing the Eye Health/Prevention of Blindness/VISION 2020 National Plan	Proposed action to strengthen Eye Health through Prevention of Blindness/VISION 2020 implementation
Belize	<ul style="list-style-type: none"> ▪ BCVI benefits from up to date skills and technique from volunteer surgeons and optometrists visits, e.g. VOSH optometrist carried out training plus neonatologist for ROP visited KHHM which improved performance. ▪ Visiting groups used more effectively for outreach – increases awareness and coverage, reduces need for BCVI outreach activities (and associated cost and lost clinic time) increase spectacle revenue ▪ Establishing a more effective referral system for eye care services provided by BCVI ▪ BHIS Database reports give info on all PEC & NEC and program activities, e.g. number of clinics, number of patients seen, ▪ In 2008 less than 1% of income came from local fundraising for summer camp - this grew to 	<ul style="list-style-type: none"> • Lack of a full time ophthalmologist at the NEC to continuously provide treatment and surgeries • BCVI have been working with PAHO and other agencies trying to re-establish a V2020 Committee to ensure a more cohesive response to eye health in Belize 	<ul style="list-style-type: none"> ▪ Hiring full time ophthalmologist to provide routine examination and surgical procedures ▪ Linking with Visualiza in Guatemala to support Project development and nurse training



	<p>approx 10% in 2011</p> <ul style="list-style-type: none"> ▪ Trends show a growth in income from spectacle sales, NHI, NEC and local donations, with a drop off in funds from grants (comparing 2008/09 to 2010) ▪ More opportunities created via networking, Facebook, web and greater awareness on BCVI and the work it does. ▪ Agencies approaching BCVI following increased profile - BZ\$40k from Social Investment Fund for equipment; UNICEF funding recently received 		
<p>Dominica</p>	<ul style="list-style-type: none"> • Cataract: Increased CSR with IOL, yag laser for capsulotomy h, refraction post op for spectacles and improved supplies; • Diabetic Retinopathy: Fundus photography screening and laser treatment; • Glaucoma: Opportunistic screening of every patient examined in eye clinic and glaucoma meds more affordable; HVF in management of glaucoma; • Childhood blindness and Refractive Errors: ROP 	<ul style="list-style-type: none"> • Construction of eye clinic; • Maintaining eye equipment including replacing old ones; • Adding all glaucoma treatment to free drug formulary; • Low vision aids and rehabilitation of blind. • Data management needed of eye programs along with staff to do so • Active National Prevention of Blindness Committees • Contact person for vision 2020 program in Dominica 	<ul style="list-style-type: none"> • New clinic construction in planning stage though so for last 10 years to provide needed space to employ additional eye staff and implementation of additional services. • Still working with health information service to provide software for data management. • Young man secured scholarship to India to train in maintenance of eye equipment. • There are several young people in training for optometry (Cuba and Guyana) and one in

	<p>screening and laser treatment available; Social welfare assistance for specs of high refractive errors; school vision screening by FNP; VOSH</p> <ul style="list-style-type: none"> • Including Vision 2020 plans in National Strategic plan and inclusion of diabetic retinopathy screening and management in the Manual for the management of diabetes and hypertension. • Free medical services for <19 and >59; • Delivering eye care in the primary health districts clinics. 		<p>opticianary (Miami)</p> <ul style="list-style-type: none"> • Sensitization of junior doctors to specialize in ophthalmology ongoing.
Grenada		<ul style="list-style-type: none"> • Lack of involvement of trained personnel (Doctors/Nurses) in the field • Lack of advocacy due to a defunct National Prevention of Blindness Society • Inadequate facilities & equipment to perform procedures • Lack of specific budgetary allocation for the Eye Program 	<ul style="list-style-type: none"> • Revitalise the National Committee for the Prevention of Blindness • More Public education & awareness programmes • Greater involvement of technical personnel in the Public & Private sectors in Eye Care programme planning and execution
Guyana	<ul style="list-style-type: none"> ▪ Partnership with the University of Guyana to offer ▪ BSC in Optometry, ▪ Associate Degree in Optometry and ▪ Certificate in Refraction Techniques which will produce trained Professional in eye health. 	<ul style="list-style-type: none"> ▪ Lack of Available finance • Cost of Necessary Equipment • Chain of command within the MOE • Lack of Trained Professionals 	<ul style="list-style-type: none"> ▪ Lobby the government for more funding in Eye Health and Prevention of Blindness ▪ Training of maintenance technicians to assists in the maintenance of equipment for eye health centres and hospitals. ▪ Training of additional health



	<ul style="list-style-type: none"> ▪ Four Doctors from the Ministry of Health are currently on scholarship in Paraguay and Guatemala offered to be trained as Ophthalmologists. ▪ Upgrade of existing spectacle lab with new technology and equipment, this enables the lab to produce more affordable spectacles. ▪ Spectacle lab technicians received refresher training on new equipment. ▪ Equipping of three Vision Centres ▪ Conducted sensitization workshop of community health workers (35) ▪ Conducted eye health sensitization workshop of 42 school teachers 		<p>workers and teachers in eye health</p>
<p>Haiti</p>	<ul style="list-style-type: none"> ▪ Increased number of trained community health workers ▪ Increased efforts of screening community especially tent cities. ▪ Identification of persons to be trained as Ophthalmologists ▪ 2 additional Ophthalmologists trained in small cataract surgeries ▪ 4 nurses were trained as ophthalmologist assistant to help within the camps 	<ul style="list-style-type: none"> ▪ Finance and resources ▪ Geographical barriers 	<ul style="list-style-type: none"> ▪ Training of additional health workers ▪ Scholarship medical doctors to be trained as Ophthalmologist ▪ Procurement of additional medical equipment ▪ Identification of 2 other hospitals to be refurbished ▪ Provide equipment to hospital for operating theatre and Vision Centre ▪ Increased advocacy awareness



