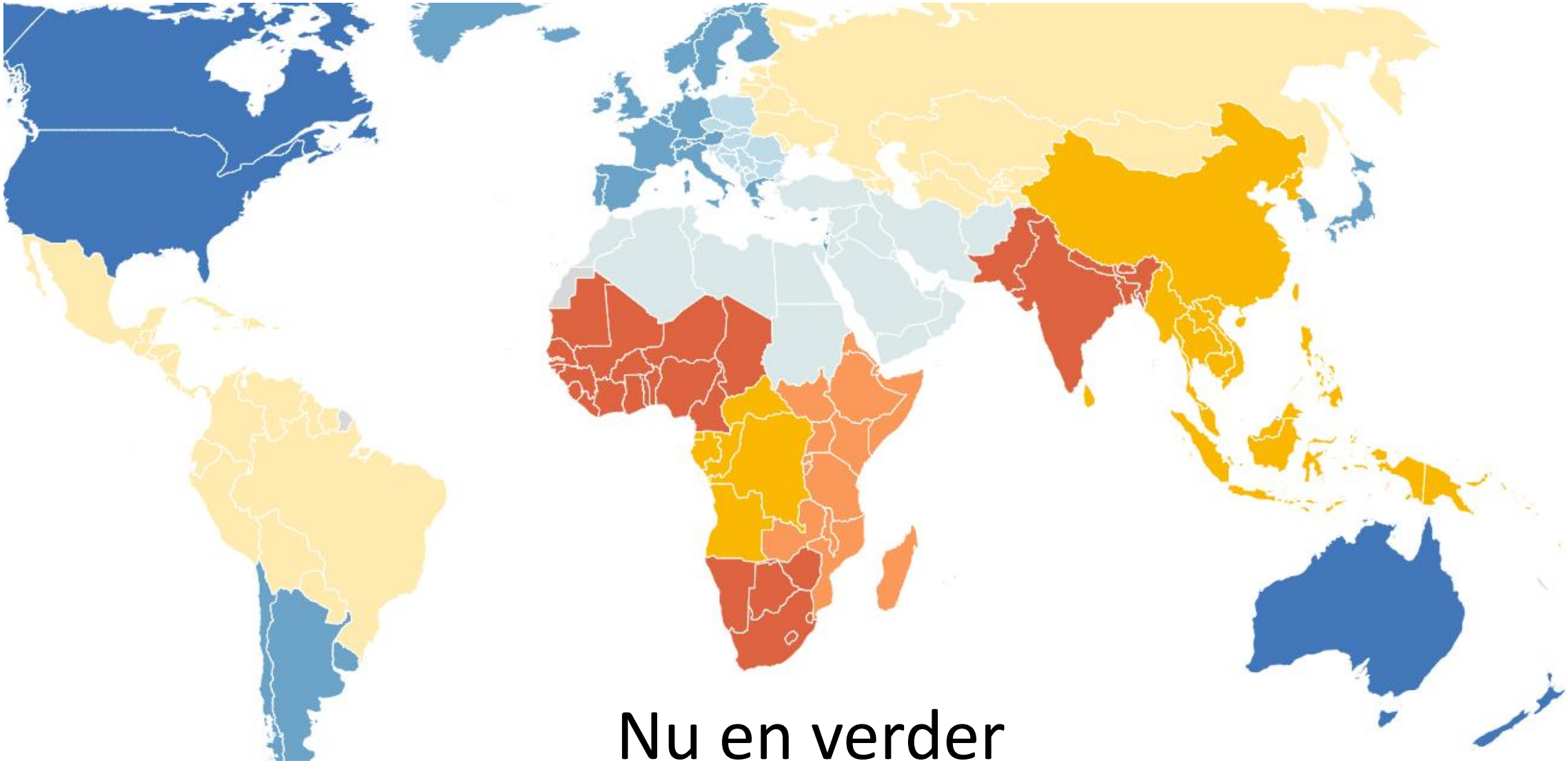
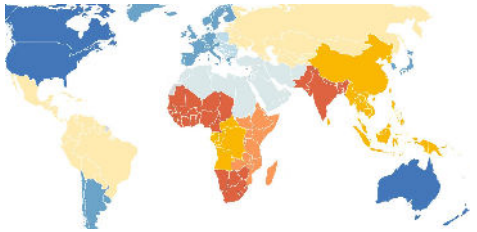


