

## Reporting Format for Regional Chairs and NGDOs (Latin America 03/2007 to 07/2007)

- 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			d	N
17	Paraguay	a			Y
18	Peru	a			Y
19	United States	a			N
20	Uruguay	a		d	Y
21	Venezuela	a			Y

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

S. N o.	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	<input checked="" type="checkbox"/>	1
Human Resource Development	<input checked="" type="checkbox"/>	2
Infrastructure Development	<input checked="" type="checkbox"/>	4
Research	<input checked="" type="checkbox"/>	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 Formed National Committee in August. 2006	2007
2	Bolivia	Cataract surgery programmes	2007
3	Brazil	Great advances in ROP screening and training, primarily in Rio de Janeiro. Many cataract surgical programmes and Diabetic Retinopathy screening and treatments. In Sao Paulo, many	2007

		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	
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. Conducted CEH course for all residents in March 2007. All priority V2020 disease and other are guaranteed by government funding	2007
6	Colombia	Many active cataract and ROP programmes. Formed National Committee in October 2006 and held the 2 <sup>nd</sup> . Iberoamerican VISION 2020 congress that same month	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. Dr. Rainald Duerksen visited and conducted a survey to be reported as one of the priority countries in the region	2007
10	Ecuador	Long standing with wide coverage ROP programmes, Many surgical campaigns sponsored by the prevention of blindness society. Formed National PBL Committee.	2007
11	El Salvador	Cataract surgical programmes and out reach 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. Dr. Miriam Cano visited and conducted a survey to be reported as one of the priority countries in the region	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	Throug hout 2007
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. Held first CEH Management course in the region in November 2006. Will have a workshop to further develop PBL plan in October 2007	2006
18	Peru	Many surgical campaigns and regular programmes established. Also, the PBL committee and plan was officially launched in June 2006. Workshop to further develop cataract plan to be held in August 2007. Dr. Van Lansingh will visit and conduct a survey to be reported as one of the priority countries in the region	2007
19	United States	Strong support to Developing countries	2007
20	Uruguay	Contacts with various agencies established. Launched its V2020 Committee and National PBL Plan in March 2007. CEH Course conducted during the same occasion.	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 first semester of the year. At least three programmes (one in Ecuador one in the Dominican Republic and one in Paraguay) train mid level personnel. CEH concepts are now officially part of 20 ophthalmology residency training programmes in Brazil and as of this year in all those in Chile. Various administrators of different programmes have attended the LAICO managing training course as well as the one in October 2006 in Paraguay.

A physician from the staff of Dr. Juan Battle in the Dominican Republic is currently undergoing her MsC in CEH course in London.

Different "Disease Specific" courses held from March 2007 to July 2007 with particular emphasis in ROP

Our office has revamped its web site ([www.v2020la.org](http://www.v2020la.org)) in Spanish and will soon have it ready in Portuguese, English and some items also available in French. It continues to publish a quarterly electronic bulletin which is also featured in the AAO electronic News Letter as well as the CEHJ Spanish edition with 2000 copies distributed to Government

agencies, National Societies of Ophthalmology, V2020 Committees, etc. It is also made available via its website [www.revistasaludocular.org](http://www.revistasaludocular.org)

During the reporting period, the following articles have also been published:

. The Guidelines for ROP Screening and Treatment in Latin America Countries:  
[http://www.v2020la.org/english/docs/guias\\_rop\\_cancun\\_07.pdf](http://www.v2020la.org/english/docs/guias_rop_cancun_07.pdf)

- “Current Cataract Surgical Rates are Falling Short in Latin America” published in Ocular Surgery News of Jan/Feb 2007 (available at: [www.osnsupersite.com/print.asp?rID=20327](http://www.osnsupersite.com/print.asp?rID=20327) and in Spanish and Portuguese at <http://www.osnsupersite.com/view.asp?rID=20327> and <http://www.osnsupersite.com/view.asp?rID=20331>
- Editorial of ALACCSA News of February 2007: “Prevención de ceguera por catarata en Latinoamérica: pensamiento global con acción local”. (Preventing cataract blindness in Latinamerica: Global concepts with local actions)
- Poster accepted for ARVO May 2007 (program number 1057) “Reduction of Conjunctival Flora by Presurgical Irrigation with Povidone-Iodine in Cataract Surgery Patients”
- “Vision 2020 in Latin America. Ophthalmologists are overcoming several challenges to provide much-needed eye care to people in this region”. May edition of Cataract and Refractive Surgery Today. Available from [http://www.crstoday.com/PDF%20Articles/0507/CRST0507\\_10.php](http://www.crstoday.com/PDF%20Articles/0507/CRST0507_10.php)

### **Disease Control**

Many regular cataract surgical campaigns and programmes, several ROP programmes have commenced.

The LARWG decided to officially establish its Residency and Continuous Education technical subcommittee during the LARWG meeting held in Mexico in May 2007

### **Appropriate Technologies**

The third pilot Edition in Spanish of the CEHJ was published and distributed in late August 2007

### **Others**

**Dr. Rainald Duerksen collaborated with the Caribbean in the Haiti CEH Course.**

**Dr. Carlos Arieta went to Angola to give a Cataract Course.**

**We are still launching approximately every three months, the VISION 2020 Latin American bulletin. Our next one, the September edition, will be more about “Childhood Blindness”, this years WSD’s theme. The bulletin will be sent to more than 1100 recipients worldwide.**

**The 3rd edition in Spanish of the Community Eye Health Journal will be launched by the end of August and we have already funds and begin working on the 4th edition.**

**Dr. Lansingh visited Uruguay and Bolivia, collaborating with NGOs.**

**Dr. Rainald Duerksen visited the Dominican Republic as one of the priority countries.**

**Another visit to a priority country, Guatemala, was done by Dr. Miriam Cano.**

**Dr. Lansingh will do the trip to the 3rd priority country, Peru, in August.**

**The VISION 2020 Latin America Website has been reformatted, together with Pat Ferguson, and is now called VISION 2020 Americas. This website will also be in English, Portuguese and some parts also in French, in the near future.**

**The CEH Curriculum of the ICO has been developed Dr. Lansingh in association with Dr. Miriam Cano and Dr. Daksha Patel.**

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

**The VISION 2020 Americas office has translated the WSD material for 2007, which was forwarded to us by Abi Smith, into Spanish and Portuguese. This material will be distributed to the respective countries, through the offices of PAHO, NGOs, VISION 2020 National Committees, Societies of Ophthalmology and local contacts. We will also make it available for download on our website.**

Many of the National VISION 2020 bodies have regular contact with the media and the Regional Office has developed an advocacy video for this purpose.

IAPB North America and Latin America have joined forces so that the regional VISION 2020 office for Latin America can be more effective and so that it can lend appropriate technical support at the specific request of the former and of various partners. This has also resulted in significantly increased funding to promote various related activities, increase advocacy, promote the establishment of National VISION 2020 Committees, provide technical support to countries in order to develop their National PBL plan, etc.

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.

<b>Partner</b>	<b>Country</b>	<b>Location</b>
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 Oftalmologia	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

<b>Country</b>	<b>City</b>	<b>Director</b>	<b>Ophthalmologist</b>
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 Murguía	Dr. Rogelio Patti
Bolivia	Santa Cruz	Thomas Dietze	Dr. Orlando Torricos
		Dra. Carmen	
Bolivia	Cochabamba	Camargo	Dr. Edgar Barrionuevo
		Dr. Gustavo Aguirre P.	
Bolivia	Tarija		Dr. Gustavo Aguirre U. Dr. Pinheiro, Dr. Ronald & Nely Carvalho, Dra.
Brazil	Santarem	Janette Ryan	Saldanha, Dr Ribeiro
		Dr. Gloria	
Brazil	Mananhão	Vasconcelos	Dr. Gloria Vasconcelos
Brazil	Recife	Dr. Liana Ventura	
		Manfred	
		GoebelMaria	
		Conceição da	
Brazil	Cuiaba	Encarnação	
Chile	Concepción	Norfa Frez	Dr. Raúl González
		Dr. Juan José	
Colombia	Bucaramanga	Rey; Isabel Ardila	
	Cali ,		
Colombia	Buenaventura	Doris de Botero	
		Dr. Mauricio de	
Colombia	Popayán	Rosa Ballén	
Colombia	Pasto	Lic. Viviana Díaz	
		Martha Elena	
Colombia	Medellín	Betancur	Dra. Claudia Durán
Ecuador	Portoviejo	Yolanda de Avila	
Ecuador	Guayaquil	Dr. Eddie Icaza	Dr. Eddie Icaza
		Dr. Felipe	
Ecuador	Yaruquí	Chiriboga	Dr. Felipe Chiriboga
Ecuador	La Libertad	Dr. Julio Centeno	Dr. Cloro Villamar
Ecuador	Loja	Dr. Carlos Aguirre	Dr. Carlos Aguirre
		Dra. Ma del	Dra. Ma del Carmen
Ecuador	Quito	Carmen Almeida	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. Rainald	Dr. Robin Ríos
Paraguay	Asunción	Duerksen	Dr. Rainald Duerksen
Paraguay	Asunción	Dra. Miriam Cano	
Peru	Cusco	Dr. Frilo Silva Dr. Giovanni	Dr. Frilo Silva, Dra. Silvia Mendoza
Peru	Arequipa	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. Maruja	Dra. Luz Gordillo
Peru	Iquitos	Limachi	Dra. Maruja Limachi Dr. Donald Mejía, Dr. Francisco Ramos
Peru	Chachapoyas	Dr. José Cajo	
Peru	Lima	Dr. Miguel Asmat	Dr. Miguel Asmat
Peru	Chiclayo	Dr. Carlos Labrín Dra. Cecilia	Dr. Carlos Labrín
Peru	Ica	Castillo Merly González	Dra. Cecilia Castillo
Peru	Trujillo	Saravia Dr. Francisco	Merly González Saravia Dr. Francisco Belisario;
Venezuela	Caracas	Belisario	Dra. Magally Hernández

