IAPB
VISION 2020 Workshops

Report for
2011

VISION 2020 Workshops coordinated by ICEH with funding from CBM, ORBIS, FHF and Sightsavers International

Report collated by:
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Summary

A total of 22 workshops were held in 2011 covering the following WHO regions – 7 in Africa, 2 in South East Asia, 2 in Eastern Mediterranean, 6 in Western Pacific and 5 in Latin America.

An additional 7 workshops were held in Europe funded by CBM and reported separately.

Approximately 858 people participated in the 2011 programme.

The topics covered were:

Research:
- Using data for advocacy (1) Lome, Togo
- Capacity building for Research (1) Abuja, Nigeria
- Translating research into policy (1) Moshi, Tanzania

Advocacy:
- Advocacy to Upgrade training (2) Kinshasha, DRC
  Yaounde, Cameroon

Planning for VISION 2020:
- Progress of VISION 2020 in East Africa (1) Addis, Ethiopia
- Progress of VISION 2020 in EMR (1) Dubai, UAE
- Review of VISION 2020 in SEAR (1) Madurai, India
- Strategic Planning for VISION 2020 India (1) Pune, India
- National Training for VISION 2020 China (1) Kunming, China
- Provincial Planning (5) Sichuan P, China
  Liaoning P, China
  Jiangxi P, China
  Anhui P, China
  Hunan P, China

Health Systems:
- Integration of eyecare into HS (2) Jo'burg, S.Africa
  Dubai, UAE

Community Eye Health
- Community Eye Health for residents (3) Porto Alegre, Brazil
  Lima, Peru
  Queretaro, Mexico

- Community Eye Health (1) Cochabamba, Bolivia
- Community Eye Health Management (1) Fernando de la Mora, Paraguay
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1.0 Executive Summary  

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1.0 Executive Summary
Research was a prominent theme in Africa this year. There was a research capacity building workshop in Nigeria, West Africa, focussing on the Anglophone countries but with broader regional relevance. To follow up on this workshop a small working group is developing a proposal to submit to the Wellcome Foundation to support research capacity building activities. Another workshop was held in Tanzania, KCCO, and was to look at the translation of research into policy and practice. Both workshops built on the 2010 IAPB Global workshop on research for VISION 2020 and in the case of the Nigeria workshop had used the IAPB funding as leverage to secure external funding. A third research workshop was held in Togo and was looking at specific data management skills required for quantitative research.

This year also saw a strengthened partnership with the WHO regional offices in SEA and EMR. In both of these regions workshops were held to review the implementation of the WHO action plan for the prevention of avoidable blindness and visual impairment; identify challenges and successes and make recommendations for the final two years of the plan. The SEA workshop was co sponsored by the WHO regional office.

Workshops have been one mechanism to support the integration of eye care into the broader health system, and in Africa there have been a series of workshops lead by the Africa Primary Eye Care (PEC) group to look at ways to integrate PEC into Primary Health Care (PHC). This year there was a workshop to build on the work of the PEC group and look at ways to integrate eye care into health systems for Africa, specifically for the Southern Africa countries. From this a series of practical steps and recommendations were developed to help guide national blindness prevention coordinators in this task.

In WPR the focus remained on China and the development of plans at Provincial level, a total of five Provincial planning workshops were held this year. The most exciting development in China was the first VISION 2020 training for Ministry of Health (MoH) staff; this was the first time the MoH has ever delegated a NGO to conduct a national training workshop in prevention of blindness. This was organised in response to a request from the MoH staff who participated in the last INGO coordination meeting at which a MoH Liaison Officer had been identified to be a direct link between the INGOs and the MoH. This workshop was considered a significant success and the MoH has asked that another be held in the next few years.

Other planning type workshops include the strategic planning workshop for VISION 2020 India out of which a road map has been developed and which IAPB is developing into a proposal to submit to the EU. Also the East African planning workshop which reviewed the progress of VISION 2020 in the sub region; identified best practice and made recommendations for the way ahead.

In LA the requests continued to be for Community Eye Health workshops. In Brazil, Peru and Mexico there were Community Eye Health workshops for residents as part of their training. This type of workshop has been delivered for several years and a big step forward was when in Brazil it was recognised by the state and formally integrated into the national curriculum for residents. It is hoped that this will be the next step for other countries in the region. The fifth annual community eye health management training was held in Paraguay; this course is widely recognised within the region as being instrumental in developing blindness prevention projects.

There were only two advocacy type workshops this year, both in Central Africa and with very specific advocacy objectives. The first in DRC was to improve equity in the distribution and numbers of cataract surgeons and ophthalmic nurses in the sub region. The second was to improve the quality of ophthalmic training in the sub region.
A supporting activity was the development and publication of the National Eye Health Coordinator (NEC) manual. This brought together the materials developed for the capacity building workshops for NECs in Africa. The purpose being that the materials should be used to benefit NECs who were unable to attend a workshop and also be useful in other regions. It has been designed as a stand alone resource and has been circulated to all NECs in each region. Funds are being sought to translate the manual into French.

Other complimentary activities include the annual review and planning meeting with core funders. One key suggestion from this meeting was the opportunity to ‘rebrand’ the VISION 2020 workshop programme to ‘VISION 2020 learning and development programme’ as this would reflect the true nature of the programme as it already encompassed other ‘non workshop’ activities and also it would give IAPB the opportunity to explore what other initiatives could fall under this new ‘banner.’ Building on this suggestion the Programme Manager made a presentation on the programme at the IAPB Board of Trustees meeting in September, and as part of this group work was undertaken to elicit from members what they felt could be included in an IAPB learning and development programme. The next step has been to identify key initiatives which can be implemented within current capacity whilst putting together proposals for additional funding to support the growth of the learning and development programme.
<table>
<thead>
<tr>
<th><strong>Lome, Togo</strong></th>
<th><strong>USING DATA FOR ADVOCACY AND RESOURCE MOBILISATION</strong></th>
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**Aims and objectives**

**Purpose:** Improve the use of eye health data for advocacy and resource mobilisation.

**Specific Objectives.**
- Emphasise the importance of data in advocacy and resource mobilisation
- Build the capacities of Eye Health Data Managers and Officers on the use of EPI INFO.
- Train eye health data Managers and Officers to use software for graphic representation of data.
- Train eye health programmes Data Managers and Officers to better arrange and present data for advocacy and resource mobilisation.

**Participants**

Nine out of the expected ten countries participated in the workshop (Benin, Burkina Faso, Côte d'Ivoire, Guinea Conakry, Guinea Bissau, Mali, Niger, Senegal and Togo). Only Cape Verde was absent.

A total of 21 eye health workers attended the workshop.

**Faculty**

Dr. Issa Wone, Consultant to HELITE, a Public Health Consulting Firm in Dakar, Senegal.

Dr. Doulaye SACKO, Coordinator of Vision 2020, WAHO, Bobo-Dioulasso, Burkina Faso

**Cost to IAPB**

$9,939 Total

21% of costs – co funded with WAHO

**Successes**

Participants were trained to use data for decision making for advocacy; for resource mobilisation and for graphic representation.

They also had their capacities built by using EPI INFO for data analysis and interpretation.

Participants valued all the themes developed during the training. They found the themes relevant to their daily work

**Difficulties**

They raised concerns about the fact that the time was short and did not allow them to better understand concepts that were important but were not thoroughly discussed.

**Follow-up**

A recommendation was made for WAHO to organise a workshop to develop a harmonised list of indicators on eye health at the regional level.
| Abuja, Nigeria | CAPACITY BUILDING FOR RESEARCH  
6TH – 8TH June |
<table>
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<tbody>
<tr>
<td><strong>Aims and objectives</strong></td>
<td>The aim of the workshop was to develop a plan/framework to build capacity for research in West Africa in order to undertake translational research that will lead to improved control of blindness and visual impairment.</td>
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<td><strong>The specific objectives</strong></td>
<td>were built on the IAPB recommendations, applied to the West African sub-region:</td>
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<td>- To identify the existing research capacity and track record in the sub-region. In order to map out what exists already in general research – institutions, researchers, resource/donor groups – to enable networking and a cohesive way of tapping multilateral resources that exist.</td>
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<td>- To identify individuals and institutions that will undertake and lead research and research training in line with the prioritised IAPB research themes. These institutions will be designated as AVRI nodal points (not more than 1 in each country), which will develop a good model with high quality standards that can be replicated in other parts of the sub-region/countries.</td>
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<td>- To do a needs assessment of possible institutions and determine the resource implications, including non-financial resources.</td>
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<td>- To use the Bull’s eye approach to selection of 2 or 3 priority areas out of the IAPB proposed top ten global research priorities areas and the 10 proposed priority topics. Each selected topic will provide a practical research process for application of capacity building step by step. This will need to be managed very carefully so that participants don’t go down the route of developing a proposal, but use it as the basis for thinking through the capacities needed to do, write up, disseminate the research.</td>
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<td>- To develop a framework for collaboration with eye care professional bodies (e.g. ICO, WCO, country ophthalmological/optometric/ophthalmic nurses’ association) and multidisciplinary group of research scientists.</td>
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<td>- To develop (or strengthen) a framework for links between internationally acclaimed research centres or institutions and institutions in West Africa.</td>
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<td>- To determine/consider training programmes for personal research skills enhancement (e.g. research degree programmes; transferable skills programme, LSHTM).</td>
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<td><strong>Participants</strong></td>
<td>55 people participated including:</td>
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<td>- national coordinators of eye health programmes from all 5 countries (Nigeria, Ghana, Gambia, Liberia and Sierra Leone)</td>
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<td></td>
<td>- researchers</td>
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<td></td>
<td>- representatives of IAPB, AVRI, international NGOs, APOC</td>
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| **Faculty** | Lead organiser – Dr Fatima Kyari  
Professor Adenike Abiose; Professor of ophthalmology, Research leader, Nigeria  
Dr Hannah Faal; Chair, Africa Vision Research Institute (AVRI)  
Professor Clare Gilbert; Professor of international health, Co-Director ICEH, IAPB research work group  
Professor Kovin Naidoo; Professor of optometry, Global programmes Director, IAPB Regional Chair (Africa), Head AVRI  
Dr Maria Hagan; IAPB Regional Co-Chair (West Africa) |
| **Cost to IAPB** | $12,407  
46% of total cost – co funded with Wellcome Trust |
| **Successes** | Outputs:  
Systems were agreed on and forms designed for: Data for monitoring eye health research; and a system for assessing capacities for research. |
Each country presented a list of activities and priorities that they would take forward after the workshop.

