**Reporting Format for Regional Chairs and NGDOs (Latin America 08/2007 to 01/2008)**

1) Indicate the regularity of VISION 2020 programmes in that country.
   a) Sustained VISION 2020 activities (twice a year or more)
   b) Intermittent activities (at least once a year)
   c) No activity in the recent past (2 years)
   d) No information available

   Note: During the IAPB meeting in Geneva 2007, The Caribbean Council for the Blind (CCB) agreed to furnish IAPB with the relevant information for the region, hence in this report, our office has not included information from the Caribbean basin.

| S. No. | Country | Periodicity | | | Launched VISION 2020 |
|---|---|---|---|---|---|
| | | Regular | Intermittent | No activity | |
| 1 | Argentina | a | | | Y |
| 2 | Bolivia | a | | | Y |
| 3 | Brazil | a | | | Y |
| 4 | Canada | a | | | Y |
| 5 | Chile | a | | | Y |
| 6 | Colombia | a | | | Y |
| 7 | Costa Rica | a | | | Y |
| 8 | Cuba | a | | | Y |
| 9 | Dominican Republic | a | | | Y |
| 10 | Ecuador | a | | | Y |
| 11 | El Salvador | a | | | Y |
| 12 | Guatemala | | b | | Y |
| 13 | Honduras | a | | | Y |
| 14 | Mexico | a | | | Y |
| 15 | Nicaragua | a | | | Y |
| 16 | Panama | | b | | N |
| 17 | Paraguay | a | | | Y |
| 18 | Peru | a | | | Y |
| 19 | United States | a | | | N |
| 20 | Uruguay | a | b | | Y |
| 21 | Venezuela | a | | | Y |

2) List partners for each of these countries (blank means no data available to the LA office)

| S. No. | Country | Partners | | | IAPB member (yes/no) |
|---|---|---|---|---|---|
| | | NGDOs | Government Agency | Others (Corporate, Individuals, Institutes etc.) | |
| 1 | Argentina | LIONS, ORBIS, FOAL, CMB | Y | | Y |
| 2 | Bolivia | ULLS DEL MON, FOAL, CMB, MIRADA SOLIDARIA, LIONS, Light for the World | Y | | Y |
| 3 | Brazil | CBM, FOAL, LIGHTHOUSE, SEE INTERNATIONAL LIONS | Y | Y | Y |
| 4 | Canada | | N | Y | Y |
| 5 | Chile | LIONS, FOAL, CMB | Y | | Y |
| 6 | Colombia | SEE INTERNATIONAL, LIONS, CMB | Y | Y | Y |
| 7 | Costa Rica | LIONS, CMB, ORBIS, FOAL | Y | | Y |
| 8 | Cuba | LIONS, ORBIS, CBM | Y | | Y |
| 9 | Dominican Republic | CMB, LIGHTHOUSE, SEE INTERNATIONAL, CMB, LIONS | Y | | Y |
| 10 | Ecuador | CMB, FOAL, MIRADA SOLIDARIA, LIONS | Y | | Y |
| 11 | El Salvador | | | | N |
| 12 | Guatemala | LIONS, FOAL, LIGHTHOUSE, CBM, ORBIS | N | | Y |
| 13 | Honduras | CBM, FOAL, SEE INTERNATIONAL | N | | Y |
| 14 | Mexico | CMB, HELEN KELLER, FOAL, LIGHTHOUSE, CCB-SSI | Y | Y | Y |
| 15 | Nicaragua | CMB, FOAL, SEE INTERNATIONAL | Y | | Y |
| 16 | Panama | SEE INTERNATIONAL, FOAL | N | | N |

| 17 | Paraguay | CBM, ORBIS, LIONS, FOAL | Y | Y | Y |
|---|---|---|---|---|---|
| 18 | Peru | SEE INTERNATIONAL, CMB, FOAL, ORBIS, LIONS | Y | | Y |
| 19 | United States | | Y | | Y |
| 20 | Uruguay | LIONS, CBM | Y | | Y |
| 21 | Venezuela | CBM, FOAL, LIONS | Y | | Y |

3) What VISION 2020 priorities are active in your region? (Check all that apply)

| | | | |
|---|---|---|---|
| Cataract | ☒ | Childhood Blindness | ☒ |
| Trachoma | ☐ | Refractive Error & Low Vision | ☒ |
| Onchocerciasis | ☐ | Other (Specify Regional priorities) | ☒ Diabetic Retinopathy and Glaucoma |

4) Areas of focus to promote VISION 2020 priorities in your region: (check all that apply and rank in order of priority)

| | ✓ | Priority |
|---|---|---|
| Disease Control | ☒ ✓ | 1 |
| Human Resource Development | ☒ | 2 |
| Infrastructure Development | ☒ | 4 |
| Research | ☒ | 3 |

5) Please list regular programmes taken up in your region. Describe the nature of activities under such programmes.

| S. No. | Country | Nature of Activity | Period |
|---|---|---|---|
| 1 | Argentina | Cataract surgery and ROP programmes in various provinces. Great advances in LV activities. | 2007 |
| 2 | Bolivia | Cataract surgery programmes. | 2007 |
| 3 | Brazil | Great advances in ROP screening and training, including wider adoption of national guidelines. Many cataract surgical programmes and Diabetic Retinopathy screening and treatments. | 2007 |

| | | | |
|---|---|---|---|
| | | In Sao Paulo, many refractive errors programs active. Twenty training centres have begun a pilot programme to include CEH in their curricula, Formed CEH and VISION 2020 committee in the Brazilian Council of Ophthalmology (CBO), Refractive Errors screening in school age children, primarily in Sao Paulo. Twenty facilitators trained in November 2007 so that 2 CEH courses in 2008 in Brazil can be given regarding the residency programs. | |
| 4 | Canada | Strong support to developing countries. | 2007 |
| 5 | Chile | Great support from the Government for Cataract, ROP, Diabetic Retinopathy and Refractive errors. CEH concepts have been officially adopted by the National Society of Ophthalmology as part of the training curricula.. All priority V2020 disease and other are guaranteed by government funding. | 2007 |
| 6 | Colombia | Many active Cataract and ROP programmes. | 2007 |
| 7 | Costa Rica | Cataract, ROP and Refractive Errors. | 2007 |
| 8 | Cuba | Strong cataract surgical programmes, advances in Diabetic Retinopathy, LV and ROP. | 2007 |
| 9 | Dominican Republic | Large cataract surgical programmes, ROP council has begun activities, Low Vision clinics, Government will start paying for cataract surgeries as of June 2007. | 2007 |
| 10 | Ecuador | Long standing with wide coverage ROP programmes, Many surgical campaigns sponsored by the prevention of blindness society. $US 200,000 allocated to cataract surgeries in 2008 by MoH.<br>CEH Course<br><br>Low Vision Advisors meeting. | 2007<br><br><br><br><br>09/07<br><br>01/08 |
| 11 | El Salvador | Cataract surgical programmes and outreach as well as spectacle dispensing. | 2007 |
| 12 | Guatemala | Many cataract surgical programmes and refractive errors services, V2020 Committee has reunited and good conversations with the government established. | 2007 |
| 13 | Honduras | Cataract surgical campaigns and programmes, currently developing the National PBL Plan. | 2007 |
| 14 | Mexico | National cataract surgery training centre established helping further develop cataract surgery programmes and campaigns in 14 states of the country<br><br>LV planning meeting in conjunction with PAHO. | Throug hout 2007<br><br>11/07 |

| 15 | Nicaragua | Formed committee and launched National PBL plan during WSD 2006 celebrations. | 2006 |
|---|---|---|---|
| 16 | Panama | Have participated with three articles for the V2020 LA quarterly bulletin. | 2007 |
| 17 | Paraguay | Many surgical campaigns and regular programmes, CEH curricula in one residency training programme, ROP screening and treatment programmes.<br><br>The second CEH Management course in the region was held in November 2007 with great success, and many lessons were learnt. Held a workshop to further develop PBL plan in October 2007 with the facilitation of Dr. Serge Resnikoff and Juan Carlos Silva. | 2007<br><br>11/07 |
| 18 | Peru | Many surgical campaigns and regular programmes established. Also, the PBL committee and plan was officially launched in June 2006.<br>The workshop further develop the National Cataract Plan was held in August 2007.<br><br>Improvement in ROP screening in Lima, and some major cities, and developed national guidelines. Dr. Van Lansingh conducted survey and elaborated the reported as one of the priority countries in the region. | 2007<br><br>08/07<br><br>10/07 |
| 19 | United States | Strong support to developing countries. | 2007 |
| 20 | Uruguay | CEH classes being held in the residency training program. | 2007 |
| 21 | Venezuela | Many ongoing cataract surgical programmes, including those operating overseas. Two very good ROP programmes. | 2007 |

6) Please provide a summary of the work in the priority areas in your region, with regard to HRD & Training, Disease Control, and Infrastructure development and appropriate technology.

**HRD and Training status**

Three CEH courses took place during the second semester of the year, including the second management course held in Paraguay, the third PBL course in Ecuador, and a facilitator's course in Brazil, so that 2 CEH courses can be given in 2008 to expand CEH in residency programs.

One ROP workshop was held in November in Brazil to reinforce standard approach and adoption of national guidelines. Several cities are expanding programs, but more support is needed from the government regarding training.

The ROP workshop held in Peru highlighted the lack of personnel for program development and inadequate infrastructure.

A facilitator's workshop for all of Latina America was held in Panama in January 2008 in order to study the regional guidelines and have unified criteria for future courses and activities.

Active participation of various technical subcommittee members as well as of Dr. Rainald Duerksen and Van Lansingh in the PAHO Eye Health Plan meeting in Washington in November 2008.

During the reporting period, the following article or guidelines were also published:

Nano HD, Nano ME, Mugica JM, Lansingh VC. ¿Por qué hablar de los defectos refractivos en niños? [Why should we care about refractive errors in children?] *Medico Oftamol* 2007;46:46,48-49.

Manejo de la Retinopatía del Recién Nacido Prematuro - Lineamiento técnico (Management of Reninopathy in the Premature Bany- Technical Guidelines for Mexico)

Pautas para el examen, detección y tratamiento de la retinopatía del prematuro (RP) en paises de LA (Guidelines for Examination, detection and treatment of ROP in Latin American Countries

**Disease Control**

**Appropriate Technologies**

**Others**

7) Please summarize activities taken up towards resource mobilization in your region.

ALCON has generously supported the Paraguay CEH Management course and will also support the CEHJ in Spanish starting in 2008.

WSD activities mobilized support of various business houses and the report was submitted to IAPB in late October 2007 and not included as an attachment because it is more than 50 pages long with many pictures. It is available for download: http://www.v2020la.org/english/noticias.php

ALLERGAN generously sponsored the printing and distribution of the ROP Latin American Guidelines.

8) List the Vision Rehabilitation and blindness programmes active in your region under VISION 2020; please also list programme launches.