<b>Country</b>	<b>City</b>	<b>Program</b>	<b>E-mail</b>
Argentina	Tartagal	Cataract	<a href="mailto:rmasociana@arnet.com.ar">rmasociana@arnet.com.ar</a>
Argentina	Córdoba	Cataract	<a href="mailto:asocianatartagal@arnet.com.ar">asocianatartagal@arnet.com.ar</a>
Argentina	Castelli	Cataract	<a href="mailto:gutierrezdaruich@arnet.com.ar">gutierrezdaruich@arnet.com.ar</a>
Argentina	La Plata	ROP	<a href="mailto:sec.ver@powernet.net.ar">sec.ver@powernet.net.ar</a>
			<a href="mailto:jorgekle@yahoo.com.ar">jorgekle@yahoo.com.ar</a>
			<a href="mailto:digio@way.com.ar">digio@way.com.ar</a>
Argentina	Córdoba	ROP	<a href="mailto:jauz@arnet.com.ar">jauz@arnet.com.ar</a>
Argentina	Bs. Aires, La Rioja	Cataract & ROP	<a href="mailto:menano@clinano.com.ar">menano@clinano.com.ar</a>

Bolivia	Santa Cruz	Cataract	<a href="mailto:aprecia@cotas.com.bo">aprecia@cotas.com.bo</a> ;
Bolivia	El Alto	Cataract	<a href="mailto:josevjt@cotas.com.bo">josevjt@cotas.com.bo</a>
Bolivia	Santa Cruz	Cataract	<a href="mailto:cmak@kolpingbolivia.net">cmak@kolpingbolivia.net</a>
			<a href="mailto:direccion@fcmakolping.org.bo">direccion@fcmakolping.org.bo</a>
			<a href="mailto:hpacus@supernet.com.bo">hpacus@supernet.com.bo</a>
Bolivia	Cochabamba	Cataract	<a href="mailto:edgarbarrionuevo@hotmail.com">edgarbarrionuevo@hotmail.com</a>
Bolivia	Tarija	Cataract	<a href="mailto:clinojos@cosett.com.bo">clinojos@cosett.com.bo</a>
Brazil	Santarem	Cataract	<a href="mailto:brazilnut@netsan.com.br">brazilnut@netsan.com.br</a>
Brazil	Mananhão	Cataract ROP & Low	<a href="mailto:glvasconcelos@bol.com.br">glvasconcelos@bol.com.br</a>
Brazil	Recife	Vision	<a href="mailto:projetos@fundacaoaltinoventura.org.br">projetos@fundacaoaltinoventura.org.br</a>
Brazil	Cuiaba	Cataract	<a href="mailto:dahwmt@terra.com.br">dahwmt@terra.com.br</a> ;
			<a href="mailto:dgcermac@ses.mt.gov.br">dgcermac@ses.mt.gov.br</a>
Chile	Concepción	Cataract & Low vision	<a href="mailto:direccion@coalivi.cl">direccion@coalivi.cl</a>
Colombia	Bucaramanga	Cataract	<a href="mailto:saludpublica@foscal.com.co">saludpublica@foscal.com.co</a>
	Cali ,		<a href="mailto:isardila@hotmail.com">isardila@hotmail.com</a>
Colombia	Buenaventura	Cataract	<a href="mailto:instituto@telesat.com.co">instituto@telesat.com.co</a>
Colombia	Popayán	Cataract	<a href="mailto:asoprevisual@emtel.net.co">asoprevisual@emtel.net.co</a>
Colombia	Pasto	Cataract	<a href="mailto:fundonarino@telecom.com.co">fundonarino@telecom.com.co</a>
			<a href="mailto:martha.betancur@upb.edu.co">martha.betancur@upb.edu.co</a>
Colombia	Medellín	Low Vision	<a href="mailto:gomezduran@hotmail.com">gomezduran@hotmail.com</a>
Ecuador	Portoviejo	Cataract	<a href="mailto:fundacion_olm@yahoo.com">fundacion_olm@yahoo.com</a>
Ecuador	Guayaquil	Cataract	<a href="mailto:sauzaler@ecua.net.ec">sauzaler@ecua.net.ec</a>
Ecuador	Yaruquí	Cataract	<a href="mailto:funcrisa@telconet.net">funcrisa@telconet.net</a>
Ecuador	La Libertad	Cataract	<a href="mailto:fechifov@interactive.net.ec">fechifov@interactive.net.ec</a>
Ecuador	Loja	Cataract	<a href="mailto:clinicavc@yahoo.com">clinicavc@yahoo.com</a>
			<a href="mailto:caguirre70@hotmail.com">caguirre70@hotmail.com</a>
Ecuador	Quito	Cataract/ ROP	<a href="mailto:foraf@interactive.net.ec">foraf@interactive.net.ec</a>
Ecuador	Guayaquil	Cataract	<a href="mailto:eviteri@ecuadorlaser.com">eviteri@ecuadorlaser.com</a>
			<a href="mailto:raul_bonifaz@yahoo.com.mx">raul_bonifaz@yahoo.com.mx</a>
Ecuador	Cuenca	Cataract Cataract, Low	<a href="mailto:repacasa@etapa.com.ec">repacasa@etapa.com.ec</a>
Ecuador	Milagro	Vision	<a href="mailto:mmi_ecu@telconet.net">mmi_ecu@telconet.net</a>
Paraguay	Asunción	Cataract, ROP	<a href="mailto:rd@conexión.com.py">rd@conexión.com.py</a>
		Cataract, Low	<a href="mailto:rainaldd@telesurf.com.py">rainaldd@telesurf.com.py</a>
Paraguay	Asunción	Vision	<a href="mailto:conavip2020@yahoo.com">conavip2020@yahoo.com</a>
			<a href="mailto:mrcano@uninet.com.py">mrcano@uninet.com.py</a>

Peru	Cusco	Cataract, Low Vision	<a href="mailto:frilo1sg@yahoo.com">frilo1sg@yahoo.com</a> ; <a href="mailto:dr.silviamendoza@latinmail.com">dr.silviamendoza@latinmail.com</a>
Peru	Arequipa	Cataract	<a href="mailto:gsfundar@viabcp.com">gsfundar@viabcp.com</a>  <a href="mailto:pedrjo@web.de">pedrjo@web.de</a> ; <a href="mailto:obispadoabancay@speedy.com.pe">obispadoabancay@speedy.com.pe</a>
Peru	Abancay	Cataract	<a href="mailto:cecom.cbm@gmail.com">cecom.cbm@gmail.com</a>
Peru	Trujillo	Cataract	<a href="mailto:cimaso27@hotmail.com">cimaso27@hotmail.com</a> ; <a href="mailto:luispongo@hotmail.com">luispongo@hotmail.com</a>
Peru	Piura	Cataract ROP, Congenital	
Peru	Lima	Cataract	<a href="mailto:prevista@terra.com.pe">prevista@terra.com.pe</a>
Peru	Iquitos	Cataract	<a href="mailto:asprece@yahoo.es">asprece@yahoo.es</a>
Peru	Chachapoyas	Cataract	<a href="mailto:direccion_hrvfch@yahoo.es">direccion_hrvfch@yahoo.es</a> <a href="mailto:asoc.divinoninojesus@terra.com.pe">asoc.divinoninojesus@terra.com.pe</a>
Peru	Lima	Cataract	<a href="mailto:miguelasmats@speedy.com.pe">miguelasmats@speedy.com.pe</a> <a href="mailto:provisionperu@gmail.com">provisionperu@gmail.com</a> ;
Peru	Chiclayo	Cataract	<a href="mailto:escuzajorge@gmail.com">escuzajorge@gmail.com</a>
Peru	Ica	Cataract	<a href="mailto:gretita_05@yahoo.es">gretita_05@yahoo.es</a>
Peru	Trujillo		<a href="mailto:merlygonzalez2@hotmail.com">merlygonzalez2@hotmail.com</a>
Venezuela	Caracas	Cataract, ROP	<a href="mailto:ipopular@cantv.net">ipopular@cantv.net</a> ; <a href="mailto:magallybelisario@gmail.com">magallybelisario@gmail.com</a>

- 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.	
2	Bolivia	CEH course SICS Course	02/08 10/07
3	Brazil	Follow up on CEH courses for residency training programmes	08/07
4	Canada		
5	Chile	RAAB study to be completed	09/07

6	Colombia	Committee will convene once again to further develop NPBL Plan	09/07
7	Costa Rica	Regular monthly meetings of the VISION 2020 committee to promote coordination between agencies and the government in order to establish a National PBL Plan. CEH curricula to established in the residency training programmes	10/07
8	Cuba		
9	Dominican Republic	Conducted ROP workshop in May 2007 and will conduct a RAAB early 2008	02/08
10	Ecuador	Will conduct RAAB study later in the year	07
11	El Salvador	Establish National PBL Committee	02/08
12	Guatemala	Relaunching on V2020 Committee during WSD	10/07
13	Honduras	Presentation of PBL plan during WSD	10/07
14	Mexico	CEH Course to take place in Oaxaca and RAAB results made available. LV planning meeting in conjunction with PAHO	10/07 08/07
15	Nicaragua	Workshop with PAHO to update NPBL Plan	09/07
16	Panama	Establish National PBL Committee	08
17	Peru	Further development of National PBL plan and launching of cataract support programme by the government  Advocacy visit and Situation analysis to be conducted by Van Lansingh and various NGOS.	10/07  10/07
18	Paraguay	Regular ongoing meetings with the Government authorities to launch a campaign of 1000 extra cataract surgeries performed by CONAVIP members  Situation analyses visit to various points in the country  Cost of blindness and low vision study  Former LA ministries of health meeting with V2020 committees and PAHO/WHO to develop adequate advocacy tools	08/07  09/07  11/07  10/07

		Workshop to update NPBL Plan with PAHO and WHO	10/07
		CEH Management course	11/07
19	United States		
20	Uruguay	Situation Analysis with PAHO	11/07
21	Venezuela		

Attachments:

**Minutes of the Meeting of the VISION 2020 LARWG held on Wednesday 30 May, 2007 in the “Arena & Brisa” room of the Hyatt Regency Hotel, Cancun, Mexico**

