Caribbean Overview

The Caribbean comprises a group of island nations each with small to very small populations. Establishing comprehensive eye care in these circumstances is challenging and must be undertaken from a regional, not just a national perspective.

A strategic plan was developed in 2002 and updated in 2009 led by PAHO in collaboration with the Caribbean Council for the Blind and regional stakeholders including Sightsavers, CBM, ORBIS and all Caribbean VISION 2020 partners.

The most prevalent causes of blindness in the Caribbean are non-operated cataract and glaucoma, followed by diabetic retinopathy and uncorrected refractive errors. Childhood blindness is not as prevalent, but is a main cause of blinding years in the population.

While a number of the nations in the Caribbean have National Blindness Prevention Plans they lack the resources and expertise to begin to implement the plan or even identify reasonable starting points, such as implementing primary eye care into an existing primary health care system. The PAHO office could be much more effective in supporting implementation efforts with the addition of supplementary funding for administrative support and one position (or a flexible fund for expert consulting support). Currently the PAHO office comprises just Dr. Juan Carlos de Silva.

The strategic focus from ORBIS continues to be comprehensive eye care, improving cataract and diabetic retinopathy services, and reducing childhood blindness, including ROP. During this reporting period, ORBIS focused on Jamaica, Haiti, its region-wide Ophthalmology Society of the West Indies (OSWI), and on Goodwill Tours of the ORBIS Flying Eye Hospital media work in the Americas.

Advocacy

PAHO related to the Caribbean

The following national activities occurred in the Caribbean, supported by the PAHO office, Dr. Juan Carlos de Silva

Belize:
1. Official launching of the national eye care plan (August 1 2011)

Jamaica:
1. National Workshop to develop national guidelines on Refractive errors (April 2011)
3. National Workshop on Diabetic Retinopathy (July 2011)

**Barbados:**

1. National workshop to discuss Assessment of eye care services (June 2011)

ORBIS participated in various VISION 2020 regional sessions, presented at the VISION 2020 - USA program meeting and was selected to chair the Caribbean Collaborating Group of INGOs for the next two years. In addition, ORBIS supported a national ROP workshop for nurses and neonatologists for the Jamaica Ministry of Health facilitated by the University Hospital of the West Indies. The government has included ROP in their obstetric and MCH policies in recognition to United Nations MDGs 2 and 4.

ORBIS participated in a Government /PAHO diabetic eye disease strategic workshop, where a screening program and integrating with the NCCD were discussed.

ORBIS Flying Eye Hospital (FEH) has been an icon in the global effort to eliminate avoidable blindness. In between the medical programs in 2011, the ORBIS Flying Eye Hospital is travelling to eight cities in North America to highlight the issue of avoidable blindness in the developing world. In 2011 alone, the media for ORBIS in North America has generated over 75 million impressions, from broadcast TV to print to on-line media. In 2010, ORBIS partnered with OMEGA and its celebrity ambassador Daniel Craig to raise awareness of the issue of preventable blindness.

**ORBIS: Key Events, Activities & Achievements**

**Disease Control and Prevention**

**Jamaica:**

In 2010, in partnership with Jamaica’s Kingston Public Hospital (KPH), there were -

- 22,449 eye examinations at the outpatient department, of which 26% were new patients. This represents an increase of 18% over the past two years.
- Cataract operations (406) represented 76% of all major surgeries performed, with 77% of these surgeries using MSICS technique.
- Six ophthalmologists are trained and are performing the technique.
- By end of 2010, there was a 62% increase in the cataract surgical outputs compared with the 2007 baseline.
- An audit of the cataract outcomes compared well with the WHO standards.

ORBIS provided:

New glaucoma diagnostic equipment, laser and slit lamps which facilitated a more comprehensive eye care service provision at the KPH, which serves almost 50% of Jamaica’s population. The partner has requested phaco training, especially as many ophthalmology residents are in training, and also further development of the retina service to meet the diabetic retinopathy needs.

**Haiti:**

In response to the earthquake in Haiti, ORBIS, PAHO, CBM, Sightsavers sponsored an assessment of the eye care infrastructure and human resources. A debriefing in the Dominican Republic of all interested INGOs, resulted in ORBIS agreeing to support tertiary training, the National Committee for Blindness Prevention (CNPC), and equipment rehabilitation. Joint funding with CBM supported the
National Committee for the Prevention of Blindness (CNPC) to address eye care issues. One ophthalmologist was also sponsored to Aravind Eye Hospital, India to learn MSICS.

Ophthalmologists who were left without any income since the earthquake received a fee-for-service based on the number of examinations, medical/optical and surgical treatments performed. Activities began in December 2010 with aims to screen 6,000 persons living in the ‘tent cities’, provided eyeglasses and medical treatment to 4,000 persons, and eye surgery to 540 persons. Ten eye care assistants were trained to detect primary eye problems. They screened 6,771 persons, and referred 4,826 for ophthalmic examination. Only 2,790 (58%) were examined at the surgery centers, with more women (72%) than men (28%) accessing the service. The surgical outputs were very low (43) as only one facility (HUEH) had the capacity for surgery, and that was limited. Collaborating with IEF, ORBIS further assessed the capacity and other issues. IEF provided key recommendations for improvement.

**Future Challenges** (provided by ORBIS)

1. Stepping up effective advocacy at national level. The role of national VISION 2020 committees in absence of real national commitment (resource allocation, etc.) appears in many cases to be limited. Governments see visual impairment primarily as NGOs’ responsibility.

2. Integrating diabetic eye disease in health systems require more concrete guidelines from VISION 2020, including the availability of appropriately priced screening and treatment equipment to be procured by government—such as portable fundus cameras, lasers.

3. Integrating eye care data in national health information management system.

**Caribbean Council for the Blind**

The next annual meeting for the INGO Coordinating group is scheduled to be held in Guyana with the following (tentative) agenda:

- Nov 30th: VISION 2020 Workshop
- Dec 1st: Advocacy / INGO Meeting
- Dec 2nd: Guyana VISION 2020 workshop to update the plan

**VISION 2020 USA**

The second Congressional Briefing was held on September 16, 2010. At the VISION 2020 meeting following the Briefing, the members agreed to target four priority areas. These were:

1. Reaching out to USAID to encourage the inclusion of eye care into the Global Health Initiative,
2. continue to work with Prevent Blindness America (PBA) on the domestic side, particularly with the Intra-agency Task Force on Vision Screening,
3. strengthening our relationship to the APHA and
4. improving communication within V2020.

Aside from the four target areas, VISION 2020 supported the Congressional reception held in Washington and organized by PBA.

The Standards for VISION2020/USA have been adopted.
World Sight Day – October 13, 2011 will be celebrated with the third Congressional briefing to be held in Washington, DC. The theme for the day is “Recognizing blindness and vision impairment as global health problems”.

VISION 2020 Canada

VISION 2020 Canada has formally been approved by VISION 2020: The Right to Sight as a country organization and the work that has been done has been very foundational. The Mission is to be the national voice for member organizations that:

- Provide support for people who are blind and partially sighted
- Work to eliminate avoidable blindness and vision loss and maximize community participation in this initiative
- Are committed to working with governments to help facilitate the development and implementation of an integrated, sustainable national vision health plan

Four strategic priorities have been identified that need to be covered in a Vision Health Plan for Canada:

1. Access to healthcare and treatments,
2. Appropriate funding for research,
3. Public health messaging on vision health,

The VISION 2020 Canada website is now live.

An event is planned on parliament hill for World Sight Day. VISION 2020 Canada will be announcing a number of VISION 2020 Canada priorities and initiatives.