Note: Those listed here are the ones sponsored by CBM which were provided as a courtesy by both regional offices as well as some from ORBIS, but do not reflect those sponsored by other International NGOs or local agencies, a comprehensive list has been requested to all the NGOs.

| **Partner** | **Country** | **Location** |
|---|---|---|
| Belize Council for the Visually Impaired BCVI | Belize | Belize-City |
| ASEMBIS - Asoc. de Servicios Médicos Para El Bien Social | Costa Rica | San Jose |
| Patronato Nac. De Ciegos, Inc. Centro De Rehab. para Ciegos | Dominican Republic | Santo Domingo |
| Centro Cristiano de Servicios Médicos, Hospital Dr.E.Santana | Dominican Republic | Santo Domingo |
| Comité Evangélico Salvadereno de Ayuda y Desarrollo - CESAD | El Salvador | San Salvador |
| Programa Nacional de Salud Visual (FUDEM) | El Salvador | San Salvador |
| PBL Program AGAPE | El Salvador | Sonsonate |
| PBL Program El Peten | Guatemala | San Benito |
| Blindness Prevention in Western Guatemala | Guatemala | Ciudad de Guatemala |
| Grace Childrens Hospital | Haiti | Port-au-Prince |
| Petit Goave Eye Clinic | Haiti | Petit Goave |
| Hopital Universite d'Etat d'Haiti (HUEH) | Haiti | Port-au-Prince |
| Eye Health Services Jeremie | Haiti | Gebeau - Jeremie |
| Club de Leones'La Fraternidad' Clinica de Oftalmologia | Honduras | San Pedro Sula |
| Centro Cristiano De Servicios Médicos | Honduras | El Progreso |

| Clinica Oftalmologica Vida Abundante | Honduras | Tegucigalpa |
|---|---|---|
| Hospital 'LA CARLOTA' Clinica de Oftalmología | Mexico | Montemorelos |
| Asociación Centro de Rehabilitación para Ciegos - ACREC | Mexico | Cuernavaca |
| Salud Ocular Ciudad Juarez | Mexico | Ciudad Juarez |
| Vision 2000 | Mexico | Manzanillo |
| Eye Care Service Oaxaca | Mexico | Tlacolula |
| Luz y Vida Chilapa | Mexico | Chilapa |
| Prevention of Blindness Project Tabasco | Mexico | Cunduacan |
| Clinica Hospital del Pueblo Anna Seethaler, A.C. | Mexico | San Martín Mexicapan |
| PBL Baja California | Mexico | Ensenada |
| Clínica de Ojos - Jinotega | Nicaragua | Jinotega |

| **Country** | **City** | **Director** | **Ophthalmologist** |
|---|---|---|---|
| Argentina | Tartagal | Claudia Lungu | Dr. Juan Carlos Gutierrez |
| Argentina | Córdoba | Dr. Carlos Carranza | Dr. Carlos Carranza |
| Argentina | Castelli | Dr. Jorge Kleisinger | Dr. Jorge Kleisinger |
| Argentina | La Plata | Dra. Marta Galán | Dra. Marta Galán |
| Argentina | Córdoba | Dr. Julio Urrets | Dr. Julio Urrets |
| Argentina | Bs. Aires, La Rioja | María Eugenia Nano | |
| Bolivia | Santa Cruz | Milton Salvatierra | Dr. José Justiniano |
| Bolivia | El Alto | Yascara Murguia | Dr. Rogelio Patti |
| Bolivia | Santa Cruz | Thomas Dietze | Dr. Orlando Torricos |
| Bolivia | Cochabamba | Dra. Carmen Camargo | Dr. Edgar Barrionuevo |
| Bolivia | Tarija | Dr. Gustavo Aguirre P. | Dr. Gustavo Aguirre U. |
| Brazil | Santarem | Janette Ryan | Dr. Pinheiro, Dr. Ronald & Nely Carvalho, Dra. Saldanha, Dr Ribeiro |
| Brazil | Mananhão | Dr. Gloria Vasconcelos | Dr. Gloria Vasconcelos |
| Brazil | Recife | Dr. Liana Ventura | |
| Brazil | Cuiaba | Manfred GoebelMaria Conceição da Encarnação | |
| Chile | Concepción | Norfa Frez | Dr. Raúl González |

| | | | |
|---|---|---|---|
| Colombia | Bucaramanga | Dr. Juan José Rey; Isabel Ardila | |
| Colombia | Cali , Buenaventura | Doris de Botero | |
| Colombia | Popayán | Dr. Mauricio de Rosa Ballén | |
| Colombia | Pasto | Lic. Viviana Díaz | |
| Colombia | Medellín | Martha Elena Betancur | Dra. Claudia Durán |
| Ecuador | Portoviejo | Yolanda de Avila | |
| Ecuador | Guayaquil | Dr. Eddie Icaza | Dr. Eddie Icaza |
| Ecuador | Yaruquí | Dr. Felipe Chiriboga | Dr. Felipe Chiriboga |
| Ecuador | La Libertad | Dr. Julio Centeno | Dr. Cloro Villamar |
| Ecuador | Loja | Dr. Carlos Aguirre | Dr. Carlos Aguirre |
| Ecuador | Quito | Dra. Ma del Carmen Almeida | Dra. Ma del Carmen Almeida Dr. Alfonso Almeida |
| Ecuador | Guayaquil | Dr. Eduardo Viteri | Dr. Eduardo Viteri |
| Ecuador | Cuenca | Raúl Bonifaz | Dr. René Cabrera |
| Ecuador | Milagro | Dr. Robin Ríos | Dr. Robin Ríos |
| Paraguay | Asunción | Dr. Rainald Duerksen | Dr. Rainald Duerksen |
| Paraguay | Asunción | Dra. Miriam Cano | |
| Peru | Cusco | Dr. Frilo Silva | Dr. Frilo Silva, Dra. Silvia Mendoza |
| Peru | Arequipa | Dr. Giovanni Salas | Dr. Giovanni Salas |
| Peru | Abancay | Dr. Johannes Kohler | Dr. Johannes Kohler |
| Peru | Trujillo | Dr. Artemio Burga | Dr. Artemio Burga |
| Peru | Piura | Dr. Luis Pongo | Dr. Luis Pongo |
| Peru | Lima | Dra. Luz Gordillo | Dra. Luz Gordillo |
| Peru | Iquitos | Dra. Maruja Limachi | Dra. Maruja Limachi |
| Peru | Chachapoyas | Dr. José Cajo | Dr. Donald Mejía, Dr. Francisco Ramos |
| Peru | Lima | Dr. Miguel Asmat | Dr. Miguel Asmat |
| Peru | Chiclayo | Dr. Carlos Labrín | Dr. Carlos Labrín |
| Peru | Ica | Dra. Cecilia Castillo | Dra. Cecilia Castillo |
| Peru | Trujillo | Merly González | Merly González Saravia |

| | | | |
|---|---|---|---|
| Venezuela | Caracas | Saravia<br>Dr. Francisco Belisario | Dr. Francisco Belisario;<br>Dra. Magally Hernández |

| **Country** | **City** | **Program** | **E-mail** |
|---|---|---|---|
| Argentina | Tartagal | Cataract | rmasociana@arnet.com.ar<br>asocianatartagal@arnet.com.ar<br>gutierrezdaruich@arnet.com.ar |
| Argentina | Córdoba | Cataract | sec.ver@powernet.net.ar |
| Argentina | Castelli | Cataract | jorgekle@yahoo.com.ar |
| Argentina | La Plata | ROP | digio@way.com.ar |
| Argentina | Córdoba | ROP | jauz@arnet.com.ar |
| Argentina | Bs. Aires, La Rioja | Cataract & ROP | menano@clinano.com.ar |
| Bolivia | Santa Cruz | Cataract | aprecia@cotas.com.bo;<br>josevjt@cotas.com.bo |
| Bolivia | El Alto | Cataract | cmak@kolpingbolivia.net |
| Bolivia | Santa Cruz | Cataract | direccion@fcmakolping.org.bo |
| Bolivia | Cochabamba | Cataract | hpacus@supernet.com.bo<br>edgarbarrionuevo@hotmail.com |
| Bolivia | Tarija | Cataract | clinojos@cosett.com.bo |
| Brazil | Santarem | Cataract | brazilnut@netsan.com.br |
| Brazil | Mananhão | Cataract | glvasconcelos@bol.com.br |
| Brazil | Recife | ROP & Low Vision | projetos@fundacaoaltinoventura.org.br |
| Brazil | Cuiaba | Cataract | dahwmt@terra.com.br;<br>dgcermac@ses.mt.gov.br |
| Chile | Concepción | Cataract & Low vision | direccion@coalivi.cl |
| Colombia | Bucaramanga | Cataract | saludpublica@foscal.com.co<br>isardila@hotmail.com |
| Colombia | Cali , Buenaventura | Cataract | instituto@telesat.com.co |
| Colombia | Popayán | Cataract | asoprevisual@emtel.net.co |
| Colombia | Pasto | Cataract | fundonarino@telecom.com.co |
| Colombia | Medellín | Low Vision | martha.betancur@upb.edu.co<br>gomezduran@hotmail.com |
| Ecuador | Portoviejo | Cataract | fundacion_olm@yahoo.com<br>sauzaler@ecua.net.ec |

| | | | |
|---|---|---|---|
| Ecuador | Guayaquil | Cataract | funcrisa@telconet.net |
| Ecuador | Yaruquí | Cataract | fechifov@interactive.net.ec |
| Ecuador | La Libertad | Cataract | clinicavc@yahoo.com |
| Ecuador | Loja | Cataract | caguirre70@hotmail.com |
| Ecuador | Quito | Cataract/ ROP | foraf@interactive.net.ec |
| Ecuador | Guayaquil | Cataract | eviteri@ecuadorlaser.com<br>raul_bonifaz@yahoo.com.mx |
| Ecuador | Cuenca | Cataract | repacasa@etapa.com.ec |
| Ecuador | Milagro | Cataract, Low Vision | mmi_ecu@telconet.net |
| Paraguay | Asunción | Cataract, ROP | rd@conexión.com.py<br>rainaldd@telesurf.com.py |
| Paraguay | Asunción | Cataract, Low Vision | conavip2020@yahoo.com<br>mrcano@uninet.com.py |
| Peru | Cusco | Cataract, Low Vision | frilo1sg@yahoo.com ;<br>dr.silviamendoza@latinmail.com |
| Peru | Arequipa | Cataract | gsfundar@viabcp.com |
| Peru | Abancay | Cataract | pedrjo@web.de ;<br>obispadoabancay@speedy.com.pe |
| Peru | Trujillo | Cataract | cecom.cbm@gmail.com |
| Peru | Piura | Cataract | cimaso27@hotmail.com ;<br>luispongo@hotmail.com |
| Peru | Lima | ROP, Congenital Cataract | prevista@terra.com.pe |
| Peru | Iquitos | Cataract | asprece@yahoo.es |
| Peru | Chachapoyas | Cataract | direccion_hrvfch@yahoo.es |
| Peru | Lima | Cataract | asoc.divinoninojesus@terra.com.pe<br>miguelasmat@speedy.com.pe |
| Peru | Chiclayo | Cataract | provisionperu@gmail.com ;<br>escuzajorge@gmail.com |
| Peru | Ica | Cataract | gretita_05@yahoo.es |
| Peru | Trujillo | | merlygonzalez2@hotmail.com |
| Venezuela | Caracas | Cataract, ROP | ipopular@cantv.net ;<br>magallybelisario@gmail.com |

9) What are the various advocacy measures implemented in your region to spread awareness on VISION 2020's priority areas. Indicate concrete future plans, if any.

