

IAPB Africa Newsletter



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1. Editorial: Les Chiens Aboient, La Caravane Passé Proverb: Life goes on, even if some will try to stop or talk against progress.

Over the last 50 years, how we think about and how we approach the provision of eye care services in Africa has undergone several major paradigm shifts, from the initial prioritisation of **restoration of sight**, through the **prevention of blindness** era to the current paradigm of **comprehensive eye health and universal coverage**.

Of course, everyone grows tired of hearing about 'paradigm shifts' which nowadays seem to be applied to the most mundane of changes. A **paradigm shift**, as identified by American physicist [Thomas Kuhn](#), is a fundamental change in the basic concepts and practices of a scientific discipline, leading to a scientific revolution when scientists encounter anomalies that cannot be explained by the current paradigm. In social sciences a paradigm shift replaces the former way of thinking or organizing with a radically different way of thinking or organizing. When enough significant anomalies have accrued against a current paradigm, the scientific discipline is thrown into a state of crisis. During this crisis, new ideas are tried. Eventually a *new* paradigm is formed, which gains its own new followers, and an intellectual "battle" takes place between the followers of the new paradigm and the hold-outs of the old paradigm. Africa has significantly embraced the paradigm shift.



Sight Restoration

- 1930-1970s
- Ophthalmologist and Ophthalmic Nurses
- Focus on Cataract
- Eye camps

Prevention of Blindness

- 1970s-2010
- Creation of IAPB
- More cadres
- Broader remit and focal diseases
- Outreach

Comprehensive Eye Health

- 2010 >>>>
- All eye disease
 - Full range of eye health workers
 - Coverage as a major concern
 - Fixed Facilities

We are now in the era of Comprehensive Eye Health, characterized by a concern with achieving universal eye health coverage in line with the current WHO Global Action Plan, 2014-19 which emphasizes integration as a part of health systems and a move away from vertical programmes. An era that is also shifting responsibility to national governments to fulfill the mandate they were elected for while NGOs partner and support such efforts.

Prof. K. Naidoo, IAPB Chair

2. IAPB News

2.1 STRATEGIC PLANNING FOR OPTOMETRY IN AFRICA

The first school of optometry in Africa was established in South Africa in 1924 but it was not until the 1970s that new schools appeared in South Africa and Nigeria, followed by Tanzania (1979), Ghana (1991) and Ethiopia (2205). Collectively, this first phase of development has seen the development and further expansion of 14 schools of optometry in 5 core countries.

Following the publication of new data on the burden of Uncorrected Refractive Error in Africa in 2006, Ministries of Health and Education, Professional Bodies and Civil Society responded collectively to expand access to refractive services in Africa, with a particular focus on new optometry training schools. Between 2008 and 2013, 11 new schools of optometry were opened in 9 new countries. To a certain extent, this second wave of expansion has levelled out and we now need to consolidate growth to date and prepare for a third wave of expansion over the next 10 years to meet the increasing needs of a growing population, including the diabetes epidemic and the new challenge of myopia.

With this in mind, IAPB Africa and AFCO, with financial support from BHVI and VAO, co-convened a strategic planning workshop in Durban, in June 2016, to plan the way forward. The Workshop was attended by representatives from 17 countries, 10 Training Institutions, 8 professional societies and 4 INGOs. The occasion was graced by the presence of Dr. Uduak Udom, current President of the World Council of Optometry. A full report of this important workshop will appear on the IAPB Africa website in the next couple of weeks as well as the Situation Analysis which informed the discussions. The next step is to finalise the 10 Year Strategic Framework in time for its launch at 10GA in October.



2.2 WHO-EMRO Workshop on HReH and the Global Action Plan



Following on from the Miami Declaration on HReH in Latin America and our own prioritisation of the eye health workforce in Africa, the EMRO region recently convened a very useful workshop on strengthening the eye health workforce with the financial support. IAPB Africa was delighted to be invited to be part of the deliberations and made 2 presentations on the African experience of addressing the eye health workforce crisis. After presentations and discussions of the group work the workshop reached, *inter alia*, the following conclusions:

