Editorial: Generalising Success!

Over time, certain approaches and ways of working prove to be both useful and appropriate responses to the challenges we face. But achieving this consensus can be a time-consuming and expensive process as, through a process of trial and error, assumptions are tested, mistakes corrected and best practice established. However, once this ‘proof of concept’ has been demonstrated and the results can be seen, it is time to consider how best we can generalise this success.

We believe we have now reached this stage with 3 important initiatives, which can now be shared more widely to help us all achieve our wider objectives of strengthening the eye health workforce in Africa, improving data collection for decision making and enhancing the planning process to achieve the overall goals of the WHO Global Action Plan.

STRATEGIC ADVOCACY: THE ‘HOW TO’ GUIDE

We have now successfully used the Guide in 11 countries, alongside 3 capacity building workshops, to encourage the integration of eye health workforce planning into wider national HRH plans. This has proved to be successful in 8 countries and we believe that countries and members can now take the Guide and use it to bring about change in their own countries.

DATA FOR IMPROVED DECISION MAKING (IADB)

The IAPB Africa database was initially developed by Dr. Etya’ale with support from Orbis. It is now finalised and has been piloted, tested and introduced to 7 countries in Africa, with interest from as far afield as China. It is aligned with both existing national HMIS systems and the WHO Catalogue of Eye Health Indicators. It is now readily available on the IAPB Africa website and can be downloaded and hopefully used by countries.

EYE CARE SITUATION ANALYSIS TOOL (ECSAT)

The WHO ECSAT grew out of an initiative by Sightsavers to improve eye care planning by setting new standards for the initial Situation Analysis. It has now been tested and piloted in over 10 countries in Africa with national coordinators from Ghana and Kenya both testifying to its value. It carries no additional costs and can be freely used by countries embarking on a new planning process.
2. IAPB NEWS: COMBINED IAPB WORKSHOPS, NAIROBI, 9-12TH MAY 2017
2.1 COECSA-ECSA-IAPB PLANNING WORKSHOP

Following on from an important speech at 10GA in Durban, Prof. Yoswa Dambisya, the Director of the East, Central and Southern African Health Community, took the lead in moving forward the HRHeH agenda in partnership with COECSA and IAPB Africa. Following a presentation to the Directors of Health in Arusha, a group of 9 countries (Kenya, Uganda, Tanzania, Malawi, Zambia, Zimbabwe, Mauritius, Lesotho and Swaziland), plus experts, technical advisors and IAPB member agencies, met in Nairobi on the 9th May to finalise a Resolution to be presented to the Ministers of Health at the WHA in Geneva and to develop ToRs for a Standing Expert Committee on Eye Health in the sub-region. Described by ECSA as ‘Giant Step Forward’ for eye health in the Region, IAPB was delighted by the support of both member states and member agencies as we take this exciting initiative forward.

DRAFT RESOLUTION TO 9 MINISTERS OF HEALTH IN THE ECSA HEALTH COMMUNITY

1. Put in place measures to address the eye health workforce gap in terms of the quantity and quality, skill mix and equitable distribution
2. Define clearly the scope of practice of all eye health cadres; ensure these are reflected in the accredited training curricula and are recognized by the Ministry of Health.
3. Support the generation and use of quality eye health data and integrate eye health indicators into existing national HMIS.
4. Integrate Human Resource for eye Health (HRHeH) into the overall Human Resources for Health (HRH) planning, development, recruitment, deployment and remuneration.
5. ECSA-HC Secretariat: To support and facilitate the harmonization of training and the regulation of practice of eye health professionals

2.2 IAPB Africa: ADVOCACY REVIEW MEETING,

Following the launch of the Advocacy Strategy in 2014, 3 capacity building workshops have now been held to give countries the tools to advocate for the inclusion of the eye health workforce in integrated national health workforce plans. This has now been achieved in Burkina Faso, Cameroon, Togo, Benin, Kenya, Mozambique, Zambia, Malawi and Ethiopia with success just round the corner in Senegal, Mali, Ghana and Uganda. Increased government funding for training more eye health professionals is already happening in Kenya, Malawi, Burkina and Zambia, providing ‘proof of concept’ and laying a sustainable foundation for closing the eye health workforce gap.
2.3 IAPB AFRICA ANNUAL REVIEW AND PLANNING MEETING

The third and final event was our own Review and Planning Meeting, bringing together an impressive 20 countries, eye health experts and member agencies.