Nu en verder

Ype Henry
Amsterdam

WIO 2023



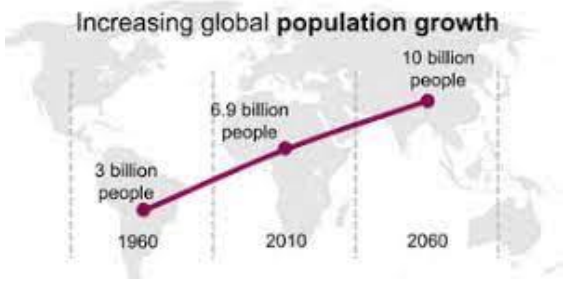
- De getallen
- De praktijk
- De toekomst/ hoe verder

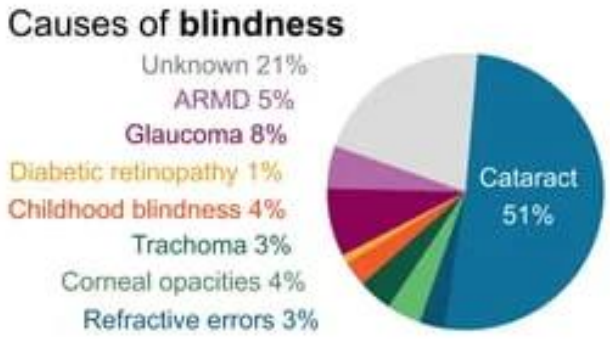
Getallen


Main causes of vision loss
Uncorrected refractive error
161.2M
All ages
86.1M
Female
75.1M
Male
Cataract
100.5M
All ages
59.1M
Female
41.4M
Male
Vision Atlas

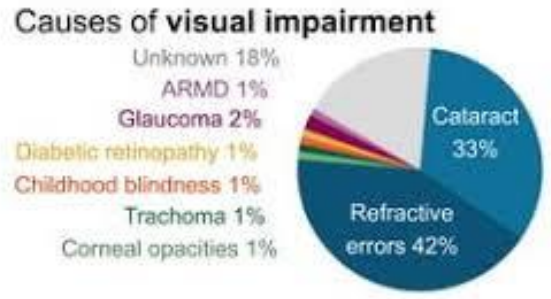

Socioeconomic disadvantage
90% vision loss is in low- and middle-income countries
Inequalities within regions, countries and communities also exist, but are often masked by national averages.
Highest rates of vision loss: South Asia and Sub-Saharan Africa
Vision Atlas


The number of people with vision loss is growing
1990
568 million
309 million
259 million
2020
1,106 million
609 million
497 million
2050
1,758 million
978 million
780 million
Vision Atlas


Increasing global population growth
3 billion people
6.9 billion people
10 billion people
1960
2010
2060


Causes of blindness
Unknown 21%
ARMD 5%
Glaucoma 8%
Diabetic retinopathy 1%
Childhood blindness 4%
Trachoma 3%
Corneal opacities 4%
Refractive errors 3%
Cataract 51%


90% of vision loss is preventable or treatable.
100 million
Need cataract surgery
161 million
Need spectacles to see far away
510 million
Need spectacles to see close up
Vision Atlas


Causes of visual impairment
Unknown 18%
ARMD 1%
Glaucoma 2%
Diabetic retinopathy 1%
Childhood blindness 1%
Trachoma 1%
Corneal opacities 1%
Cataract 33%
Refractive errors 42%

Praktijk



Cambodja 1995 ICCE





Vietnam ECCE 2010



Vietnam Phaco 2010



Vietnam 2000 ECCE

- ICCE > ECCE > A-scan> MSICS / Phaco
- afaak (+10) > IOL(20D) > IOL (10-30D)
- zelf opereren > faciliteren + training