1. The **Core cadres needed** for optimal eye care services regionally and sub-regionally have been identified. The lower income countries need more ophthalmologists and AOP especially ophthalmic technicians and community eye health workers and while the higher income countries need more subspecialists at secondary and tertiary health care levels and optometrists at primary health care level.
2. **The Potential Indicators** to be used for the national HReH and possibly EMR HReH repository were identified in line with the national HIS. These are under the following categories: Personnel, Training, Governance and Trends
3. **EMR HReH repository**; It has been agreed to have an EMR HReH repository which will have vital information on cadres, training institutions, CPD, Governance and trends. The repository's host, resources need, mechanism of data collation, mechanism of utilization/access will be finalized after further discussions, with WHO EMRO, professional bodies like MEACO etc. The repository will need to be updated on an annual basis.
4. Database of **all Training institutions and CME providers**, and basic facts about them will be developed in collaboration with professional bodies, NGOs and MOHs. This will form part of the regional HReH repository.
5. The **EMR HR workforce committee** will be reconstituted in order to re-energize it to lead some of the main recommendations /decisions of this workshop. Revised Terms of reference and list of new members will be developed by IAPB EMR and circulated to all stakeholders for comments and suggestions.



2.3 Djimon Hounsou named Africa's Continental Ambassador by Orbis

Two-time Academy Award-nominated actor Djimon Hounsou was named Africa's Continental Ambassador by international not-for-profit organization Orbis on June 4. The announcement was made during the launch of Orbis's next-generation Flying Eye Hospital, the world's only ophthalmic teaching hospital on board an MD-10 aircraft, donated by FedEx.



"We are thrilled that Djimon Hounsou, a native son of Benin and spokesperson for the Continent, has

joined forces with Orbis Africa. The organic nature of our partnership will serve to amplify the impact we are able to make and increase the attention this worthwhile cause can attract," said Lene Øverland, CEO of Orbis Africa.

In his role, Hounsou looks to draw attention and prompt immediate action towards the inexcusable issue of avoidable blindness in Africa. *"What I appreciate most is the success that Orbis has enjoyed over its distinguished 30-year history and the level of transparency it has demonstrated in converting funding into a direct impact on people's lives. This impact is not only felt by those successfully operated on and given the gift of sight, but also the trained practitioners, empowered with the skills to continue serving their communities. This is a cause worth advocating for and just the type of impact-led organization that the world needs to support,"* Hounsou said.



Calling all ICEH MSc, Diploma & Certificate ALUMNI?

You are INVITED to join other ICEH Alumni from the MSc, Diploma and Certificate celebrate at the IAPB 10GA, "Stronger Together"!

Reception & Dinner!

Saturday, 29 October, 2016
During IAPB 10GA

Time: 17.30, immediately after final courses

For more information contact the ICEH Student & Alumni Engagement Officer: [Romulo Fabunan](mailto:Romulo.Fabunan@Lshtm.ac.uk) – Romulo.Fabunan@Lshtm.ac.uk

2.4 WHO AFRO: Eye and Ear Programme Report on Activities 2015

IAPB Africa and WHO-AFRO signed a Memorandum of Understanding in 2012 for an initial 5-year period to implement joint activities in line with the WHA 62.1, WHA 66.4 and the currently approved WHO Global Action plan for the Universal Eye Health 2014-2019 in the African Region.

In 2015 the following progress was made in implementing the current work plan:

1. Primary Eye Care: Algorithms for the integration of Primary Eye Care into Primary Health Care delivery systems were developed and validated in April 2015. Subsequently, the draft training modules (protocols) were field tested in Kenya and in Rwanda involving mid-level eye health professionals. Participants' comments and feedback from the two workshops were collected by an expert and will be reflected in the final products that will then be made available for the remaining Member States of the region and their partners in early 2016.

2. African Health Observatory: The electronic format of the Eye Health indicators has been piloted and validated in 3 Member States (1 in each IST) and subsequently shared with other Member States in the Region. Data have been collected in 18 out of 47 of Member States and are available on the AHO's Portal. The Catalogue of the Eye Health indicators has been finalized and edited in English, French and Portuguese. The layout for publication and printing is on-going.

3. Human Resources for Health: Following the training workshop on the use of WHO planning tool (Workload Indicators of Staffing Need - WISN) held in May 2014, five Member States (Burkina Faso, Mali, Senegal, United Republic of Tanzania, and Zimbabwe) were supported in the application of the tool. The use of eye health examples by the facilitators during the training on the use of the WISN tool has been ensured in all the 5 countries in order to sensitize decision makers on this and to ensure the inclusion of eye health expertise' activities and wherever possible involvement of national eye health experts during the application of the tool in the evaluation of needs and gaps in terms of Human Resources at country level. Three MS (Botswana, Kenya, and Nigeria) received technical support for developing national HRH plans with Eye health and NTDs embedded, and Benin has been technically supported to strengthen its National Health Workforce Observatory.

4. Core Competencies: Continuous exchanges are on-going to ensure the implementation of the development and approval of competency-based curricula for Eye Health Care professionals at Regional level.