Over 2 days of intense discussion, activities targeting advocacy, knowledge and partnership were reviewed and plans agreed for the next cycle of activity - 2018-2020 - as we renew our partnership with WHO, induct a new chair and 2 new co-chairs and mobilise resources to address the gap left by the end of the successful secondment package from Sightsavers.

2.4 #MakeVisionCount Photo Competition

The #MakeVisionCount Photo Competition organised by IAPB in partnership with Bayer brings awareness for World Sight Day. Send us your photos on the theme ‘Make vision count’ before 15th October 2016. The competition is open to amateurs and professionals. The prize for the Professional category is $1000 and the Amateur prize is a Canon 1200D DSLR camera. http://photocomp.iapb.org

How to participate:
Upload photos on http://photocomp.iapb.org
Once the photo is uploaded, you will get a link to your photo
Share this link on social media and email and ask colleagues and friends to vote for your photo
2.5 KWAHERI

As my secondment to IAPB draws to a close after almost 4 years in the Secretariat in Durban, I inevitably reflect on what has been achieved and some of the opportunities possibly missed. Throughout my career, I have been guided by a very simple slogan, picked up years ago in Zimbabwe.

My second guiding principle, from Einstein, emphasises the importance of not over-complicating things. If you want to keep in touch with me, please contact me at nduguboss@gmail and I will certainly get back to you.

Ronnie Graham

2.6 Global Health Observatory Data Repository

Universal Health Coverage (UHC) is at the heart of the Sustainable Development Goal for health, and is specifically focussed upon in target 3.8. Finding good indicators to monitor UHC will be important throughout the 2016-2030 period to measure progress. IAPB has been promoting Cataract Surgical Coverage (CSC) as a UHC indicator given cataract surgery is the most common elective surgical procedure in the world.

It is important in all countries and when disaggregated by gender, income, rural/urban and age can provide great insight into the equity of service provision across different sectors of society. We are therefore delighted that WHO has recently uploaded the latest data on CSC and also the effective cataract surgical coverage (eCSC) onto the Global Health Observatory in the UHC data portal section. The data, provided to WHO by IAPB, covers 34 countries.

This represents important progress in ensuring that eye health is considered as an essential part of health care provision and is included in the UHC paradigm that will dominate health and development policy for the next 15 years. CSC and eCSC data are obtained from population surveys such as Rapid Assessments of Avoidable Blindness (RAAB) – it will be important that the eye health community promotes surveys in more countries so that we can further strengthen the case for CSC as a UHC indicator and to promote at national level the need to collect disaggregated CSC data.

2.7 IAPB NEW GLOBAL STRATEGY

291 responses were received by the end date and the results showed general consensus with IAPB’s direction of travel over the last few years.

- To influence global/regional inter-governmental and bilateral organisations’ policies, practices and resourcing decisions to ensure inclusion of eye health – average value 3.32
- To provide advocacy tools, messages and opportunities to influence national governments’ eye health policies and resourcing decisions – average score 3.51
- To convene meetings and provide spaces enabling eye care professionals to connect, collaborate and learn from each other – average score 3.58
- To provide a knowledge hub and ‘go-to’ place for all matters relevant to prevention of blindness and vision impairment – average score 3.73
- To facilitate coordination between eye care organisations working in a specific theme or region – average score 3.47
2.8 NEW IAPB AFRICA CO-CHAIRS ELECTED

Edson Eliah Mwaipopo has been elected IAPB Africa Co-Chair for East Africa. He is the director of the KCCO, Tanzania. Over the past 10 years Edson has been working with MoH and religious hospitals across Africa helping them to plan and implement Vision 2020 programmes in their catchment areas with the goal of making high quality eye care services available to vulnerable populations. Edson got training in hospital administration and systems development at LAICO and in 2013 was recognized by IAPB as Eye Health Leader. He holds a MSc in Community Eye Health from ICEH and currently finalizing his MBA at the Eastern and Southern Africa Management Institute.