A group comprising IAPB, NGOs, ICEH and AVRI recommended the following, with activities 1-3 forming the basis of a proposal from ICEH / AVRI to The Wellcome Trust

1. Database for research active / potential institutions, as part of Africa database
2. User friendly tool for assessing research capacities, for gap analysis
3. An inventory of available courses/modules/workshops for soft and technical skills for research in sub-Saharan Africa (online and face to face courses). The inventory to include networks and consortia in Africa (e.g., CARTA; EENET)
4. An inventory of research publications (peer reviewed and other) of relevance to eye health
5. Consortia and multicountry research for eye health and NGOs co-fund research
6. Adequately funded research is an integral part of NGO supported programmes
7. Strengthening/establishment of research institutions

Difficulties
None reported

Follow Up
A group were assigned with the responsibility to develop the proposal to the Wellcome Trust for follow up activities.

At the end of the workshop, countries and researchers drew up action plans with a commitment to ensure the implementation of the plans.

AFRICA- CENTRAL

Kinshasha, DRC

IAPB PLANNING + ADVOCACY ON TRAINING CAPACITY UPGRADE
15TH – 17TH March

Aims and objectives
Aim
Improve equity in distribution of cataract surgeons and ophthalmic nurses trained in countries of the sub-region.

Specific objectives
- To analyse the current capacity and the number of students effectively trained at CFOAC
- To identify barriers to higher uptake of students
- To identify possible barriers to the recognition and integration of graduates in their respective countries in the sub-region
- To identify strategies for an increased uptake of trainees
- To identify strategies for equitable deployment and retention of graduates in their respective countries in the sub-region
- Carry out advocacy to NGOs and funders for financial support
- Draft an action for resource mobilisation.

Participants
Number – 16
Geographical spread – Cameroon, Congo, CAR, Burundi, DRC, Chad
Professional responsibilities – Ophthalmologists, Ophthalmic nurse, Administrators

Faculty
External – Dr Etya’ale, Mr Cizkl

Cost to IAPB
$13,082

Successes
- A SWOT analysis was carried out which helped identify barriers to increase
A schedule for increase of intake was agreed
Needs in terms of equipment and personnel to be able increase quantities and quality of trainees were identified.

**Difficulties**

There was a bit of misunderstanding amongst stakeholders on which of the training facilities to invest in. This affected the proceedings. However, participants managed to reach a common ground in the end.

**Follow-up**

Targets with dates –
- Circulate the report to potential funders
- Build in the CFOAC needs in sub-regional planning
- Hold a follow up meeting in Yaoundé later in the year – this has already been done (see below).

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**Yaounde, Cameroon**

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<th>IAPB PLANNING AND ADVOCACY ON TRAINING CAPACITY UPGRADE</th>
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**Aims and objectives**

**Aim**
- To upgrade the ophthalmologist training programme at the University of Yaoundé.

**Specific objectives**
- To analyse the current capacity and outputs of the University of Yaoundé
- To identify barriers to higher levels of outputs and outcomes
- To identify possible barriers to absorption of trainees across the sub-region
- To identify strategies for increasing the outputs and outcomes to contribute to the fulfilment of sub regional needs
- To advocate for support from participating NGOs and funders
- To draw a plan of action for resource mobilisation.

**Participants**

Number – 11
National Coordinators from– Cameroon, CAR, DRC, Gabon, ORBIS Representatives (2)
Professionals – Ophthalmologists and University lecturers (2).

**Faculty**

External – Dr Etya’ale, Executive Director IAPB Africa

**Cost IAPB**

$11,884

**Successes**

- A situational analysis was carried out
- Barriers to higher intake and quality of training were identified
- Strategies for overcoming the barriers were identified
- Advocacy was done to ORBIS for support
- An action plan was developed.

**Difficulties**

Two facilitators were expected at the workshop but only one finally made it.

**Follow-up**

Targets with dates –
- Circulate the action plan to potential funders – Co-Chair
- Implement the action plan – Faculty of Medicine Yaounde
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<th>Mosh, Tanzania</th>
<th>TRANSLATING KNOWLEDGE INTO POLICY</th>
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**Aims and objectives**

The aim of the course was to provide the participants with the skills to prepare policy briefs based upon research (or other forms of solid evidence), identify the best channels for application, and how to create a plan for application of the findings.

At the end of the course, participants are expected to have prepared a first draft of either an issue brief (to highlight an issue in which evidence is either lacking or inadequate) or a policy brief (to highlight options for policy based upon research that has been carried out).

**Participants**

16 – from Africa and EMRO

**Faculty**

Dr Pierre Ongolo- Zogo, Centre for Development of Best practice in Health, Yaounde, Cameroon.

**Cost IAPB**

None – funded by AED – Academy for Educational Development

**Successes**

Participants were given sessions on the tenets of knowledge translation: Communication, strategic thinking, clear identification of problems and evidence based solutions. Two teams focused on childhood blindness and developing briefs for policy makers. A process was developed to frame policy briefs:

- Identifying a problem (phrased from a policy perspective rather than a research perspective)
- Identifying a proposed intervention or programme change (based upon the available evidence; noting limitations from the research undertaken)
- Determining the audience
- Drafting an issue or policy brief, including evidence from the literature. Issue and policy briefs need to concise and include a one page summary.
- Design a strategy for disseminating information (through meetings, social networking, print or other media)

**Difficulties**

None cited

**Follow-up**

A way forward was developed with the following recommendations:

Knowledge translation integrated into research proposals.
Try to partner researchers with key decision makers
Ensure programme practices are based on evidence.
Build capacity of researchers to assist policy makers in evidence informed decisions is a first step.
### Aims and objectives
The aim of this workshop was to discuss emerging challenges and opportunities for implementation of V2020, share experiences and good practice from different countries in the sub-region and come up with conclusions and actionable recommendations.

### Participants
There were 21 participants. The national eye care coordinators (NECs) of Kenya, Tanzania, Uganda, Burundi, Rwanda and Republic of South Sudan were present. It is to be highlighted that the national eye care coordinator of the new country in Africa, the Republic of South Sudan has attended the meeting for the first time.

### Faculty
The workshop was facilitated by the Co-chair for IAPB Eastern Africa, Dr. Amir Bedri Kello.
There were country reports by the national eye care coordinators from six countries in the sub-region.
Additionally, Dr. Susan Lewallen, Dr. Demissie Tadesse and Dr. Wanjiku Mathenge gave presentations on RAAB, NTDs & eye care and emerging eye conditions in Eastern Africa respectively followed by discussions.

### Cost to IAPB
$8653.96

### Successes
Successes Against Objectives
The workshop was relatively well attended with discussions on emerging challenges and opportunities in six countries of the sub-region.

**Uganda**
Although there are improvements in eye care service delivery and human resources development, there are still challenges especially with regard to the lack of career opportunities for ophthalmologists and OCOs. The national HMIS has agreed to capture five eye care services related data items, but there is not much budgetary support. There is functional collaboration between the national coordinator, LFTW and ICEE to address the issue of refractive errors at national level. The Uganda programme is training OCO’s in refractive errors for six weeks in order to address the shortage of these cadres in the public sector. The programme is working well; however, there is a challenge to get recognition for the training of optometrists.
The diminishing number of applicants for residency in ophthalmology and lack of career opportunities for eye care personnel require that there be discussion with relevant government structures in promoting eye health at the level of policy and decision makers.

**Kenya**
Marked improvements are noted in terms of human resources development and infrastructure. The Ministry of Health has been supportive in integrating eye care into the health system, which helped in equipping the eye units. Kenya has a dedicated focal person for eye health. Efforts are underway to establish two equipment maintenance centres by 2015. With the establishment of a glaucoma working group supported by Pfizer, Allergan and Alcon, there are opportunities to promote glaucoma work in Kenya. Trachoma control is being integrated with the NTDs. There are challenges in establishing the optical service provision for refractive errors to patients in the public sector.

**Burundi**
There is striking mal-distribution of eye care personnel with 100% ophthalmologists and 70% of the OCOs residing in the capital, Bujumbura. There is marked shortage of midlevel eye care personnel. The ministry of health is committed to implement V2020;
However, there is need for having more partners to support eye care programmes. Interested partners are welcome to Burundi.

**Tanzania**

There is a dedicated focal person for eye health at the ministry of health and the national eye care programme is recently placed under division of Curative Services, NCD Section. However, at present trachoma and onchocerciasis are under NTD Section. The 5-year strategic plan 2011-2016 is recently endorsed. Quantitative and qualitative shortage of human resources poses a challenge. However, introduction of Competence Based Education and Training Award System and phasing out of advanced diploma programmes is believed to counter it. The problem of some partners with interests not aligned with that of the government, duplication of activities and lack of transparency are seen as not being helpful and need to be addressed at the national eye health INGDO forum.

**Rwanda**

There is shortage of human resources both in quantity and quality. Of the current 10 zones, only 4 have an ophthalmologist. Eye care still remains on low priority and shows high dependency on donors.

Enabling policies of National Health Care Insurance and PBF (performance based financing) incentive for health workers are improving general and eye health care delivery in the country. Health budget has increased to 18% of the national budget making Rwanda one of the few countries giving due attention to health. The Army initiative of organizing outreach has been indicated as a very successful programme in reducing the cataract backlog in the country. Training of OCOs has improved the situation of coverage with them as 63 have qualified so far. There are opportunities for improved HRD with the upcoming Rwanda International Centre of Ophthalmology that has received support from the government and donors.

**South Sudan**

It represents the newest country on the continent of Africa and the IAPB Eastern Africa sub-region. Although there are enormous challenges in all aspects of eye care and health care deliveries in general, there are opportunities to establish new structures and policies.

There is a need to establish baseline data on eye care situation and prevalence and causes of blindness. HRD and infrastructure development are top on the priority list. The major challenge is shortage of eye health professionals. To overcome this challenge Juba Teaching Hospital is already training OCOs and cataract surgeons. The INGOS present were asked to give short presentation about themselves and what they do and where. It was suggested to involve the private sector working in eye care and blindness prevention in the region at IAPB meetings. It was agreed to discuss about this issue as an agenda item for the next IAPB meeting.

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<tr>
<th>Difficulties</th>
<th>No NEC from Ethiopia despite repeated efforts to engage and also Eritrea could not be present due to the political relationship between Ethiopia and Eritrea.</th>
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</table>
| Follow-up  | Conclusions and Recommendations:  
- Ethiopia, being one of the priority countries for V2020 implementation, should appoint a focal person for eye health or a national eye care (NEC) coordinator.  
- NECs to identify for the IAPB Eastern African co-chair who the appropriate MoH official to send the report and recommendations from this meeting is in his/her country. The EA coordinator will send these.  
- IAPB to invite decision makers from respective ministry of health offices alongside NEC coordinators for future workshops.  
- The engagement of more INGDOs working in the eye care sector is needed in countries like Burundi and Republic of South Sudan.  
- We should change names from “Prevention of Blindness” committees to |

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something else, such as “National Committees for Eye Health”.

- It is advisable to do more RAAB studies in the sub-region by selecting future RAAB study sites strategically and ensure quality surveys.
- Collaboration and coordination with NTDs needs to be enhanced through the NEC office.
- Next IAPB Eastern Africa V2020 meeting to discuss emerging conditions (e.g. glaucoma, DR, AMD) and also include presentation on contribution of private sector to eye health.