5. Collaboration: The WHO Regional Eye Health Focal Point in AFRO is enhancing the collaboration with other AFRO units/clusters as well as with partners through participation in relevant meetings; producing results in concert with colleagues from different units and facilitating exchanges between different actors. Technical support for eye health activities to Member States has been provided and is on-going. In order to strengthen the collaboration between AFRO and IAPB Africa and to better align activities and avoid duplication of efforts, the Coordinator of the WHO sub regional office for Central Africa was invited to attend the meeting organized by IAPB Africa in Yaoundé: the "IAPB Central Africa meeting on the development of Human Resources for Eye Health in Central Africa" (11-13 August 2015).

2.5 The Global Health Observatory

The Global Health Observatory (GHO) is an initiative of the World Health Organization to share data (through their website) on global health, including statistics by country and information about specific diseases and health measures. The term 'observatory' refers to the function of monitoring health events and trends using objective and verifiable methods. Their purposes vary but the major objectives are: monitoring health situations and trends, including assessing progress toward agreed-upon health-related targets; producing and sharing evidence; and, supporting the use of such evidence for policy and decision making. The GHO website is organized around themes. For each theme, key statistics are presented on the associated webpage, and more detailed data and reports are available for download. The themes include:

- Millennium Development Goals
- Estimates of mortality and global health
- Health systems
- Public health and environment
- Health Equity Monitor
- International Health Regulations Monitoring framework
- Urban health
- Women and health
- Noncommunicable diseases
- Substance use and mental health
- Infectious diseases
- Injuries and violence

Health observatories have also been set up with a decision support function at the regional level, with WHO observatories operating in the [African](#), [Americas](#), [Eastern Mediterranean](#), [European](#) and [Western Pacific](#) regions. The [Global Health Observatory](#) serves to bridge these regional counterparts.



IAPB Africa would like to thank the Organisation pour la Prévention de la Cécité (OPC) for their support in translating the IAPB Africa Newsletter into French.

Learn more about the work of OPC [here](#).

COECSA

The 4th Annual Scientific Conference
25-26 August 2016
 Arusha, Tanzania

Final abstract submission: 30 June 2016
 Submit your abstracts to abstracts2016@coecea.org



2.6 Freshly Minted Global Fund Strategy hits Critical Priorities of Africa Constituencies, 21 Jun 2016, Danielle Doughman

The Global Fund Board passed its new Strategy for the period 2017-2022 during the 35th Board Meeting in Abidjan. Through an extensive consultation process, the resounding message was for The Global Fund to **“stay the course”** and refine priorities rather than make major strategic shifts. It was gratifying to note three priorities as the most critical issues for Africa:

- Resilient and sustainable systems for health
- Women and girls
- Challenging operating environments

1. Resilient and sustainable systems for health is the top priority for Africa. The Africa constituencies strongly believe that such investments will yield not only the maximum impact for disease-specific programming but will also enable countries to better respond to emergency public health issues.

Specifically, it was good to see attention to **human resources for health**, including pre-service **training for community health workers**. This is a major victory since this has been an area most funders have resisted supporting. The constituencies were also pleased to note support for countries to develop M&E plans and **investments in data systems** to improve the quality of data that populate these plans – another huge step in the right direction. The constituencies hope to see alignment between Global Fund goals and targets and other global agendas to maximize the impact of data investments.

2. Women and girls

As Global Fund Executive Director Mark Dybul said during the board meeting, ***the battle will be won or lost based on how well we address the epidemic in women and girls in sub-Saharan Africa.***

3. Challenging Operating Environments (COE)

Challenging environments may result from enduring political, social and/or environmental issues or from emergency situations. Africa is home to a number of countries classified as COE. Such environments compromise a country's ability to achieve the intended impact or, worse, derail progress of Global Fund investments.

Conclusion

The Strategy demonstrates deliberate efforts to harmonize with other global initiatives to tackle the three diseases (specifically with the End TB Strategy, and the UNAIDS Fast Track, and the Global Technical Strategy for Malaria) as well as the Sustainable Development Goals.

Now comes the hard part: implementing the Strategy.

3 Technology

3.1 Cheap Device for Examining Eyes Successfully Tested by Inga Vesper

A simple eye examining device that may offer a cheap way to improve medical care and training in developing countries has been successfully tested in Africa and Pacific island states.