**Participants:**

1. Dr. Luz Marina Melo, ASOPREC, Colombia
2. Dr. Everardo Barojas, IAPB LA Co-chair, Mexico
3. Dra. Magally Hernandez de Belisario – Instituto Popular para los Ojos, Venezuela
4. Dr. Francisco Belisario, Instituto Popular para los Ojos, Venezuela
5. Dr. Van Lansingh, Regional Coordinator, V2020LA, Paraguay
6. Dr. Miriam Cano, President of CONAVIP, Paraguay
7. Dr. Rainald Duerksen, Chair IAPB LA and Fundacion Vision, Paraguay
8. Dr. Juan Batlle, IAPB LA Co-chair, Dominican Republic
9. Dr. Andrea Zin, V2020LA Childhood Blindness Subcommittee, Brazil
10. Dr. Celia Nakanami, UNIFESP, Brazil and also representing Dr. Silvia Veitzman
11. Dr. Joan McLeod, ORBIS International, USA
12. Dr. Pedro Gomez, Director of the Instituto de la Vision, Mexico
13. Dr. Felipe Chiriboga, Director of Fundacion Oftalmologica del Valle, Ecuador and also representing CBM LARO
14. Dr. Hugo Nano, Director of Fundacion Hugo D. Nano and co-chair of IAPB LA
15. Ms. Maria E. Nano, president of the Monitoring Subcommittee for VISION 2020 LA, Argentina
16. Dr. Francisco Contreras, President of the Prevention of Blindness Committee for the APO, Peru.
17. Dr. Harry Brown, SEE International, U.S.A.
18. Dr. Florencio Cabrera, representing LIONS International, Mexico
19. Dr. Joaquin Martinez, Secretary of the V2020 Costa Rica Committee
20. Dr. Juan Carlos Rueda, Co-president of the Glaucoma Technical Subcommittee of V2020 LA, Colombia
21. Dr. Jesus Jimenez, Co-president of the Glaucoma Technical Subcommittee of V2020 LA, Mexico
22. Dr. Jose Maria Mugica, Medical Director of Fundacion Hugo D. Nano, Argentina

## Guests:

- a. Dr. Rudy Gutierrez, Guatemala
- b. Dr. William Felch, Executive Director of the ICO, U.S.A.

## Absent with apologies:

1. Dr. Silvia Veitzman, president of the Subcommittee on Low Vision for V2020 LA, Brazil
2. Dr. Virgilio Galvis, co-chair of IAPB LA, Colombia,
3. Prof. Newton Kara Jose, co-chair of IAPB LA and president of the Refractive Error Subcommittee for V2020LA, Brazil.
4. Dr. Carlos Arieta, president of the V2020 LA Cataract Subcommittee, Brazil.
5. Dr. Ray Brown, Vision Paraguay, England
6. Mr. Michael Hansmann, CBM CARO, México
7. Dr. Martin Ruppenthal, CBM LARO, Ecuador
8. Dr. Karen Seidman, Lighthouse International, USA
9. Dr. Juan Carlos Silva, Eye Health Consultant to PAHO, Colombia
10. Dr. Jorge Kleisinger, Programa Vision Solidaria, Argentina

## Opening:

Dr. Rainald Duerksen welcomed all the participants and guests at 14.30h. He also announced, as a point of information that **Buenos Aires will be the host city for the 8<sup>th</sup> General Assembly of IAPB to be held August 25-28th 2008.** For more information, please click: <http://www.v2020la.org/Afiche.jpg> Dr. Van Lansingh announced that **Dr. Felipe Chiriboga was the recipient of the Carl Kupfer 2007 award of the PAAO for Prevention of Blindness Activities.**

### **1) Approval of the Minutes of the 9<sup>th</sup> Meeting of the VISION 2020 LA LARWG held in Barranquilla, Colombia, October 26<sup>th</sup> 2006.**

The **minutes were approved** as being a faithful representation of what transpired in the meeting by those present, in support of the motion made by Dr. Juan Batlle and seconded by Dr. Magally Belisario. **Dr. Batlle asked that it was also noted that the Declaration of the Congress was also the official position of VISION 2020 LA and ratified to the PAAO during the AAO meeting of November 2006.**

### **2) Presentation of the Paper on “Millennium Development Goals” in Portuguese.**

Produced by the IAPB, it is suggested that the participants, and V2020 or PBL committee heads in the region use the contents of the paper and the key advocacy messages it contains, to facilitate interactions with their respective governments and official agencies, such as the local offices of PAHO. **The translation of the Portuguese version was kindly supervised by Dr. Joao M. Furtado.** The English and Spanish versions were made available during the October 2006 meeting. The three versions are now available on line under the publications section of our website.

During the October 2006 meeting, Dr. Serge Resnikoff emphasized that this is a very important matter, and that each country has a related office which can be located in various ministries. Members from each country should seek out and establish contact with that office in order to promote the document and its potential benefits for financing, publicity, etc. As an example, Dr. Chiriboga said that it was a crucial document that generated support by the MoH of Ecuador and urges all members to document good experiences using this document.

### **3) Suggestions for the selection criteria for president and vice-presidents of IAPB LA.**

Those in attendance requested that a copy of the current by-laws be circulated along with the minutes of this meeting to take into consideration for this point and a **decision deferred to the next meeting**. Dr. Juan Batlle suggested that one option could be to nominate three people for each post.

The structure suggested by the **committee led by Dr. Juan Batlle** includes a Regional Chair followed by an Executive Director (Regional Coordinator). They would oversee the committees on Advocacy, Nominations and Resources, all of equal rank, and finally the specialized committees on Cataract, Glaucoma, Retina, Childhood Blindness, Low Vision, Refractive Error, Glaucoma, Residency training and curricula as well as Epidemiology. This last mentioned committee would deal with aspects of RAAB, Statistics, Monitoring, Evaluation, etc. The aforementioned officers and the make up of each of these committees will be announced at the meeting possible scheduled for March 2008. **Nominations for future regional chairpersons will come from these committees.**

The technical subcommittee on each of the above mentioned pathologies will also keep a list of contact persons for each country, as well as clinical and surgical guides, and establish or recommend training centers. It will also contact each country to help develop their PBL plans.

### **4) Membership in VISION 2020 LA**

**The committee led by Dr Juan Batlle will study the details of the admission process to make the process more uniform** (among the proposals, lapse of membership after missing four meetings, recommendations from the national ophthalmology societies, costs, various categories of membership such as corporate, NGO and national V2020 committees, etc.). They will also study the means by which legal status can be established for the IAPB in the region and in which country it would be easier to do so.

The committee will also explore the possibility on how ophthalmologists groups, National Societies of Ophthalmology, etc can become members and in the future "Contact Persons", suggest names of residents to be sponsored to go to congresses.

Another category that members suggested is that of "corporate ones", which wish to use the V2020 Logo, but Dr. Duerksen informed that if this is the case, they must apply at the global level

#### **5) Presentation of Letters of Membership request**

On this occasion the only letter presented was that of the **ALDOO**. **All those present decided that they should be encouraged to participate in PBL activities in countries in which Optometry is legally constituted** but not formally accepted as members of VISION 2020 LA.

On the day of the meeting, a letter from “**Vision Mundi**”, a Spanish NGO, was received while the meeting was taking place, and hence, the application was not tabled. However, on a general consultation after the meeting as such, **all the participants decided to accept its application. It is important to mention that Vision Mundi will be hosting the “First International PBL Congress for Developing Countries”, to take place October 26<sup>th</sup>- to 27<sup>th</sup> 2007 In Spain. For more information, click on**

**[http://www.visionmundi.org/es/formacion/formacion\\_congreso.htm](http://www.visionmundi.org/es/formacion/formacion_congreso.htm)**

#### **6) Ambassadors of VISION 2020**

A draft of the selection criteria proposed by WHO, and suitable candidates will sought out by each committee from each country and the technical subcommittees in order to assist the advocacy efforts and improve the visibility of VISION 2020 in our region. **Dr. Juan Batlle will speak with Mr. Juan Luis Guerra**, a well-known musician and singer from the Dominican Republic. **Dr. Luz Marina Melo will attempt to talk with Juanes and Shakira**, who are from Barranquilla, Colombia. **Dr. Duerksen also suggested to contact Jorge Castro**, a tenor from Paraguay, while **Maria Eugenia Nano will also speak to her sister** who is a Tango singer twice nominated to the Grammy Awards. **The aim would be to try to have a “Mega event” in August, in or around the GA8 in Buenos Aires.**

#### **7) Presentation of the New VISION 2020 Americas Website**

Dr. Lansingh took notes from the comments from the participants and changes have been incorporated. **The new website is initially available in Spanish** and will gradually be made available in Portuguese, English (the old version is still available) and the French version is currently being developed.

#### **8) Proposal for Nominations for Section Editors for the V2020 LA Bulletin**

The proposal asks that each of the current members of V2020 LA officially take charge of one section of the bulletin to ensure that the solicited articles written by that member or a person designated by him or her is sent 45 days ahead of time to Dr. Francisco Martinez Castro for subsequent edition and formatting. Once this is done, Dr. Martinez will forward them to the central office in Paraguay for translation to the other two working languages some 30 days ahead of time, with the objective of publishing in the three languages simultaneously during the first week of the months in question, March, June, September and December.

The cooperation of each edition of the PAAO and the Latin American Society of Cataract and Refractive Surgeons (ALACCSA) will also be sought in order to generate greater interest and be more inclusive.

Dr. Francisco Martinez Castro suggested enriching the material of the bulletin with additional photographs and drawings from the various technical subcommittees.

**The new subsection editors are: Dr. Magally Hernandez will coordinate the section of “Good Experiences our Ally the Industry”, Dr. Felipe Chiriboga the**

one on “How to Learn from Other Proven Experiences” and Miriam Cano, together with Martin Ruppenthal, the one on “How do I put this into Practice”.