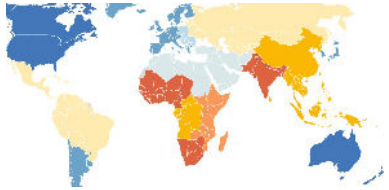
Vietnam 2008 ECCE +Phaco







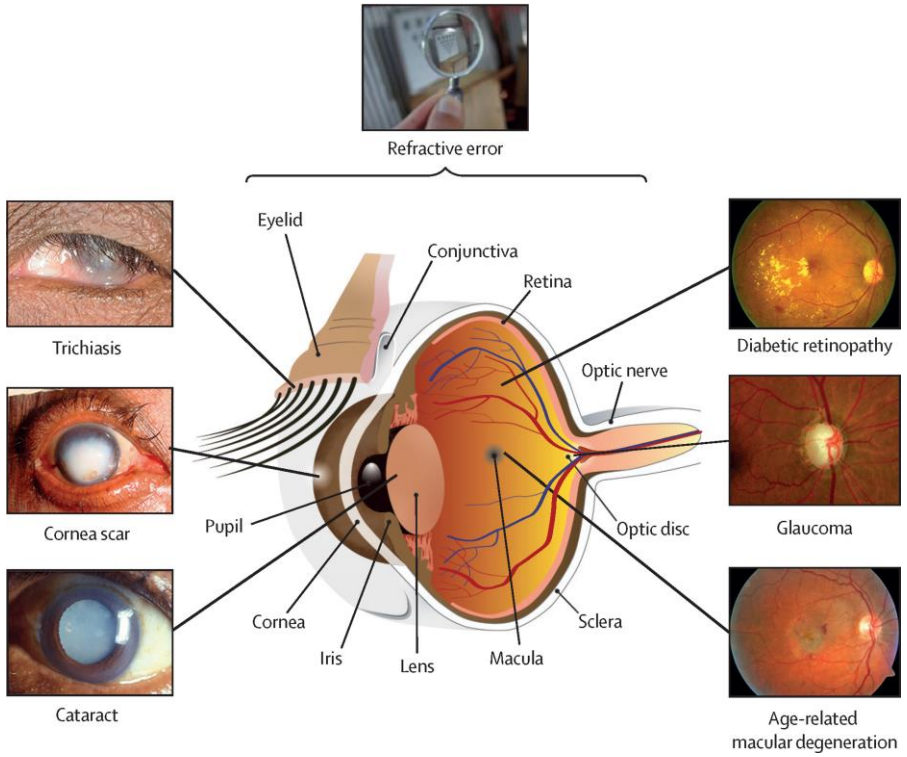
Marokko ECCE / Phaco 2019

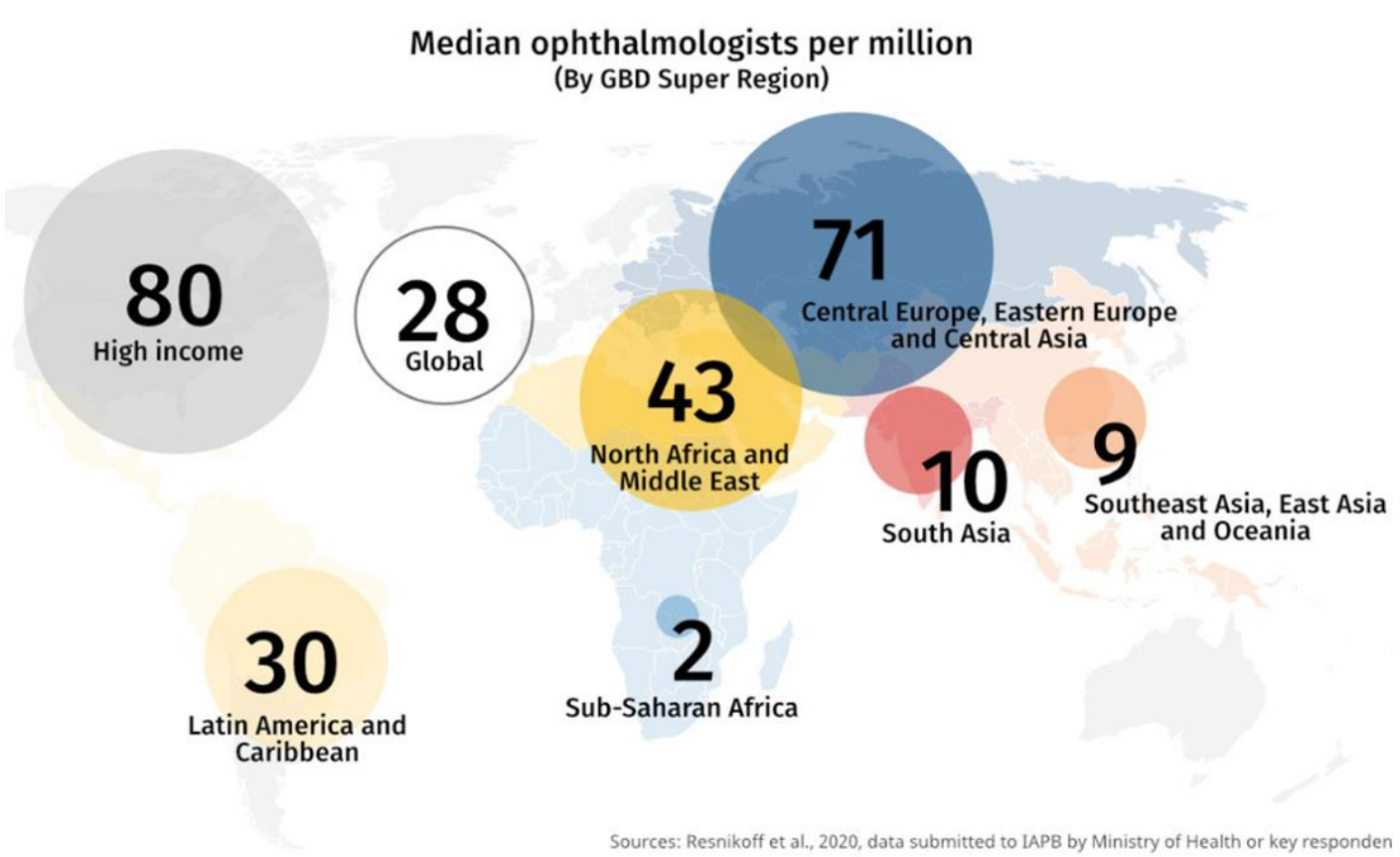


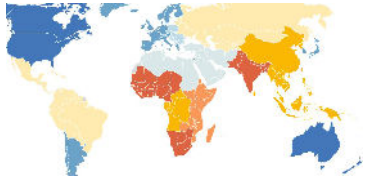
Praktijk
(anno 2020)

- WHO doel : 25% reductie vermijdbare blindheid in 2020 is niet gehaald

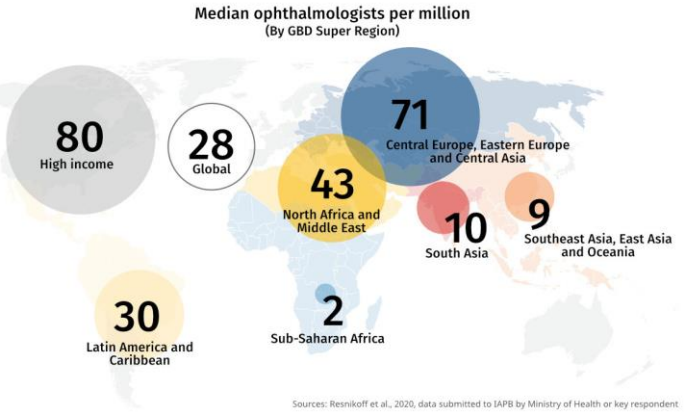
- Voornaamste reden : >> leeftijd







- Vision 2020 : minimaal 4 oogartsen / miljoen
- 70% oogartsen SS Africa in de hoofdsteden.