The [Arclight](#) is a pocket-sized ophthalmoscope - a medical instrument used to see inside patients' eyes - equipped with an LED to provide light, a magnifying lens and a rechargeable battery. The device, which costs around US\$8, can help [health](#) workers detect eye [diseases](#) such as trachoma and glaucoma, as well as foreign objects in the eye, say its developers at NGO the Fred Hollows Foundation in Australia. It can also be used in training for eye doctors and clinicians in developing countries and is small enough to be carried in a pocket or clipped to a lanyard, according to Richard Le Mesurier, the foundation's medical director. In developing countries, ***"health budgets are too small to accommodate the high costs of diagnostic instruments designed and produced for the well-resourced richer countries. We are doing what we can to bring the costs down to something much more affordable while maintaining quality."***

Ciku Mathenge, the director of training at Dr Argawal's Eye Hospital in Rwanda, was involved in testing the device. She says that providing ophthalmoscopes to students is crucial to improve eye healthcare in resource-poor settings. ***"When I started my training, all I wanted was to afford my own ophthalmoscope, but I couldn't. With cheaper devices on the market, "each and every student in my class, no matter what their background, can have an ophthalmoscope from the first day of their training without relying on donor funding"***.

But Gillian Cochrane, an optometrist at Australia's Deakin University, sounds a note of caution, saying that, as well as better diagnosis, patients in poor countries also need access to specialists. ***"Referral pathways need to be established to ensure that when an eye problem presents, the patient can be sent to the appropriate eye care practitioner"*** she says.

3.2 Bausch & Lomb, IBM To Release App For Doctors Who Treat Cataracts

More than 22 million Americans have cataracts, a clouding of the lenses in the eyes, which can cause blindness if left untreated. The prevalence of the condition, which affects about 16 percent of Americans who are 40 years and older, has made it the most common surgical procedure among beneficiaries of Medicare. During a cataract surgery, doctors remove the clouded lens in a patient's eye and replace it with an artificial lens called intraocular lens, or IOL. Many cataract surgeons currently check their patient's information in the operating room using notes that were made during office visits prior to the surgery, an inefficient process that takes extra work. This method of conducting cataract surgery, however, may change soon.

A collaboration between a multinational tech corporation and a 163-year-old eye health company may streamline the workflow of surgeons who perform cataract surgery and this may improve doctors' efficiency and boost patient care. On May 5, IBM announced that it is working with Bausch + Lomb to develop a first-of-its-kind iOS app for cataract surgeons. The app aims to provide surgeons with an easy means to compile and manage patient information, which includes lifestyle preferences as well as biometric data such as IOL calculations and corneal topography to help facilitate surgical planning and procedure.

The app is set to give doctors clinical insights that will help them select the right IOL before surgery as well as eliminate the need to use paper notes during operations. With the app, doctors will have the option to refer to notes on their Apple device as well as on display screens in the operating room. The new mobile technology can potentially change how doctors conduct cataract procedures beginning from the planning stage up to postoperative follow-up. ***"We look forward to bringing the benefits of mobile technology to some of the world's busiest surgeons - cataract surgeons,"*** said Mahmoud Nagshineh, general manager, Apple partnership at IBM. ***"The new app we will create will equip ophthalmologists with the data they need at their fingertips to help them make better, more informed decisions for their patients."*** Pilot testing of the new app is set to begin later this year.

4. Disability

4.1 Global Campaign on Education For All Children with Visual Impairment (EFA-VI)

Participating Countries in Africa: Burkina Faso, Ethiopia, Ghana, Kenya, Malawi, Mali, Uganda, Mozambique, Rwanda.

Message from the President

The IDP Africa Forum held in Kampala, Uganda in October 2015, postponed from the previous year on account of Ebola, provided an excellent focus for international collaboration. We were able to showcase our Global Campaign on Education For All Children with Visual Impairment (EFA-VI), which was given a major boost by a video message of support from Gordon Brown, the former UK Prime Minister and now the UN Secretary-General's Special Envoy for Global Education. We were also able to hold a meeting of the Executive Committee.

You will be glad to know that the EFA-VI Campaign, implemented in partnership with the World Blind Union (WBU), was selected as one of the 86 innovative practices by the Zero Project, Austria. Many international organisations and individuals showed interest in ICEVI's work and we look forward to the EFA-VI Campaign gaining even greater traction with this increased exposure.

2016 will be an important year for ICEVI as we organise our second Joint General Assembly in collaboration with our WBU colleagues. The 2012 Assembly in Bangkok generated a lot of goodwill and camaraderie between WBU and ICEVI, and we are looking to progressively strengthen this collaboration at all levels. As an example, we were able to make the most of the Africa Forum in Kampala last October to bring WBU and ICEVI members together at the regional level to plan strategic activities to expand the EFA-VI Global Campaign in the region and also to strengthen joint work on advocacy.