AFRICA - SOUTHERN

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<th>Jo'burg South Africa</th>
<th>IAPB PLANNING + INTEGRATION OF EYE CARE INTO HEALTH SYSTEMS</th>
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<td>26th – 28th July</td>
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**Aims and Objectives**

- Inclusion of eye care in MOH strategic plans
- Relevant eye care indicators in HIS
- HRD strategies that include eye care in training and job description at all levels of health care.
- Improvement of coordination between eye care partners, governments and WHO in eye care delivery
- Increased research and monitoring of blindness, visual impairment and eye morbidity in the region.
- Advocacy strategies which ensure success of eye care delivery within the context of existing health care systems of Southern African countries.

**Participants**

- 22 in total - IAPB Africa Executive Director, Regional Chair, Southern Africa Co-Chair, Coordinator Administrator
- 11 National Coordinators of Eyecare from the Southern Africa Subregion
- MOH Directors in charge of primary health care programmes
- NGO representatives
- WHO country representatives - Swaziland
- University Representatives

**Faculty**

Deon Minnies, Boateng Wiafe, Daniel Etya’ale, Colin Cook, Kovin Naidoo

**Cost to IAPB**

$22426.26

**Successes**

**Recommendations from the workshop**

- There is a need to revisit and re-package VISION 2020 as this is a dynamic concept which needs to be addressed so that it is relevant to the African situation. This will encourage buy-in and ownership from the member states MOH.
- There is a need for more visibility of eye care. Solutions are
  - to change from prevention of blindness to eye care
  - to develop and increase advocacy efforts for eye care
  - disseminate information on eye health to the recipient communities involving health promotion departments
- There is a need to make sure that eye care is included in MOH strategic and operational plans. Solutions are:
  - Engaging personnel in districts to include eye health in their plans
  - Identifying key operational people in the MOH to further the eye care agenda(advocacy)
  - Lobbying for specific budget lines for eye health
- Structuring eye health to fit into the existing overall structure of MOH eg NCD policy
There is a need to assess in detail all activities related to eye care. This will assist in slotting relevant activities in other departments eg MCH, HIV programmes, water and sanitation. This will involve:
- Advocating for the relevant activities
- MoUs between departments to determine rules of engagement, responsibilities, reporting lines, time frames, ownership etc

There is a need to address sustainability of the eye care programmes. Some of the issues to be addressed include:
- MoUs which include entry and exit strategies for the NGOs
- Horizontal rather than vertical programmes
- Country generated rather than NGO generated activities
- Involvement of relevant ministries eg Ministry of Finance

There is a need to address the Human Resources problems. Solutions also involve:
- Improving the quality of the workforce
- Addressing motivational issues for the workers involved in eye care
- Multi tasking and task shifting
- Including other cadres to the traditional doctor and nurse to improve the function of eye care teams among other things

There is a need to identify, refine and develop advocacy strategies relevant for the region including identifying the individuals, departments and institutions where these efforts will be directed. Some of the institutions identified included:
- WHO Afro regional personnel as well as WHO country representatives
- SADC Health Ministers forums
- United Nations regional offices and related/ affiliated bodies
- Ministers, directors in ministries whose portfolio includes eye care issues.

Some countries in the sub region have done well so far in terms of integration with Zambia being an example. Success has also been seen at district level with the Fred Hollows Foundation project in the Eastern Cape as well as the ICEE programme in Durban where optical workshops were created. The participants agreed that the success stories should be documented for ‘best practice’ references.

<table>
<thead>
<tr>
<th>Difficulties</th>
<th>None cited</th>
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<tbody>
<tr>
<td>Follow-up</td>
<td>It is the responsibility of all participants to implement these recommendations in their own countries.</td>
</tr>
<tr>
<td>Aims and objectives</td>
<td>Objectives of the Workshop</td>
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<tr>
<td></td>
<td>Assess results of Strategy &amp; Institutional Arrangements to date</td>
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<tr>
<td></td>
<td>Revise Strategy and Institutional Arrangements required to implement strategy</td>
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<tr>
<td></td>
<td>Devise Concrete Action Plans for next stage</td>
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</tbody>
</table>

| Participants | 16 |
| Faculty      | Tejinder Singh Bhogal – an independent consultant |
| Cost t IAPB  | $8288.92 |

**Successes**

The participants agreed on the phrasing of a new identity

The Identity of Vision 2020 most closely by the following statement: “VISION 2020 seeks to influence policy and work practices with eye care members for their excellence, so that high quality eye care services are available to all.”

Participants then went onto review the previous strategy and update where necessary; the following criteria were used when reviewing:

- Strategic Relevance
- Clarity of Expected Outcomes:
- Clarity on tasks
- Clarity of Division of responsibility and time investment required for this task
- Clarity on time schedule
- Clarity on expenditure to be made
- Blocks, bottlenecks and impediments
- Learning that emerged

The next step was to select strategies for further work and to develop a work plan to ensure that this work is completed.

| Difficulties | None cited |

<table>
<thead>
<tr>
<th>Follow-up</th>
<th>The Task of the Secretariat</th>
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<tbody>
<tr>
<td></td>
<td>To integrate the older and newer strategies, into one, wherever possible. (E.g. integrating the new strategy of eye health coverage with two components of the Advocacy strategy).</td>
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<td></td>
<td>Based on the analysis done in the Workshop, to detail out Action Plans for the sixteen components of the original set of 3 strategies, as well as that of the 4 new strategies.</td>
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<td>This detailing of the Action Plans would have to take into account the points already made during the workshop but would need to go beyond and fill all the gaps related to effective Action Plan construction. In this process the Secretariat might have to take some executive decisions, if apparent incongruities come up, and decide on the priorities to be taken up by the Secretariat.</td>
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<td></td>
<td>The Action Plans need to adopt calendars and Gantt Charts in order to be easy to track.</td>
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<tr>
<td></td>
<td>It is hoped that the Secretariat would detail out, thoroughly, some if not all of the Strategies by the next Board Meeting.</td>
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</tbody>
</table>
### Aims and objectives
The objectives of the workshop were to:

- To review achievements to date in prevention of blindness and the Action Plan implementation,
- To review roles and responsibilities pertaining to the Action Plan to operationalise its implementation;
- To identify the issues and solutions at national and regional level in the implementation of the Action Plan.

### Participants
A total of 34 participants from 9 countries of the South East Asia Region (India, Nepal, Bangladesh, Sri Lanka, Thailand, Myanmar, Bhutan, Indonesia and Timor Leste) participated.

### Faculty
Organised by LAICO faculty and WHO-SEAR

### IAPB Cost
$11,877 Co funded by WHO

### Successes
Using the WHO Action Plan the country representatives assessed and documented the successes achieved against each of the 5 objectives.

Next participants looked at how to take the WHO Action Plan forward in SEAR. This was done at country level with each country listing the challenges faced in reaching each objective of the Action Plan alongside which the participants’ thoughts on how each country can address these challenges to take the Action plan forward in the future were listed.

Each of the major diseases/conditions were discussed and again successes were documented along with some of the challenges still faced. This allowed inter country learning for the region.

Lastly the human resource and monitoring needs were identified to allow the Action plan to be fulfilled.

### Difficulties
None cited

### Follow-up
Each country went back with their own action plan
**EASTER MEDITERRANEAN**

| Dubai, UAE | PROGRESS OF VISION 2020 IN THE EASTERN MEDITERRANEAN REGION  
| 20TH – 21ST November |

### Aims and objectives

**Objectives**

- Assess the extent of implementation of V2020 in the region especially the Action plan for prevention of blindness 2009-2013 and regional recommendations in Diabetic Retinopathy, Glaucoma, School Eye Health and Primary eye care, at the national level.

- Identify the major challenges to the full implementation of the action plan and regional recommendations at the national level.

- Identify major learning’s with a view of developing knowledge management of best practice.

- Identify solutions to the obstacles towards actualising V2020 in the region at national level.

- Suggest recommendations to accelerate the implementation of V2020 in the region at the national level with critical mile stones of implementation.

### Participants

28 participants – from INGOs, WHO, National coordinators from 15 countries.

### Faculty

- M. Mansur Rabiu | EMR-IAPB
- H. Awan
- Adel Rushood | Facilitator
- Ahmed Trabelsi | Facilitator
- Babar Qureshi | Facilitator
- M. Daud Khan | Facilitator
- R.Pararajasegaram | Facilitator
- Rajiv Khandekar | Facilitator
- Shariq Masoud | Facilitator

### Cost IAPB

$14,159

### Successes

Each group worked out a SWOT analysis of the member countries’ action points of the WHO Action Plan 2009-2013 and the regional strategies relating to Diabetic retinopathy, Glaucoma control, School eye health and Primary eye care. Each group then presented their analysis at the plenary followed by discussions.

For the first half of the second day the groups were asked to come up with the measures to enhance the strength, convert weakness into strength, utilise opportunities and avoid the threats identified earlier. These were also presented at plenary and discussed.

For the second half of the day the groups worked on prioritisation of achievable action points that can enhance the implementation of the WHO action plan and the regional strategies. The priority action points are presented below.

### WHO Action Plan

1. Reactivate or revitalise the National eye health committees and establish a ‘cell’ within the NCD units/department of the ministry of Health.

2. Increase advocacy to policy makers to fully integrate eye health into main stream health.
3. Undertake a situational analysis of potential sources of funding from government and extra government sources

4. Review national plans if they are made before five years in consultation with all stakeholders. Include current trends and approaches to eye health to align with the WHO recommended Health systems, and include periodic external evaluation of the program.

5. Develop a business plan for effective management (full time Program Manager, administrative support and clearer/realistic functions of the National Coordinator).

6. Identify and strengthen centers for mid-level eye health professionals and recommend its use to other member countries.

7. Collaborate strongly with other units of MOH like Primary Health Care (PHC), National Health Management & Information System (NHMIS), Non Communicable Disease control and surveillance etc. and extra MOH agencies related to poverty alleviation, development and disability.

8. Intensify health promotion activities in collaboration with the health promotion unit of MOH, PHC, media practitioners and other stakeholders by developing IEC materials including video clips on eye health messages and use them through mass media.

9. Develop Eye Health Information System (EHMIS) at various levels in collaboration with NHMIS according to national priorities and include the vital eye indicators into the NHMIS.

**Diabetic Retinopathy**

1. Based on resources, burden and priority for Diabetic Retinopathy (DR) control countries should develop a comprehensive DR program that covers the whole spectrum of health education promotion, screening, treatment and rehabilitation. This will need involvement of all stakeholders’ involvement.

2. Human and material resources for the care of DR need to be enhanced. National and regional training centers should be supported to train more retina specialists with advocacy for their effective deployment.