- Afrika snelst groeiende continent .
- 1.2 > 2,4 miljard in 2050



Praktijk

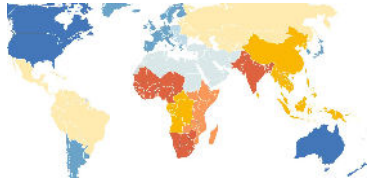
(vision atlas IAPB)



- **Oost Sub-Sahara Afrika** (15 landen)
  - 428 miljoen
  - 532 oogartsen
  - 189.000 cat operaties / jr
  - CSR = 450 !
- **Nederland**
  - 17 miljoen
  - 600 oogartsen
  - 190.000 cat operaties / jr
  - CSR = 11.000 !

CSR : aantal cataract operaties per 1 miljoen inwoners

NGO’s

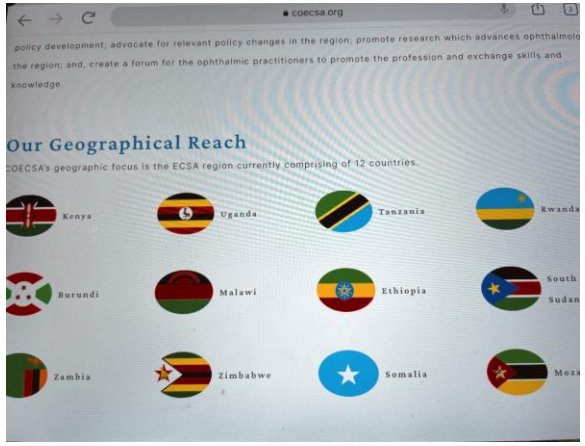


van “Delivering care” naar “Building capacity”