#### **9) Presentation of VISION 2020 LA at the Geneva IAPB and WHO meeting of July 2006**

Dr. Lansingh reported that a meeting was held in July 2006 with officers and regional coordinators of the WHO, IAPB and some NGOs for an assessment of the activities and impact of VISION 2020. Each region made a presentation, and working groups were formed to develop future plans and objectives. **A report on the meeting is being prepared by WHO, and will be made available to all those interested by Dr. Lansingh once it is available.**

#### **10) Nomination of Members to assist the various Technical Subcommittees.**

It should be noted that the work of each of the subcommittee chairs is very intense due to their many commitments and activities, for which each will nominate collaborators and report on their acceptance in May of 2007. For example, during the meeting, **Dr. Marco de la Fuente accepted and was introduced to the meeting as the new co-president for the Childhood Blindness Subcommittee** for Spanish-speaking countries. In the case of the **Advocacy Subcommittee, Dr. Joan McLeod was nominated and accepted to collaborate with Dr. Francisco Andrighetti and Dr. Fernando Barria (both will chair this subcommittee in substitution of Dr. Francisco Martinez Castro)** while **Dr. Luz Marina Melo will co-chair de cataract Technical Subcommittee** for Spanish speaking countries. **Dr. Juan Batlle will preside over the new Technical subcommittee of Membership.**

**Dr. Juan Carlos Rueda from Colombia and Dr. Jesus Jimenez from Mexico were officially introduced to the group as the presidents for the Glaucoma Technical Subcommittee. The establishment of a Residency and Further Education Technical Subcommittee is suggested and accepted with Dr. Pedro Gomez from Mexico as the president and his collaborators will be Dr. Andrea Zin and Dr. Celia Nakanami. Dr. Miriam Cano will collaborate with Dr. Francisco Martinez in the Diabetic Retinopathy Technical Subcommittee. The Low Vision committee has in Dr. Celia Nakanami a new collaborator.**

**Therefore, the list of people in charge and collaborators of the Technical Subcommittees of VISION 2020 LA are as follows:**

- Cataract: Carlos Arieta, MD - Luz Marina Melo, MD
- Childhood Blindness/Retinopathy of Prematurity: Andrea Zin, MD, Marco de la Fuente, MD
- Advocacy: Francisco Andrighetti, MD - Fernando Barría, MD, Joan McLeod, PhD
- Refractive Errors: Newton Kara José, MD
- Glaucoma: Jesús Jiménez Román, MD - Juan Carlos Rueda, MD
- Membership: Juan Batlle, MD
- Monitoring and Evaluation: Lic. María Eugenia Nano
- Low Vision: Silvia Veitzman, MD - Lourdes Medina, MD - Celia Nakanami, MD
- Residency Curricula and Continuous Medical Education: Pedro Gómez, MD, Andrea Zin, MD y Celia Nakanami, MD
- Diabetic Retinopathy: Francisco Martínez Castro, MD, Miriam Cano, MD

. Quarterly Bulletin: Francisco Martínez Castro, MD

**11) Presentation of the Situation Analysis, Annual Report and Action Plan by various the Technical Subcommittees and national VISION 2020 Committees.**

Presentations took place by the Monitoring, Low Vision and Childhood Blindness subcommittees. **It was felt that particularly the ROP one was an excellent presentation, which will be circulated to those interested, so that they could use it as an example** for the different technical subcommittees, to further develop what needs to be presented to the regional office by late July.

**The National 2020 Committees present were: Honduras, Colombia, Venezuela, Argentina, Paraguay, Dominican Republic, Mexico, Peru, Ecuador and Costa Rica.** Noteworthy to mention is that Honduras has presented the first draft of their National PBL plan, that the Government will start paying for Cataract Surgeries in the Dominican Republic and that Peru will hold a workshop in August to further develop its Cataract Plan with the participation of PAGO, PAAO, IAPB and various NGOs.

**12) WHO updated VISION 2020 implementation table and MsCEH scholarships**

This is what we generally call the “Ivo” table, which is presented twice a year, to the VISION 2020 global coordinating office in Geneva. Those attending only requested to update the CSR for the Dominican Republic, Cuba and Colombia. **It will be sent out towards the end of August expecting for any other changes needed.**

On related issues, Dr. Van Lansingh informed all those present that the ICEH in London has a limited number of **scholarships for potential students of the MsCEH for people of our region and request all those present to send their nominations in due course to the regional office to be forwarded to the interested parties.**

**13) CEH Courses Evaluation**

**This is being conducted by Dr. Stephen Cains at the request of the ICEH** in London in order to evaluate the impact and future direction of these courses taking into account points of view from facilitators, organizers, those taking the course, etc. Unfortunately, Dr. Cains’s plane arrived late and could not deliver his presentation personally but had various interviews with different people during the PAAO meeting. **A report from the global perspective will be produced and circulated by Dr. Lansingh, when available, in due course.**

**14) Ideas for courses during the IAPB GA in Buenos Aires in 2008.**

The tentative program for these courses was circulated and those in attendance were asked to send to the regional office any suggestions.

**It will be requested that one full day be dedicated to hold the III Iberoamerican VISION 2020 Congress as well as the First Argentinean Forum on Public Health Ophthalmology.**

**15) Summary of Eye Disease Epidemiology Data**

Dr. Lansingh explained that the intention is to publish a summary of the published material in the last 5 years, even if it is in non peer reviewed journals to have a starting point on a country by country analysis to monitor possible progress or

suggest areas of research for the future. **Some have already sent a list of the publications, those who have not yet done so, please send them to the regional office by the end of September 2007.**

**16) What language to use for future reports, publications, etc?**

Those present felt that it was good to keep on using the three languages as done so far.

**17) World Sight Day 2007**

It will take place on **Thursday October 11. The topic will be on “Blindness and Childhood”**. Posters and related material are being developed and translated into various languages and will be sent to all interested parties as soon as they are available. In the meant time, for more information, please click on <http://www.v2020.org/news.asp?section=000100010010&articleID=155&month=10&year=2006&page=>

**18) Next LARWG meeting**

**There is a possibility that it could take place during the PAAO Regional meeting in Uruguay in March 2008, we will confirm in due course, if not most likely during the Buenos Aires IAPB GA in August 2008.**

Having no other matter to discuss, the session concluded at 20.30 h.

**LOW VISION SUBCOMMITTEE  
VISION 2020 LATIN AMERICA**

**Participants: Dr Silvia Veitzman, Dr Lourdes Medina, Dr Juan Carlos Silva  
Contributor to the Subcommittee: Dr Célia Maria Nakanami**

**REPORT OF ACTIVITIES  
2006**

**I- HUMAN RESOURCES DEVELOPMENT**

**Low Vision Courses for Residents in Ophthalmology  
Justification**

Ophthalmologists and other health professionals (optometrists, orthoptists and opticians) are adequate personal that can provide clinical low vision management at tertiary and secondary Low Vision Care Services. The professionals enrolled in the provision of low vision care in Latin America vary from country to country but generally due to the large number of professionals in the region is the ophthalmologist who should be in charge of clinical Low Vision Care (evaluation, diagnosis and prescription of optical resources). Generally ophthalmologists are trained in accredited institutions in Latin American countries but except for Brazil, Low Vision Care is yet not officially included in the Residency Program.

National Low Vision Courses for Residents in Ophthalmology is an activity supported by IAPB-LA, PAHO, Regional NGOs and national councils of ophthalmology and the Pan American Low Vision Society since 2004 with the objective of transferring basic concepts in Clinical Low Vision Care. A training module had been standardized also with the purpose to motivate national leaderships on adopting a Low Vision Curricula for Residents in their countries.

As a result and complementary follow up activities were provision of capacitating courses in Low Vision to train multidisciplinary teams and the development of Low Vision Care Curricula for Residents and Low Vision Therapists.

### **Courses Provided**

Three day courses were organized in the Latin America Region from 2004 to 2006 in Cuba, Colombia, Chile, Peru, Venezuela, Argentina – Uruguay, México, Paraguay and Costa Rica for residents representing programs in a national basis.

Participants were expected to understand the definition of low vision and the magnitude of the problem at Latin America as well as in their own countries. They should learn how to evaluate children and adults with low vision, to prescribe simple optical magnification resources and to refer to more complex rehabilitation programs if necessary

**The Low Vision SubCommittee was represented by Dr Lourdes Medina (Fundacion Conde de LA Valenciana – Mexico) Dr Elvira Martin (ONCE- Spain) Dr Silvia Veitzman (FCM Santa Casa- Brazil) and by Dr Juan Carlos Silva (PAHO), .**

### **Results and Recommendations**

1- During 2 years a total of 8 courses were provided with the participation of 10 countries and attendance of 310 residents and 150 local leaderships in cooperation with Fundación Oftalmológica Nacional de Bogota, Colombia, Hospital Oftalmológico Pando Ferrer de La Habana, Cuba, Instituto Nacional de Oftalmología Y Sociedad Oftalmológico Peruana de Lima, Peru, Universidad de Chile, Instituto Barraquer, COALIVI de Santiago de Chile, Clínica Nano y Sociedad Argentina de Oftalmológica de Buenos Aires, Argentina, Fundación Conde de La Valenciana y Sociedad Mexicana de Oftalmología de México

2- Follow up of this activity was **the provision of 2 courses (one in Brazil 2005 and one in Mexico, 2006) to train multidisciplinary teams from different Latin America countries.** (Chile, Cuba, Peru, Venezuela, Guatemala., Costa Rica, and also from other regions in Brazil and Mexico)

**A preliminary curriculum for ophthalmologists** was presented during the WHO-LVWG in 2006 meeting in Sao Paulo, Brazil.

## **Recommendations for 2008/ 2009**

According to the achievements presented in this report the Low Vision Subcommittee for Latin America would like to recommend that in the year 2008 the accomplishment of the following activities:

- 1- **Publication and distribution** of Low Vision Regional Workshop by PAHO-WHO ( Juan Carlos Silva) with Guidelines for Low Vision Care in the Region
- 2- **Planning for the National Low Vision Key Person Workshop** ( November 2008) in collaboration with WHO-LVWG ( low vision working group)
- 3- **Workshop** for the development of final curriculum in Low Vision for residents ( 2 days) and Low Vision Therapist prior to IAPB General Assembly in Argentina with the participation of representative professionals and leaderships in the region

## **II – Integration of Vision 2020 Latin America Subcommittees Low Vision and Prevention of Childhood Blindness ( ROP and CC)**

A proposal for the creation of Low Vision Care Center for Children integrated to ROP and Congenital Cataract Programs is under development and will be presented to IAPB and CBM by June 2007, starting 2007/ 2008/09. Participants in Brazil will be Rio de Janeiro (there are 4 other potential candidates in Fortaleza, Belém, São Luis and Salvador) and a secondary center in Sao Paulo (probably a WHO center). There is a possibility to involve one or two more countries. The project will include chronogram, criteria for implementation and costs .