3. Government and other service providers should be encouraged to provide more facilities for the care of DR.

4. Intensify health education and promotion messages to diabetics and DR patients to reduce burden and morbidity of the disease. This will need to be done in collaboration with the NCD program, GPs, Diabetologists, patient groups etc.

5. To ensure best practices and quality services. National screening guidelines should be set with use of mid-level personnel and telemedicine as appropriate. Also care givers should be reoriented and reeducated to management based on best practices.

6. Research, training institutions and other stakeholders should be encouraged to undertake research into DR especially operational researches on how best to provide quality DR services to populations.

**School Eye Health (SEH)**

1. Countries that have not incorporated SEH in their School health programs should engage and sensitize school health administrators, education administrators and policy makers, UNICEF and other stakeholders about the need to integrate SEH into School health.

2. The SEH should also extend to non-formal school systems like the Quranic schools.
3. Services should be comprehensive and should include providing affordable glasses and rehabilitation of low vision children.

4. Eye health and education research institutions should be encouraged to undertake impact assessment of visually impairment on child development.

5. Service and quality monitoring indicators for SEH should be recommended to the School health program.

### Primary Eye Care

1. Organize workshop in collaboration with WHO for all stakeholders and promote integration or enhancement of eye health into PHC.

2. Develop eye health practice manual and training curricula for primary health workers.

3. Development of eye health indicators for PHC. These indicators can be basic indicators as minimum collectable and desirable for countries with advance primary health care system.

4. Advocate incorporation of PHC eye health indicators into the collectable data for the NHMIS.

### Glaucoma

1. Advocate opportunistic glaucoma screening in eye clinics according to the glaucoma screening guidelines.

2. Advocate for inclusion of glaucoma screening amongst the high risk groups during population based screening.

3. Encourage development and dissemination of evidence based public health approaches to Glaucoma blindness control.

4. Make rehabilitation services to Glaucoma visually impaired or blind, a part of eye care.

5. Encourage stakeholders in eye health to support mass public health education on glaucoma.

6. Advocate to Eye care givers to have counseling sessions for glaucoma patients to enhance compliance and detect early cases among siblings.


8. Advocate for provision of more basic diagnostic and treatment equipment at secondary and tertiary health facilities.

9. Consider measures to reduce cost of medical treatment for Glaucoma, e.g use of appropriate insurance policies.

**Follow-up**

From the above action points a list of actions achievable by NECs and International partners were identified and it is these that will be reported on during regional meetings.
Dubai, UAE  | INTEGRATING AND STRENGTHENING PRIMARY EYE CARE WITHIN PRIMARY HEALTH CARE  
| 14<sup>th</sup> – 16<sup>th</sup> February |

### Aims and objectives
- To present the current status of primary eye care services and their integration in primary health care in EMR Member States;
- To determine the extent to which eye health has been integrated in primary health care, health systems, and school health and community based initiatives;
- To assess the strength and weakness of primary eye care services within the context of renewal of primary health care by EMR Member States;
- To present best practices and success stories in the primary eye health provision in EMR;
- To identify strategies and opportunities for strengthening eye health within the health and development agendas specifically primary health care in EMR; and
- To develop recommendations for the training of primary health care workers on eye care.

### Participants
60 including the National Coordinator for the Prevention of Blindness in EMR and/or Coordinators of Primary Health Care in EMR from 22 countries; INGO representatives and WHO representatives.

### Faculty
- Dr Haroon Awan – SSI
- Dr Pararajasegaram – independent consultant ophthalmologist
- Dr Rabiu – IAPB EMRO
- Dr Khandekar – MoH, Oman

### Cost to IAPB
- **£6746.05  48% of costs**
- Co funded by IAPB EMRO

### Successes

#### Conclusions

**Universal Coverage**
The participants identified that there were certain groups in the Region that were at risk of not having adequate access to health services. These include people with disabilities, low socioeconomic circumstances, the elderly, those living in remote areas where there is unavailability of health staff and equipment, those living in urban slums or conflict areas, self-employed – immigrants or non-residents working in the informal sector, cultural and tribal barriers, gender sensitivities, illiterate people who also had lack of information, communities with poor transportation facilities and lack of health insurance coverage.

**Health Financing**
Various social protection mechanisms were found to exist in the Region. These include coverage of health care by the government although this differed among countries, existence of pre-payment and health insurance schemes, health care delivery by NGOs, the private sector and UN agencies.
<table>
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<tr>
<th>Successes</th>
<th><strong>Service Delivery</strong></th>
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<tr>
<td>It was noted that there were two main types of models operating within the Region. The model prevalent in most GCC and North African countries of the Region include a family practice approach which is located at a static health facility e.g. health centre and is staffed with family doctors, general practitioners, nurses and health inspectors. They provide a comprehensive PHC service with diagnostic facilities and referral to district hospitals or specialist centres. In some countries above, the extended type of PHC centre exists that may include an eye specialist as well.</td>
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<td>In other low to medium income regional countries or those that are densely populated, the model for PHC is derived from a community or volunteer based service where the community health worker is a resident of the community they serve and their house is usually designated a health house. They tend to have a smaller catchment area with a defined unit of population that they cover. These community health workers (CHWs) may be entirely female workers in some instances. There was variation amongst countries where such CHWs may be salaried staff or community volunteers.</td>
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<td>The participants noted that most of the eye problems encountered in either model/approach could be classified under three categories - impaired vision, red eye and eye injury. However, it was also clear that in more advanced PHC service delivery models, a more sophisticated approach to service delivery was needed e.g. detection and diagnosis of diabetic retinopathy in communities with a high prevalence of metabolic disorders and obesity.</td>
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| **Health Management Information System** |
| The variation in availability of technology and health staff at the static facilities determined the extent of diagnosis and treatment that could be made available under a PHC service. Similarly, information management of eye health problems varied considerably depending on availability of information communication technology (ICT) and trained staff. In PHC services with well-developed ICT systems for data management, considerably more eye health indicators could be obtained from PHC services. |

| **Public Policy** |
| The participants recognised that PHC is a cross-cutting health strategy that rests within the framework of health and related public policies. It plays a key role in linking health and development. |
| It was also noted that the regulatory framework for PHC varies within countries in the Region as does the level of basic unit of coverage. The key policies that have an impact on PHC include health, education, social protection, environment, nutrition, water and sanitation, etc. However, there is very little coordination of such policies for PHC. |
| The social determinants of health especially poverty, ignorance, education are contributing factors for the low uptake of eye care at the community level. In addition, there are resource constraints for uptake of eye health in some countries of the region especially availability of adequate human resources, finances, infrastructure, etc. |
| The participants emphasised that those implementing PHC and eye health programmes often did not appreciate the inextricable link of PHC with the wider development agenda of Millennium Development Goals and Poverty Reduction Strategy Papers with the result that resource allocation for PHC programmes did not match its vital importance to health and development. |
| Most PHC programmes were unaware of the Community Based Rehabilitation guidelines launched by WHO, ILO and UNESCO and therefore did not know how these can add value and promote inter-sectoral collaboration while developing PHC programmes incorporating eye health. |
Leadership and Governance

Eye health indicators were not fully embedded in national health management information systems. This means that national health reports reaching policy makers and health planners do not adequately reflect the burden of eye disease nor highlight the health care visitations due to eye problems.

It was noted that while almost all countries in the region had functional national committees for prevention of blindness, there was little collaboration with the PHC programme. In those countries with advanced PHC systems, eye health was integrated to a certain extent, but there was no evidence of joint planning, monitoring and evaluation between programmes. Similar was the case with the national HMIS programme.

It was not apparent that both the eye health and PHC programmes had been sufficiently oriented about the new WHO health systems framework and primary health care reforms. Thus, planning and interventions by both programmes did not appear to have adopted a systems approach or to have aligned programmes with health systems strengthening.

There was insufficient understanding by both PHC and eye health programmes of health policy and planning processes and the implications of these on health programmes. There was very little evidence of regular interaction of national coordinators of both programmes with health planners and policy makers to understand policy needs. Similarly, national programme managers did not adequately understand health financing and budgeting processes which hindered advocacy efforts to mobilise more resources.

Health Workforce

The delivery of PHC in the Region is provided by a variety of cadres in different settings of service delivery. These include family physicians, general practitioners (GPs) or medical officers (MOs), nurses, midwives, health inspectors, vaccinators and community health workers. In some instances, even optometrists and ophthalmologists are part of the PHC team.

It was noted that physicians working in the PHC services were mainly responsible for diagnosing and treating common non-vision impairing conditions, and diagnosing and referring vision impairing conditions. Nurses on the other hand were involved only in vision testing, instilling of eye medication and providing first aid. Community health workers (CHWs) were trained to check vision and refer those with impaired vision to the next appropriate level of care. In low to medium income countries, CHWs were also permitted to dispense antibiotic eye ointment as part of their PHC kit.

The training of physicians in eye health ranged from 2 months for family physicians to one week in-service courses for GPs and MOs, even though the tasks that they performed were similar in many instances. Nurses and community health workers usually received 1-2 days of orientation in eye health. In some countries, Triage Nurses filtered eye patients that visited health centres. Refresher training for all cadres providing eye health as part of PHC was unusual. Health educationists were also part of the PHC team but were not providing any eye health promotion.

Most eye conditions that the PHC health workforce had to deal with fell into the following 3 categories - impaired vision, red eye (commonly due to conjunctivitis, allergies, dry-eye etc) or eye injury. There was a direct relationship of these 3 thematic categories of eye problems to the knowledge, skills and competencies required by PHC staff for eye health, and also for health information needs for eye health at PHC level.
### School Health

The participants noted that there were various types of school health programmes in the Region. These varied from nutrition, mental health, oral health, ear health, eye health to adolescent health programmes.

There is great diversity in who provides school health. The range of cadres include general practitioners/family physicians, nurses, vaccinators, optometrists, preventive doctors, nutritionists, dentists, community based rehabilitation (CBR) workers, teachers, students, PHC staff and ophthalmic technicians. This implies that it is quite challenging to develop a standardised curriculum. Furthermore, school health programmes are either being led by the Ministry of Health or Ministry of Education.

The participants identified that the key knowledge and skills required by school health staff for eye health include vision screening, first aid for eye emergencies, red and sticky eyes, eye strain (asthenopia), strabismus, learning disabilities, eye health promotion and counselling skills. A curriculum for school health was not uniformly available for all cadres and all school health programmes. The school eye health programmes demonstrated considerable variation in implementing methodologies within the region and especially use of health promotion materials.

It was further noted that while there was a practice of school screening in some countries, there was no standard practice of screening programmes for children to detect and prevent visual impairment i.e. vision certificate like immunisation cards, etc.

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<th>Difficulties</th>
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<tr>
<th>Follow Up</th>
<th>Recommendations</th>
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#### To Member States

The integration of primary eye care within primary health care (PHC) is recommended in all Member States of the Region as an integral part of district health system as per the attached form. This should be carried out simultaneously while strengthening both primary eye care and primary health care. In establishing the integration process, the components of primary health care reform need to be considered for the adoption of a holistic approach including public private partnerships.