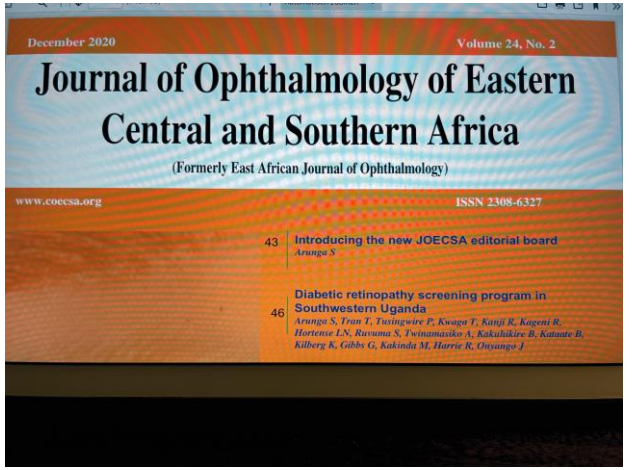
- Incidentele Oogkampen > Oogzorg 365 dagen/jr

- Door het aangaan van lokale partnerships (Link)
- Om zo Onderwijs en Training te verbeteren

- Minder westerse oogartsen uitgezonden
- Zijn duurder en minder MSICS bekwaam (CBM)
- Zijn meer lokale oogartsen en India / Nepal (CBM)



COECSA
COLLEGE OF OPHTHALMOLOGY OF EASTERN, CENTRAL AND SOUTHERN AFRICA



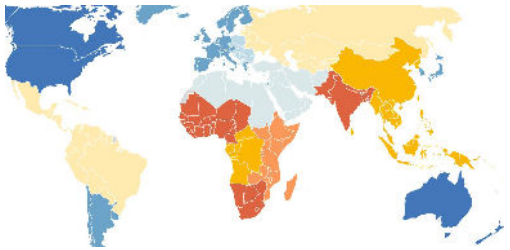
•**History**: Registered in 2012. Merger between Eastern Africa College of Ophthalmologists & the Ophthalmological Society of Eastern Africa

•**Member countries**: **12**, Somalia to Zimbabwe & Kenya to South Sudan

•**Aim**: Improve the quality of eye care services in the region

•**Current priority**: **Improve & standardise training of residents across the region** by setting common standards of training, education curriculums & a single exit exam for trainees in all member states. Financial support & advice is being received from various organisations.

COECSA
COLLEGE OF OPHTHALMOLOGY OF EASTERN, CENTRAL AND SOUTHERN AFRICA



- Congres jaarlijks + diploma uitreiking (1jr)
- Alle grote NGO‘s aanwezig.
- Hebben eigen workshops met hun lokale partners

- Fred Hollows
- CBM
- Himalaya Cataract Project
- ICEH



DAY 1 COECSA 2022
SUBSPECIALTY SESSIONS
21 September 2022

	HERON: PUBLIC EYE HEALTH		H
	FACILITATOR: DR CONSITY MWALE/ PROF YILIKAL ADAMU		P S
8:30	FISTON GATERA KITEMA Inter-professional Education for the Effective delivery of Eye Care in Low Resource Settings	10:30	M
8:40	HANNAH EINARSON An Evaluation of the Arclight/vCreate Tele-Ophthalmology Package		
8:50	CALLUM EWEN Evaluation of the impact of a short Arclight package eye care education workshop amongst junior doctors by		
9:00	CHRISTINE JAFFRAY Evaluation of the Arclight low-cost cloth 3m distance visual acuity chart		
9:10	Q and A		
9:20	DR. STEPHEN NTAMSAYA Ocular complications and associated factors among patients with leprosy and ex-leprosy in Morogoro region; a quantitative analytical study		
9:30	DR AMON MWAKAKONYOLE The pattern of Ocular disorders among inmates of Isanga prison in Dodoma City		
9:40	DR KYLE WILSON Changing the narrative: Improving ophthalmology teaching during a pandemic		
9:50	Q and A		
10:00	NETWORKING BREAK	12:30	L