| S. No. | Country | Programme | Date /Proposed date of |
|---|---|---|---|

| | | | Launch |
|---|---|---|---|
| 1 | Argentina | Ongoing meetings with the MOH and National Society of Ophthalmology, so that CEH concepts are included in annual residents meeting, bi-monthly official publication of the National Council of Ophthalmology features a paper related to CEH and one programme.<br><br>Low Vision Curriculum for Ophthalmologists Forum.<br><br>Latin American ROP Workshop.<br><br>III Iberoamerican VISION 2020 Congress.<br><br>I Argentinean Public Health Ophthalmology Meeting.<br><br>IAPB GA8.<br><br>LARWG annual meeting.<br><br>II Latin American National VISION 2020 Committees meeting. | <br><br><br><br><br><br><br><br>07/08<br><br>09/08<br><br>08/08<br><br>08/08<br><br>08/08<br><br>08/08<br><br>08/08 |
| 2 | Bolivia | CEH course<br><br>SICS Course | 05/08<br><br>10/08 |
| 3 | Brazil | CEH courses for residency training programmes (2)<br><br>National ROP Workshop | Second semester 08<br><br>11/08 |
| 4 | Canada | | |
| 5 | Chile | RAAB study completed | 09/07 |
| 6 | Colombia | National ROP Workshop<br><br>Committee will convene once again to further develop NPBL Plan<br><br>CEH Course<br><br>RAAB Study in Barranquilla | 02/08<br><br>04/08<br><br>04/08<br><br>03/08 |
| 7 | Costa Rica | Regular monthly meetings of the VISION 2020 committee to promote coordination between agencies and the government in order to establish a | 06&08 |

| | | | |
|---|---|---|---|
| | | National PBL Plan.<br><br>CEH Course<br><br>National ROP Workshop<br><br><br>LV Training course for optometrists | <br><br>04/08<br><br>Second semester<br><br>Second semester |
| 8 | Cuba | | |
| 9 | Dominican Republic | Will conduct a RAAB early 2008<br><br>National ROP Workshop | 04/08<br><br>Second semester |
| 10 | Ecuador | Will conduct RAAB study later in the year<br><br>SICS Course | Second semester 08<br><br>Second semester |
| 11 | El Salvador | Establish National PBL Committee | 02/08 |
| 12 | Guatemala | Relaunching on V2020 Committee during WSD<br><br>Follow up visit as a Priority Country along with participation the IEF and Visualiza Sponsored Course<br><br>Low Vision Workshop for Central America<br><br>WHO Regional LV Training Course<br><br>Field Workers primary Eye Care Course | 10/08<br><br><br>02/08<br><br><br><br>05/08<br><br><br>11/08<br><br>Second semester |
| 13 | Honduras | Presentation of PBL plan during WSD<br><br>CEH Course | 10/08<br><br>10/08 |
| 14 | Mexico | CEH Course took place in Oaxaca and RAAB results made available.<br><br>LV planning meeting in conjunction with PAHO | 10/07<br><br><br>08/07 |
| 15 | Nicaragua | Workshop with PAHO to update NPBL Plan<br><br>Appropriate Technology CEH course | 09/07<br><br><br>Second semester |
| 16 | Panama | Establish National PBL Committee | 08 |

| 17 | Peru | Advocacy visit and Situation analysis to be conducted by Van Lansingh and various NGOS.<br><br>Follow up RAAB study in the Piura and Tumbes Region | 02/08<br><br><br>Second semester 2008 |
|---|---|---|---|
| 18 | Paraguay | Regular ongoing meetings with the Government authorities to launch a campaign of 1000 extra cataract surgeries performed by CONAVIP members.<br><br>Cost of blindness and low vision study<br><br>CEH Management course<br><br>Quality assurance and Procurement/repair of equipment workshops | 08/07<br><br><br><br><br>06/08<br><br>11/08<br><br>Second semester |
| 19 | United States | | |
| 20 | Uruguay | Workshop meetings of the LARWG during the Regional PAAO meeting | 03/08 |
| 21 | Venezuela | | |

Attachments:

## III Community Eye Health (CEH) Workshop Residency Programs in Brazil: Possible Options on Curriculum Design

The Community Eye Health course took place at Casa do Professor Visitante, Universidade Estadual de Campinas (UNICAMP), from November 21-23, 2007, under the support of IAPB- VISION 2020 Initiative for Latin America. It was organised by IAPB and Conselho Brasileiro de Oftalmologia-CEH subcommittee and sponsored by Christoffel-Blinden Mission together with Sightsavers International and ORBIS through the IAPB.

**BACKGROUND**

The Brazilian Council of Ophthalmology has 12,000 ophthalmologists registered and 53 residency programmes under supervision. However, community eye health is not included in the curriculum.

CBM has a long experience of CEH courses in Brazil (São Paulo, Recife, Teresina, Fortaleza etc), though the knowledge provided by the courses remained limited to those who attended the courses.

In October 2005, 28 participants from 11 residency programmes in the country attended the *I Community Eye Health (CEH) Workshop-Residency Programmes*

*in Brazil: Possible Options on Curriculum Design,* held in Brasilia. A 5 day community eye health curriculum was suggested by the end of the course. From February to May 2006, Dr Celia Nakanami attended the Diploma in CEH course at LSHTM, sponsored by Unifesp, CBM and the British Council for the Blind.

In November 2006, 22 participants from 11 residency programmes in the country attended the *II Community Eye Health (CEH) Workshop-Residency Programmes in Brazil: Possible Options on Curriculum Design,* held in São Paulo. Besides the discussion of the CEH programme topics, it was decided that a CBO CEH Manual would be written in 2007. From February to May 2007, Dr Roberta Ventura attended the Diploma in CEH course at LSHTM, sponsored by FAV and CBM.

The III *Community Eye Health (CEH) Workshop-Residency Programmes in Brazil* would be held in Campinas, given by Brazilian faculty in Campinas.

Two CEH courses for residency programmes in Brazil – 1 for the North/Northeast regions (given by Fundação Altino Ventura) and the other for South/Southeast and Centre-east regions (would be given by different institutions in the region) will be given in 2008

**AIMS AND OBJECTIVES**

To train Brazilian facilitators to give the CEH course in 2008.

**PARTICIPANTS**

There were 22 participants in total distributed by Universities and Municipal and State Health Government as follows: Hospital de Base de Brasilia (1), UNICAMP (7), Universidade Federal de São Paulo (3), Universidade de São Paulo – Ribeirão Preto (3), Universidade de São Paulo (1), Universidade Federal de Minas Gerais (1), Fundação Altino Ventura (2), Universdade Federal do Rio Grande do Sul e Hospital Banco de Olhos de Porto Alegre (1), UNESP-Botucatu (1), Municipal Secretary of Health (1), State Secretary of Health (1)

**FACULTY**

International faculty: Dr Rainald Duerksen, Fundación Visión, Paraguay.
Local faculty: Dr Carlos Arieta, UNICAMP and Dr. Andrea Zin, FIOCRUZ
Representing CBM LARO: Andrea Zin

**PROGRAMME**

Nov 21

| | | |
|---|---|---|
| 8:30-8:35 | Boas-vindas | Arieta, Fornazari |
| 8:35-8:45 | Relatório da Oficina SOC 2006 Brasília | Zin |
| | Metas Alcançadas Proposta da Oficina | Nakanami |
| | Dia 1 – | |
| 8:45--9:15 | LIDERANÇA Programa de administração | Marinho |
| 9:15-9:45 | operacional | |
| | Programa de administração; | |
| 9:45-10:15 | gerenciamento financeiro e de recursos humanos | Duerksen, |
| 10:15-10:45 | Trabalho grupo | Nakanami, Ventura |
| | Discussão | R, Schelini |
| 10:45-11:00 | Coffee break | |
| | Dia 2 – | |
| 11:00-11:30 | Epidemiologia e estatística básica | Melani |
| 11:30-12:00 | Metodologia de pesquisa | Veronese |
| 12:00-12:30 | Trabalho grupo | Duerksen, |
| 12:30-13:00 | Discussão | Nakanami, Ventura R, Schelini |
| 13:00-14:30 | Almoço | |
| 14:30-15:00 | O que sabemos sobre cegueira? | Zin |
| | Dia 3 – | |
| 15:00-15:30 | Avaliação de doenças nas comunidades | Schelini |
| 15:30-16:00 | Pesquisas RAAB | Ventura |
| 16:00-16:30 | Trabalho grupo | |
| 16:30-17:00 | Discussão | Duerksen, Nakanami, Ventura R |
| 17:00-17:15 | Coffee | |
| | Dia 3 – | |
| 17:15-17:45 | Avaliação de recursos | Kitadai |
| 17:45-18:15 | Trabalho grupo | |

| | | |
|---|---|---|
| 18:15-18:45 | Discussão | Duerksen, Nakanami, Ventura R, Schelini |

Nov 22

| | | |
|---|---|---|
| 8:30-9:00 | Dia 4 - Princípios de planejamento | Zin |
| 9:00-9:30 | Trabalho grupo | |
| 9:30-10:00 | Discussão | Duerksen, Nakanami, Ventura R, Schelini |
| 10:00-10:15 | Coffe-break | |
| | Estratégias para controle de doenças-<br>Catarata.<br>Erro refrativo<br>Glaucoma<br>Baixa Visão | |
| 10:15-11:15 | Catarata | Arieta/Ventura |
| 11:15-11:45 | Trabalho grupo | |
| 11:45-12:15 | Discussão | Duerksen, Nakanami, Ventura R, Schelini |
| 12:15: 13:45 | Almoço | |
| 13:45-14:45 | Erro refrativo | Carricondo/Nakanami |
| 14:45-15:15 | Trabalho grupo | Yorston, Duerksen, |
| 15:15-15:45 | Discussão | Ventura R, Schelini |
| 15:45:16:00 | Coffee | |
| 16:00-16:30 | Glaucoma | Jayter |
| 16:30-17:00 | Trabalho grupo | |
| 17:00-17:30 | Discussão | Duerksen, Nakanami, Ventura R, Schelini |

Nov 23

Estratégias para controle de doenças-
Cegueira infantil – ROP, catarata
Baixa Visão
Retinopatia Diabética
Tracoma

| | | |
|---|---|---|
| 8:00-8:30 | Cegueira infantil – ROP, catarata | Nakanami |
| 8:30-9:00 | Trabalho grupo | |
| 9:00-9:30 | Discussão | Duerksen, Ventura R, Schelini |
| 9:30-10:00 | Baixa visão | Fernades L/ Leal/Keila |
| 10:00-10:30 | Trabalho grupo | Miriam |
| 10:30-11:00 | Discussão | |
| | | Duerksen, Nakanami, Ventura R, Schelini |
| 11:00-11:15 | Coffee | |
| 11:15-11:45 | Retinopatia diabética | Paulo Henrique Morales |

| | | |
|---|---|---|
| 11:45-12:15 | Trabalho grupo | |
| 12:15-12:45 | Discussão | Duerksen, Nakanami, Ventura R, Schelini |
| 12:45: 14:15 | Almoço | |
| 14:15-14:45 | Tracoma | Schelini/Medina |
| 14:45-15:15 | Trabalho grupo | |
| 15:15-15:45 | Discussão | Duerksen, Nakanami, Ventura R, Schelini |
| 15:45:16:00 | Coffee | |
| 16:00-16:30 | Planejamento para cursos de 2008 | Nakanami, Ventura R |
| 16:30-17:30 | | Schelini |

After each presentation, comments and suggestions were given by participants and presentations changed accordingly.
Exercises to be given during the courses were discussed.