## **III- Educational MATERIALS**

### **a- Distance Education Project – Low Vision Care Course in the WEB**

A proposal will be presented in order to get financial support for the implementation of the course. It is originally in Portuguese and its content is Clinical .Needs approval in 2008.

### **b- Translation of FOCUS in LOW VISION Manual ( created by CERA – Australia)**

The translation into Portuguese and Spanish had been authorized by Dr Jill Keefe. Available in the IAPB General Assembly?

I would like to express my appreciation to Dr Nakanami as a contributor to the Low Vision Subcommittee and hopefully will become a participant member in the near future.

Silvia Veitzman  
Head- Low Vision Subcommittee for Latin America

II Community Eye Health Course

**Caracas, Venezuela  
7-9 March, 2007**

Following the first Community Eye Health Course conducted in Venezuela in May 2005, it was decided to organize a second workshop in the country with the key objective of increasing awareness / advocacy on prevention of blindness, assessing the current situation in eye care in Venezuela and determine existing needs. Key stakeholders included the Venezuelan Ophthalmologic Society and Rep. Ministry of Health, to enable coordinated action plans for the development of accessible eye health services. The event was sponsored by CBM and organized mainly by the Ophthalmologic Society of Venezuela (SVO), under the direction of President Mirtha Noguera and PBL Coordinator, Dr. Magally Belisario.

Considering the east of the country is one of the poorest in Venezuela, where there are very few accessible eye care services, it was suggested that the course be held in Maturin, (approx. 500,000 population) ,located NE of the country, with participants coming mainly from Eastern states. The event took place in Hotel Morichal Largo.

### **AIMS AND OBJECTIVES**

- To advocate on the need for prevention of blindness to the ophthalmologic community of the East of Venezuela. To increase awareness amongst the SVO and MoH concerning prevention of blindness/community eye health and the importance of having coordinated planning and program implementation in the future for Venezuela.
- To introduce Blindness in the World and Latin America, it's magnitude and needs.
- To understand the principles of community eye care such as situational analysis, CSR, cost, quality, prevalence/incidence of eye diseases, program planning and appropriate use of resources
- To motivate ophthalmologists to present situational analysis for key locations
- Group work/Plenary sessions to train ophthalmologists in planning strategies by pathology (Cataract, Childhood Blindness, Refractive Errors, Low Vision)
- To introduce the Vision 2020 web page, for participants to understand the tools available on the internet.

### ***PARTICIPANTS***

Approx. 35 participants attended the workshop. Local participants were represented as follows: Venezuelan states: Anzoategui (El Tigre, Nueva Barcelona, Puerto La Cruz, Lecherias), Aragua (Maracay), Bolivar (Ciudad Bolivar, Pto. Ordaz, San Felix), Carabobo (Valencia), Caracas, Delta Amacuro (Tucupita). Participants from Central America also participated from : El Salvador, Honduras, Nicaragua, Panama, Colombia

### ***FACULTY***

International facilitators: Dr. David Yorston (England), Dr. Van Lansingh (Paraguay),

Dr. Felipe Chiriboga (Ecuador)

Local key facilitators: Dr. Magally Belisario (RACSS), Dr. Mirtha Noguera (SVO Work), Dr. Israel Bermudez (MoH activities), Dr. Pedro Mattar (ROP Venezuela), Dr. Zadie Garabito (Refractive Error), Dr. Nelida Ortiz (Low Vision). It was good to see that ophthalmologists who came as participants to the previous workshop in 2005, were now helping facilitate the course!

CBM Reps: Lisa Macdonald , Ana Badillo

CBM: Dr. David Yorston, Dr. F. Chiriboga, L. Macdonald, A. Badillo SVO: Dr. Mirtha Noguera, President /Dr. M Belisario

## **KEY POINTS OF INTEREST**

### **Eye Care Situation Venezuela:**

Population 27.789.323  
13.7% older than 50 years = 3.158.000  
49 public eye care services at National Level

There are 1400 ophthalmologist in the country, 900 of which are affiliated to the Venezuelan Society of Ophthalmology, and 257 collaborating with the public sector (MoH). For yr 2007, Venezuela will have 137 residents and 22 fellows.

### **Priorities to be addressed in Venezuela according to the Venezuelan Society of Ophthalmology are :**

- 1. Cost: Reduce cost of cataract surgery. Average cost in Venezuela is between 200-300 USD as compared to other countries such as Salvador (100 usd) and Panama (approx. 195 USD)**
- 2. Use of Appropriate Technology**
- 3. Education on Eye Health to the community**

**Eye Care component is managed under the Health program “Red de Barrio Adentro” which helps to promote services, prevent blindness, and provide service delivery in marginalized localities. The objective for year 2007 is for the MOH, through Operacion Milagro to attend approx. 300,000 patients, out of which it is estimated that 25% will require surgical intervention and 75% of patients would require spectacles. Thus, government plans include, an estimated distribution of 2000 spectacles per month, the establishment of a national Optical workshop and equipping of mobile units. MOH will also put emphasis on strengthening the component of visual rehabilitation (low vision), through community services.**

**Dr. Israel Bermudez, Director of Eye Health for MOH presented the following statistics:**

Cuban – Venezuelan Mision Milagro (Mision Medica Cubana) (For Venezuela and LA)  
Year 2005

**Total of 157.299 surgical interventions, out of which 60.090 were cataract surgeries and 92.720 were pterygium.**

Year 2006

**Total of 27.874 surgical interventions, out of which 9.963 were cataract surgeries and 9.053 were pterygium.**

**It is to be noted that there is a striking difference between number of surgical interventions in years 2005 and 2006; this is probably due to the fact that many eye clinics were established in Venezuela as part of Mision Milagro, so many operations were performed in Venezuela.**

Mision Milagro Venezuela – Venezuela (Mainly for Venezuelans)

**Part of year 2005 and total 2006**

**Total of 46.227 surgical interventions, out of which 40.512 were for Venezuelans and the rest for other countries in LA. According to MoH, approx.11.048 cataract surgeries in 2 years.**

**It is clear, that efforts of Mision Milagro continue in Venezuela. All cataract surgeries are conducted for free. In order to prevent blindness it is necessary to conduct approx. 83.367 cataract surgeries per year in Venezuela (if 3000/million/year). There are enough ophthalmologists to help prevent blindness in the country. (1/ 20,000 population)**

### **SUCCESS IN RELATION TO THE INTENDED OUTCOMES**

- **The overall organization was done by SVO, through new president Dr. Mirtha Noguera, who proved to be very efficient.**
- **It was very good to have the presence of Director for Eye Health – Ministry of Health, Dr. Israel Bermudez, who has replaced Dr. Felipe Siso in that position. He attended the course every day! He spoke openly about the work of Mision Milagro in Venezuela and presented statistics on number of surgeries conducted in the country since year 2005. On a short meeting with him, Dr. Pedro Mattar, and CBM he was also updated on the results of the ROP Program supported by CBM, and as a result interest was demonstrated by MOH to help finance the upcoming ROP workshop in June this year.**
- **Very well selected group of participants, mostly from the eastern interior of the country. It seemed there was much interest and motivation to learn from national and international facilitators.**
- **The course was a good opportunity to gather updated statistics in terms of # cataract surgeries, CSR, # of ophthalmologists from various states in the eastern part of Venezuela. (see below) , and also learn of the work of Mision Milagro.**

- There were several ophthalmologists who approached CBM with interest in developing a PBL project (State of Bolivar, State of Maracay, State of Valencia), considering the difficulties faced in public hospitals. It was advised they should try and identify possible existing NGOs, (LIONS; ROTARY; etc) who might be interested in developing a program.

Dr. Felipe Chiriboga, CBM Medical Adviser  
 Dr. Zadie Garabito(Maracay) in group work (Standing up)

#### RESULTS OF GROUP WORK – CSR EXPECTED PER MILLION POPULATION 4000

State In Venezuela	Population	Ophthalmologists	Ophthalmologist who operate cataract	# of Cataract surgeries public/private	CSR
Aragua	1.800.000	58	40	1500	833
Carabaobo	3.500.000	120	60		They need to do 14.000 cataract surgeries
Monaga	850.000	27	15	1500	1700
Nueva Sparta - Anzoategui - Delta - Amacuro	1.200.000	69	62	3500	2000
Other countries	Population	Ophthalmologists	Ophthalmologist who operate cataract	# of Cataract surgeries public/private	CSR
Nicaragua	5.900.000	80	60	5000	950
Panama	3.000.000	110	100	5000	1600
Honduras	6.000.000	80	60	6000	1000
Colombia	42.000.000	100	80	6000	1500

The statistics above were estimated figures (including CSR Rates), provided by participants and most likely do not include Mision Milagro.

Group work was conducted successfully, elaborating plans for Cataract, ROP, Diabetic Retinopathy, and Refractive Error.

## DIFFICULTIES OR OBSTACLES

- Unfortunately, due to a misunderstanding it was not possible for Dr. Belkis Leon (CBM supported Project- Proyecto Miren) to attend the workshop, as she was not contacted on time.
- According to ophthalmologists, restrictions continue for the creation of foundations in Venezuela (since the government of president Chavez is in office), thus most participants mentioned they are collaborating in public hospitals, where their requirements to provide good services are not being met. (lack of equipment, etc).
- The MoH has begun a process of equipping all public hospitals in the country, with upgraded technology (consultation and surgical equipment). However, unfortunately, it seems this is not being done in coordination with ophthalmologists, meaning inefficient distribution of equipment, etc.
- Quantity in terms of number of surgeries, seems to be focal point for the MoH, thus not putting enough emphasis on quality. This has created much distress amongst the ophthalmologic community in Venezuela.
- Not enough coffee during Coffee Breaks !!! and very cold room for the venue (For some reason, it was not possible to lower the air conditioner!!!??·).