**Service delivery**

1. Plan the integration of eye health in primary health care in the context of country-specific operating models and customise for maximum synergies depending on their level of development and health need.
2. Eye care delivery through PHC should focus on adopting programme approach including monitoring and evaluation mechanisms to address impaired vision, red eye and ocular trauma.

**Health workforce**

3. Training programme about primary eye care that is suitable for local needs for PHC staff should be prepared and implemented.
4. Review and refine curricula of cadres providing eye health in primary health care in those countries in which a degree of integration already exists to enhance integration. Where such integration is not yet available, develop new and appropriate training programmes jointly with key stakeholders (including professional bodies where necessary) and incorporate in wider human resources for health planning.

**Universal coverage**

5. Identify population groups that are not covered by existing services and remain vulnerable. Undertake socioeconomic and health coverage studies to obtain
<table>
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<tr>
<th><strong>Health financing</strong></th>
<th><strong>Health management information system</strong></th>
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<tr>
<td>6. Introduce financing mechanisms in the form of health insurance, community pre-payment schemes or other modalities, including pooling of tax incomes, etc. to subsidise patient fees.</td>
<td>8. Undertake joint planning, improved data management, analysis, monitoring and evaluation at district level in primary health care and eye health programmes to address service utilisation inequalities and inequities related to eye health. This can be done by actively engaging national health management systems to review and refine collection and reporting of eye health indicators.</td>
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<th><strong>Public policy</strong></th>
<th><strong>Leadership and governance</strong></th>
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<tr>
<td>7. Conduct research to establish the burden of eye disease in communities and its socioeconomic impact on primary and secondary health services to determine the implications on health policy.</td>
<td>9. Appoint coordinators of eye health and prevention of blindness and allocate an appropriate budget for integrating eye health in primary health care. Appoint district managers responsible for integration of primary eye care within primary health care and health systems.</td>
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<tr>
<td>10. Include representatives of primary health care programmes and national health management information systems as members on national committees to promote collaboration between programmes.</td>
<td>11. Undertake joint consultation meetings and review of eye health in primary health care programmes periodically. Such joint reviews guide decision-making on matters relating to consumables, technology and referral pathways.</td>
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<tr>
<th><strong>School health</strong></th>
<th><strong>To international partners</strong></th>
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<tr>
<td>12. Implement the recommendation of WHO/IAPB document on ‘Guidelines for school eye health for the Eastern Mediterranean Region’, which is available on CPB/EMRO web site;</td>
<td>15. Promote and collaborate closely for the integration of eye health within primary health care and the health system.</td>
</tr>
<tr>
<td>13. Develop action plans for short, medium and long-term goals in countries already implementing school health programmes that incorporate eye health, and promote completion of the care cycle (screening, care, provision of spectacles and low vision devices as necessary, monitoring compliance, follow-up and reporting).</td>
<td>16. Strengthen advocacy, partnership and support collaboration between institutions and Member States and the Regional Office to implement eye care at all levels of health care delivery.</td>
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<tr>
<td>14. Establish screening programmes for pre-school children where resources permit, developmental eye checks should be included in PHC activities during immunisation visits.</td>
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<th><strong>To WHO Regional Office for the Eastern Mediterranean</strong></th>
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<tr>
<td>17. Assist Member States to develop country-specific plans of action on the integration of eye health in primary health care.</td>
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<td>18. Constitute two task forces:</td>
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<tr>
<td>• Task force on training (eye health in primary health care) – to ascertain what is currently available and develop standardised training modules for the training of primary health care workers in eye health. These training modules can then be</td>
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adapted by Member States for local use.

- Task force on data and monitoring – to determine the health information needs for eye health in primary health care and recommend how these may be integrated in existing national health management information systems.

19. Convene a regional workshop, in collaboration with partners, to bring together key stakeholders on school health to learn about good practices, review existing tools and guidelines for eye health in school health, and define a coordinated way forward for the Region.

20. Ensure that future thematic calls by the Regional Office on health research include integration of eye health in primary health care.
| **Kunming, China** | **VISION 2020 TRAINING FOR MINISTRY OF HEALTH**  
| 20th April |  |
| **Aims and Objectives** | **Goal of the workshop:**  
- To help officials from government health bureaus and PBL offices at provincial level understand what “VISION 2020: The Right to Sight” is all about.  
- Understand the gravity of blindness and imperative of implementing VISION 2020 in China.  
- Understand the government responsibility of complying with WHA Resolutions. |  |
| **Participants** | There were 65 participants attended the training workshop. They are officials from provincial health bureaus and provincial PBL Offices all over China who are responsible for prevention of blindness in the province. Representatives from China’s Ministry of Health and major international NGOs also attended the workshop. |  |
| **Faculty** | **Dr. Margreet Hogeweg,** Medical Advisor to CBM/CEARO, Bangkok Office: Cambodia, China, Laos, Myanmar, Mongolia, Thailand and Vietnam.  
**Professor Jia-liang Zhao,** Chairman of Chinese Association of Ophthalmologists; Chairman of the Committee for Prevention of Blindness, APAO; former Chairman of Chinese Ophthalmological Society, .  
**Dr. Baixiang Xiao,** Senior Programme Manager, China Country Programme, The Fred Hollows Foundation.  
**Mr. Chuan-Mei Zeng,** Director of Medical Administration Department, Jiangxi Provincial Bureau of Health.  
**Ms. Yinhong Cai,** China Country Representative, CBM International  
**Dr. Leshan Tan,** Country Manager, China Country Programme, The Fred Hollows Foundation; Co-Chair of the China Sub-Region, WPR, IAPB. |  |
| **Cost to IAPB** | $9,761 |  |
| **Successes** | - It is for the first time that China’s Ministry of Health has ever delegated a NGO (The Fred Hollows Foundation) to conduct a national training workshop in prevention of blindness. The MoH delegation itself implicates that the central government has recognised the importance of international NGOs as a key partner and the status of The Fred Hollows Foundation as the leading player among all NGOs in China.  
- The training workshop gathered 54 government officials from provincial health bureaus and PBL Offices all over China who are the persons responsible for the elimination of blindness and visual impairment in their respective provinces.  
- There were 11 NGO staffs from five NGOs: The Fred Hollows Foundation, CBM International, ORBIS International, Project Vision, and The Bright Eye Foundation for Prevention of Blindness. They have been working together in preparing, conducting, and facilitating the training workshop in their joint efforts to make the workshop a success.  
- It is for the first time that these government officials who are responsible for prevention of blindness in their respective provinces realised that their individual jobs are a component of China’s VISION 2020 work and their individual efforts are |
directly linked to whether or not China will achieve its VISION 2020 goals and objectives.

- It is for the first time that these government officials see the scanned original copy of “VISION 2020: The Right to Sight, Global Declaration of Support” signed on September 6, 1999, by China’s former Minister of Health. It is also for the first time that they read WHA 56.26 and WHA 59.25 resolutions which have been translated by The Fred Hollows Foundation into Chinese for the workshop, and begin to be aware that China must comply with WHA Resolutions and they are accountable for the compliance with all WHA Resolutions of eliminating avoidable blindness and visual impairments.

- It is the first time that participatory methods were used in the workshop of its kind during the group discussion. The discussion among each of the five groups was ardent and even acute sometimes. A topic was often enthusiastically discussed in depth with different perspectives.

- Feedback from participants is very positive. There is a general consent among all participants (including MoH representatives) that the workshop is successful, important, valuable, and significant to VISION 2020 in China. MoH has expressed that such a training workshop will be conducted again during the next 5 years.

Difficulties

- WHO Beijing Office was contacted for possible involvement in the workshop. The FHF China Office was finally informed by the WHO Beijing Office that they would not attend the workshop as schedule conflict.

- One day is not enough to cover all necessary training subjects.

Follow Up

- A report on the workshop will be submitted to IAPB via its VISION 2020 Workshop Programme.

- Lectures and presentations will be circulated among all participants.

- A report in Chinese, including minutes of the group discussion, will be sent to the Ministry of Health and circulated among all participants.

- The Chinese version of the report, together with all workshop materials and handouts, will be shared with all NGOs in China through the NGO newsletter edited by FHF China.

<table>
<thead>
<tr>
<th>Sichuan Province, China</th>
<th>PROVINCIAL PLANNING FOR VISION 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>27TH October</td>
<td></td>
</tr>
</tbody>
</table>

Aims and Objectives

Goal of the workshop:
- To help officials from Sichuan government health bureaus and PBL offices at provincial and municipal level understand what “VISION 2020: The Right to Sight” is all about.
- To facilitate the Sichuan government health bureaus and PBL offices to develop the Sichuan Provincial VISION 2020 Plan (2012-2016), also called the provincial 12th PBL plan within a vision 2020 framework.
- To help merging the requirements of WHA resolutions into the Plan in order to facilitate the next 5 year PBL activities in Sichuan.

Participants

There were 21 participants attended the planning workshop.
They are officials from PBL offices and Bureaus of Health at provincial, municipal, and county levels, as well as representatives from Sichuan Disabled Persons' Federation. Representatives from the Fred Hollows Foundation took part in the meeting.

| Faculty | Professor Yingchuan Fan, Director of the Sichuan PBL office.  
Dr. Baixiang Xiao, Senior Programme Manager, China Country Programme, The Fred Hollows Foundation.  
Prof. Xuyang Liu, ophthalmology department, Sichuan University, deputy director  
Dr. Chuntao Lei, Deputy director of Sichuan PBL office. |
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Cost to IAPB</td>
<td>$2,272</td>
</tr>
</tbody>
</table>

| Successes | • The workshop urges the Sichuan PBL Office and Bureaus of Health to pace up in planning its next 5 year PBL strategy and makes Sichuan become one of the earliest provinces which hold a 5-year PBL plan workshop, only behinds the provinces of Jiangsu, Gansu and Shanghai.  
• A draft plan was discussed at the workshop and the revised version was submitted to Sichuan Provincial Bureaus of Health after the workshop. The Plan is expected to be officially issued soon.  
• According to the situations of prevalence of eye disease, resources mobilisation, geography & population and Vision 2020 framework, a PBL strategy based on different regions was developed for the next 5 years.  
• An overview of the prevalence of avoidable blindness and mapping of PBL resources were done at the workshop. Thus key facts and data of Sichuan PBL resources were collected for future planning.  
• Key indicators were set in the plan to measure if the goals of the Plan are achieved, e.g., CSR 1200 comparing current 750, and trachoma eliminated. Also an eye care monitoring system was integrated into the existing health monitoring system in the Plan.  
• The chief officials and key regional decision makers were involved in the workshop and their understanding of VISION 2020 was increased.  
• Representatives from international NGOs and the private hospitals were invited to participate in the development of the Plan. Their voice has been absent previously. |
| Difficulties | • Officials from the Provincial Bureaus of Health expressed that some key policy-makers would attend the workshop if they had not had some urgent things to handle.  
• The official national PBL Plan (2011-2015) is delayed till the date of this report, which makes Provincial Bureaus of Health cautious at its own timetable.  
• Time is not enough to give a thorough VISION 2020 training but has to focus on the planning. |
| Follow Up | • A report on the workshop will be submitted to IAPB via its VISION 2020 Workshop Programme.  
• Lectures and presentations will be circulated among all participants.  
• A revised Sichuan Provincial VISION 2020 Plan will be submitted to the Sichuan Provincial Bureaus of Health for official approval. |
### Liaoning Province, China  
**PROVINCIAL PLANNING FOR VISION 2020**  
28th June

#### Aims and Objectives
- To help health officials from Liaoning Provincial health bureau, PBL offices, and county and prefecture understand what “VISION 2020: The Right to Sight” is all about.
- Understand the gravity of blindness and imperative of implementing VISION 2020 in China.
- Understand the government responsibility of complying with WHA Resolutions.