**SUCCESS IN RELATION TO THE INTENDED OUTCOMES**

- Participants demonstrated a comprehensive understanding of the CEH and V2020 “principles”
- Teaching strategies were discussed and defined
- The collaboration among group participants is increasing in each workshop and resistant groups in the beginning are the most motivated ones now.

**OBSTACLES**

The CEH Manual could not be sent to CBO, as 3 chapters were not finished in time. It was agreed that a new deadline would be Jan 31, 2007.

**PLANNED FOLLOW UP**

- To present the report of the III CEH Workshop to CBO – Dec 15, 2007
- To request ICEH teaching material to IAPB LA regional office
- A committee to analyse this material was defined: Celia Nakanami, Carlos Arieta, Norma Medina, Maria de Lourdes Veronese, Paulo Henrique Morales and Andrea Zin
- To present the CBO CEH Manual manuscript to CBO teaching committee – March 2008
- The printed CEH Manual to be available to residents during the Prevention of Blindness Congress in Florianopolis, September 2008
- The teaching material of this CEH course will be available to CBO residency programmes in 2009
- To organise the 2 CEH courses for residency programmes in Brazil – 1 for the North/Northeast regions (given by Fundação Altino Ventura) and the other for South/Southeast and Centre-east regions (would be given by different institutions in the region) to be given in 2008
- CBM will provide scholarships to cover residents’ expenses to attend the course.

**REPORT ON THE SECOND COURSE ON THE MANAGEMENT OF COMMUNITY EYE HEALTH**

1-14 November 2007.

An event organized by *Fundación Visión* and the *International Agency for the Prevention of Blindness (IAPB),* Latin America, in Asuncion, Paraguay.

**Introduction**

This is the second course of this type offered in our region, and it received the generous financing of the regional *CBM* offices and the *International Centre for Eye Health (ICEH)*. Locally, the *La Santaniana* bus company provided a bus free of charge for use during the course, and *Fundacion Vision* contributed the site, support personnel, and logistic help.

**Background**

In the wake of the success of the 2006 course (To mention a few, 30 people from 14 Latin American and Caribbean countries attended, as a result, some committees were reactivated, others were formed, some "students" have performed as faculty in other CEH courses such as Sadie Garabito and Juan Francisco Yee, etc.), it was considered very appropriate to organize a second management course, this time of two weeks, due to the fact that the original three-week course was somewhat drawn out and fatiguing. The course was targeted at administrators of prevention of blindness projects, who are expected to play an important roll in the future, for the purpose of providing them with the tools to achieve sustainability and the means with which to perform planning of services within the framework of the recommendations for development of a national eye health plan.

**Intended for**

Physicians, ophthalmologists, nurses, administrative personnel and managers of eye-health programs.

**Objective**

To train participants, so that upon completing the course they are able to:

(1) Prepare a VISION 2020 district plan and participate with the committees of their respective countries in the formulation of a national eye health plan by December 2008 at the latest, in order to fulfill the objectives set forth in the May 2003 resolution of the World Health Assembly and to use of the resolution of May 2006 for advocacy activities with their respective governments in relation to the assignment of resources to this priority area.

(2) Utilize administrative, accounting, and marketing techniques to improve programs, evaluate progress, and apply corrective measures.

(3) Offer presentations on priority pathologies supported by the didactic materials provided, organize advocacy meetings, and attempt to introduce CEH to training programs.

(4) Maintain a network of contacts in various countries for mutual assistance and

support for preparation of activities to be carried out.

**Program and Faculty**

(See Annexes 1, 2, and 3).

**Results Related to Objectives**

(1) All participants were given the information they need to prepare a 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 analyze the existing plans presented. The sessions were dynamic, and we think the participants will be able to influence their respective countries for the development or improvement of existing plans. The model projects presented are in the program. The plans presented and discussed were Paraguay, Chile, Bolivia, Argentina and Mexico. People opined on how to improve them, change them, what things should be included, etc. Concerning the projects, discussion revolved around things that successful projects had in common and how to emulate them in their own setting.*

(2) They were also provided with the administrative, accounting, and marketing techniques needed to improve programs, evaluate progress, and apply corrective measures.

*These sessions generated a great deal of interest, and with the assistance of the administrator of Fundacion Vision, Mr. Reinhold Goerzen, and some participants with knowledge of the field, many ideas were generated related to sustainability, increased coverage, and type and quality of service.*

(3) With the support of the didactic materials provided, they will be able to offer presentations on priority diseases, organize advocacy meetings, and introduce CEH in training programs.

*All the participants received electronic and printed copies of the educational materials in both English and Spanish to be used in their respective institutions and other forums within their countries.*

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

*It was suggested that they form a discussion group along the lines of the "Yahoo Groups" to include all the participating organizations and entities.*

**Other Results**

1. Fundación Visión established an alliance with the *Universidad del Pacífico*,

also of Paraguay to permit future 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).*
2. The experience shared by Juan Francisco Yee, who last year was a participant and this year presented information about the advances achieved by the foundation he manages in Guatemala, was of great importance as an example of what can be accomplished in the eye-care field with the proper management of human and economic resources.
3. The event met with little success financially, in particular due to the devaluation of the dollar, which resulted in little income for the organization.
4. Just as in the previous year, the opening of the course was very interesting thanks to the participation of Dr. Serge Resnikoff of *WHO* and Dr. Aravind Srinivasan, of India, whose presentations were impeccable and dynamic.

**Lessons Learned**

1. This year, organizing of the course was begun, in part, online, and this was reflected in the difficulty encountered in coordinating the logistical and academic aspects of the course. For that reason it would be advisable to begin the organizing the course early enough to achieve better results; and to name a local person to do the coordinating, leaving only the contact function to the *IAPB* office.
2. It was observed that forming groups of persons who are Spanish-speaking or who understand that language was a useful strategy for helping to avoid expenses and problems arising from the need for interpretation and translation.
3. Once again there were difficulties with securing a visa for our guest from India. Although we began the process early, we have now learned that it is necessary to send letters of invitation to the speaker with a copy to the chancellery to validate the invitation.
4. It is also necessary to remind local presenters of their scheduled participation, since in our case at least one speaker forgot that he was to appear at the event.
5. We would like to emphasize again, as we did last year that a day-and-a-half in *Campo 9* is sufficient. However, the possibility of spending less time there during the campaign, or of presenting a video about the organization of a surgical campaign in Paraguay, should be considered.
6. The course should have duration of no more than two weeks.
7. The curriculum and presenters should be confirmed by the end of May for the next course so as to avoid logistical problems.
8. If finances permit, it is preferable to find individual rooms for each participant. Of course, this is not dependent on either *Fundación Visión* or the *IAPB*, but on the sponsors and participants themselves.
9. The course should be promoted by various means from the beginning of 2008.
10. Develop groups of local and regional experts to participate in these types of courses.
11. The logistical aspects of lodging, tourism, and travel should remain the responsibility of trusted travel agents.

12. Select the model projects brought in by the participants more appropriately, and have them bring good-quality videos and presentations about them.
13. For next year, 2008, the auditorium and site for the course will probably be too small, and finding a more adequate site for breaks, Internet access, and the food-service area should be considered.
14. It would be a good idea to carry out a closing event that served better to reinforce the bonds of camaraderie and mutual support among the participants, the presenters, and the organizations that have supported the event directly or indirectly.

**Evaluation and Suggestions from Course Participants**

1. The instructors were given an average grade of 3.7 (range: 1-5) by the participants, a grade we consider to be good.
2. Additional practical exercises and group dynamics, as well as feedback and exchange of ideas after each class are needed.
3. Participants now have a better overview of the problem of blindness worldwide, the importance of a plan, and the role of all team members.
4. When there are to be English-speaking presenters, all sessions should have an interpreter in a booth; although this increases costs, it avoids distractions.
5. Evaluate each class or session individually, not just at the end of the day or at the end of the course. Include participant satisfaction in the evaluation.
6. Provide individual follow-up for course participants to monitor the application of what was learned, and to provide further help if needed. The responsibility of quarterly follow up and support will be divided by Dr. Miriam Cano and Dr. Van Lansingh
7. Offer a session on how to plan and organize a campaign in the countryside.
8. Ask participants in advance to bring prepared presentations on their own projects.
9. The tourist-type activities were very nice and permitted the needed down time.
10. Emphasize punctuality and that both participants and presenters must keep to scheduled times.
11. Even when starting later in the morning has been suggested, it creates difficulties because not all topics would be covered.
12. Fund Raising should be included as part of the topics for next year.

**ROP Workshop – Improving Clinical Practice**
**Fortaleza, Brazil, November 28, 2007**

**Facilitators**
Graham Quinn, USA, Anna Ells, Canada, Lloyd Hildebrand, USA

**Local Organisers**
Islane Verçosa, Andrea Zin

**Sponsors**
CBM, Clarity, Inc.

Purpose of the Workshop: reinforce standard approach to ROP diagnosis, with emphasis on diagnosis of acute phase disease, for ophthalmologists already participating in active ROP screening and treatment program

Current Screening Guidelines in Brazil: <1500g birth weight or ≤32 weeks gestation

Attendees: 32 ophthalmologists from throughout Brazil

Opening remarks were made by Dra Islane Vercosa. Greetings were given by Sr João Firme President of ALAP-RS, Sr Bob Santos of Publications of Fortaleza, Sr Fabio Bordin-Liga of the Turismo and Eventos RGS, and Sr Regis Stuani of the Convention Bureau of RGS.

The initial talk was by Dr Anna Ells. MD on “Classification of ROP and how it evolved-Use of ICROP in clinical trials”. Data were presented on the

classification of ROP, prevalence of ROP, and importance of standardizing classification of disease. A description of stage, zone, sector of involvement, and plus disease were extensively reviewed.

Dr Graham Quinn presented results from the CRYO-ROP and ETROP randomized trials, emphasizing the evolution of current treatment indications. Type 1 and Type 2 algorithms were reviewed. In addition, the time course of ROP was reviewed as were the signs of regression of ROP. Practical lessons were discussed based on natural history studies such as when to start examinations, how to zone/stage/evaluate plus disease, and when serious ROP is not likely to develop. Dr Ells followed with current treatment indications and treatment techniques.