Dr Margarida Chagunda has been IAPB Africa Co-Chair for Southern Africa. Dr Chagunda received her medical training and specialization in ophthalmology in the country and worked for 4 years as general ophthalmologist at Beira Central Hospital where she was involved in training of mid-level eye cadres. In 2013-2014 she did her MSc in Public Health for Eye Care at LSHTM and on returning home joined the National Eye Care Programme as advisor and focal person for human resources. In this new role of co-chair for Southern Africa region, Dr Chagunda plans to her experience and knowledge to contribute for the work of IAPB Africa. She looks forward to count on the support and collaboration of all in order to achieve the objectives for the reduction of blindness.

2.9 TRAINEE SURVEY

IAPB, together with Ophthalmology Training Institutions in Southern Africa, are interested in gathering data on ophthalmology training in sub-Saharan Africa. We are working in collaboration with the London School of Hygiene and Tropical Medicine to gather and share information. The survey will be sent to all current ophthalmology trainees in Southern and East Africa, as well as ophthalmologists who have graduated over the past 3 years and a summarised report will be sent to all participants after compilation of the findings. The survey will be open for a total of two calendar months. All participants will be entered into a prize draw. The winner of an iPad Air will be selected at random, and the individual notified by email.

Answers will be kept completely confidential. Results will be collated and published. No individual identifiable or institution-specific data will be published. If you have any specific enquiries about this survey then please do contact the primary investigator: Dr Will Dean: will.dean@lshtm.ac.uk

An internet link to the survey will be shown in the next edition of the IAPB Africa newsletter, and will be emailed through the Heads of Departments of Ophthalmology training institutions.

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

Learn more about the work of OPC here.
3. WHO NEWS

3.1 WHO AND THE SDGs

The World Health Organization (WHO) has launched a monthly email newsletter on sources of information about the SDGs. The primary focus is to facilitate the coordination, alignment of WHO Programmes with the SDG agenda and help operationalize the work on SDGs at all levels. The newsletter covers a selection of articles and publications authored by WHO, organized according to specific lines of action, plus work likely to be of regional and national interest. You can receive these monthly newsletters by registering here.

Piloted in Burkina Faso, Gabon, and Zimbabwe. Data collected in 23 Member States of the Region. Collection of data began March 2015

Main results:
- No recent national blindness surveys, sometimes RAABs
- Poor data on the causes of VI and blindness
- No specific budget allocations for eye care services
- In some countries, there is not a national coordinator
- Insufficient number of ophthalmologists → reduced access to eye care
- Eye care services concentrated in urban areas → rural populations undeserved
- Lack of integration at primary health level

3.2 WHO PRESS RELEASE: Unprecedented Progress against NTDs, APRIL 2017:

WHO reports remarkable achievements in tackling NTDs since 2007. An estimated 1 billion people received treatment in 2015 alone.

“WHO has observed record-breaking progress towards bringing ancient scourges like sleeping sickness and elephantiasis to their knees,” said WHO Director-General, Dr Margaret Chan. “Over the past 10 years, millions of people have been rescued from disability and poverty, thanks to one of the most effective global partnerships in modern public health”.

The WHO report, Integrating neglected tropical diseases in global health and development, demonstrates how strong political support, generous donations of medicines, and improvements in living conditions have led to sustained expansion of disease control programmes in countries where these diseases are most prevalent. Since 2007, when a group of global partners met to agree to tackle NTDs together, a variety of local and international partners have worked alongside ministries of health in endemic countries to deliver quality-assured medicines, and provide people with care and long-term management.

In 2012, partners endorsed a WHO NTD roadmap, committing additional support and resources to eliminating 10 of the most common NTDs.

Key achievements include:
- 1 billion people treated for at least one neglected tropical disease in 2015 alone.
- 556 million people received preventive treatment for lymphatic filariasis (elephantiasis).
- More than 114 million people received treatment for onchocerciasis (62% of those requiring it).
- Only 25 cases of Guinea-worm disease reported in 2016, putting eradication within reach.
- Cases of human African trypanosomiasis (sleeping sickness) have been reduced from 37,000 new cases in 1999 to well under 3000 cases in 2015.
• Trachoma – the world’s leading infectious cause of blindness – has been eliminated as a public health problem in Mexico, Morocco, and Oman. 185,000 trachoma patients had surgery for trichiasis worldwide and more than 56 million people received antibiotics in 2015 alone.