#### Participants
There were 25 participants attended the training workshop. They are officials from Liaoning Provincial Health Bureau, Liaoning Provincial VISION 2020 Office, as well as government officials from county level health bureaus. Representative from China’s Ministry of Health also attended the workshop.

#### Faculty
**Ms. Tianhua Wang,** Deputy CEO of He Eye Hospital, Deputy Director of Liaoning Provincial VISION 2020 Office.

**Dr. Leshan Tan,** Country Manager, China Country Programme, The Fred Hollows Foundation; Co-Chair of the China Sub-Region, WPR, IAPB.

#### Cost to IAPB
$4,080

#### Successes
- The training workshop gathered 21 government officials from prefecture/county health bureaus and PBL Offices in the province who are the persons responsible for the elimination of blindness and visual impairment in their respective prefectures, counties and districts.

- Through lectures and discussions, these government officials have increased their understanding of economic impact of blindness, VISION 2020, and what international NGOs are doing in China and the province.

- It is for the first time that these government officials who are responsible for prevention of blindness in their respective prefectures, counties, and districts realised that their individual jobs are a component of China’s VISION 2020 work and their individual efforts are directly linked to whether or not China will achieve its VISION 2020 goals and objectives.

- It is for the first time that these government officials see the scanned original copy of “VISION 2020: The Right to Sight, Global Declaration of Support” signed on September 6, 1999, by China’s former Minister of Health. It is also for the first time that they read WHA 56.26 and WHA 59.25 resolutions which have been translated by The Fred Hollows Foundation into Chinese for the workshop, and begin to be aware that China must comply with WHA Resolutions and they are accountable for the compliance with all WHA Resolutions of eliminating avoidable blindness and visual impairments.

- Liaoning Provincial Bureau of Health expressed their plan to develop the province’s new PBL plan for 2011-2015.
<table>
<thead>
<tr>
<th>Difficulties</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• There is no mention of government funds allocated to the five year PBL plan.</td>
<td></td>
</tr>
<tr>
<td>• Provincial Bureau of Health does not want to take initiative to develop the provincial PBL plan, but waiting for the issuance of national PBL plan by MoH.</td>
<td></td>
</tr>
<tr>
<td><strong>Follow Up</strong></td>
<td></td>
</tr>
<tr>
<td>• A report on the workshop will be submitted to IAPB via its VISION 2020 Workshop Programme.</td>
<td></td>
</tr>
<tr>
<td>• Liaoning Provincial VISION 2020 Office will follow up with the provincial bureau of health for the development of the provincial PBL plan, and confirm the dates of provincial planning workshop with the provincial bureau of health.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Jiangxi Province, China</th>
<th>PROVINCIAL PLANNING FOR VISION 2020 23rd November</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aims and Objectives</strong></td>
<td>Goal of the workshop:</td>
</tr>
<tr>
<td></td>
<td>• To help officials from Jiangxi government health bureaus and PBL offices at provincial, prefecture and county level understand what “VISION 2020: The Right to Sight” is all about.</td>
</tr>
<tr>
<td></td>
<td>• To facilitate the Jiangxi government health bureaus and PBL offices to develop the Jiangxi Provincial VISION 2020 Plan (2011-2015), also called the provincial 12th PBL plan within a VISION 2020 framework.</td>
</tr>
<tr>
<td></td>
<td>• To help incorporate the requirements of WHA resolutions into the Plan in order to facilitate the next 5 year PBL activities in Jiangxi Province.</td>
</tr>
<tr>
<td><strong>Participants</strong></td>
<td>There were 92 participants attended the planning workshop.</td>
</tr>
<tr>
<td></td>
<td>They are officials from PBL offices and Bureaus of Health at provincial, prefecture, and county levels, as well as representatives from Jiangxi Disabled Persons' Federation. Representatives from The Fred Hollows Foundation took part in the meeting.</td>
</tr>
<tr>
<td><strong>Faculty</strong></td>
<td><strong>Dr. Xie Hui,</strong> Director of Ophthalmology Department of Jiangxi Provincial Hospital, Director of the Jiangxi Provincial PBL Office.</td>
</tr>
<tr>
<td></td>
<td><strong>Dr. Leshan Tan,</strong> China Country Manager, The Fred Hollows Foundation, IAPB WPR China Co-Chair.</td>
</tr>
<tr>
<td><strong>Cost to IAPB</strong></td>
<td>$5,369</td>
</tr>
<tr>
<td><strong>Successes</strong></td>
<td>The workshop was well attended by key government officials and major stakeholders.</td>
</tr>
<tr>
<td></td>
<td>An overview of the Jiangxi Provincial PBL Plan for 2006-2010 was done.</td>
</tr>
<tr>
<td></td>
<td>A draft plan for 2011-2015 was discussed at the workshop and the revised version will be submitted to Jiangxi Provincial Bureaus of Health. The Plan is expected to be officially issued soon.</td>
</tr>
<tr>
<td></td>
<td>According to the situations of prevalence of eye disease, resources mobilisation, geography &amp; population and VISION 2020 framework, a PBL strategy based on deferent regions was developed for the next 5 years.</td>
</tr>
<tr>
<td></td>
<td>An overview of the prevalence of avoidable blindness and mapping of PBL</td>
</tr>
</tbody>
</table>
resources were done at the workshop. Thus key facts and data of Jiangxi PBL resources were collected for future planning.

- Objectives set up in the draft Plan were fully discussed among participants by using SMART methods.
- The chief officials of health bureaus and key provincial decision makers were involved in the workshop and their understanding of VISION 2020 was increased.
- The workshop was well represented by all stakeholders in the province. They are from government health agencies at provincial, prefecture, and county levels, from other government agencies, such as Disabled Person’s Federation, and from eye care professionals.

### Difficulties
- Monitoring and evaluation issues were not discussed. Government’s financial commitments were not mentioned.
- The official national PBL Plan (2011-2015) is delayed till the date of this report, which makes Provincial Bureaus of Health cautious at its own timetable.
- Time is not enough to give a thorough VISION 2020 training but has to focus on the planning.

### Follow Up
- A report on the workshop will be submitted to IAPB via its VISION 2020 Workshop Programme.
- The Provincial PBL Office will incorporate all comments and suggestions into the final version of the Plan and submit it to the Provincial Health Bureau for approval.
- Lectures and presentations will be circulated among all participants.

### Anhui Province, China

#### PROVINCIAL PLANNING FOR VISION 2020

2\(^{nd}\) December

#### Aims and Objectives
- To help officials from Anhui government health bureaus and PBL offices at provincial, prefecture and county level understand what “VISION 2020: The Right to Sight” is all about.
- To facilitate the Anhui government health bureaus and PBL offices to develop the Anhui Provincial VISION 2020 Plan (2011-2015), also called the provincial 12\(^{th}\) Five-Year PBL plan within the Vision 2020 framework.
- To help incorporate the requirements of WHA resolutions into the Plan in order to facilitate the next 5 year PBL activities in Anhui Province.

#### Participants
There were 156 participants attended the planning workshop. They are officials from PBL offices and Bureaus of Health at provincial, prefecture, and county levels, as well as representatives from private hospitals. Representatives from The Fred Hollows Foundation took part in the meeting.

#### Faculty
**Dr. Yuechun Wen**, Director of Ophthalmology Department of Anhui Provincial Hospital, Director of the Anhui Provincial PBL Office.

Dr. Li Liang, Deputy director of the Anhui Provincial PBL Office.
<table>
<thead>
<tr>
<th>Dr. Zhangyou Wu, Chief Doctor, Ophthalmology Department of Anhui Provincial Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cost to IAPB</strong></td>
</tr>
<tr>
<td><strong>Successes</strong></td>
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<tr>
<td><strong>Difficulties</strong></td>
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<tr>
<td><strong>Follow Up</strong></td>
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</tbody>
</table>
The Provincial PBL Office will incorporate all comments and suggestions into the final version of the Plan and submit it to the Provincial Health Bureau for approval.

- Lectures and presentations will be circulated among all participants.

### Hunan Province, China

#### PROVINCIAL PLANNING FOR VISION 2020

**30th December**

| Aims and Objectives | To help officials from Hunan government health bureaus and PBL offices at provincial, prefecture and county level understand what “VISION 2020: The Right to Sight” is all about.  
|                     | To facilitate the Hunan Provincial Health Bureau and PBL Office to develop the Hunan Provincial VISION 2020 Plan (2011-2015).  
|                     | To help incorporate the requirements of WHA resolutions into the Plan in order to facilitate the next 5 year PBL activities in Hunan Province.  

| Participants | There were 38 participants attended the planning workshop. They are officials from PBL offices and Bureaus of Health at provincial, prefecture, and county levels, as well as representatives from private hospitals. Representatives from The Fred Hollows Foundation took part in the meeting.  

| Faculty | Dr. Kaichao Long, President of the Hunan Provincial Hospital.  
|         | Dr. Xiaobo Lou, Director of the Hunan Provincial PBL Office.  
|         | Dr. Leshan Tan, Country Manager, The Fred Hollows Foundation’s China Country Program  

| Cost to IAPB | $3,691.46  

| Successes | The workshop was well attended by key government officials and major PBL engagers.  
|           | A handover meeting about the provincial PBL Committees is merged into the workshop, thus the Plan and PBL work in the future five years were clearly set over for the working panel from the beginning.  
|           | To embrace the new project, governmental financial commitments to cataract elimination were clearly discussed at the workshop, thus key criteria for future plan is set.  
|           | A draft plan for 2011-2015 was discussed at the workshop and the revised version will be submitted to Hunan Provincial Bureaus of Health. The Plan is expected to be officially issued soon.  
|           | According to the situations of prevalence of eye disease, resources mobilisation, geography & population, achievements of the 11th provincial PBL plan and VISION 2020 framework, a PBL strategy based on region is developed.  
|           | Objectives set up in the draft Plan were fully discussed among participants.  

| | The chief officials of health bureaus and key provincial decision makers were involved in the workshop and their understanding of VISION 2020 was increased.
| | As the provincial Plan discussed ahead of the national plan, the outcomes of the workshop are bound to accelerate the official issue of the national plan.
| **Difficulties** | Monitoring and evaluation issues were not discussed. Government’s financial commitments were not mentioned.
| | Sharing information from the Disabled Persons' Federation is lacked because representatives from the DPF make no attendance.
| | The official national PBL Plan (2011-2015) is delayed till the date of this report, which makes Provincial Bureaus of Health cautious at its own timetable.
| | Time is not enough to give a thorough VISION 2020 training but has to focus on the planning.
| **Follow Up** | A report on the workshop will be submitted to IAPB via its VISION 2020 Workshop Programme.
| | The Provincial PBL Office will incorporate all comments and suggestions into the final version of the Plan and submit it to the Provincial Health Bureau for approval.
| | Lectures and presentations will be circulated among all participants.
**LATIN AMERICA**

<table>
<thead>
<tr>
<th>Porto Alegre, Brazil</th>
<th>COMMUNITY EYE HEALTH FOR RESIDENTS</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>3rd – 4th September</td>
</tr>
</tbody>
</table>

**Aims and Objectives**

The attendee should have knowledge of: the VISION 2020 initiative, steps and tools to be used for an action plan and strategies to develop an eye care project/programme based in the VISION 2020 programme.

