

# 2017 ICEH Alumni Workshop - Presentation Summary



Name	Summary of alumni presentation	Challenges	Positive outcomes	Goals for the next 2-3 years
<b>Ranad Maswadi</b> <i>Palestine</i>	<ul style="list-style-type: none"> <li>Cataract is the main cause of blindness in the occupied Palestinian territories</li> <li>Aim of study: analyse the eye health system in relation to cataract services in the OPT.</li> </ul> <p>Findings:</p> <ol style="list-style-type: none"> <li>CSR in the OPT is 2117. EMR-WHO target is 3000 by 2020.</li> <li>Cataract services in the OPT are NGO-dominated in terms of output and donor-decision making.</li> <li>Public sector is weakest in terms of less HR, training, equipment, maintenance, output &amp; strategic planning.</li> <li>Referral system compensated for defects at government facilities.</li> <li>Discrepancy between government centres in west bank and Gaza strip.</li> <li>Political situation affects government stewardship and ability to do planning for eye care and commitment to VISION 2020.</li> </ol>	<p>Findings:</p> <ol style="list-style-type: none"> <li>Difficulty getting to stakeholders</li> <li>Scarce job opportunities in public health in our region</li> <li>Combine clinical work and public health</li> </ol>	<ul style="list-style-type: none"> <li>New approach to blinding diseases from a public health prospective</li> <li>Research skills</li> <li>Connections from all around the world</li> <li>Opportunity to present findings at national conference</li> <li>Chance for advocacy</li> <li>Publication of study</li> </ul>	<ul style="list-style-type: none"> <li>Combine public health for eye care with clinical ophthalmology</li> <li>Participate in the establishment of eye health committee in the OPT</li> </ul>
<b>Greer Iton</b> <i>Trinidad &amp; Tobago</i>	<ul style="list-style-type: none"> <li>Total number of children having serviced spectacles still unknown</li> <li>At least 201 cases reached the end point of spectacles of a possible 937 during the designated time period</li> <li>Many more are likely to have received also but because of discrepancies within programme these were previously unknown</li> </ul>	<ul style="list-style-type: none"> <li>Balancing clinical work in hospital and public health</li> <li>Facing resistance from persons who do not appreciate value of public health</li> <li>Not knowing where to start with my new public health knowledge</li> </ul>	<ul style="list-style-type: none"> <li>Much happier to be back in my old job – appreciation for patient perspective</li> <li>Potential for networking</li> <li>Enthusiasm for research</li> <li>No longer feeling stagnant and aware of how much the world has to offer</li> </ul>	<ul style="list-style-type: none"> <li>Start residency programme in ophthalmology</li> <li>Shift from hospital setting full time, initially part time to primary care centres to be involved more actively in and develop primary eye care in Trinidad &amp; Tobago</li> <li>Further research</li> </ul>