• Visceral leishmaniasis: in 2015 the target for elimination was achieved in 82% of sub-districts in India, 97% of sub-districts in Bangladesh, and in 100% of districts in Nepal.

• Only 12 reported human deaths were attributable to rabies in the WHO Region of the Americas in 2015, bringing the region close to its target of eliminating rabies in humans by 2015.

However, the report highlights the need to further scale up action in other areas. “Further gains in the fight against neglected tropical diseases will depend on wider progress towards the Sustainable Development Goals,” said Dr Dirk Engels, Director of the Department of Control of Neglected Tropical Diseases. Meeting global targets for water and sanitation will be key. WHO estimates that 2.4 billion people still lack basic sanitation facilities such as toilets and latrines, while more than 660 million continue to drink water from “unimproved” sources, such as surface water. Meanwhile, global concern about the recent outbreaks of Zika virus disease, and its associated complications, has re-energized efforts to improve vector control. In May this year, the World Health Assembly will review proposals for a new Global vector control response. There are also brighter prospects to prioritize cross-sectoral collaboration to promote veterinary public health.

4. MEMBER UPDATES
4.1 ICO

The first Francophone Leadership Development Program of the African Ophthalmology Council (AOC) kicked off November 29–30, 2016, in Cotoneau, Benin, in conjunction with the 11th Congress of the Société Africaine Francophone d’Ophtalmologie (SAFO).

With an opening message from SAFO President, Prof. Fanny Adama, a class of 25 participants from 13 Francophone African countries participated in the program. Prof. Komi Balo, SAFO Leadership Development Program Director, oversaw the program. Faculty included Prof. Neeru Gupta (Vice President, ICO) who covered communication, negotiation, and governance of world-class organizations, Dr. Mike Brennan (American Academy of Ophthalmology) who addressed leadership traits and key partnerships, and Dr. Annick Mwilambwe (Canadian Ophthalmological Society) who facilitated discussions. The class will graduate in conjunction with the SAFO Congress November 2018 in Dakar, Senegal.
4.2 FIRST NON-PROFIT SUBSPECIALTY EYE HOSPITAL AND TRAINING INSTITUTE OPENS IN FRANCOPHONE AFRICA

Dedicated to delivering comprehensive, high-quality, and affordable eye care and to training ophthalmologists and allied ophthalmic personnel, the Magrabi-ICO Cameroon Eye Institute (MICEI) in Yaoundé was officially inaugurated on March 29, 2017.

MICEI is the first not-for-profit subspecialty and training eye hospital in the Central Africa Region and offers services— independent of a patient’s ability to pay—for cataract, glaucoma, retina and vitreous surgery, paediatric ophthalmology, cornea, refractive surgery, orbit and oculoplastic surgery, and neuro-ophthalmology.

In conjunction with the University of Yaoundé, MICEI will offer hands-on training to educate the eye care experts of tomorrow for Cameroon and the region. The Institute is equipped with state-of-the-art technology and is operated in accordance with the strictest international standards. Prime Minister Philemon Yang presided over the inauguration on behalf of the President of Cameroon and recognized the critical contributions of the primary donor, chairman of the Africa Eye Foundation, and leader of the project Dr. Akef el-Maghraby; MICEI Chief Executive Officer Prof. Daniel Etya’ale; and MICEI Medical Director Dr. Henry Nkumbe.

Also participating were government ministers, and representatives from key partners, such as the ICO, CBM, The Fred Hollows Foundation, Latham & Watkins, Lions Club, Orbis, Seeing is Believing, Sightsavers, Thea Foundation, and the University of Yaoundé, as well as ophthalmic industry

Learn more about MICEI and support its endeavours

4.3 FAN Welcomes Tony Hulton as Interim Chief Executive

Vision for a Nation is delighted to welcome Tony Hulton as Interim Chief Executive. Tony will lead a 6-month review of the charity’s future strategy on behalf of the Board of Trustees. This will inform Vision for a Nation’s future direction and ambitious plans to scale its work to other countries around the world. Tony has managed a variety of private, public and not-for-profit organisations having started his career in the British Army and Foreign & Commonwealth Office.