**Participants**

Forty six residents from 34 residency programmes

**Faculty**

Dr Celia Nakanami, UNIFESP, Diploma in CEH  
Prof Marinho Scarpi, UNIFESP  
Dr Paulo Henrique Morales, UNIFESP  
Dr Roberta Ventura, FAV, Diploma in CEH  
Dr. Flavio Hirai, UNIFESP  
Dra Andrea Zin, IFF/FIOCRUZ

**Cost to IAPB**

£2877 – funds from 2010

**Successes**

- A total of 123 residents attended the 4 courses organised in 2008-2011.  
- Standardisation of lectures is still a challenge. Lectures were reviewed to give more emphasis to the epidemiology and less to the clinical aspects. However not all facilitators had updated data although Dr Ventura and Dr Zin will revise the presentations.  
- Participants were very motivated by group work activities, but this 2 day format restricted the time devoted to this activity. Participants had many difficulties in defining indicators for monitoring and evaluation of the draft proposals. The objectives were very clear and reachable.  
- Majority of residents were not familiar with epidemiology concepts and differences between presenting VA and best-corrected VA.  
- Leadership and marketing concepts were also very well accepted.  
- Participant’s feedback: concepts given by the course are useful not only for CEH, but also can be applicable in all areas. They suggested a longer course, at least 3 days.

**Difficulties**

None cited

**Follow Up**

- To keep the course as a pre-congress activity of the Brazilian Congress of Ophthalmology  
- To organise a 3-4 day course  
- To send to the participants one month prior the course the material for them to study and by doing this they will be able to bring some information of their region to start working on the projects.  
- To discuss with CBO additional course funding possibilities to assure sustainability
| Lima, Peru | COMMUNITY EYE HEALTH FOR RESIDENTS  
19th – 20th May |
|---|---|
| **Aims and Objectives** | a) **Objectives:**  
- To analyse the current situation of Prevention of blindness in Latin America.  
- To enrich the knowledge in community eye health, present new statistics and develop, implement and monitor a local programme in prevention of blindness.  
- To show the synergy obtained by creating alliances between the government, NGOs and cooperative agents.  
- To promote the use of appropriate technology for each situation in prevention of blindness.  
- To share learned lessons, success stories and anecdotes between participants.  
- To stimulate and incentivise the interest of residents in this area of Ophthalmology.  
- To develop a network of contacts and coordinated work between participants. |
| **Participants** | 23 residents from Peru |
| **Faculty** | Dr Rainald Duerkson  
Dr Van Lansingh  
Dr Cesar Gonzales  
Dr Serge Resnikoff  
Dr Victor Dulanto  
Dr Fernando Barria  
Dr Riacardo Caceda  
Dr Francisco Contreras  
Dr Guillermo Barriga  
Dr Juan Carlos de Silva  
Dr Luis Pongo  
Dr Andreas Pariamachi  
Dr Pedro Gomez  
Dr Andrea Zin  
Dr Joao Furtado  
Dr Luiz Gordillo  
Dr Abel Flores  
Dr Rosario Espinoza |
| **Cost to IAPB** | $2,500 |
| **Successes** | c) **RESULTS RELATED TO THE OBJECTIVES**  
- Participants received detailed up to date information about the current situation of blindness.  
- The lectures were given by reknowned facilitators were received with enthusiasm and motivation from a lot of participants.  
- The course set the frame for the participants to understand the collaborative work between different sectors and the synergy that is obtained by creating alliances between the governments and NGOs and cooperating agents.  
- Information about the participants and the different organisations working in prevention of blindness was given. This will increase the residents network.  
- Talks by participants have been divulged online in the web page of the Clinic Divino Jesus. [http://clinicadivinojesus.com/noticias/109-conferencias-del-v-congreso-iberoamericano-vision-2020.html](http://clinicadivinojesus.com/noticias/109-conferencias-del-v-congreso-iberoamericano-vision-2020.html) |
5) LESSONS LEARNED.

a) A lot of negotiations and advocacy was done with the academic persons responsible in Peru to persuade them to allow the residents to assist to the course.

b) The impact of this congress was a reflection of the quality and quantity of the international experts, whom with their great experienced transmitted the reasons why prevention of blindness must have a special place.

<table>
<thead>
<tr>
<th>Difficulties</th>
<th>None cited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow Up</td>
<td>It is up to the individual residents to utilise the information in their current and future work.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Queretaro, Mexico</th>
<th>COMMUNITY EYE HEALTH FOR RESIDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>20th – 22nd August</td>
</tr>
<tr>
<td>Aims and Objectives</td>
<td>This is the first CEH course for Residents in Mexico, there are more than 300 Residents in Ophthalmology, and half of the programmes are of low quality training.</td>
</tr>
</tbody>
</table>

**Aims and Objectives**

- Create increased awareness of visual impairment issues in Young Ophthalmologists.
- Teach Residents like future Ophthalmologist to develop strategies to work effectively within the framework of primary care.
- Increase awareness toward establishment of partnerships/ cooperation with the Mexican Ophthalmology Society, Ministries of Health, NGO’s and contribute to national programmes of blindness prevention.
- Teach young Ophthalmologists to know about V2020 activities.

<table>
<thead>
<tr>
<th>Participants</th>
<th>68 second year residents</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Faculty</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayala Flores Martín</td>
<td>Coordinator of PBL for the PAAO</td>
</tr>
<tr>
<td>Barriá Von-B Fernando</td>
<td>ROP</td>
</tr>
<tr>
<td>Bosch Canto Vanessa</td>
<td>National Vision</td>
</tr>
<tr>
<td>Calif Janet</td>
<td></td>
</tr>
<tr>
<td>Clapp Carmen</td>
<td></td>
</tr>
<tr>
<td>Gallegos Duarte Martín</td>
<td></td>
</tr>
<tr>
<td>García Franco Renata</td>
<td></td>
</tr>
<tr>
<td>Gómez Bastar Pedro</td>
<td>CBM Advisor and IAPB member</td>
</tr>
<tr>
<td>González Salinas Roberto</td>
<td></td>
</tr>
<tr>
<td>Hoffman Enriqueta</td>
<td>Glaucoma</td>
</tr>
<tr>
<td>Lansingh Alba Van</td>
<td>Director of IAPB LA</td>
</tr>
<tr>
<td>López Star Ellery</td>
<td>Retina</td>
</tr>
<tr>
<td>Ludwig Natasha</td>
<td>CBM</td>
</tr>
<tr>
<td>Macedo Cué Raúl</td>
<td>President of Mexican Society Ophthalmology</td>
</tr>
<tr>
<td>Macías Jaime</td>
<td></td>
</tr>
<tr>
<td>Manzano Castro José Manuel</td>
<td></td>
</tr>
<tr>
<td>Martínez Castro Francisco</td>
<td>DR IAPB</td>
</tr>
<tr>
<td>Mata Flores Felipe</td>
<td>Glaucoma</td>
</tr>
<tr>
<td>Medina y Alvarez Tostado Lourdes</td>
<td>Low Vision advisor</td>
</tr>
<tr>
<td>Milla Quiroz Alberto</td>
<td></td>
</tr>
<tr>
<td>Orozco Gomez Luis Porfirio</td>
<td>Mexican Board Ophthalmology</td>
</tr>
<tr>
<td>Ramírez Ortiz Marco A.</td>
<td></td>
</tr>
<tr>
<td>Sáenz de Viteri Siso Manuel</td>
<td>Mexican Board Ophthalmology</td>
</tr>
<tr>
<td>Toledo Benítez Ivor</td>
<td></td>
</tr>
<tr>
<td>Cost to IAPB</td>
<td>$5003 (this includes £1,000 carried over from 2010)</td>
</tr>
<tr>
<td>-------------</td>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>Successes</td>
<td>Achievements</td>
</tr>
<tr>
<td></td>
<td>- Bring together a great number of young Ophthalmologist to have the knowledge of PBL</td>
</tr>
<tr>
<td></td>
<td>- The participants were actively involved in the discussions and group work.</td>
</tr>
<tr>
<td></td>
<td>- Bring a good number of local Professors very enthusiastic to do more for Prevention of Blindness.</td>
</tr>
<tr>
<td></td>
<td>- Have the President and the future President of the Mexican Society of Ophthalmology.</td>
</tr>
<tr>
<td></td>
<td>- Increase interest of Mexican Society of Ophthalmology to implement this course as a continuous project.</td>
</tr>
<tr>
<td></td>
<td>- That the Panamerican Association of Ophthalmology through Dr. Fernando Barria is making a initiative to propose to implement this course in all Latina America countries.</td>
</tr>
<tr>
<td>Difficulties</td>
<td>- We could not have all second year residents of the country because:</td>
</tr>
<tr>
<td></td>
<td>a. Resources</td>
</tr>
<tr>
<td></td>
<td>b. Permission of some Residence programmes to allow their residents to come</td>
</tr>
<tr>
<td></td>
<td>- Logistics to bring Residents from different countryside, some more than 12 hours travel was a challenge.</td>
</tr>
<tr>
<td>Follow Up</td>
<td>Actions:</td>
</tr>
<tr>
<td></td>
<td>1) To implement this Course yearly for second year Residents, maybe try to do two courses to have all 2nd year residents of the country attend.</td>
</tr>
<tr>
<td></td>
<td>2) Make this course under the ownership of the Mexican Ophthalmology Society</td>
</tr>
<tr>
<td></td>
<td>3) Try to input PBL in all academic curriculums of the Eye programmes in Mexico.</td>
</tr>
<tr>
<td></td>
<td>4) Try to reactivate the National VISION 2020 committee</td>
</tr>
<tr>
<td>Recommendations:</td>
<td></td>
</tr>
<tr>
<td>From Medical Advisor, Pedro Gomez Bastar:</td>
<td>For this initial events we need strong support from CBM and other NGOs until we obtain ownership and economic support from the Mexican Ophthalmology Society or the Mexican Board of Ophthalmology.</td>
</tr>
<tr>
<td>COMEX recommendations:</td>
<td>Support this course for 2012</td>
</tr>
</tbody>
</table>