A review of the Conclusions and Action plan from the IV ROP Workshop from November 2006 was done with comments from the group on what has been accomplished since that Workshop:

**Conclusions and Recommendations from IV ROP workshop, Nov 06**
**NOTE COMMENTS FROM 2007 WORKSHOP ARE IN ITALICS/BOLD**

- The Brazilian Guidelines are not been widely used. There are several screening criteria adopted. ***Response: there has been wide acceptance of the National Guidelines of <1500 g birth weight and </=32 weeks gestational age, though one area (Belem) continues to include larger and more mature infants as they continue to see ROP requiring treatment in these larger children.***
- Belém presents a high percentage of unusual infants presenting severe ROP (BW > 1,500g and/or GA > 32wks). This programme will be visited and the situation analysed. ***Response: the programme was visited and ophthalmologists are diagnosing and treating appropriately. Discussion included possible causes including poor to no prenatal care, poor maternal nutrition, and postnatal care. There has been an issue of awareness within NICUs in this region. This continues to be an area of concern.***
- Many units do not yet have screening. ***Response: there has been good progress, but more remains to be done.***
- 4 cities are expanding an ROP programme: Recife, Rio de Janeiro, São Paulo and Fortaleza
- 3 cities have implemented ROP programmes with high coverage rates of the governmental system: Fortaleza (87%), Belém (100%) and Recife
- 1 city will start the programme in 2007: São Luis and 100% of governmental units will be covered. There are now three NICUs covered for screening and treatment.
- 1 city is already screening 100% of preterm babies with BW < 1,500gms, but has no treatment available at the governmental sector***: Joinville. Response: Recent changes in personnel and state-mandated small NICU development were noted to be areas of concern.***
- ***Salvador has started the screening and treatment programme in all 4 governmental NICUs in 2007***

- The standard recording form was improved. ***Response: this has been generally adopted.***
- A data bank will be piloted by some centres: Belém, São Luis, Rio de Janeiro, Ribeirão Preto. ***Response: still in development***
- A ROP poster was developed and will be distributed in 2007 by SBP. ***Response: Done***
- A ROP workshop for nurses will be planned for 2007. ***Response: not yet undertaken or planned. Discussion at this workshop included whether this should be undertaken locally or on a national level.***
- A clinical ROP workshop for ophthalmologists will be planned for 2007 with the aim of standardizing the diagnostic criteria. ***Response: done in Fortalesa on Nov 28, 20007***
- A new questionnaire to neonatal units in the country will be sent in 2007. ***Response: in development but no mandate yet apparent***
- Complex system of health care delivery makes expansion of the programme challenging. Most trained ophthalmologists are working on a voluntary basis. ***Response: still very much an issue and unresolved. In particular, Belem is considering proposing more a team including neonatology, ophthalmology and pediatricians to cover NICUs in the region. This may allow more effective applications for governmental support.***
- Research is needed

In addition, most of the goals of the Timeline from 2006 workshop have been achieved in a timely manner.

Dr Quinn spoke about appropriate training for ROP examinations. Ophthalmologists in Brazil routinely use an indirect ophthalmoscope. It was recommended that 100 exams be considered a minimum for an ophthalmologist to be trained for ROP. Teaching mirrors were recommended for decreasing stress on the infant. Postgraduate training in laser surgery was recommended for all treating ophthalmologists with a suggested number of treatments performed of 15 before considering the ophthalmologist qualified for treating acute phase ROP. A sample form for placing in the NICU that details tasks to be performed was reviewed.(appended at the end of this document)

Dr Lloyd Hildebrand presented information on a telemedicine approach and digital imaging in the NICU. This included how digital image evaluation was developed for screening of diabetic retinopathy and how that approach may be applicable to its use in ROP.

Digital images of ocular fundus were presented by Dr Ells and discussed by the entire group.

Conclusions:

1. There is good agreement among the ophthalmologic community with regard to classification of ROP, recording of ROP examination, determining whether treatment is indicated, and methods of treatment.
2. Reporting of ROP status for a national overview has not yet been achieved.

3. Support for those performing ROP screening and treatment continues to be lacking and efforts need to be undertaken to review this with governmental agencies and ministries of health.
4. Since this is the first ROP workshop in Brazil that included only ophthalmologists, the participants felt the day was well spent and validating for their efforts. One suggestion was to extend the effort to 1.5 days in order to have more sample case presentations and develop an action plan for further work. However, overall the effort was well conceived and executed.

It will be planned another clinical ROP workshop for 2008. Venue, target audience, and date to be decided.

Submitted on November 29, 2007

## C. DETAILED PROTOCOL FOR ROP SCREENING NICUs:

### ON ADMISSION:

| Identify babies who need to be examined, and write this in the medical records (≤1,750 gs and/or ≤34 weeks) | Neonatologist |
|---|---|
| Tell the nurse that the baby needs to be screened | Neonatologist |
| Give the parents an information sheet about ROP | Neonatologist |
| Write that baby needs to be screened in the nursing records | Nurse |
| Mark the identification card that the baby needs to be examined (? with a coloured sticker) | Nurse |
| Put the name of the baby and telephone number of parents in the diary for the first examination 4-5 weeks after birth | Nurse |

### DAY BEFORE VISIT BY OPHTHALMOLOGIST:

| Identify babies on NICU who fall outside screening criteria who also need to be screened | Neonatologist |
|---|---|
| Add name of these babies in the diary for the following day | Nurse |

### DAY OPHTHALMOLOGIST VISITS THE UNIT:

| 2 hours before the ophthalmologist is due to arrive, identify babies in the NICU to be screened | Nurse |
|---|---|
| Dilate the pupils of both eyes using 3 applications of the following at 5 minute intervals 30 minutes prior to examination:<br>• topical anaesthesia, then<br>• tropicamide 0.5% or <0.5% (or neosynephrine <2.5% + cyclopentolate 0.5% or <0.5%) instilled in both eyes | Nurse |
| Assist ophthalmologist during screening, and monitor baby | Nurse, or neonatologist if baby is unstable |
| Record eye findings in medical records, with timing of next examination / treatment needed | Ophthalmologist |
| Record eye findings on data recording sheet, and in the register | Ophthalmologist |
| Tell nurse when the baby is to be examined again, or if it can be discharged | Ophthalmologist |
| Communicate findings of screening to the parents | Ophthalmologist / neonatologist |

| | |
|---|---|
| Mark names of babies who have been examined in the diary e.g. with high lighter pen, so than non-attenders can be easily identified | Nurse |
| Write baby's name in the appropriate date in the diary for the next examination | Nurse, with instruction from ophthalmologist |

**PRIOR TO DISCHARGE:**

| | |
|---|---|
| Give parents a card indicating the date of screening, with telephone numbers of the NICU and contact name on NICU | Nurse |

**BABIES DISCHARGED BEFORE FIRST EXAMINATION:**

| | |
|---|---|
| Contact parents of discharged babies the day before screening to remind them to attend | Nurse / Social Worker / secretary |

**BABIES WHO FAIL TO ATTEND FOR EXAMINATION:**

| | |
|---|---|
| Review findings of previous examination and decide when the baby should be seen | Ophthalmologist, who tells nurse |
| Add baby's name in the diary for the following week (or sooner, if advanced ROP at the previous examination) | Nurse |
| Contact parents to tell them to attend | Nurse / Social Worker/secretary |

**BABIES NEEDING TREATMENT:**

| | |
|---|---|
| Inform parents of procedure and likely outcomes | Ophthalmologist |
| Inform neonatologist of the need for treatment | Ophthalmologist |
| Inform anaesthetist of the need for treatment | Neonatologist |
| Arrange place, timing of treatment and method of anaesthesia | Neonatologist, ophthalmologist, anaesthetist |

**BEFORE TREATMENT**

| | |
|---|---|
| Obtain written informed consent from parents | Neonatologist |
| Dilate pupils fully 30 minutes before treatment | Nurse |

**AFTER TREATMENT**

| | |
|---|---|
| Enter date for follow up in the diary | Ophthalmologist |
| Write follow up date on card and give to parents | Nurse |
| Give parents post operative drops, and show them how to instil them | Ophthalmologist |

**REFERRAL**

| | |
|---|---|
| Refer infant to paediatric ophthalmologist and/or for low vision care, if indicated | Ophthalmologist |

**REMINDER FOR OPHTHALMOLOGIST**

**First examination:**
- 4-5 weeks after birth (or earlier if eligible baby is to be discharged)

**Subsequent examinations:**
- If the retina is immature and there is no ROP, the next examination should be at 2 - 3 weeks
- If there is ROP in zone 3, the next examination should be at 2 weeks
- If there is ROP zone 1 or 2 the next examination should be at 1 week, or at 3-4 days depending on the stage of disease and the appearance of the posterior pole vessels
- Examinations should continue until the retina is fully vascularized (within 1 disc diameter of the ora serrata) or the ROP has regressed

**Agenda for the program**

Format: one day conference

| Time | | Speaker |
|---|---|---|
| 8:45-8:50<br>8:50-9:00 | Welcome<br>Purpose of the Workshop | Islane Verçosa<br>G Quinn |
| 9:00-9:45 | Classification of ROP and how it evolved Use of ICROP in clinical trials<br>• How to standardized approach is essential for comparing information on prevalence and outcome | A Ells |
| 9:45-10:15 | How the current treatment recommendation evolved<br>• CRYO-ROP results<br>• ETROP results<br>• Type 1 ROP and Type 2 algorithms | G Quinn |
| 10:15-10:30 | What have we learned from natural history studies such as CRYO-ROP?<br>• Time course of disease<br>• Regression of ROP<br>• Practical lessons from natural history studies such as when to start examinations and when serious ROP is not likely to develop | G Quinn |
| | Break | |
| 10:45-11:00 | What are current treatment indications for severe ROP? | A Ells |
| 11:00-12:00 | Review extensive set of existing RetCam and NIDEK images<br>• Discuss particularly the diagnosis of plus, pre-plus and no ROP | |
| | Lunch | |
| 14:00-14:45 | What can we learn from a telemedicine approach and how can we incorporate that into our daily clinical ROP rounds?<br>• Review Ells RW-ROP concept<br>• Review studies of Retcam, NIDEK, videoindirect<br>• Introduce computer-assisted vessel analysis such as ROPtool | L Hildebrand<br>A Ells<br>G Quinn |
| 14:45-15:45 | Assign a series of images for each participant to evaluate<br>• Review of assigned images<br>• Discussion | A Ells |
| 15:45-16:45 | Conclusions:<br>• Resolve areas of disagreement and reach consensus on diagnosis<br>• Establish means of further communication<br>• Discuss websites for database development | |
| | | |

**Report**

**II Retinopathy of Prematurity (ROP) Workshop for Peru**

**Casa-Andina Hotel, Arequipa, Peru**

**October 18-20, 2007**

The Workshop of Retinopathy of Prematurity in Peru took place at Casa-Andina Hotel, Arequipa, Peru, from October 18-20, 2007, under the support of CBM (Christoffel Blindnenmission), Orbis and Univesrity of Pennsylvania.

Fifty participants from 6 cities (Lima, Piura, Chiclayo, Trujillo, Cusco y Arequipa), including paediatricians, neonatologists, nurses and ophthalmologists. Facilitators were Dr Augusto Sola, President of Sociedad Iberoamericana de Neonatologia, Dr Graham Quinn, paediatric ophthalmologist from Children's Hospital of Philadelphia, University of Pennsylvania, USA and Andrea Zin, CBM medical advisor and IAPB chair for childhood blindness.

Each year there are approximately 580,000 **live births** in Peru. Approximately 5,600 present BW < 1,500g (1%) and 60% of those have access to neonatal care. The overall survival rate in babies weighing 1,500g would be around 60%. There are estimated to be 2,000 survivors with BW < 1,500g at risk of ROP, all of whom require screening for ROP. According to the existing screening programmes preterm babies presenting BW higher that 1,500g present ROP needing treatment, which represent approximately **4,000 preterm babies with BW < 2,000g needing screening each year**. There is some variation in the proportion of babies with severe disease requiring treatment, but it is likely that 15 % of those at risk will benefit from **treatment i.e. 600 babies each year in Peru**.