"I am delighted to be joining Vision for a Nation and I look forward to building on what we have learnt in Rwanda by working with our team and partners to develop a creative, flexible and efficient plan, which will advance our vision for a world in which every nation provides its citizens with local access to affordable eye care."
Thank you to all of you who have already expressed an interest in attending this year’s meeting of the Neglected Tropical Disease (NTD) NGO Network (NNN) from 28th - 30th September 2017 in Dakar, Senegal. We are very excited that this will be another great meeting.

The meeting will be held at the King Fahd Hotel [http://www.kingfahdpalacehotels.com/en](http://www.kingfahdpalacehotels.com/en) - Accommodation is available at the King Fahd Hotel on a first come first serve basis, so we do advise you to book early, information on prices and accommodation booking forms can be found on the registration website.

We are very committed to making this meeting as participatory and action focused as possible and to do this we will be asking for your input into the development of the agenda. This will ensure that we are addressing the issues that are really relevant to our community as we support field based programmes to create a world free of NTDs. We will organize NNN plenary sessions as workshops, structured under the four themes of the BEST Framework. Information on submitting proposals on workshops will be communicated soon.

We will be focusing on the issues of common concern on the 28th and 29th September with the remaining day dedicated to meetings of the disease specific groups. Please visit the official event website for more information and register now on the registration website

IAPB TV: Click on the link for the channel you would like to view
Background: A core mission of the College of Ophthalmology of Eastern Central and Southern Africa (COECSA) is to create a forum for the exchange of ophthalmic skills, knowledge, and resources in Eastern, Central, and Southern Africa. COECSA established this commitment with its institutional members in an effort to foster regional postgraduate ophthalmology exchanges, a COECSA priority since 2015. In 2016, at the AFREhealth Symposium in Nairobi, Kenya, COECSA’s leadership connected with representatives from GEMx, a service of the Educational Commission for Foreign Medical Graduates (ECFMG®). COECSA and GEMx are partnering to help COECSA realize its goal.

Am I Eligible to Participate?: Interested ophthalmology residents from the participating institutions listed above should contact their institution directly to determine whether they are eligible to participate in an elective exchange through GEMx.

Residents who are interested in an exchange opportunity should establish a GEMx account at https://students.gemxelectives.org. After creating an account, residents can access information through the GEMx system on the available elective opportunities offered by participating institutions, including application requirements, timelines, and learning objectives. For more information, please contact Ms. Faith Nawagi at info@gemxelectives.org.

### INSTITUTION | ELECTIVE
--- | ---
Lighthouse for Christ Eye Centre | SICS, Paediatric Ophthalmology & Strabismus, Medical DR, Glaucoma, Cornea and Anterior Segment
Mbarara University of Science and Technology | Emergency Oculoplastics and Orbit, Ophthalmology Research Skills, Infectious Keratitis, Manual Small Incision Cataract Surgery, Glaucoma Surgery, Pediatric Cardiac, Diabetic Retinopathy
Rwanda International Institute of Ophthalmology | Ophthalmology
University of Nairobi, Faculty of Medicine | Ocular Oncology (Retinoblastoma), Oculoplastics, Glaucoma, Paediatric Ophthalmology Retina
University of Zambia School of Medicine | Anterior Segment and Small Incision Surgery

Who Are the COECSA Institutional Partners?

- University of Zambia School of Medicine, Zambia
- Rwanda International Institute of Ophthalmology, Rwanda
- Mbarara University of Science and Technology, Uganda
- University of Nairobi Faculty of Medicine, Kenya
- Lighthouse for Christ Eye Centre, Kenya
4.6 HIFA: ACCESSING SYSTEMATIC REVIEWS

WHO has united its regional index medicus projects into a Global Index Medicus at http://www.globalhealthlibrary.net/php/index.php

The best source for African journals now is probably African Journals Online/AJOL (https://www.ajol.info/) . Below is summary of other indexes reproduced from the excellent AJOL site.