This issue of *The Educator* focuses on "Reaching the Un-reached" and has an excellent selection of articles written by authors representing the different regions of ICEVI. Finally, in recognition of ICEVI's developing role, particularly in the areas of networking and advocacy, we are proposing to conduct a Strategic Review of the vision, mission and objectives of ICEVI at the beginning of the next Quadrennium. In summary, 2015 has been a very productive year for ICEVI and we look forward to another constructive year for the organisation in 2016. **Colin Low**, President, ICEVI. **The Educator, Volume XXIX - Issue 2, January 2016. Reaching the Unreached**



INTERNATIONAL SOCIETY OF GEOGRAPHICAL &
EPIDEMIOLOGICAL OPHTHALMOLOGY

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4.2 Google.org awards grant to Perkins to build 'micronavigation' app

Innovative mobile app will help people who are blind locate bus stops and other precise locations, making public transportation more accessible. With help from a Google.org grant, Perkins School for the Blind is embarking on a ground-breaking project that will change the way people who are blind or visually impaired access public transportation.

The \$750,000 grant, awarded through [The Google Impact Challenge: Disabilities](#), will fund the development of a mobile app that helps users independently locate bus stops and other very specific locations. Perkins will be designing, developing and testing the app over the next year. ***“For people who are blind or visually impaired, locating an exact, physical landmark like a bus stop can be a real challenge,”*** said Bill Oates, vice president of Perkins Solutions, the technology division of Perkins School for the Blind. ***“GPS can only get you so close, so we’re going to focus our grant on micro navigation – helping people safely traverse those last 25-30 feet to their destination.”***



The goal of the Perkins app is to pick up where commercial GPS leaves off – giving users detailed navigation clues that bring them within a white cane’s length or less of bus stops and eventually other transportation markers like taxi stands and crosswalk signals. Perkins plans to utilize crowdsourcing to gather information on bus stops in and around Boston. Once the app is tested locally, it could easily expand to other cities. [Learn more at perkins.org/bus](http://perkins.org/bus)

Stop Press - Stop Press - Stop Press - Stop Press - Stop Press - Stop Press

Vision for a Nation Foundation Wins Top Prize at the UK Charity Awards 2016

Vision for a Nation is proud to announce that it has been awarded Top Prize in the “International Aid and Development” category by the United Kingdom’s Charity Awards Programme – the UK charity sector’s most prestigious and longest-running awards programme.

The award was based upon the measurable success of its ground-breaking nationwide primary eye care programme in support of the Government of Rwanda that now provides local and affordable eye care to 100% of the nation’s 10.5 million people. Vision for a Nation proved “demonstrated achievement” in all ten “Hallmarks of Excellence” – including leadership, innovation, effectiveness and sustainability. The project has been funded by James Chen, UBS Optimus Foundation, DFID and a range of other donors.

5 Resources

5.1 First crowdfunded Development Impact Bond looks for \$2.5mIn

In what will be the first ever crowdfunded Development Impact Bond, Homestrings, the investment portal, is hosting a \$2.5 million issue for The Cameroon Cataract Performance Bond, a Fred Hollows Foundation-led conditional grant contract to launch and operate Magrabi-ICO Cameroon Eye Hospital (MICEH), that will provide cataract surgeries in the West African country. Development Impact Bonds allow programs which are sponsored by donors or host country governments to raise upfront funding from private investors, who earn a return – paid by the sponsor – if the program achieves certain pre-agreed goals.

In 2013, the Fred Hollows Foundation, having identified the potential for Development Impact Bonds, engaged D Capital to design the bond to raise start-up capital for MICEH, and the initiative attracted the African Eye Foundation and Sightsavers to join the opportunity, thereby creating the Cameroon Cataract Performance bond coalition. In addition, the Conrad N. Hilton Foundation has agreed to be the main outcome funder for the deal. Commenting on the Development Impact Bond, Lachlan McDonald, Senior Economist at the Fred Hollows Foundation was quoted as saying “***We expect that the Cataract Bond will spur new investment deals of a similar nature and help us further spread the social enterprise cataract hospital model to new areas where it is needed.***”

5.2 Sight charities announce fundraising collaboration

[Vision Aid Overseas](#) and [Optometry Giving Sight](#) in the United Kingdom have announced a [collaboration](#) that will see Vision Aid Overseas taking over the other charity’s fundraising activities.