DAY 3 COECSA 2022
PLENARY SESSIONS
23 September 2022

	DAY 3 (AUDITORIUM)
	Themed session: Strengthening networks and collaborations
	FACILITATORS: DR NYAWIRA MWANGI AND DR FRANK SANDI
08:00	DR COVADONGA BASCARAN The DR-NET: an international collaboration to improve services for diabetic retinopathy in Sub-Saharan Africa and beyond
08:10	DR NICK ASTBURY The RB Network
08:20	Ms MARCIA ZONDERVAN Glaucoma net
08:30	Q and A
08:40	DR MIKE BURDON Planning a service
09:00	DR SIMON ARUNGA Lions Club International Foundation SightFirst grants in the ECSA region
09:20	Glued IOLs with SFT DR KALA SATISH and AGARWALS HOSPITAL GROUP
09:30	Q and A
10:00	**NETWORKING BREAK**
	Themed session: Towards excellence in ophthalmic training and practice
	FACILITATORS: PROF. DUNERA ILAKO AND DR HENRY NKUME BATUMBA
10:30	DR MELANIE CORBETT WOOD AND PROF CIKU MATHENGE Implementation/Cascading of TTT
11:40	PROF KARL GOLNIK Optic neuritis
11:00	DR MIKE BURDON Cataract demand: How many ophthalmic personnel to train
11:20	PROF KARIMURIO Nuggets on how to conduct a population based study
11:40	Q and A
	FACILITATOR: DR AMOS NYAKA
12:00	**LECTURE FROM KEY NOTE SPEAKER_PROF KHUMBO KALUA**
12:30	**LUNCH BREAK**
	Themed session: A bright Future in Sight
	FACILITATORS: PROF MUMA MULENGA AND DR PETROS KAYANGE
14:00	PROF CIKU MATHENGE The COECSA Education and Accreditation Agenda: Developments and Future Outlook
14:20	DR AARON MAGAVA 2030 In sight
14:30	Q and A
14:40	Closing ceremony: DR JOHN NKURIKIYE AND DR SHAFFI MDALA





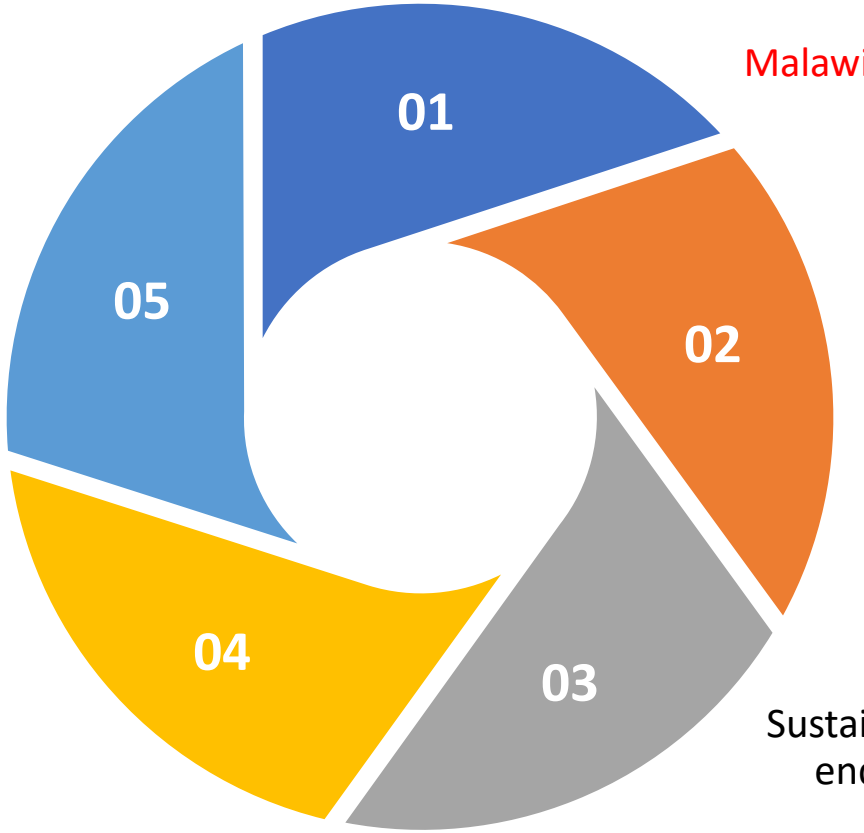
DAY 1 COECSA 2022
SUBSPECIALTY SESSIONS
21 September 2022