- The Directory of Open Access Journals (DOAJ) is a collection of over 5,000 free, full-text, quality-controlled scientific and scholarly journals from all over the world.
- Bioline is a non-profit journal aggregator of Open Access (free full text) biomedical journals containing research from developing countries.
- BioMed Central is a publishing initiative committed to providing immediate open access to peer-reviewed biomedical research.
- Science in Africa - Africa's first online science magazine. Free electronic newspapers and journals on and from Africa.
- AMEDEO is a free information resource for healthcare professionals. Also see http://www.freemedicaljournals.com/
- The Public Library of Science (PLoS) is a non-profit organization of scientists and physicians committed to making the world's scientific and medical literature a freely available public resource.
- SciELO - Scientific Electronic Library Online is a model for cooperative electronic publishing of scientific journals on the Internet.
- ResearchGATE is a free of charge, online research platform with meta-data of around 35 million articles and publications and tens of thousands of full-texts available, focused on the sciences but open to all disciplines.

Over 3000 Open Access books, journals and digital documents relating to African policy issues can be found at the African Portal Library.

4.7 GLOBAL HEALTH ACADEMIC/WHO CREATE WORLD’S FIRST HEALTH FINANCING GUIDE

International health specialists at Queen Margaret University, Edinburgh have produced the world’s first health financing guide to help countries provide quality health care without their population facing catastrophic consequences.

The new document, which has been developed in collaboration with the WHO, helps guide countries create a national health financing strategy which will extend coverage of essential health care packages at affordable prices to their entire population, but with an emphasis on early scale up to the most vulnerable groups.

Sophie Witter, Professor of International Health Financing and Health Systems, Queen Margaret University, said: “Up until now, there has been no guide to support countries in developing health financing strategies – these lay out how a country can fund its healthcare, how to allocate funding and what services can be purchased with that funding. These are all critical elements in ensuring the health and financial protection of the population.”

Developing a National Health Financing Strategy: A Reference Guide can be found at via this link.
5. EVENTS
5.1 RECENT EVENTS

1st International Symposium on Community Health Workers, 21-23 February 2017, Kampala

Theme: Contribution of Community Health Workers in the attainment of the Sustainable Development Goals

It became apparent that there is a strong need to continue the dialogue between local, national, and global stakeholders involved in CHW programmes. It was proposed at the Symposium that such events be held every two years. The organisers of the first Symposium are committed to supporting this in conjunction with other partners such as the Health Systems Global Thematic Working Group on Supporting and Strengthening the Role of Community Health Workers in Health System Development and other interested networks and projects. Countries / institutions interested in hosting the second Symposium should begin to explore this opportunity.

In order to stay involved in the discussion and ongoing cross-country collaboration, the following platforms are available to continue the dialogue and learning:

- Healthcare Information for All (HIFA) – www.hifa.org
- Key resources and discussions can be found and contributed to CHW Central – www.chwcentral.org
- Become a member of the Health Systems Global Community Health Workers Thematic Working Group (HSG TWG) and receive important updates on latest health systems research and knowledge translation, as well as contribute to the dialogue. Email faye.moody@lstmed.ac.uk for more information on how to join. For questions or more information, please contact chwsymposium@musph.ac.ug.

5TH African Health Workforce Forum, Kampala, 19-21 April 2017

The African Platform is the regional arm of the Global Health Workforce Network (GhWN) that was launched in Geneva last December as the successor to the Global Health Workforce Alliance (GHWA). The Forum:

1. Reviewed the status of implementation of the “Road Map for Scaling up Human Resources for Health for improved health service delivery in the African Region 2012–2025”
2. Built understanding of relevant recent developments such as the new WHO “Global Strategy on Human Resources for Health, the African Health Strategy and the Five-Year Action Plan to implement the Recommendations of the High-Level Commission on Health Employment and Economic Growth
4. Reviewed the role of the health workforce in Africa in advancing the movement towards Universal Health Coverage, as a part of the means to attain the SDGs.

With the global health workforce crisis deepening rather than being resolved, this was a timely gathering of health workforce leaders in Africa to assess progress to date and explore new possibilities in resolving the crisis. The gravity of the situation (now estimated at a shortage of 6 million health workers in Africa alone) was emphasized by both the Uganda Minister of Health, who opened the Forum and the Ugandan Prime Minister, who closed the meeting.