## ***PLANNED FOLLOW UP***

- **Since the government is investing a lot of funds in equipping hospitals, in the future, possible support by CBM could be given through technical orientation, planning and evaluation strategies, surgical training if needed. (SICS) . However if project proposals are submitted to CBM, these should be analyzed by CBM LARO as well.**
- **It is recommended that CBM's position at present is maintained at low profile, closely following up developments of Mision Milagro this year, for both Venezuelans and the rest of LA. Based on that, it should be decided if future CEH Courses should be organized in the country. (CEH , minicourses in specific pathologies, breaking barriers, etc)**
- **In general, future CEH courses should include more time for the Low Vision component, and explaining to ophthalmologists about the importance of trying to build on integral – comprehensive programs with multidisciplinary teams.**
- **CBM to maintain contact with Dr. Israel Bermudez, MoH**

Key participants to keep contact with:

1 Dr. Jorge Jaramillo, Valencia, **who has good potential to make his clinic grow. He is interested in receiving more technical orientation to improve his work in the clinic located in a rural area, thus he was advised that a possibility would be to visit P. 1967 FOV in Yaruqui, Dr. Felipe Chiriboga.**

2 Dr. Ortiz, ophthalmologist doing her fellow at Instituto Popular de Ojos in Caracas, but will soon return to Merida (her home town) with plans to establish a PBL Program in EL Ejido, on the outskirts of Merida where there are no eye care services. (magallybelisario@gmail.com)

**3. Dr. Zorella Blanco** – Much potential! has just initiated work in a public hospital in Maracay, in charge of eye dept at the hospital. Previously working with Dr. Garabito. ([zoreblanco@hotmail.com](mailto:zoreblanco@hotmail.com))

**4. Dr. Nancy Marin** – only ophthalmologist working in state Delta Amacuro (Amazon) ! and with much need.

**5. Dr. Zadie Garabito** (Maracay) She attended the CEH Management course in Paraguay in November, 2006 and worked closely with Dr. Zorella Blanco.

All these participants , could prove to develop good examples of what is possible to do in PBL and how to prepare for the future !

Dr. Zorella Blanco, Maracay

Drs. from State of Bolivar and State Delta Amacuro

### **Visit to Uruguay, April 2007-08-01**

The Launching of the National Coordinating Committee of VISION 2020 took place on April 18<sup>th</sup>, 2007, drawing a large crowd practically filling an auditorium and got great coverage from the mass media. Members include the Ministry of Public Health (eye health program, program for the handicapped, program for integrated care for children, and program for the older adult), the Ministry for Social Development, the Ministry of Education and Culture, Ministry of Economy and Finance, Ministry of the Interior, National Administration of Public Education, the School of Medicine (Chair and bachelor's program in ophthalmology), municipal governments, the Uruguayan Society of Ophthalmology, the *Asociación de Licenciados en Oftalmología* (association of graduates in ophthalmology), the Medical Syndicate of Uruguay, the *Federación Médica del Interior* (Medical Federation of the Interior), *Centro de Casas de Óptica* (center for opticians establishments), the Braille foundation, the national union for the blind, the *Asociación de Glaucomacos* (glaucoma patients association), the association of diabetics of Uruguay, and the Lions Club.

A national prevention plan for eye-health exists. It will be modified in order to establish objectives, goals and indicators. A CEH mini-course held the following day for representatives of various institutions, and it was suggested that they divide up into working groups on the different pathologies that are listed as VISION 2020 priorities, and that each group bring its conclusions before the meeting planned for within a few months.

### **CHILEAN VISION 2020 WORKSHOP – MAY 8-12, 2007**

**Aim:** To facilitate advocacy and training for the Ophthalmology community for VISION 2020 in Chile.

**Participants:** Residents in Ophthalmology, Heads of Residency training programmes (nationwide) and the ophthalmology society at large as well as Senior Government officials.

The activities were carried out through:

- A 3 day training programme in CEH for residents. In the region this is the first course where ALL (63) the ophthalmology residents in a given country have attended a CEH course. It is also the first CEH/PBL course as such in Chile.

**Appendix 1 (Programme and Faculty)**

**Appendix 2 (Evaluation)**

- A 1.5 day Chilean Ophthalmic annual professional development seminar. This course is attended by most of the ophthalmology community (public and private). This year, the key leadership of the PAAO (Panamerican Association of Ophthalmology, Dr. Enrique Graue) and ALACCSA (Latin American Society of Cataract and Cornea Surgeons, Dr. Virgilio Centurion) were also participant.

**Appendix 3 (Programme)**

- Round table discussions with Ministry of Health officials, Representatives of the Latin American Ophthalmic members and Chilean Ophthalmologists (public and private sector).-

**Appendix 4 (List of questions tabled and discussed).**

### **Objectives of the programme**

1. To introduce residents and ophthalmologists in Chile to the principles and concepts of CEH.
2. To understand the main causes of blindness in the world and Latin America and explore the challenges for Chile.
3. To evaluate the situation of PBL activities in Chile.
4. To understand the concepts of epidemiologic research and its application in eye care.
5. To have an understanding of the application of CEH control strategies for VISION 2020 priority diseases.
6. To be participant in the planning activities for the implementation of VISION 2020-The Right to Sight by the Prevention of Blindness Committee in Chile.

### **Outcome/Successes:**

- 1- The course was fully attended for the three days by the 63 residents, senior trainers from the country as well as from Peru and Uruguay.
- 2- A pre and post course evaluation was carried out to identify gaps of knowledge of CEH principles (**Appendix 2**).
- 3- The situation of PBL activities and plans in Chile was explored by key local specialists (including recently conducted RAAB results, guidelines and current legislation regarding eye care service delivery. Session were presented and supported by highly ranked MoH officials)
- 4- A variety of Research methodologies were presented to critically evaluate the evidence with the current practice in Chile.
- 5- The leadership of the local society, PAAO, ALACCSA, government officials (deputy Minister of Health and two legislators) and course facilitators

participated in a round table debate on how to improve and expand on equitable eye care services delivery in the public health system (By law Cataract, Diabetic Retinopathy, Refractive errors in children and Presbyopia, ROP, Glaucoma, Ocular Trauma and Retinal detachment are covered by government funds and incentives through the AUGE and GES (Specific Guaranteed coverage scheme financed by the Chilean Government for 56 priority diseases) programmes. (**Appendix 3**).

- 6- Important VISION 2020 advocacy was carried out through presentations, discussions and planning exercises for CEH programmes with the residents.
- 7- The Local organizing committee mobilized various resources including the industry and the ophthalmologists to support, publicize and promote these activities with more than xxx% of the total costs, demonstrating real commitment and ownership.
- 8- Results of the evaluation:

### CEH Course in Chile

Comparison of evaluations:

**Scores on a scale from 1- 10 (1 -not sure to 10- confident)**

<b>Subject</b>	<b>Pre workshop (mean)</b>	<b>Post workshop (mean)</b>
Blindness definition	6.3	9.4
VISION 2020	4.4	9.6
Basic Epidemiology	4.7	8.0
Eye Care Management	2.3	7.9
Advocacy	1.3	8.5
<b>Strategies to decrease Blindness:</b>		
Cataract	5.6	9.3
Low Vision	3.5	8.7
Refractive errors	5.8	9.1
Childhood Blindness	3.9	8.3
Glaucoma	5.9	8.2
Diabetic Retinopathy	6.6	8.8
Ocular Trauma	4.6	8.7

They all recommended to give this course to other residents (51 forms were filled)

Summary of Residents opinions:

\* They understood the concept of Public Health in eye care related to equity and accessibility as a different way to practice ophthalmology.

- \* They learned about magnitude and causes of avoidable blindness in the world and in Chile. They realized that their country is in better position than the rest of LA but still needed to address many issues.
- \* The sentence “Do it yourself or somebody else will do it” was stated in relation to the present situation in LA
- \* They understood the role of advocacy in planning as well as delivery of eye care services.
- \* They liked the clarity and quality of presentations, the passion that was showed and the information that was given.
- \* They realized that a multidisciplinary approach is needed to prevent blindness.
- \* They enjoyed the group work and appreciated that planning is not easy.

**Action/Follow up:**

- 1- The national society through the MoH will soon convene a meeting to designate new members to the National VISION 2020 Committee (PAHO, IAPB, industry, etc) in order to revise the current National Eye Health Plan in keeping with V2020 strategies for disease control. It will also be in charge of redrafting current disease specific guidelines.
- 2- The National Society is contemplating adopting the ICO curricula and certification including CEH concepts and activities.
- 3- MoH expressed a keen interest to start a public eye health division to address the Chilean ophthalmic issues by networking with Vision2020LA and ICEH.
- 4- Funding to reduce the waiting list and also increase CSR in marginalized communities was promised by the MoH at the round table meeting.

**Cost to IAPB:**

Five thousand British Pounds from the ICEH and US\$500 from the V2020 LA Regional office.

**Difficulties:**

Too much time dedicated to lectures rather than group work and exercises.