**The I ROP Workshop in Peru** was held in **2000.** According to data presented from a survey in blind schools, **16% of blind children attending blind schools in Peru were due to ROP**. There were 11 neonatal intensive care units in Lima and screening programmes were in place in 3 units. Only 1 ophthalmologist was

providing laser treatment. There was no screening or treatment been undertaken outside Lima.
The aim of this meeting was to perform a situational analysis of ROP as a cause of blindness in Peru in order to better plan screening and treatment ROP programmes

The morning of first day of the meeting was devoted to an update of ROP epidemiology, classification, risk factors., role of nurses in avoiding hyperoxia. **Retinopathy of prematurity was responsible for 24% of childhood blindness in Peru, according to a survey performed in 2005**, which clearly demonstrates that ROP is an increasing cause of blindness in children in Peru. 15% of children presented BW > 1500g.

In the afternoon, participants reported the current situation regarding population at risk, screening and treatment practices, BW and GA of affected babies, incidence of ROP, and number of neonatal units, levels of care provided, human resources, training and equipment availability.

| **Situational Analysis in Peru** | | | | | | |
|---|---|---|---|---|---|---|
| **Population**<br>28,302,603<br>**Birth rate**<br>0.0204<br>**# Live births (LV)**<br>580,000<br>**# BW ≤ 2,000 who survived and needed screening**<br>4,000<br>**# Babies needing treatment/year**<br>600 | | | | | | |
| | | | | | | |
| **Cities:** | **# NICUs** | **Screening programme** | **Screening criteria** | **% ROP needing treatment (severe)** | **Mean BW and GA severe ROP** | **Treatment** |
| **Peru** | | | | | | |
| **Lima** | 17 high risk | 11 with screening programme | BW ≤ 2000g or <34 wks | 12.5% | 1040g (800-1490, 28wks(27- | Yes |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | 30) 1 hospital<br>Need additional nursery data | |
| | | | | | | |
| **Piura/Sullana** | 2 | 1 unit beginning to screen | BW ≤ 2000g or <34 wks | | | No. Babies refreed to Dr Gordillo |
| | | | | | | |
| **Chiclayo** | 2<br>1 Es Salud<br>1 Minsa | Yes, 83% of eligible babies | BW ≤ 2000g or <34 wks | 18% | | ? |
| | | | | | | |
| **Cities:** | **# NICUs** | **Screening programme** | **Screening criteria** | **% ROP needing treatment (severe)** | **Mean BW and GA severe ROP** | **Treatment** |
| **Cusco** | 3 | No, 20% coverage, poor follow up<br>On demand screening | BW ≤ 2000g or <34 wks | NA | NA | NA |
| | | | | | | |
| **Trujillo** | 3 | 2 units have a program 66% coverage for BW < 1,500 | BW ≤ 2000g or <34 wks | 10% | Not available yet<br>Can calculate | Babies treated at IRO |
| | | | | | | |
| **Arequipa** | 3 | Yes, all three | BW <2000g and GA <34 wks | 3% | | Yes, Dr Gordillo comes to treat |

| **Human resources, Equipment availability** | | | | | | |
|---|---|---|---|---|---|---|
| | **Trained Specialists** | **Trained Specialis** | **Equipment availability** | **Equipme nt** | **Neonatal facilities** | **Comments** |

| | **for screening** | **ts for treatment** | **in NICU for screening** | **availability in NICU for treatment** | | |
|---|---|---|---|---|---|---|
| **Lima** | 6 trained and screening at present | Dr Luz Gordillo<br>Dr Chafloque<br>Drs Roca/ Reategui | 6 units w IO | 1 laser at Maternal Perinatal (CBM)<br>Damos Vision (2 lasers)<br>1 INO | Lack of Nurses in NICUs,<br>No facilities for delivery of humid oxygen | Need to train health care personnel to control oxygen delivery |
| | | | | | | |
| **Piura** | 1 only screening | 0 | 1 IO | No laser, no cryotherapy | No neonatologist | 1 nurse per 5 incubators<br>Lack of equipment |
| | | | | | | |
| **Chiclayo** | Yes<br>1 ophthalmologist trainned | IRO is providing treatment<br>No local ophthalmologist | 1 IO | Laser is broken, cryo is being used | Lack of nurses (1/7incubators) | Many referrals(135/760 admissions) |
| **Cities:** | **# NICUs** | **Screening programme** | **Screening criteria** | **% ROP needing treatment (severe)** | **Mean BW and GA severe ROP** | **Treatment** |
| **Cusco** | No trained ophthalmologists | No | Indirect in each unit | No laser<br>No cryo | 5 physicians (only one neonatologist)<br>13 nurses<br>On nurse per 5 incubatorsno pulse'ox | Increase area for intermediate care and lactation<br>Creating maternal homes (child comes and mother has no place to stay)<br>Needs for 2007 requested: 3 more |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | specialized physicians and 5 nurses<br>Needs: establish guidelines for ROP, identify personnel and treatment |
| | | | | | | |
| **Trujillo** | 1 ophthalmologist (Belem), 1 from IRO-Minsa<br>None in EsSalud<br>1 from regional hospital, 1 from Chimbote | 3 additional training is needed | 2 indirects | Cryo (laser is broken)<br>OPTO laser | 1 nurse/5 incubators<br>6 neonatologists<br>Availability of blenders, humidif, but not pulse oximeters | Orbis (IRO)<br>IRO manages the programme<br>Needs treatment site that allows inpatient treatment |
| | | | | | | |
| **Arequipa** | Yes | 1 for treatment | One in training | 1 laser | 1 nurse per 4/5 incubators | Good collaboration among teams<br>2 stage 5 patients |

On Day 2, screening and methods of treatment were presented. Dr Sola reinforced the importance of careful oxygen delivery and monitoring as well as the role of nurses and neonatologists during eye exam and treatment. An improvement in level of neonatal care is an important primary prevention strategy. Principles of planning for the implementation of a ROP screening and treatment programme at unit and city levels were discussed.

In the afternoon of Day 2, participants worked in 6 groups, 2 for Lima and 1 for each city: Piura, Trujillo, Arequipa and Cuzco. Each group identified the main barriers to achieving an effective screening and treatment programme as well as needs for human resources and infrastructure.

<u>Main barriers identified:</u>

1) *Barriers to achieving an effective screening program*
   a) Lack of multidisciplinary team concerned with detection
   b) Lack of work plans in each hospital
   c) Lack of supervision that protocols are being followed.
   d) Lack of nursing follow-up plan
   e) Lack of qualification of involved personnel.
   f) Lack of trained ophthalmologists
   g) Lack of consumables, ie. eyedrops for the exams

2) *Barriers to achieving an effective treatment program*
   a) Lack of recognition of ROP treatment as an emergency
   b) Lack of cooperation of anesthesiologists
   c) Lack of cooperation between institutions (beaurocracy)
   d) Lack of hospital equipment
   e) Lack of training in treatment for some of those who are performing screening.
   f) Lack of adequate post-op follow-up
   g) No standardization for nurses with regards to ROP → no responsibility
   h) Inadequate education for parents
   i) Delayed treatment and no incubator in the UCI for post-operative patient
   j) Lack of trained ophthalmologists
   k) Lack of facilities or availability of operating rooms

3) Human resources and Infrastructure:
   a) Insufficient personnel for ROP program development, both at national and local levels
      (1) Lack of neonatal staff in general, difficult to dedicate nurse to ROP.

b) Inadequate infrastructure in accordance with the standards of the ministry of health.
c) Lack of areas to do screening exams in
d) Inadequate equipment (old and deteriorated).

Dr Luz Gordillo announced to participants that Ministry of Health signed a *Resolutión Ministerial* (No 422-2005/MINSA), June 8, 2006, which approved Guidelines for Clinical Practice. The National Guidelines for ROP were written by a committee:Dr Augusto Chafloque, Dra Jeannette Doig, Dr Jose Antonio Roca, Dr Guillermo Reátegui, Dra Dóris Quiroz and Dr Luz Gordillo. Participants fully endorsed the document but recommended revision of the **screening criteria**, suggesting the following: **BW ≤ 2,000 g**.

In October 2 2007, Ministry of Health invited Dr Luz Gordillo to be part of the *Comite Tecnico Consultivo* to the *Estrategia Nacional de Salud Ocular y Prevención de Ceguera.*

In October 19, Dr Gordillo also gave a lecture on the importance of retinopathy of prematurity as a cause of childhood blindness in Peru during the meeting of the SIS (??) for the South region invited by Dr Carlos Acosta, director of *Dirección General de Salud de las Personas.*

Day 3 was dedicated to establish an *Action Plan to implement 3 year programme for the control of blindness in children from ROP in Peru* (attached). At the conclusion of the workshop, a National Committee was established and charged with implementing the Action Plan in a timely manner.

The Press gave great importance to the meeting. Several newspapers published their interviews: Diario Noticias, El Gran Sur La Republica, La Voz del Pueblo and El Pueblo (attached) besides the Reporte Periodistico de Panamericana Television.

**Conclusions:**

- ROP remains as in important cause of childhood blindness, increasing from 16% in 2000 to 24% in 2005
- ROP screening programmes were expanded not only in Lima, but also to other cities. Cuzco remains without any kind of coverage.
- Retinopathy of prematurity prevention requires a comprehensive approach: good antenatal care, improvement of neonatal care (primary prevention), diagnosis and treatment of ROP (secondary prevention) and visual (re)habilitation (tertiary prevention). Peru needs to address all 3 levels in order to decrease childhood blindness due to ROP.
- Human resources:
  - There is still a need to train ophthalmologists to screen and manly to treat. Arequipa, Piura and Trujillo need to refer their babies for treatment, which may be responsible for late referrals and subsequent blindness
  - Lack of knowlegment: need to improve level of training of neonatologists, nurses

- Equipment needs
  - Primary prevention: blenders, oxymeters
  - Secondary prevention: lack of indirect ophthalmoscopes and lasers
  - Tertiary prevention: low vision aids. There are very few low vision programmes, specially those dedicated to the children
- Programme management
  - Data are not being collected in a standardised manner.
  - Detailed written protocols need to be developed, approved by the National Committee, and used throughout the national programme
- High incidence of severe ROP as well as of AP-ROP
- An Action Plan was defined by participants
- The need for long term follow-up was recognized
- National Guidelines were approved by Ministry of Health. Participats recommended revision of **screening criteria: babies with 2000g or less who were under neonatal intensive care**. First exam at 4th week after birth.

**Recommendations:**

- To develop and pilot forms for recording the findings of screening examinations and the outcome of treatment.
- Presentations need to be made at meetings of ophthalmologists, neonatologists, pediatricians, nurses and obstetricians
- The report of this workshop is to be disseminated to individuals who were unable to attend.
- To define outcomes to be measured: number of units with programme, number of babies treated, number of trained health personnel.
- Stepwise implementation: start with bigger referral units and expand later to the others.
- Guidelines will be reviewed and revised as screening programmes become more widespread and data become available.
- Detailed written protocols need to be developed, approved by the National Committee, and used throughout the national programme
- To improve coordination and management skills of the programme leadership
- A follow up meeting be planned for 18 months, to review progress, assess challenges, and to make further plans of action

**Timetable**

| **Activities to be undertaken for Development of ROP Programs** | **Oct 2007- May2009** | | | | |
|---|---|---|---|---|---|
| | Oct07-Jan08 | Feb-May | Jun-Sept | Oct-Jan 09 | Feb-May |
| Standard recording form | X | X | | | |
| Establishment of a ROP mail group | X | | | | |
| Training of ophthalmologist for ROP screening and treatment (action plan attached) | X | X | X | X | X |
| National ROP Committee activities | X | X | X | X | X |

| | | | | | |
|---|---|---|---|---|---|
| Solidify plans for screening and treatment of ROP on a national basis in cooperation with medical community and government | X | X | X | X | X |
| III ROP Follow-up Workshop | | | | | X |

**III International Community Eye Health Course**
**Misahuallí (Napo), Ecuador**
**September 10-13, 2007**

This course was organized by CBM in coordination with Dr. Felipe Chiriboga, CBM's eye medical adviser. It was the third CEH course held in Ecuador and facilitated by our President Prof. Allen Foster.