High level discussions focused on mobilizing domestic resources, enhanced collaboration and partnership, innovative learning approaches, shifting the debate from health as a cost to health as an investment and implementing the WHO Code of Conduct.

At times, these high level discussions might appear to be of little direct relevance to the specific operational challenges faced by member agencies on the ground, but as we continue to align our work with broader health and development priorities it is vital that our collective voice is heard and that we continue to influence mainstream thinking. For example, we are now confident that ophthalmic nurses will be part of the new Global Nursing Campaign.

5.2 UPCOMING EVENTS

The AFREhealth 2017 SYMPOSIUM: 1st to 3rd August 2017

In Vol. 5, No.3 we reported on the final MEPI/NEPI Symposium in Nairobi and noted the emergence of AFREhealth in its place. IAPB was delighted to present on the eye health workforce crisis at that Symposium and many new contacts were made with leading figures in the broader health workforce arena.

This important symposium in August, with the theme of ‘Leadership and Capacity Building’, will undoubtedly appeal to many of our member agencies engaged in exactly these aspects of workforce development and will enhance our collective understanding of how these challenges are addressed in the roader health arena. Members are encouraged to attend and present!

Theme: Leadership and Capacity building for Health Professions Education & Research in Africa.

Sub-themes

- Scaling up Health Professions Education in Africa
- Institutional capacity for supporting Research
- Health Workforce preparedness and effective response to HIV/AIDS and disasters & epidemics
- The burden of Non Communicable Diseases in Africa
4th Global Forum On Human Resources For Health

The 4th Global Forum on Human Resources for Health will be held in Dublin, Ireland from 13-17 November 2017 hosted by the World Health Organization, the Global Health Workforce Network, Trinity College, Dublin, Irish Aid and the Department of Health. The Forum represents a unique opportunity to engage a multi-sectoral group of actors across the education, finance, health and labour sectors; multilateral and bilateral agencies; academic institutions; health professional associations and civil society, in a coherent advocacy platform.

The theme of the 4th Global Forum is achieving the Global Strategy on Human Resources for Health milestones and the Commission’s recommendations. The Forum will: take stock of progress since the 3rd Global Forum; inform on innovations in workforce policy and practice; engage with and capture the views of various stakeholder groups on advancing implementation to reach the agreed GSHRH milestones by 2020 and 2030; promote collective actions across various stakeholder groups to accelerate implementation towards achieving global and national priorities and targets; and promote learning, sharing, networking, and collaboration among HRH stakeholders. For more information click here.

5th Annual COECSA Scientific Congress

5th Annual COECSA Scientific Congress
Uganda Ophthalmological Society
16th, 17th - 18th August 2017
Speke Munyonyo Resort, Kampala, Uganda
http://www.coecsacongress.net/
6. COURSES

6.1 Free online ‘Open’ courses for eye health from the International Centre for Eye Health, LSHTM

FutureLearn

- Global Blindness: Planning and managing eye care services (starts February 20th)
  www.futurelearn.com/courses/global-blindness
- Eliminating Trachoma (starts April 17th) www.futurelearn.com/courses/eliminating-trachoma
- Diabetic retinopathy: patient to health system (starts Autumn 2017)

Open Study at LSHTM

- Ophthalmic epidemiology 1: Basic principles
- Ophthalmic epidemiology 2: Application to eye disease

Self-enrol on Open Study courses: http://open.lshtm.ac.uk/ (click ‘Open Access courses’) 

More eye health courses are planned for 2018/19: Retinopathy of prematurity, Research skills for eye care and Glaucoma.

6.2 New Online Graduate Certificate in Eye Banking

Developed by leading international experts in this sector, the Graduate Certificate in Eye Banking is a self-paced online course conveniently mapped out across 3 subjects, allowing completion within as little as one year of part-time study. The online course is designed to deliver a comprehensive, advanced theoretical and technical -evidence-based education program to; existing eye bankers wishing to expand their knowledge, those new to the field and peers working in related and relevant sectors.