	SPARROWHAWK FACILITATORS: DR PATTY MOPAMBOLI	**HERON: WETLAB**	**IBIS: OPHTHALMIC EDUCATION FACILITATORS:** DR MELANIE CORBETT AND PROF CIKU MATHENGE
14:00	**ENTREPRENEURSHIP WORKSHOP**	AGARWALS EYE HOSPITALS GROUP Glued IOL with SFT - Wetlab	Basic TTT: Crash course ○ MELANIE CORBETT WOOD - The training process ○ CIKU MATHENGE - Accreditation of units ○ MELANIE CORBETT WOOD - Supporting trainees through structured supervision (ie: feedback, appraisal, CS & ES conversations & reports) ○ CIKU MATHENGE - The COECSA curriculum and its assessment (WBA, portfolio evidence & Exams) ○ MELANIE CORBETT WOOD - Replace with feedback/appraisal practical ○ CIKU MATHENGE - Cascading Training the Trainers
	DR AMOS KIBATA Determining your break-even point		
15:00	**PRIMARY EYE CARE COURSE**		
	PROF KHUMBO KALUA Screening for refractive errors as a means of identifying congenital and developmental cataract in children		
15:45			Q and A
16:00	**NETWORKING BREAK**		
17:00	**END OF DAY 1**		

ESCRS GRANT PRIORITIES

Sub-Saharan Africa project

Malawi en Mozambique (2024,25,26)



Work with established partners

University of Cape Town

Sustainable after ESCRS support period ends

Embedded in national eye care plan

Training aspect allowing ESCRS member involvement

UCT-CEHI

(University of Cape Town Community Eye Health Institute)

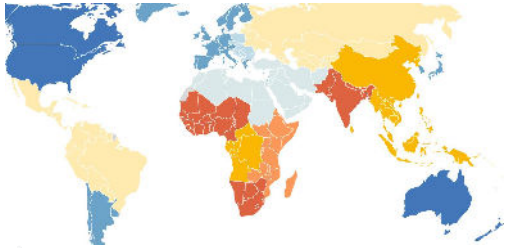


- Established in 2008 to improve public eye health in sub-Saharan Africa (SSA).

- 2019 CEHI Simulated Ophthalmic Surgery (SOS) laboratory: improve quality & quantity of cataract surgery & other ophthalmic surgery in SSA & beyond.

MSICS of Phaco?

literatuur

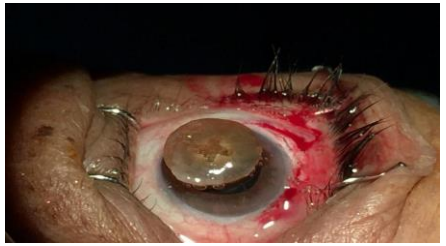


- Hennig A, Nepal , Br J Ophthalmol 2003
- Parikshit M. Gogate, Desaieyehosp./Prasad EyeinstituteIndia Ophthalmology, 2005
- Phaco vs SICS , Sanduk Ruit, Tilganga Eyecenter NepalOphthalmol 2007
- Phaco versus SICS for white cataract ,JCRS, 2010 , Venkatesh, Chang , ea, Aravind India
- Complication rates of Phaco and SICS at Aravind Haripriya, Chang , ea, JCRS , 2012
- Residents learning curve for MSICS at Aravind Eye hospital J. Ophthalmology 2018

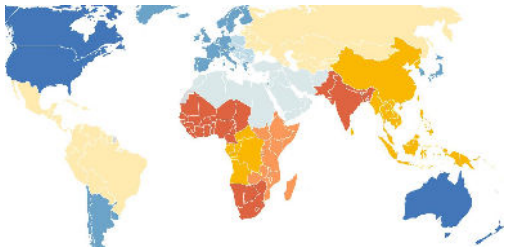
- **Sub Sahara Africa**
- Cataract training in MSICS
- Geen Phaco training (Kaapstad)
- Wel phaco machines (prive)

Conclusies:

- VA = zelfde
- Beiden weinig complicaties
- **MSICS = sneller en goedkoper**



Problemen (SSA)



- Te weinig oogartsen (2/milj)
- Te weinig cat. ok’s , 200 > 1000/jr (WHO)
- Kwaliteit laag (WHO)
- 70 % oogartsen in SS Africa werken in (hoofd) steden en prive praktijken
- Oogartsen vertrekken naar USA /Europa
- Arme landen, te laag budget Oogzorg