**AIMS AND OBJECTIVES**

- Present Vision 2020 worldwide programme
- Outline main causes of blindness and how to address them
- Discuss eye health plans with MoH
- Provide information to ophthalmologists to increase CSR
- Present CBM Mission and Vision
- Provide tools to help projects become self-sustainable
- Provide participants with guidelines to plan eye health programmes

***METHODOLOGY***

- **Lectures on Blindness in the world and Latin America, Vision 2020, Quality and Cost of cataract surgery, Childhood blindness (Congenital**

**Cataract – ROP), Low vision, Diabetic retinopathy, Glaucoma, Refractive errors, Barriers to cataract surgery, Community Work.**

- **Presentation of projects supported by CBM. Information included availability of resources, statistics (quantity and quality), cost per surgery and difficulties faced by each project.**
- **Discussions on National Plan of Prevention of Blindness**

**PARTICIPANTS**

35 participants attended in total distributed by cities as follows:
Ambato (1), Cuenca (1), Guayaquil (2), Latacunga (1), Loja (1), Machala (1), Milagro (2), Otavalo (1), Portoviejo (2), Quito (4), MoH representatives (4), PAHO (1).

Participants from other countries: Colombia (2), ICEH England (2), Panama (2), Peru (8).

**FACULTY**

International faculty: Dr. Allen Foster (CBM President, HO Germany), Dr. Miriam Cano (Paraguay)

Local faculty: Dr. Felipe Chiriboga, María Augusta Vega, Dr. Carmen Almeida, Dr. Alfonso Almeida, Dr. Sandra Montalvo

Representing CBM LARO: Martin Ruppenthal, Fernanda Varela

**PROGRAMME**

**<u>Monday, September 10th</u>:**

**Introduction, Blindness in the World and Latin America, Cataract**

| | | |
|---|---|---|
| 07h00 - 08h00 | Breakfast | |
| 08h00 - 08h15 | Opening | M. Ruppenthal<br>F. Chiriboga |
| 08h15 - 08h30 | Introductions of participants | |
| 08h30 - 09h15 | Blindness in the World | A. Foster |
| 09h15 - 10h00 | Blindness in Latin America | A. Foster |
| 10h00 - 10h30 | Coffee Break | |
| 10h30 - 11h00 | Vision 2020 | M. Cano |
| 11h00 - 11h30 | CBM's Vision & Mission | M Ruppenthal |

| Time | Session | Speaker |
|---|---|---|
| 11h30 - 12h00 | MoH and its role in eye health | MoH Rep. |
| 12h00 - 13h15 | Lunch | |
| 13h15 - 14h15 | Cataract: Output. CSR | A. Foster |
| 14h15 - 15h00 | Cataract: Outcome & Monitorig | A. Foster |
| 15h00 - 15h45 | Childhood Blindness: Cataract – ROP | M. Cano |
| 15h45 - 16h15 | Coffee Break | |
| 16h15 - 17h15 | ¿What do projects expect/require from MoH? | Participants |
| 17h15 - 17h45 | Presentation of projects | Participants |
| 19h00 | Dinner & official opening program | |

**Tuesday, September 11th:**

**Cataract, Glaucoma, Refractive Errors & Project Planning**

| Time | Session | Speaker |
|---|---|---|
| 07h00 - 08h00 | Breakfast | |
| 08h00 - 08h15 | Summary of previous day | A. Foster |
| 08h15 - 09h15 | Cataract: Costs of cataract surgery | F. Chiriboga |
| 09h15 - 10h00 | Barriers of cataract surgeries | M. Vega |
| 10h00 - 10h30 | Coffee Break | |
| 10h30 - 11h15 | Glaucoma: definition, magnitude, screening | A. Foster |
| 11h15 - 12h15 | Glaucoma: Diagnosis and treatment | A. Foster |
| 12h15 – 13h15 | Lunch | |
| 13h15 - 14h00 | Refractive Errors – Screening | M. Cano |
| 14h00 - 14h30 | How to request support from CBM | F. Varela |
| 14h30 - 15h00 | Presentation of projects | Participants |
| 15h00 - 15h30 | Coffee Break | |
| 15h30 - 17h30 | Group work: Eye Health Plan | Participants |

| Time | Activity | Speaker |
| --- | --- | --- |
| 17h30 - 18h00 | Group work presentation | Participants |
| 19h30 | Dinner | |

**Wednesday, September 12th:**

**Low Vision, Diabetic Retinopathy & Presentations**

| Time | Activity | Speaker |
| --- | --- | --- |
| 07h00 - 08h00 | Breakfast | |
| 08h00 - 08h10 | Summary of previous day | A. Foster |
| 08h10 - 08h30 | Group work presentation | F. Chiriboga |
| 08h30 - 09h00 | Retinopathy of Prematurity in Ecuador | A. Almeida |
| 09h00 - 09h30 | Low Vision | C. Almeida |
| 09h30 - 10h15 | Proposal of a Cataract Program | F. Chiriboga |
| 10h15 - 10h45 | Coffee Break | |
| 10h45 - 11h45 | Diabetic Retinopathy: Epidemiology & Diagnosis | M. Cano |
| 11h45 - 12h30 | Diabetic Retinopathy: Public Health Program | S. Montalvo |
| 12h30 - 13h30 | Presentation of projects | Participants |
| 13h30 - 14h45 | Lunch | |
| 15h00 – 17h30 | Ecologic Tour | All |

**Thursday, September 13th:**

**Community Work & Evaluation**

| Time | Activity | Speaker |
| --- | --- | --- |
| 07h00 - 08h00 | Breakfast | |
| 08h00 - 08h10 | Summary of previous day | A. Foster |
| 08h10 - 08h55 | Community work: Importance | M.A. Vega |
| 08h55 - 09h40 | Evaluation & Commitments | F.Chiriboga - M.Ruppenthal |

09h40 - 09h55 Closure F. Chiriboga - M.Ruppenthal

10h30 Travel back to Quito

## SUCCESS IN RELATION TO THE INTENDED OUTCOMES

- **Participants and representatives of MoH had the opportunity to learn more about the work conducted on prevention of blindness in Ecuador and what Vision 2020 wants to reach in the next several years.**
- **Increased awareness of participants who were not current with eye health problems in Ecuador and the world.**
- **Keep ophthalmologists updated in community eye health.**
- **Reinforce current knowledge in specific activities related to prevention of blindness.**
- **Positive discussion about how to decrease cost of surgeries by using appropriate technology and resources.**
- **Group work on cataract, refractive errors and diabetic retinopathy was a good opportunity to encourage participants to think on how they could plan and develop a project in these areas for the poorest localities of the country. Good exercise to identify current needs and possible solutions.**
- **Group had the opportunity to share details on eye health problems with MoH, as well as the importance of developing a National Prevention of Blindness Plan in Ecuador. There is strong interest on behalf of the MoH to support the National PBL Plan.**
- **MoH pointed out that strategies regarding public health will be restructured according to the actual need that Ecuador has. At the moment, 573 parishes have no access to public health (30% of the population).**
- **MoH stated that USD 200,000 will be included in national health budget 2008 for cataract surgeries in Ecuador.**
- **This workshop increased the interest in community eye health of new Ecuadorian ophthalmologists. They are: Dr. Gloria Zapata (Machala); Dr. Francisco Pérez (Ambato); Dr. Pablo Serrano (Quito).**
- **Participants from Panama felt there is a need to develop further eye health programmes in that country at community level. Workshop caught their interest.**
- **Strengthening of friendship and working relationships amongst Latin American ophthalmologists.**

## ECUADOR
## PROJECTS INFORMATION

| **Country Information** | |
|---|---|
| **Population** | 13000000 |
| **# Cataract surgeries** | 13000 |

| CSR | 1000 | | | | |
|---|---|---|---|---|---|
| **CBM supported Projects** | | | | | |
| **Name** | FOLM | FORAF | FOV | CCSM | FUNPRECELO |
| **Project number** | 1626 | 2162 | 1967 | 2301 | 2110 |
| **Location** | Portoviejo | Quito | Quito | Milagro | Loja |
| **Province** | Manabí | Pichincha | Pichincha | Guayas | Loja |
| **Province Information** | | | | | |
| **Population** | 1.267.844 | 2.500.000 | 2.500.000 | 3.418.741 | 429.010 |
| **# Ophthalmologists** | 17 | 145 | 145 | 120 | 6 |
| **# Catarat Ophthalmologists** | 10 | 100 | 100 | 83 | 5 |
| **# Catarat Surgeries** | 1267 | 3900 | 3900 | 2915 | 175 |
| **CSR** | 999 | 1560 | 1560 | 853 | 408 |
| **Project Information** | | | | | |
| **# Ophthalmologists** | 7 | 7 | 5 | 3 | 2 |
| **# CS in 2006** | 909 | 286 | 607 | 532 | 162 |
| **# CS jan-jun 2007** | 502 | 142 | 510 | 277 | 131 |
| **Cataract surgery costs** | | | | | |
| **Cataract surgery price** | | | | | |

**30% of cataract surgeries in the country are performed by CBM supported projects.**

### *DIFFICULTIES OR OBSTACLES*

- No difficulties or obstacles were faced during workshop. Everything progressed as planned.
- Considering venue of the workshop was located in the “Ecuadorian jungle”, participants had no access to internet.
- A potential problem could be that MoH authorities do not remain in their current government positions, and that others who do not support community eye health programmes take over.

### PLANNED FOLLOW UP

- Maintain contact with MoH authorities to develop a National Plan in Prevention of Blindness in Ecuador in coordination with the Ecuadorian Society of Ophthalmology and partners.
- Promote monitoring of outcome of cataract surgeries.

### CONCLUSIONS

- Significant period for Ecuadorian Ophthalmological Society, considering relationship with MoH is at it´s peak! This should result in concrete plans for community eye health in needy areas of the country.

- MoH was given a good overview of what is being done in prevention of blindness in the country.
- Very positive attitude on behalf of MoH regarding a National Programme for Prevention of Blindness in Ecuador.
- Ecuador has a committed group of ophthalmologist with clear objectives and a good leadership.
- As a priority, at least 2 workshops for nurses and auxiliaries of public health centres and hospitals should be organized within the first quarter of 2008, in order to detect patients with eye health problems.
- CBM should continue to be a key stakeholder in all this process of PBL work in Ecuador. Participation and support for workshops, RAAB and networking with PAHO is needed. Continuation of support to good existing partners and others in needy regions of the country.