Cochabamba, Bolivia
COMMUNITY EYE HEALTH
3rd – 5th November

<table>
<thead>
<tr>
<th>Aims and Objectives</th>
<th>Aims and Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Presentation of magnitude and causes of blindness in Latin America, including Bolivia</td>
</tr>
<tr>
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<td>Presentation of prevention of blindness work by Bolivian Society of Ophthalmology (next five years)</td>
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<td>Presentation of PBL work conducted in collaboration with Ministry of Health in Ecuador and Foundation Clinton in Peru</td>
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<td>Teach ophthalmologists how to develop a prevention of blindness programme</td>
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- Share strategies on how to implement a community eye health programme for detection and referral
- Presentation of project ideas based on group work with various ophthalmologists (Focused on Cataract)
- What does Bolivia need in terms of Low Vision?
- Presentation of Childhood Blindness (ROP) Management and Referral
- Discussion on diverse surgical techniques based on experience by practicing ophthalmologists
- Introduction of CBM and how to present a project proposal for funding

<table>
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<tr>
<th>Participants</th>
<th>26 participants attended the course (Cochabamba 8, Sucre 2, La Paz 6, Santa Cruz 2, Potosi 2, Trinidad 3, Yacuiba 1, Oruro 2) (List of participants attached)</th>
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<tr>
<td>Faculty</td>
<td>D.Yorston, F. Chiriboga, Dr Moya, Dr Sebastian, Dr Barrionuevo, Dr Flores.</td>
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<td>Cost to IAPB</td>
<td>$4950</td>
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**Successes**

Four groups presented a project idea for PBL programme as follows as a result of group work:

Society of Bolivian Ophthalmologists (SBO) presented its National PBL Plan for the next five years encompassing the following:

- Establishment of alliance between public and private sector for the development of low cost PBL programmes in every department
- Organisation of a National PBL Congress every two years possibly in combination with the SBO Congress
- Celebration of World Vision Day
- Creation of a National Council for Visual Health and Prevention of Blindness
- Identification and training of more ophthalmologists in cataract surgery, to achieve a ratio of 10 ophthalmologists doing surgery /million population in Bolivia.
- Implementation of mobile units for rural areas (1/million pop) for consultation

Low Vision Needs for Bolivia were presented

Dra Vania Garcia indicated there are currently 200,000 patients with LV in the country, out of which 84,000 are children. Priority needs are the training of multidisciplinary teams, low cost vision aids, low vision training courses and creation of centres to train residents in low vision.

Ministry of Health Involvement

Currently ophthalmologists face the problem that MoH currently does not allow for the creation of NGO's, which results in an obstacle for CBM's requirement to have legal partners when funding a project. It was suggested, an option is to use existing NGO's/foundations which could be interested in including in their existing programmes the component of community eye health or the SBO legal framework.

The MoH is introducing a new law of “Negligence” which allows patients to lay claims on doctors for bad practice or for anything that is not considered satisfactory to patients. Thus, there is a general concern in the medical sector of how this will affect future work for practicing ophthalmologists.

PBL work conducted between CBM projects and the Ministry of Health in Ecuador was welcome by the group as an “ideal” example to follow in Bolivia, but it was agreed that it...
will very difficult to achieve at this time due to the political situation. 5300 cataract surgeries were conducted in 2008 and 6100 in 2009 in the programme in Ecuador, with support from the MoH, following an extension of services in the whole country to include Refractive Error and Diabetic Retinopathy.

**Cataract Surgery**

After presenting various surgical techniques, it was concluded that the “best technique” is the one that fits each ophthalmologist best and provides the best surgical outcome.

Residents should not be responsible for surgery in community surgical campaigns and the best possible equipment should be used to avoid complications on poor patients.

All projects were committed to carry out a tighter quality control of cataract surgeries in order to get better post op results.

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<th>Difficulties</th>
<th>Poor translation</th>
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<th>Follow Up</th>
<th>Conclusions and Recommendations</th>
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<td>▪ To have more participation in future CEH courses, it’s important to have personal contact with ophthalmologists and share with them objectives and topics of the course beforehand, so they will feel committed to attend. Some ophthalmologists were not able to participate, as their email information was different.</td>
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<td>▪ The Bolivian Society of Ophthalmology will serve as the key stakeholder to enhance the development of prevention of blindness programmes in Bolivia. Good participation of Dr. Sebastian, President of SBO was evident in the course, and with good follow up on behalf of CBM and IAPB, good prevention of blindness actions could result in the medium term for Bolivia.</td>
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<td>▪ It is clear that in Bolivia, advocacy work with the Ministry of Health is difficult, thus a lot of awareness is needed to sensitize government authorities on the need to develop prevention of blindness programmes in the country. Therefore, the involvement of WHO (Dr Juan Carlos Silva) and IAPB (Dr. Van Lansingh) is needed to approach the MoH on a higher level to initiate conversations on PBL possibilities and reach a consensus.</td>
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<td>▪ The SBO and interested ophthalmologists should organise Prevention of Blindness sessions as part of Ophthalmology Congresses conducted every year in Bolivia. This will help sensitize other local ophthalmologists.</td>
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<td>▪ Definitely in Bolivia, as is the case of Peru, Paraguay, Ecuador and Central America, there is a great lack of surgeons for high volume cases. There is also a lack of experience with modern surgical techniques such as small incision cataract surgery. The problem is not found only in residents, but also with ophthalmologists already trained who did not have good practice in surgery. Thus, emphasis should be placed in surgical training workshops.</td>
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<td>▪ Ophthalmologists who are interested in CBM support, should send a project idea to CBM as first step to plan for a future PCM Workshop for potential PBL Projects in Bolivia in 2012 (could be a 2 day workshop). SBO to send a written request to CBM indicating the desire for a PCM workshop in 2012 for planning purposes.</td>
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<td>▪ CBM to send to Dr Vania Garcia list of low cost vision aids (Hong Kong) and contact details for key professionals in LA who can provide her with more information on LV aids, as these are very expensive in Bolivia.</td>
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<td>▪ CBM should continue to be a key international stakeholder in all the process of Prevention of Blindness in Bolivia</td>
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**COMMUNITY EYE HEALTH MANAGEMENT**

**2nd – 13th May**

**Aims and Objectives**

The international course in CEH management is widely recognised among various institutions in Latin America and has been a core element for the appropriate development of projects in the prevention of blindness, according to the reports from some of the participants on previous courses.

The course was organised in 3 sections distributed in 10 Modules. This design allowed the participants to obtain broad spectrum understanding of a health care provider and manager needs in order to develop a sustainable project. The course targeted administrators of community eye health projects, who are expected to play an important role in the future, for the purpose of providing them with the tools to achieve sustainability and the means to perform planning of services within the framework of the recommendations for development of a national eye health plan.

**Objectives:**

Training of participants who after completing the course will be able to:

- Prepare a project according to the guidelines of a VISION 2020 district plan and participate with the committees of their respective countries in the formulation of a national eye health plan in order to fulfill the objectives set forth in the May 2003 resolution of the World Health Assembly, and to use the resolution of May 2006 for advocacy activities within their respective governments in relation to the assignment of resources to this priority area.
- Utilise administrative, accounting, and marketing techniques to improve programmes or create new ones, evaluate progress, and apply corrective measures.
- Offer presentations on priority pathologies supported by the didactic materials provided, organise advocacy meetings, and attempt to introduce CEH to training programmes.
- Maintain a network of contacts in various countries for mutual assistance and support for preparation of activities to be carried out.

**Participants**

30 from Paraguay, Uruguay, Peru, Brazil, Haiti, Nicaragua, Ecuador, El Salvador, Chile - Physicians, ophthalmologists, nurses, administrative personnel, and managers of eye-health programmes.

**Faculty**

Dr Rainald Duerkson, Dr Miriam Cano, Dr Pablo Cibils, Dr Van Lansingh, Nelson Rivera, Ravilla Thulasirij, Juan Francisco Yee, Perry Athanason, Ismael Cordero, Dr Cesar Gonzalez Tasayco, David Green, Fernando Frydmann, Helmine Funk.

**Cost to IAPB**

£7000 carried over from 2010

**Successes**

**Results Related to Objectives**

- All participants were given the information needed to prepare a project according to the VISION 2020 district plan and participate with the committees of their respective countries in the formulation of a National Eye Health Plan in accord with the objectives set forth in May 2003 resolution of the World Health Organization (WHO). They were also shown the methods by which they can perform advocacy with their governments and other government entities and comply with the WHO resolution of May 2006.
- Various exercises were carried out after the lectures to critically analyse the existing situation of each of the major causes of blindness and the projects needed to create
or improve the eye health care in the region, with special emphasis in community work. The sessions were dynamic, and we consider that the participants will be able to influence their respective communities and local governments for the development or improvement of existing projects.

- The participants were also provided with the administrative, accounting, and marketing techniques needed to improve programmes, evaluate progress, and apply corrective measures. These sessions generated a great deal of interest, and with the assistance of the speakers and organisers, as well as some participants with knowledge in the field, many ideas were generated related to sustainability, increased coverage, and quality of service.

- With the support of the didactic materials provided, they will be able to offer presentations on priority diseases, organise advocacy meetings, and introduce CEH into training programmes. All the participants received electronic and printed copies of the educational materials in both English and Spanish, as well as various references available on the Internet, to be used in their respective institutions and other forums within their countries.

- They were also given information about all the participants and organisations involved so that they could create a network of contacts in the various countries that could provide them with pertinent advice, and support and assistance in developing selected projects.

**Other Results:**

- Fundación Visión reinforced the alliance with the Paraguayan Universidad Católica de Nuestra Señora de la Asunción (Catholic University of Our Lady of the Assumption) permitting the issuance of certificates of participation worth academic credit, something made possible by the fact that the university is listed with the WHO world directory of medical schools and the Foundation for the Advancement of International Medical Education and Research (FAIMER).

- The teachings shared by some speakers about their experience with other successful projects in prevention of blindness and with excellent management were of great importance to demonstrate what can be accomplished in the eye-care field with the proper management of human, equipment, and economic resources.

- Donations of CBM and ALCON were significantly important this year were the economic aspect of the revenue were not as favourable as in previous courses.

**Difficulties**

- None cited

**Follow Up**

- It is up to the individual residents to utilise the information and skills acquired in their current and future work in blindness prevention. It is envisaged that there will be informal follow up and support provided to each other by each other.