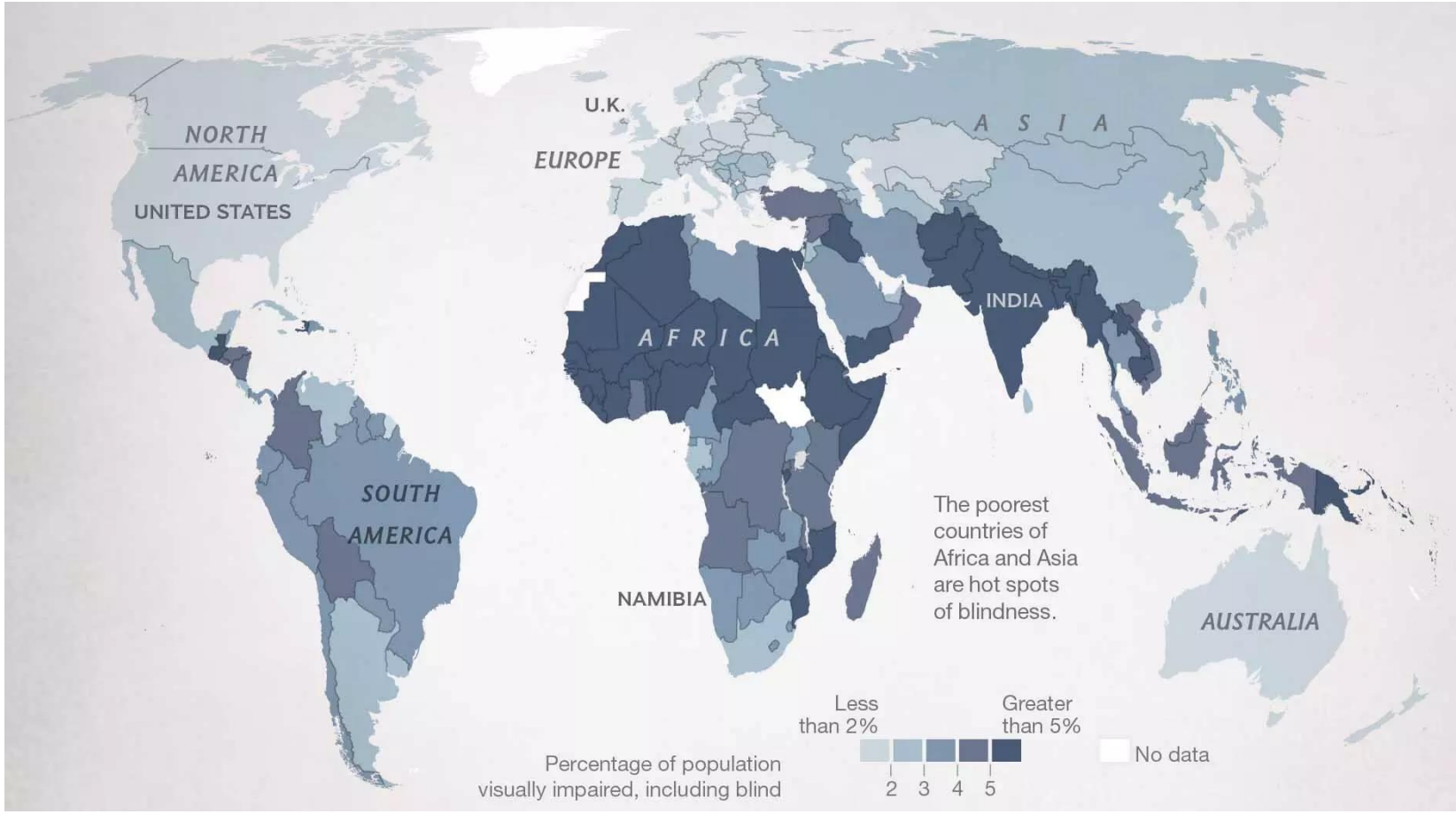
Hoe verder

- Veel meer cataract operateurs opleiden (Oogartsen , Cat. PA)
- Verhogen output cataractoperateur (WHO: 1000/jaar)
- Meer budget allocatie cataractchirurgie (overheid, NGO's)
- Verbeteren indicatie criteria voor operatie van cataract (WHO < 0,3)
- Verbeteren postop zorg (refractie , bril)
- MSICS preferente techniek voorlopig (en Phaco voor part. patienten)

Capaciteit en Kwaliteit verbetering



- Mbv:
- Nationale Oogzorg budget allocatie.
- NGO's partnerships / LINK (budget, onderwijs, training , TTT)



Dank voor de aandacht