Students will gain valuable education on the role of the eye bank within the health system, common eye conditions requiring transplantation, donor selection, tissue allocation, the systems and regulations that underpinning ocular transplantation, and the diversity and differences in the management of eye tissue around the world. An additional component of this coursework will explore bioethics in both the national and international context. The Graduate Certificate offers a comprehensive understanding of the sector and advanced knowledge of donor and process management, whilst the nested Specialist Certificate focuses on the introduction and foundation of eye banking. While endorsed by the Eye Bank Association of Australia and New Zealand (EBAANZ) and supported by the Centre for Eye Research Australia (CERA) and Donatelife Australia, the course is universally applicable and relevant to the international audience.

Applications will close on 31st July 2017 for the Specialist Certificate in the Fundamentals of Eye Banking
7. Funding News

**NIDOS is becoming Scotland's International Development Alliance**

As part of our new strategic plan for 2017-2020, NIDOS will become *Scotland's International Development Alliance*. NIDOS members agreed unanimously on the name change at our general meeting on 23 March. We aim to start using the new name along with a newly redesigned website and branding in May, with a formal launch at our Annual Conference & AGM on 13 September 2017.

---

**Scottish Government Small Grants 2017-18:** The Scottish Government has announced that ten projects will be funded under the fourth round of the International Development Small Grants Programme. The list of funded organisations includes nine NIDOS members. [Read more.](#)

---

**DFID announces funding for small charities:** International Development Secretary Priti Patel has announced new DFID funding for small organisations. The Small Charities Challenge Fund will be open to UK-registered organisations with incomes under £250,000. [Read more.](#)

---

140 million euros of EU funding a year at risk for UK NGOs after Brexit: U.K. NGOs could miss out on 140 million euros ($150 million) of funding a year from the European Union as a result of Brexit, according to new research by Bond, the U.K. NGO network, with some organizations saying they are already feeling the impact. Read the full article [here.](#)

Australian foreign aid cuts under fire: 'Australia is not taking its place in the world' Danish former PM: The former prime minister of Denmark says Australia is failing to take its place in the world and the country's paltry foreign aid contributions have made it less influential on the world stage. Appearing on the ABC's Q&A program, Helle Thorning-Schmidt, who led Denmark's Social Democrats in office between 2011 and 2015, said Australia was missed on the world stage as a result of its diminished role. Read the full article [here.](#)

8. KNOWLEDGE

1. **EYE HEALTH**

Oswald, Stewart et al., *Active Trachoma and Community Use of Sanitation, Ethiopia*, Bull., WHO, 95, 2017


2. HEALTH WORKFORCE


Seidman, G & Atun, R., *Does Task Shifting Yield Cost Savings and Improve Efficiency for Health Systems? A Systematic Review of Evidence from Low-income and Middle-income Countries*, Human Resources for Health201715:29


Austin-Evelyn K; Rabkin M; Macheka T: *Community Health Worker Perspectives on a New Primary Health Care Initiative in the Eastern Cape of South Africa*. PLoS ONE 12(3) 2017


3. HEALTH

Blanchet, Nam et al., *Governance and Capacity to Manage Resilience of Health Systems: Towards a New Conceptual Framework*, IJHMP, 6, 2017


Okungu, Chuma et al., *The Cost of Free Health Care for all Kenyans*: International Journal for Heath in Equity, 16:1, 2017


Gergen J; Josephson E; Coe M; Ski S; Madhavan S; Bauhoff S: *Quality of Care in Performance-Based Financing*: Global Health: Science and Practice 5(1) 90-107, 2017

Rasanathan, Bennett et al: *Governing Multi-sectoral Action for Health in Low- and Middle-Income Countries*. PloS Medicine 14(4) e1002285, 2017

The Lancet Global Health Commission on High-Quality Health Systems in the SDG Era, Margaret E, Muhammad Pate, Zoë Mullan Published: 13 March 2017

DOI: [http://dx.doi.org/10.1016/S2214-109X(17)30101-8](http://dx.doi.org/10.1016/S2214-109X(17)30101-8)


'The Lancet Global Health has commissioned a major report: The Lancet Global Health Commission on High-Quality Health Systems in the SDG Era (HQSS Commission)... The Commission's specific aims are to (1) define health system quality, (2) describe quality of care and its distribution across tracer SDG conditions, (3) propose practical measures of quality, and (4) identify structural approaches to improve quality. The work will be underpinned by an exploration of the ethical dimensions of quality, including the right to quality health-care and equity...'