## APPENDIX 1- RESIDENTS TRAINING PROGRAMME

TUESDAY MAY 8<sup>TH</sup>:

TIME	TOPIC	LECTURER
09:00 - 09:10 a.m.	Welcome and objectives of the course	Francisco Andrighetti
09:10 - 09:20	Introduction of participants	
09:20 - 09:50	Definitions and magnitude of Blindness in the world	Daksha Patel
09:50 - 10:20	Magnitude and causes of Blindness in Latin America	Van Lansingh
10:20 - 10:50	Causes and magnitude of Blindness in Chile and PBL programs	C Vivencio
<b>10:50 - 11:00</b>	Questions and answers	
11:00 - 11:30	<b>TEA/COFFEE BREAK</b>	
11:30 - 12:00 p.m.	Vision 2020-The Right to Sight : Latin American Programme	Van
12:00 – 12:30	Vision 2020: What Is it? How does it work?	Daksha
12:30 - 13:00	Understanding the basic concepts of epidemiology : prevalence and incidence and research methods	Miriam Cano
<b>13:00 – 14:30</b>	<b>LUNCH</b>	
14:30 - 15:00	Cataract-output: how many do we need to operate?	Daksha
15:00 - 16:00	Group work: prevalence of blindness, CSR	
16:00 - 16:30	Cataract-outcome: results and monitoring	Van
16:30 - 17: 00	Cataract: how to reduce cost for cataract surgery	Miguel Rio
17:00 - 17:20	Discussion on the Chilean Cataracts program	Rodrigo Donoso

**WEDNESDAY MAY 9<sup>TH</sup>:**

<b>TIME</b>	<b>TOPIC</b>	<b>LECTURER</b>
09:00-09:30	Low vision: principles, team, low vision unit	Van
09:30 -9: 50	Discussion on the low vision program in Chile	Ferraz Schilling
09:50: 10-:20	Refractive error as a cause of visual imparmeint	Van
10:20- 10:40	Discussion on the refractive error programme in Chile	P Meza
10:40- 11.00	Professional limits of the Ophthalmologist	Francisco
<b>11:00 - 11:30</b>	<b>COFFEE BREAK</b>	
11:30 - 12:00	¿What is Advocacy?	Van
12:00 - 12:30	Is advocacy necessary in Chile?	Patricio Meza
12:30 – 13:00	Community Health in Primary Care/Educaton	Villarroel
<b>13:00 – 14:30</b>	<b>LUNCH</b>	
14:30 – 15:00	Glaucoma: Public health perspective	Daksha
15: 00-15.20	Manejo del Glaucoma en Sistema Publico	Traipe
15:20-15:50	Diabetic Retinopathy: public health perspective	Daksha
15:50-16:10	Discussion on the Diabetes programme in Chile	M Lopez
16:10: 16:30	Discussion on the Retinal detachment programme in Chile	Pablo Sabat
16:30 - 17:00	Planning and Management of a VISION 2020 Project	Miriam
17:0 – 17:30	Discussion: How to design a project	Miriam

**THURSDAY MAY 10<sup>H</sup>:**

<b>TIME</b>	<b>TOPIC</b>	<b>LECTURER</b>
09:00 - 09:30 a.m.	Childhood Blindness: magnitude and causes	Miriam
09:30 - 9:50	ROP programme in Chile	J Lopez
9:50 - 10:10	Discussion on the Chilean Childhood Blindness programme (Strabismus)	M Vogel
10:10 – 10:30	Refractive error in Children	Fernando Barria
10:30 – 11:00	Low vision programme: patient detection, follow up	Gonzalez
<b>11:00 – 11:30</b>	<b>COFFEE BREAK</b>	
11:30 - 11:50	Trauma Ocular GES	Francisco
11:50 - 12:10	RAAB's results in Chile	Fernando
12:10 - 12:25	RAAB's results in Chile: Discussion	Fernando
12:25- 13:00	Vision of the MoH and Discussion on the Chilean Blindness programme: GES	MoH
<b>13:30 – 14:30</b>	<b>LUNCH</b>	
14:30 - 15:30	Formulation of projects by participants	
15:30 - 16:30	Presentation of projects by participants	
16:30 - 17:00	Why work in prevention of blindness?	Van
17:00 – 18:00	Evaluation	Miriam

## APPENDIX 3- COURSE PROGRAMME

50 YEARS

### TRAINING COURSE

LI  
TRAINING AND  
IMPROVEMENT  
COURSE FOR  
OPHTHALMOLOGISTS

OPHTHALMOLOGY:  
PRESENT and FUTURE

11 and 12 May 2007  
Casa Piedra –  
SANTIAGO

Dr. Francisco Andrighetti  
C.  
Executive Director

#### Foreign Guests

Dr. Miriam Cano MSc  
CEH  
Fundación Visión –  
IAPB  
Vision 2020 National  
Committee, Paraguay

Prof. Dr. Virgilio  
Centurión  
President of the  
Latin American Society  
of Cataract and  
Refractive Surgeons

Prof. Dr. Enrique Graue  
President of the Pan-  
American Association of  
Ophthalmology

Anterior Pole and  
Cornea

Prof. Dr. Mauricio Maia  
Federal University of  
Sao Paulo  
Vitreoretina

Prof. Dr. Daksha Patel  
MSc CEH  
LSHTM – ICEH,  
University of London,  
United Kingdom

Dr. Van Lansingh, PhD  
Regional Coordinator,  
**VISION 2020  
INAUGURAL  
CEREMONY**

**LI TRAINING AND  
IMPROVEMENT  
COURSE FOR  
OPHTHALMOLOGISTS  
PRESENTATION:  
“MOVEMENTS AND  
SENSATIONS”**

Dr. Cristián Luco F.  
Tribute to Dr. René  
Muga M.  
Dr. Sergio Morales E.

DIRECTOR:  
Dr. Francisco Andrighetti  
C.

VICE-DIRECTOR  
Dr. Leonidas Traipe C.

SECRETARY:  
Dr. Rodrigo Alvarez N.

PRO-SECRETARIO  
Dr. Adolfo Schweikart S.

Chilean Society of  
Ophthalmology

TRAVATAN  
(Travoprost ophthalmic  
solution 0.004%)

AcrSof  
ReSTOR  
Apodized Diffractive IOL

---

**Training and  
Improvement Course for  
Ophthalmologists  
OPHTHALMOLOGY:  
PRESENT and FUTURE  
Friday the 11<sup>th</sup>**

08:00 - 08:30

**Inscription**

08:30 - 08:40

Dr. Francisco Andrighetti  
**Opening**

08:30 - 08:50

Dr. Sergio Morales

**Greeting**

President, Chilean  
Society of  
Ophthalmology  
08:50 - 09:10

Dr. Daksha Patel  
**Vision 20/20 Overview**  
09:10 - 09:30

Dr. Daksha Patel  
**Strategies for reducing  
blindness due to  
cataract.**

**What's new?**  
09:50 - 09:50

Dr. Virgilio Centurión  
**Excellence in Lens  
Surgery**  
09:50 - 10:10

Dr. Miriam Cano  
**Current Evidence in  
Age-related Macular  
Degeneration**  
10:10 - 10:30

Dr. Mauricio Maia  
**AMD, Past, Present,  
and Future**  
11:00 - 11:20

Dr. Mauricio Maia  
**Current Treatments for  
AMD based on clinical  
trials**  
11:20 - 11:40

Dr. Virgilio Centurión  
**New Intraocular  
Lenses**  
11:40 - 12:00

Dr. Hernán Iturriaga  
**Evaluating Vision in  
the Pre-School Child**  
12:00 - 12:20

Dr. Daksha Patel  
**Epidemic of Diabetes  
Mellitus, the Value of  
Systematic Screening**  
12:20 - 12:40

Prof. Dr. Juan  
Verdaguer T.  
**Diabetic Retinopathy,  
Treatment and  
Prevention**  
12:40 - 13:00

Dr. Enrique Graue

**Bacterial Ulcers, the  
Current Focus**  
13:00 - 14:40

**Lunch**  
14:50 - 15:10  
Dr. Mauricio Maia  
**New Vitreoretinal  
Imaging for Optimizing  
Treatment**  
15:10 - 15:30

Dr. Virgilio Centurión  
**Capsular Block  
Syndrome**  
15:30 - 15:50

Dr. Mauricio Maia  
**Prevalent Vitreoretinal  
Diseases,  
What is the best  
therapeutic approach?**  
15:50 - 16:10

Dr. Virgilio Centurión  
**Preventing Infection in  
Cataract Surgery**  
16:10 - 16:30

Dr. Enrique Graue  
**Errors in Refractive  
Surgery**  
16:30 - 17:00

**Coffee**  
17:00 - 17:20

Dr. Fernando Barría  
**RAAB in Chile 2007;  
what does it tell us?**  
17:20 - 18:20  
**Round Table  
Ophthalmology,  
Present and Future**

Guests:  
Dr. Miriam Cano  
Dr. Virgilio Centurión  
Dr. Enrique Graue  
Dr. Mauricio Maia  
Dr. Daksha Patel  
Dr. Van Lansingh  
Dr. Cristian Luco  
Dr. Patricio Meza  
Dr. Sergio Morales  
Legislators  
**Officials from the  
Ministry of Health**

**Inaugural Act for the LI  
Training and  
Improvement Course  
for Ophthalmologists,  
2007**

19.00 - 19:10  
**Words from the  
Director of the LI  
Training and  
Improvement Course  
for Ophthalmologists**

Dr. Francisco Andrighetti  
19:10 - 19:40  
**Presentation of  
Diplomas to Graduates**  
19:40 - 20:20  
Tribute to Dr. René  
Muga M.

Dr. Sergio Morales  
20.20 - 21:20  
**Presentation,  
“Movements and  
Sensations”**

Dr. Cristian Luco  
Saturday 12th  
09.00 - 09:20

Dr. Van Lansingh  
***Vision 20/20 a Pending  
Challenge***  
09.20 - 09:40

Dr. Enrique Graue  
***New Trends in the  
Management of  
Herpetic Keratitis***  
09.40 - 10:00

Dr. Rodrigo Donoso  
***Indications and  
Uncertainties in  
Refractive Surgery***

10:00 - 10:20

Dr. Daksha Patel  
***Is Screening for  
Glaucoma Possible?***  
10.20 - 10:40

Prof. Dr. Eugenio Maul  
***Alteration of Structure  
and Function in  
Glaucoma:  
Information from  
Recent Clinical Trials***  
10:40 – 11:10

***Coffee***

11:10 - 11 Eye-Care 0  
Prof. Dr. Eugenio Maul  
***Evaluating the Optic  
Disk in Glaucoma***  
11:30 - 11:50

Dr. Enrique Graue  
***What's New in Mycotic  
Keratitis?***  
11:50 – 12:20

Dr. Van Lansingh  
***Guaranteed Eye-Care  
in Chile  
Is it a Utopia?***  
12.20 - 12:40

Dr. Jaime Zacharías  
***Aspects of Clinical and  
Experimental  
Integration in  
Ophthalmology***  
12:40 - 12:50

Dr. Francisco Andrighetti  
Closing

## Registration Form

**Name:**

**Address:**

**City:**

**Tel. / Fax.:**

**E- mail**

### **INSCRIPTIONS:**

**Chilean Society of Ophthalmology – Telephone numbers: (2) 2190842 – (2) 2192163 – e-mail: [secretariacfpo@gmail.com](mailto:secretariacfpo@gmail.com)**

**Cost of Inscription: Until May 4, \$55.000. - / beginning May 5 \$70.000.-**

## APPENDIX 2- EVALUATION

### Formative evaluation

In the table below, please give a value from 1(very little) to 10 (a lot) to evaluate your knowledge regarding the following subjects and the Public Health strategies to prevent Blindness.