**National Plan for Prevention of Blindness Due to Cataract Workshop in Peru. August 9-11th 2007**

Although the national Eye Health Plan was approved by a Ministerial Decree last year, it was until July 17th 2007 that it was enacted into law by President Alan Garcia and declared a national priority. With this in mind, Dr. Jorge Velazco, President of CONAPRECE (National Prevention of Blindness Committee) organized a workshop with the collaboration of IAPB, PAHO, CBM and ORBIS in order to further develop the implementation needs and recommendations in order to conduct one thousand extra cataract surgeries per month commencing in September 2007. An official report is being elaborated and as soon as it is made available we will circulate it.

**REPORT ON THE SECOND COURSE ON THE MANAGEMENT OF COMMUNITY EYE HEALTH**
1-14 November 2007.

An event organized by *Fundación Visión* and the *International Agency for the Prevention of Blindness (IAPB),* Latin America, in Asuncion, Paraguay.

**Introduction:** This is the second course of this type offered in our region, and it received the generous financing of the regional *CBM* offices and the *International Centre for Eye Health (ICEH)*. Locally, the *La Santaniana* bus company provided a bus free of charge for use during the course, and *Fundacion Vision* contributed the site, support personnel, and logistic help.

**Background:** In the wake of the success of the 2006 course (To mention a few, 30 people from 14 Latin American and Caribbean countries attended, as a result, some committees were reactivated, others were formed, some "students" have performed as faculty in other CEH courses such as Sadie Garabito and Juan Francisco Yee, etc.), it was considered very appropriate to organize a second management course, this time of two weeks, due to the fact that the original three-week course was somewhat drawn out and fatiguing. The course was targeted at administrators of prevention of blindness projects, who are expected to play an important roll in the future, for the purpose of providing them with the tools to achieve sustainability and the means with which to perform planning of services within the framework of the recommendations for development of a national eye health plan.

**Intended for:** Physicians, ophthalmologists, nurses, administrative personnel and managers of eye-health programs.

**Objective:** To train participants, so that upon completing the course they are able to:

1) Prepare a VISION 2020 district plan and participate with the committees of their respective countries in the formulation of a national eye health plan by December 2008 at the latest, in order to fulfill the objectives set forth in the May 2003 resolution of the World Health Assembly and to use of the resolution of May 2006 for advocacy activities with their respective governments in relation to the assignment of resources to this priority area.

2) Utilize administrative, accounting, and marketing techniques to improve programs, evaluate progress, and apply corrective measures.

3) Offer presentations on priority pathologies supported by the didactic materials provided, organize advocacy meetings, and attempt to introduce CEH to training programs.

4) Maintain a network of contacts in various countries for mutual assistance and support for preparation of activities to be carried out.

**Program and Faculty:** (See Annexes 1, 2, and 3).
**Results Related to Objectives**

1) All participants were given the information they need to prepare a 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 analyze the existing plans presented. The sessions were dynamic, and we think the participants will be able to influence their respective countries for the development or improvement of existing plans. The model projects presented are in the program. The plans presented and discussed were Paraguay, Chile, Bolivia, Argentina and Mexico. People opined on how to improve them, change them, what things should be included, etc. Concerning the projects, discussion revolved around things that successful projects had in common and how to emulate them in their own setting.*

2) They were also provided with the administrative, accounting, and marketing techniques needed to improve programs, evaluate progress, and apply corrective measures.

*These sessions generated a great deal of interest, and with the assistance of the administrator of Fundacion Vision, Mr. Reinhold Goerzen, and some participants with knowledge of the field, many ideas were generated related to sustainability, increased coverage, and type and quality of service.*

3) With the support of the didactic materials provided, they will be able to offer presentations on priority diseases, organize advocacy meetings, and introduce CEH in training programs.

*All the participants received electronic and printed copies of the educational materials in both English and Spanish to be used in their respective institutions and other forums within their countries.*

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

*It was suggested that they form a discussion group along the lines of the "Yahoo Groups" to include all the participating organizations and entities.*

**Other Results:**

5. Fundación Visión established an alliance with the *Universidad del Pacífico*, also of Paraguay to permit future 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).*
6. The experience shared by Juan Francisco Yee, who last year was a participant and this year presented information about the advances achieved by the foundation he manages in Guatemala, was of great importance as an example of what can be accomplished in the eye-care field with the proper management of human and economic resources.
7. The event met with little success financially, in particular due to the devaluation of the dollar, which resulted in little income for the organization.
8. Just as in the previous year, the opening of the course was very interesting thanks to the participation of Dr. Serge Resnikoff of *WHO* and Dr. Aravind Srinivasan, of India, whose presentations were impeccable and dynamic.

**Lessons Learned:**

**1)** This year, organizing of the course was begun, in part, online, and this was reflected in the difficulty encountered in coordinating the logistical and academic aspects of the course. For that reason it would be advisable to begin the organizing the course early enough to achieve better results; and to name a local person to do the coordinating, leaving only the contact function to the *IAPB* office.

**2)** It was observed that forming groups of persons who are Spanish-speaking or who understand that language was a useful strategy for helping to avoid expenses and problems arising from the need for interpretation and translation.

**3)** Once again there were difficulties with securing a visa for our guest from India. Although we began the process early, we have now learned that it is necessary to send letters of invitation to the speaker with a copy to the chancellery to validate the invitation.

**4)** It is also necessary to remind local presenters of their scheduled participation, since in our case at least one speaker forgot that he was to appear at the event.

**5)** We would like to emphasize again, as we did last year that a day-and-a-half in *Campo 9* is sufficient. However, the possibility of spending less time there during the campaign, or of presenting a video about the organization of a surgical campaign in Paraguay, should be considered.

**6)** The course should have duration of no more than two weeks.

**7)** The curriculum and presenters should be confirmed by the end of May for the next course so as to avoid logistical problems.

**8)** If finances permit, it is preferable to find individual rooms for each participant. Of course, this is not dependent on either *Fundación Visión* or the *IAPB*, but on the sponsors and participants themselves.

**9)** The course should be promoted by various means from the beginning of 2008.

**10)** Develop groups of local and regional experts to participate in these types of courses.

**11)** The logistical aspects of lodging, tourism, and travel should remain the responsibility of trusted travel agents.

**12)** Select the model projects brought in by the participants more appropriately, and have them bring good-quality videos and presentations about them.

**13)** For next year, 2008, the auditorium and site for the course will probably be too small, and finding a more adequate site for breaks, Internet access, and the food-service area should be considered.

**14)** It would be a good idea to carry out a closing event that served better to reinforce the bonds of camaraderie and mutual support among the participants, the presenters, and the organizations that have supported the event directly or indirectly.

**Evaluation and Suggestions from Course Participants:**

1. The instructors were given an average grade of 3.7 (range: 1-5) by the participants, a grade we consider to be good.
2. Additional practical exercises and group dynamics, as well as feedback and exchange of ideas after each class are needed.
3. Participants now have a better overview of the problem of blindness worldwide, the importance of a plan, and the role of all team members.
4. When there are to be English-speaking presenters, all sessions should have an interpreter in a booth; although this increases costs, it avoids distractions.
5. Evaluate each class or session individually, not just at the end of the day or at the end of the course. Include participant satisfaction in the evaluation.
6. Provide individual follow-up for course participants to monitor the application of what was learned, and to provide further help if needed. The responsibility of quarterly follow up and support will be divided by Dr. Miriam Cano and Dr. Van Lansingh
7. Offer a session on how to plan and organize a campaign in the countryside.
8. Ask participants in advance to bring prepared presentations on their own projects.
9. The tourist-type activities were very nice and permitted the needed down time.
10. Emphasize punctuality and that both participants and presenters must keep to scheduled times.
11. Even when starting later in the morning has been suggested, it creates difficulties because not all topics would be covered.
12. Fund Raising should be included as part of the topics for next year.

**APPENDIX 1: PROGRAM AND FACULTY**

Abbreviations: O = Ophthalmology; E = Epidemiology; C = Communication; L = Leadership; A = Administration
G = General Topics.

**Course on the Management of Community Eye Health**
**Asuncion, Paraguay**
**November 1--14, 2007**

| | Group | Day | Topic | Name | Initials | Country |
|---|---|---|---|---|---|---|
| 1 | G | 1 | Issues in Global Health | Dr. Serge Resnikoff | SR | Switzerland |
| 2 | E | 1 | World Blindness - VISION 2020 | Dr. Serge Resnikoff | SR | Switzerland |
| 3 | O | 1 | Basic Concepts in Ophthalmological Care, Sustainability, and Quality | Dr. Serge Resnikoff | SR | Switzerland |
| 4 | E | 1 | Community Eye Health + Cataract Campaigns, CSR, CSC, Prevalence | Dr. Rainald Duerksen | RD | Paraguay |
| 5 | E | 1 | Cost of Blindness + Methodology | Dr. Serge Resnikoff | SR | Switzerland |
| 6 | E | 1 | Health Promotion and the Role of the Ministry of Health | Dr. Serge Resnikoff | SR | Colombia |
| 7 | G | 1 | Development and Reform of Healthcare Systems | Dr. Serge Resnikoff | SR | Switzerland |
| 8 | A | 1 | Quality and Sustainability | Dr. S. Aravind | SA | India |
| 9 | C | 1 | Partnerships and Alliances | Dr. S. Aravind | SA | India |
| 10 | E | 1 | VISION 2020 Latin America. | Dr. Van Lansingh | VL | Paraguay |
| 11 | E | 2 | Epidemiology, Incidence, Prevalence | Dr. Cathy McCarty | CMC | USA |
| 12 | L | 2 | Working Group + Psychological Aspects | Mr. Isaias Vergara | IV | Paraguay |
| 13 | C | 2 | VISION 2020 LA. Web page and other resources | Dr. Van Lansingh | VL | Paraguay |
| 14 | a | 2 | Managing Social Programs | Dr. Teresa Leon | TL | Paraguay |
| 15 | a | 2 | Principals of Administration | Mr. Reinhold Goerzen | RG | Paraguay |
| 16 | L | 2 | Leadership | Dr. S. Aravind | SA | India |
| 17 | g | 2 | Organization Culture | Juan Francisco Yee, MBA | JY | Guatemala |
| 18 | A | 2 | Management of Basic Healthcare Services | Dr. David Green | DG | USA |
| 19 | L | 2 | Management and Personal Style | Dr. S. Aravind | SA | India |
| 20 | | 3 | Corporate Social Responsibility | Mr. Fernando Ibanez<br>Mr. Carlos Coscia | FI | Paraguay |
| 21 | A | 3 | Social Marketing of Services | Dr. S. Aravind | SA | India |
| 22 | A | 3 | Economic Evaluation + Cost Behavior | Dr. David Green | DG | India |
| 23 | A | 3 | Creative Fundraising | Dr. David Green | DG | USA |
| 24 | E | 3 | Successful Models in Latin America<br>University of Montemorelos<br>Fundación Visión<br>Fundacion Oftalmologica del Valle,<br>Dr. Elias Santana Hospital<br>Asociacion Oftalmologica Vincent Pescatore,<br>The Asociación *Visualiza* for prevention of blindness | Rainald Duerksen<br>Van Lansingh/<br>Serge Resnikoff/<br>David Green/<br>S Aravind/<br>Juan F. Yee | | |
| 25 | E | 5 | Research + Bibliography | Dr. Van Lansingh | VL | Paraguay |

## APPENDIX 3: CONTACT INFORMATION AND HOME COUNTRY OF PARTICIPANTS

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