	<ul style="list-style-type: none"> ▪ Equipping of Vision Centre at Eliazard Germain Hospital ▪ Procured equipment for Operating theatre at Eliazard Germain hospital. 		<p>in the community.</p> <ul style="list-style-type: none"> ▪ Lobby MOH to have eye care as public health policies ▪ Training of maintenance technicians to assists in the maintenance of equipment for eye health centres and hospitals.
<p>Jamaica</p>	<ul style="list-style-type: none"> ▪ Commenced training of Ophthalmologist at residency programme in Mexico ▪ Continued training of Optometrist at the University of Guyana ▪ Training of Spectacle lab technician ▪ Sensitization of 20 school teachers in eye health ▪ Sensitization of 97 community health workers in the Southern Region. ▪ Equipping of Vision Centre at Mandeville Regional Hospital ▪ Low vision – April 2011: carried out a situation analysis of low vision services in Jamaica and developed recommendation to strengthen LV services. Outputs led to amendments to National Strategic Eye Plan and recommendations were to be taken forward by the Low Vision Committee ▪ The MOH Jamaica organised three workshops focused on Refractive Error, Low Vision and Diabetic Retinopathy. Results of 	<ul style="list-style-type: none"> ▪ 	<ul style="list-style-type: none"> ▪ Construction of Operating Theatre in the Eye Clinic at Mandeville Theatre, this will help to reduce the back log of persons waiting for eye surgeries. ▪ Equipping of additional Vision Centres ▪ Providing scholarship additional scholarships for young doctors who wants to study Ophthalmology ▪ Training & sensitization of additional health workers and school teachers ▪ Training of maintenance technicians to assists in the maintenance of equipment for eye health centres and hospitals.

	<p>each workshop are listed below.</p> <ul style="list-style-type: none"> ▪ Refractive Error – April 2011: developed draft guidelines for standard operating procedures for screening children for refractive errors in Jamaica. ▪ Diabetic Retinopathy – strategies developed to improve diabetic eye care services in Jamaica, which included developing national policy and setting up a screening and treatment programme. 		
St. Lucia	<ul style="list-style-type: none"> • Number of cataract surgeries exceeded target • Increased participation in health fairs thereby increasing public awareness of the eye diseases and their management and/or cure • Increased screening of members of the public • Training of health and community personnel • Increased capacity of health workers to detect and manage eye diseases • Procurement of adequate equipment and supplies • Advocate for more funding for marketing and administration 	<ul style="list-style-type: none"> ▪ Need for resident eye surgeon in public sector ▪ Inadequate finance to support projects /programmes ▪ Need for more attention to specific blinding diseases (i.e. glaucoma) ▪ Need for good accumulation and dissemination of eye health data (public and private) 	<ul style="list-style-type: none"> ▪ Increased health promotional activities within population ▪ Increased capacity of health care workers to detect and manage eye diseases ▪ Procurement of adequate equipment and supplies ▪ Advocate for more funding for marketing and advertisements ▪ Training of maintenance technicians to assist in the maintenance of equipment for eye health centres and hospitals. ▪
St. Kitts	<ul style="list-style-type: none"> • Mission Milagro • Canadian Screening program • Annual Free Eye Screening program 	<ul style="list-style-type: none"> • Finance 	<ul style="list-style-type: none"> ▪ Target all patients with diabetes who are registered with the public and private sectors for screening.



			<ul style="list-style-type: none"> ▪ In addition to the routine screening of 5 and 11 year olds, to conduct snellen's and auto refraction tests for 8 year olds, annually. (Children are examined at 5yrs and again at 11-12 years, by the time they are seen at 11-12 years, a number of them are found to have myopia). ▪ To target men at the construction sites for the annual free eye screening program. ▪ To increase use of eye care services and improve service outcomes though public awareness ▪ Poster development and distribution. ▪ Distribution of leaflets in workplaces. ▪ Increased utilization of the media. ▪ To develop National Register for the Blind and Visually Impaired. ▪ To lobby for trained personnel (specialists such as Refractionist) and training/re-training of existing staff.
St. Vincent			



<p>Suriname</p>	<ul style="list-style-type: none"> • Milagro Project 2005 – 2009 • Bilateral collaboration with the “Rotterdam Oogziekenhuis” since 2000: <ul style="list-style-type: none"> • Training of ophthalmologists, optometrists. • Introduction of new technologies for examination and for surgery • Expeditions to the rural areas • Establishment of EYE CENTER in AZP Nov 2009 	<ul style="list-style-type: none"> • Financing • HCW <ul style="list-style-type: none"> – Ophthalmologists – Ophthalmic nurses/assistants – Community Health personnel trained in Eye Health • Facilities : • Mobile Eye Clinic / Surgery theatre for the expeditions to rural districts and interior 	<ul style="list-style-type: none"> • Public awareness and patient education • Decentralized screening • Outreach specialist care • Cost effective modern technology • Multidisciplinary well-trained teams
<p>Trinidad</p>	<ul style="list-style-type: none"> ▪ Adoption of the Global Competency-Based Model for the Scope of Practice in Optometry World Council of Optometry (WCO) model 		<ul style="list-style-type: none"> ▪ Optometry Policy being developed to inform revision of the Opticians (Registration) Act