<b>Subject</b>	<b>from 1 to 10</b>	<b>How important it is for your job</b>
Blindness definition		
VISION 2020		
Basic Epidemiology		
Eye Care Management		
Advocacy		
<b>Strategies to decrease Blindness:</b>		
Cataract		
Low Vision		

Refractive errors		
Childhood Blindness		
Glaucoma		
Diabetic Retinopathy		
Ocular Trauma		

### Summative Evaluation

In the table, please give a value from 1(very little) to 10 (a lot) to evaluate how much you improve or you did not improve your knowledge regarding the following subjects and Public Health strategies to prevent Blindness.

<b>Subject</b>	<b>from 1 to 10</b>
Blindness definition	
VISION 2020	
Basic Epidemiology	
Eye Care Management	
Advocacy	
<b>Strategies to decrease Blindness:</b>	
Cataract	
Low Vision	
Refractive errors	
Childhood Blindness	
Glaucoma	
Diabetic Retinopathy	
Ocular Trauma	

Would you recommend this Course to other Residents?  
 Yes  No

Please write two sentences to express what you liked the most and what was interesting to you.

1.....

2.....

#### **APPENDIX 4- LIST OF QUESTIONS TABLES DURING THE ROUND TABLE**

#### **QUESTIONS FOR THE ROUND TABLE OF THE TRAINING AND IMPROVEMENT COURSE FOR OPHTHALMOLOGISTS**

##### **1- ARE THERE ENOUGH OPHTHALMOLOGISTS IN CHILE?**

- IN YOUR JUDGMENT, What should be the make-up of the ophthalmological eye health team in Chile?
- How can equity in access to ophthalmologic treatment be achieved for the population?
- What should the profile of ophthalmologists trained in Chile and Latin America be?
- Is fast-track access for blind patients suffering from preventable or treatable pathologies practicable?

**The 'Operation Miracle' Program:** Has Operation Miracle been supportive of eye health in those Latin American countries in which it has been implemented?

##### **2.- The Vision 2020 Committee plan for 2007-2008:**

The national Vision 2020 Committee was formed in 2004.  
What should be its working strategy for the 2007-2008 plan?  
Who should be represented?

##### **3.- The AUGE system guarantees the quality of the service.**

How will this explicit health guarantee be implemented?  
Some 42% of physicians working in ophthalmology were trained outside the country, How can the appropriateness of their training be certified?

**How is it possible that India, with a per capita GDP of \$459 has a Cataract Surgery Rate over 4000 surgeries per million inhabitants per year,**

- while Chile, with a GDP of more than \$5,000 per capita has a Cataract Surgery Rate of about 2000 per million inhabitants (WHO 2006).

What strategy would the table suggest for guaranteeing adequate cataract surgery coverage?

#### **4.- Impact of the GES (explicit health guarantee) in Chile.**

- What strategies could be implemented so that ophthalmologists who work in the public system can work outside the work contracted for by the resolution on GES pathologies?

- Is it possible for persons or institutions that bid on GES pathologies through “Chile Compras” (Chile purchasing) to be obligated to or have as a prerequisite that they work some fraction of their time in public service?

#### **5.- How can clinical physicians work with the protocols for healthcare under GES in order to secure the modifications that would benefit our patients?**

- Why are there so many GES ophthalmological pathologies in the current law?

### **IAPB - LatinAmerica**

#### **Childhood Blindness Sub - Committee**

#### **Situation Analysis - Retinopathy of Prematurity - 2006**

**Chairs: Andrea Zin and Marco de la Fuente**

#### **Background:**

Globally there are estimated to be 60,000 children who are blind from ROP – Latin America being the region with the largest number (25,000).

It is estimated that each year approximately 45,000 preterm babies need screening and that 4,500 treatments are needed.

#### **Current capacity (infrastructure, human resources, and equipment)**

Situation and needs 2006 have not changed much.

- 1) Situation analysis: Some countries, but not all, have a clear idea of the extent of their current screening programs, and the degree to which the need is currently being met. An analysis should be undertaken in each country to provide information on the number of units in the country, and the provider for those units; the number and survival rate of preterm babies at risk by birth weight group, the extent to which the current screening program, if any, is meeting this need, and the current status of ophthalmologists adequately trained for ROP screening and treatment. This information is essential for planning.
- 2) Increasing coverage: There are many challenges to increase coverage of ROP programmes. Lack of financial reimbursement for time spent by

ophthalmologists on the program is a major factor. In addition, partnerships with in-country governmental agencies must be developed. Countries in Latin America with well established programmes can assist those countries where programs have only just started.

- 3) Main Barriers: Lack of governmental support for programmes. The only country in the region with a National Plan supported by government is Chile.
  - 4) Developing guidelines: Regional guidelines need to be developed by neonatologists and ophthalmologists, under the auspices of the IAPB, PAHO, PAAO and SIBEN, which can be used (after modification, if required) not only for program implementation, but also for advocacy and to mobilize resources.
  - 5) Awareness and advocacy: Parents, governmental agencies and health care providers must be advised of the seriousness of the ROP issue in Latin America. This can be achieved through publications, public service announcements and other means. Extensive educational material is available in several countries and it should be more widely dispersed.
- 5) Objectives of the Childhood Blindness Subcommittee
- Situational analyses
  - Awareness: Paediatricians/Ophthalmologists (National Societies)
  - Standard guidelines for the region: appropriate screening criteria
  - Expand/implement screening and treatment programmes (funding opportunities: CBM/Lions/Orbis)

#### Meetings performed in 2006:

- Meeting of the LA ROP group during the WCO, February São Paulo, Brazil
- ROP WS Venezuela
- ROP WS Argentina
- ROP WS Brazil

#### Programmes implemented in 2006

- Caracas and Maracaibo-Venezuela

#### Achievements

- The Ministry of Health of Argentina has implemented a very successful primary prevention intervention with the aim of reducing severe ROP incidence. Although they have achieved 54% decrease of severe cases after 2 years in the units involved in the programme, in 2006 there were observed an increase of number of cases compared with previous year. There is necessary a careful analysis of the possible reasons for the worsening of the situation.
- Ecuador has increased ROP screening and treatment coverage. In 2004, in the whole country 25 premature babies were treated, in 2005, 44 and 2006, 62. It is estimated that approximately 100 babies need treatment each year.

- Brazil has increased ROP screening and treatment coverage at governmental sector in many cities: Fortaleza (87%), Recife (90%), Rio de Janeiro (60%), São Paulo (74%), Belém (100%), Joinville (100%), Chapecó (100%). São Luis will start the programme in 2007 and 100% of governmental units will be covered. It is being planned a programme to Salvador. However there is a lot to be achieved it is estimated by the National Society of Paediatrics that approximately 50% of neonatal units have screening and treatment ROP programme

#### Planned activities for 2007

- ROP Workshop Ecuador January
- National ROP Workshops: Jamaica (May), Venezuela (June), Mexico (August) and Brazil (November, for nurses and ophthalmologists)
- Executive meeting with representative of National societies of Paediatrics and Ophthalmology, Ministry of Health: Peru. The aim of this meeting is to establish a national collaborative ROP working group and define a strategic plan to expand the ROP programme to other cities of the country

#### Planned activities for 2008

- ROP Workshop Centro America
- ROP Workshop Latin America: Mar del Plata, September (with the Sociedad Iberoamericana de Neonatología)

#### Needs/resources of the region

- Educational material: parents, paediatricians, ophthalmologists
  - Posters (Ecuador, Peru, Mexico)
  - Leaflets
- Training of ophthalmologists (high volume services)
  - Spanish speaking countries
    - Peru (Lima), Ecuador (Guayaquil), Argentina (Buenos Aires)
  - Portuguese speaking countries
    - Brazil (Recife, Rio de Janeiro, São Paulo)
- Resource Centre (images for teaching)
  - Costa Rica

#### Priority countries

- Pop > 100 mi: Mexico, Brazil
- Pop ≈ 40 mi: Colombia, Argentina
- Pop ≈ 25 mi: Peru, Venezuela
- Pop ≈ 10 mi: Ecuador, Bolivia, Guatemala, **Dominican Republic**
- Pop 5-10 mi: Paraguay, **Nicaragua**, **Honduras**, El Salvador
- Pop < 5mi: Costa Rica, Panama, Uruguay

 Countries without programme

Suggested visits

1. Ecuador: to follow-up the National Plan (done in January)
2. During the WS in Jamaica: to visit the main NICU
3. Dominican Republic, Guatemala: no programme
4. Visit to Costa Rica: to explore the possibility of becoming a training centre for Central America. If yes, this programme needs some changes regarding screening and treatment procedures.
5. Visit to Peru: main cities outside Lima (to decide w Luz)
6. Visit to Venezuela-follow-up programmes of Caracas and Maracaibo
7. Argentina: follow-up programmes Cordoba etc
8. Bolivia, Uruguay, Paraguay: to stimulate establishment of National groups
9. Brazil: Salvador

Suggestions for workshop facilitators (ophthalmologists) and visits (to be confirmed): Juan Carlos Serrano, Marco de la Fuente, Luz Gordillo, Mariana Vargas, Celia Nakanami, Claudia Zuluaga, Julio Urrets Zavalía, Graham Quinn, Clare Gilbert (not sure if she will be available in 2007), Juan Carlos Silva (for visits), Andrea Zin

Neonatologists: Patricia Pacheco (Ecuador), Nicole Gianini (Brazil), Alicia Benitez (Argentina), Marcia Bellotti (Argentina), Monica Morguez (Chile), Ana Maria Villanueva (Peru)

Nurse: Ana Quiroga (Argentina)

Comments: primary prevention of ROP is a successful experience in many industrialized countries. Argentina's experience, with simple measures as training of nurses and provision of equipment to monitor oxygen, has proven very effective.