The formal agreement follows a successful collaboration between the charities last year, which saw them work together on a range of activities with the aim of boosting fundraising and reducing costs, with Optometry Giving Sight UK (OGS) providing funding to Vision Aid Overseas (VAO) to help it build the capacity of the optometry profession in Ghana, Ethiopia and Zambia. VAO will now coordinate and run this year’s [World Sight Day Challenge](#), as well as the annual fundraising initiative, Cycling for Sight. OGS will also now be requesting that funds donated by its UK supporters and monthly donors are sent directly to VAO, and will be used to support agreed OGS-funded VAO projects.



Vision Aid Overseas

(Incorporating **OPTOMETRY GIVING SIGHT** in the UK)

Chair of OGS in the UK, Bob Chappell, said: “***Due to the success of this collaborative working, our respective boards feel that VAO should be the lead organisation within the UK for mobilising support for sustainable eye and vision care programmes in under-served communities, while OGS should focus its efforts at the global level.***” Since 2003, OGS International has funded 72 projects in 38 countries worldwide, resulting in basic eye care services being provided to over 7.6 million people.

5.3 Mectizan Donation Programme

Established 25 years ago, the Mectizan Donation Program (MDP) is the longest-running, disease-specific, drug donation program and public/private partnership of its kind. The MDP secretariat is a partner of the Task Force for Global Health, and was established to provide medical, technical and administrative oversight of the donation of Mectizan.

Merck announced the donation of Mectizan, a breakthrough medicine for the treatment of onchocerciasis, in 1987 to all who needed it, for as long as needed. More commonly known as "river blindness," onchocerciasis is found in six countries in Latin America, in Africa, and in Yemen. It is transmitted through the bites of black flies and can cause intense itching, disfiguring dermatitis, eye lesions and, over time, blindness. Mectizan relieves the agonizing itching that accompanies the disease and halts progression toward blindness. Administered once annually, Mectizan is well suited for mass distribution in remote areas by community health workers.

In 1998, Merck expanded the mandate of the program to include lymphatic filariasis elimination through the co-administration of Mectizan and albendazole, donated by GlaxoSmithKline, in African countries and Yemen where lymphatic filariasis and onchocerciasis are co-endemic. MDP provides oversight of the donation of both drugs in Africa and Yemen. Currently, MDP approves more than 140 million treatments for onchocerciasis and 130 million for lymphatic filariasis annually. The success reaching this many people is largely due to the partnerships that have evolved in support of both disease elimination initiatives.



Dr. Adrian Hopkins, of the Mectizan Donation Program, receives Prince Abdulaziz Bin Ahmad Al Saud Prevention of Blindness Award in Bahrain from the President of the Middle East Africa Council on Ophthalmology, Ahmed Abdulla Ahmed

Bottom: Dr. Hopkins pictured with Jason Carter, Chair of The Carter Center Board of Trustees (far left), Ahmed Abdulla Ahmed, and other dignitaries attending the 2016 MEACO Conference in Bahrain.

World Council of Optometry

Second World Congress of Optometry
Hyderabad, India
11 - 13 September 2017
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6. KNOWLEDGE

1.EYE HEALTH

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WHO AFRO launches new project to help African countries control and eliminate NTDs , Report from WHO, 23 May 2016. <http://reliefweb.int/report/world/who-afro>.

Expanded Special Project for Elimination of NTDs (ESPAN) will strengthen national programmes and help secure sustainable financing to combat diseases of poverty. A study by Erasmus University projects that reaching WHO's 2020 goals for these diseases would generate an estimated US\$565 million in productivity gains by 2030.

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NEWS FROM KCCO

The Low Vision Care in Africa manual has now been translated into French, Portuguese and Spanish, with the financial support of Wilde Ganzen, the Lions Netherlands Working Group for the Blind and Sightsavers International. We hope this manual will assist both government and non-governmental programs to add services for children with low vision to their health and education services. Here is the direct link for each individual file:

English http://www.kcco.net/uploads/2/5/5/3/25532706/lvc_eng2016finalweb.pdf

French http://www.kcco.net/uploads/2/5/5/3/25532706/low_vision_manual_africa_french_web.pdf

Portuguese http://www.kcco.net/uploads/2/5/5/3/25532706/lvc_port2016_finalweb.pdf

Spanish http://www.kcco.net/uploads/2/5/5/3/25532706/lvc_esp2016_finalrev2_web.pdf

7. IAPB's 10th General Assembly

KEY NOTE SPEAKERS for 10 GA

The enduring spirit of the great women whose work transcended gender and geographical boundaries ...

WHO Regional Director for Africa, Dr Matshidiso Moeti



Official photo of Dr Matshidiso Moeti / Photo credit: WHO Africa

Dr Matshidiso Moeti from Botswana is the first woman WHO Regional Director for Africa. A public health veteran, with more than 35 years of national and international experience, she joined WHO's Africa Regional Office in 1999 and has served as Deputy Regional Director, Assistant Regional Director, Director of Noncommunicable Diseases, WHO Representative for Malawi, and Coordinator of the Inter-Country Support Team for the South and East African countries.

The President of Liberia, Her Excellency President Ellen Johnson Sirleaf



Her Excellency President Ellen Johnson Sirleaf / Photo credit: Chatham House

Ellen Sirleaf has been the President of Liberia since 2006 and is Africa's first democratically elected female Head of State. She was jointly awarded the 2011 Nobel Peace Prize for their non-violent struggle for the safety of women and for women's rights to full participation in peace-building work. Together with L V Prasad Eye Institute (LVPEI) she has also launched an initiative for to provide comprehensive eye care services to Liberians, through the John F Kennedy Memorial Medical Centre, Liberia.

Register for IAPB 10GA:

Online registration for the IAPB 10GA is now **live**. For information on prices and attendee categories please refer to the [10GA ticket prices page](#) and to [register, please click here](#). Offsite registration closes 30 September 2016



Durban
South Africa
27-30 October 2016

To subscribe to 10 GA News, [please click here](#)

8. SNIPPETS

8.1.1 HEALTH INFORMATION FOR ALL (HIFA): is 85% of health research really “wasted”?

The latest issue of the [Newsletter of the International Society for Evidence-Based Health Care](#) is now available. It carries a powerful short article by Paul Glasziou, Iain Chalmers (first published in BMJ Blogs, January 2016). Below are extracts:

IS 85% OF HEALTH RESEARCH REALLY “WASTED”?

Our estimate that 85% of all health research is being avoidably “wasted” [Chalmers & Glasziou, 2009] commonly elicits disbelief. Our own first reaction was similar: “that can’t be right?” Not only did 85% sound too much, but given that \$200 billion per year is spent globally on health and medical research, it implied an annual waste of \$170 billion.

Let’s break up the 85% figure by its components. The easiest fraction to understand is the fraction wasted by failure to publish completed research. We know from follow up of registered clinical trials that about 50% are never published in full, a figure which varies little across countries, size of study, funding source, or phase of trial. If the results of research are never made publicly accessible to other researchers or to end-users then they cannot contribute to knowledge.

Publication is one necessary, but insufficient, step in avoiding research waste. Published reports of research must also be sufficiently clear, complete, and accurate for others to interpret, use, or replicate the research correctly. But again, at least 50% of published reports do not meet these requirements [Glasziou, 2014]. Finally, new research studies should be designed to take systematic account of lessons and results from previous, related research, but at least 50% are not.

It seems likely that 85% is actually an *underestimate*. The authors do not take into account, for example, the partial waste that results from publishing in restricted-access journals, nor the waste of publishing in a language that the main readership does not understand. We know from discussions on HIFA-Portuguese that research undertaken in countries such as Mozambique and Angola are typically published in English-language journals without even the abstract being available in Portuguese. Moreover, consider the 10:90 gap, whereby ***‘less than 10% of worldwide resources devoted to health research were put towards health in Developing Countries, where over 90% of all preventable deaths worldwide occurred’*** (https://en.wikipedia.org/wiki/10/90_gap - the exact numbers are debatable but the principle is not). This means there is a major mismatch between global health research and global health needs - research is misdirected in terms of human need and global disease burden, and can therefore be considered partially 'wasted'.

8.1.2 HIFA: The Institute of Tropical Medicine 2015 Annual Report

Also from HIFA this month, The Institute of Tropical Medicine has published its [annual report for 2015](#). In it the Institute lists its '15 Grand Ambitions', which make for interesting reading.

1. Integrate a large part of its public health education and research in a “Global Network of Public Health Schools”, including the long-standing partners in Africa, Asia and South America with which we share the principles of Primary Health Care and Health Care for All.
2. Enrich its educational offer with online and blended master and expert courses, including biomedical and clinical degrees.
3. Develop a “Wikitropica” in which it extends and shares its knowledge on tropical diseases with the world-wide scientific community.
4. Reinforce its interdisciplinary capacity to investigate epidemics of tropical and infectious diseases worldwide, as well as the consequences of ecological, socio-economic and demographic transitions.
5. Acquire interdisciplinary capacity to investigate and help controlling world-wide resistance against anti-infectious drugs.
6. Develop and deploy innovative control strategies against sleeping sickness that bring into sight the elimination of this disease in Central Africa.
7. Research preventive therapy, social dimensions, functional cure and co-infection dynamics as new steps in the clinical management and the global control of HIV/AIDS.
8. Develop innovate treatments and diagnostics for multi-resistant tuberculosis.
9. Contribute significantly to the worldwide elimination of malaria.
10. Acquire innovative insights in the cellular and molecular biology and transmission dynamics of trypanosomes, leishmania, plasmodium, schistosoma, taenia, mycobacteria and arboviruses.
11. Develop new diagnostic methods for bacterial blood infections, haemorrhagic viruses, sexually transmitted infections and neglected tropical diseases.
12. Develop innovative approaches for the assessment and optimization of complex health interventions.
13. Consolidate its position as an international top centre of medical care and clinical research.
14. Bring its partnerships in the South fully in a new era "beyond aid".
15. Update and optimise its supporting structures, processes and operations.

8.2 Nigeria to Save \$12 Billion by Eliminating NTDs, Martins Ifijeh

A recent data released shows that sub-Saharan Africa could save \$52 billion between 2011-2030 if the region meets the World Health Organisation's 2020 targets for controlling or eliminating the five most common Neglected Tropical Diseases (NTDs). Nigeria alone could save nearly \$12 billion and avert the equivalent of over 23 million years of life that would have otherwise been lost to ill health, disability and early death.

These statistics developed by Erasmus University with support from the Bill and Melinda Gates Foundation, were released at an event hosted by the World Economic Forum on Africa and the END Fund, an international philanthropic organisation in Kigali, Rwanda.

Nigeria is affected by all five of the most common NTDs, including lymphatic filariasis (elephantiasis), onchocerciasis (river blindness), schistosomiasis (bilharzia), soil-transmitted helminths (intestinal worms), and trachoma. Fortunately, however, much work is ongoing to prevent and treat NTDs in Nigeria and protect people against these debilitating diseases, but stakeholders across Africa believed much needs to be done in the area of funding for its elimination. NTDs are a diverse group of parasitic and bacterial infectious diseases that are particularly prevalent in areas with limited access to safe water, proper

sanitation and adequate medical services. According to statistics, sub-Saharan Africa bears over 40 per cent of the global burden of NTDs, with Nigeria taking a major chunk of the burden.

The report also showed that the impact of NTDs on both health and economic development in sub-Saharan Africa is massive. Each year, these diseases cause disabilities and disfigurements for millions of African citizens with Nigeria taking a major chunk of the burden. NTDs have also been known to cause a marked increase in absenteeism in schools and dramatically reduce labour productivity, ultimately perpetuating cycles of poverty.

"I have seen the devastating effects of NTDs first hand in my community," said HRH Queen Sylvia of Buganda, a kingdom in Uganda, who delivered remarks at the event. ***"We cannot continue to let people across Africa suffer from these diseases of poverty when simple solutions exist. It is holding our people and our countries back. We can and we must do more."***

The five most common NTDs in sub-Saharan Africa can effectively be prevented and treated using low-cost, easy-to-administer interventions, such as preventive chemotherapy (PC) treatments through mass drug administration (MDA) in affected communities. Such interventions are extremely cost effective due to a number of factors, including drug donations (valued at \$4 billion annually); the scale of national programmes; the integration of drug delivery with other health initiatives; the use of volunteers and teachers for distribution; and the massive impact of NTD control on economic productivity and educational outcomes. Pharmaceutical interventions work alongside other prevention strategies, including the promotion of safe water, sanitation and hygiene.

"Now is the time for leaders across Africa to prioritise NTD control and put an end to these terrible diseases in order to improve the lives of our people," said Rwandan Minister of Health Dr. Agnes Binagwaho, who also spoke at the event. ***"In Rwanda, we have invested in our people, and we have seen progress as a result of this commitment. With human lives at stake, we simply cannot afford to wait. [View article here](#)***

8.3 Professor George Alberti

The BMJ recently carried an interview with Professor George Alberti, former President of the Royal College of Physicians and a specialist in diabetes with a particular interest in sub-Saharan Africa. When asked, ***"To whom would you most like to apologise?"*** he replies ***"My colleagues in sub-Saharan Africa for not spending more time with them. They've achieved amazing standards of care, considering the lack of funding"***

Hear, hear. It is indeed amazing how health professionals in sub-Saharan Africa manage to maintain a high standard of care despite lack of funding and indeed all the things that others take or granted: equipment, information, systems support, medicines, a decent salary. The rest of us have much to learn from you.

8.4 The parting shot...