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	<ul style="list-style-type: none"> <li>Despite all issues, children who were invited for spectacle wear showed compliance of 55% higher than in many countries, encouraging for the programme</li> </ul>			<ul style="list-style-type: none"> <li>Achieve first and hopefully more publication(s)</li> <li>Active community and national health promotion on PEC</li> </ul>
<b>Monsudi Kehinde</b> <i>Nigeria</i>	<ul style="list-style-type: none"> <li>Evaluation of cataract surgical service in Kebbi State, North Western Nigeria</li> <li>Methods: descriptive analytical cross-section study. Using questions</li> <li>Results: enough equipment in the cataract surgical services</li> <li>Unknown: State hospital do more cataract surgery</li> <li>Not enough eye care worker in cataract service delivery</li> </ul>	<ul style="list-style-type: none"> <li>Long waiting list at state hospital</li> </ul>	<ul style="list-style-type: none"> <li>The federal hospital agreed to reduce the cost of surgery</li> <li>The NGO working in the state promise to training indigenous ophthalmologist</li> <li>The federal medical centre hospital is trying to establish a linkage and partnership with NGO</li> </ul>	<ul style="list-style-type: none"> <li>Commence residency programme</li> <li>Planning to enter university as a lecturer</li> <li>Oculoplastic subspecialty</li> </ul>
<b>Nasiru Muhammad Abubakar</b> <i>Nigeria</i>	<ul style="list-style-type: none"> <li>Rapid assessment of avoidable blindness in Wuruno health zone of Sokoto State Nigeria</li> </ul>	<ul style="list-style-type: none"> <li>Balancing clinical duties and addressing public health needs</li> <li>Access and availability of research grants</li> </ul>	<ul style="list-style-type: none"> <li>Data available for advocacy to further improve eye care</li> <li>Evidence of impact of the investments made in eye care in Sokoto State</li> <li>Usable data to improve quality of care provided to the population</li> </ul>	<ul style="list-style-type: none"> <li>Publish research findings</li> <li>Engage stakeholders in advocacy and improving the access and quality of eye care services</li> <li>Develop proposals that could attract research grants</li> <li>Promote research in the hospital/university where I work</li> </ul>
<b>Nadia Ben Meriem</b> <i>France / United Kingdom</i>	<p>My dissertation gave me the opportunity to have my first experience in research in public health I knew it was something I wanted to pursue and this summer project reinforced this. I was glad to realise this after coming back to London. The leadership and governance training was something I will repeat in other African countries and do the same type of evaluation</p>	<ul style="list-style-type: none"> <li>Trying to find a path to where I want to go next</li> <li>Focus on applying to PhD at some point and not forgetting or giving up on that idea</li> </ul>	<ul style="list-style-type: none"> <li>Pursue a career that combines public health and research is something I want to do and I do feel I am on the right path</li> <li>Lecture in PHEC in Francophone African countries</li> <li>Presenting at International Conferences</li> </ul>	<ul style="list-style-type: none"> <li>My contract got extended to another two years at Imperial College London</li> <li>While I continue working there, I want to cease appointments that will help me get to a PhD programme or DrPH at LSHTM</li> <li>I intend to have at least 3 publications in the next</li> </ul>

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			<ul style="list-style-type: none"> <li>Starting a career in NTDs programme and building a reputation in the field</li> </ul>	<ul style="list-style-type: none"> <li>year and 2 for which I will be first author</li> </ul>
<p><b>Abdullahi Idris</b> <i>Nigeria</i></p>	<ul style="list-style-type: none"> <li>Acknowledgement to BCPB, CSSS, lecturers, ICEH staff</li> <li>Reported back to work</li> <li>Summer Project: Evaluation affirming eye care services in Jigawa State North-Western Nigeria.</li> <li>Need for training, supportive supervision and supply for basic PEC.</li> </ul>	<ul style="list-style-type: none"> <li>Putting knowledge and skills into practice</li> </ul>	<ul style="list-style-type: none"> <li>Gained the knowledge and skills to implement eye care programme from the MSc</li> <li>Networking with colleague and staff of ICEH</li> <li>Summer project: presence of HS support to PEC</li> </ul>	<ul style="list-style-type: none"> <li>Complete residency programme</li> <li>Involve in public health approach, opportunity gets to my way</li> <li>Publish, do more research and look into doing PhD.</li> </ul>
<p><b>Sucheta Kulkarni</b> <i>India</i></p>	<p>Project Findings:</p> <ul style="list-style-type: none"> <li>Screening failure is responsible for most ROP blindness (74%)</li> <li>There are very few referrals (9%) from paediatricians</li> <li>Most blind cases from Pune city from public sector and most from smaller cities are from private sector</li> <li>Impact of having a blind child on family is widely variable as follows</li> <li>Social inclusion</li> <li>Development of child</li> <li>Negative effect on interpersonal relationships</li> <li>Financial difficulties</li> <li>There is no access to counselling, rehab services</li> </ul>	<ul style="list-style-type: none"> <li>Making the decision makers and team members understand public health perspective</li> <li>Finding time to pursue research amongst busy clinical/administrative responsibilities</li> </ul>	<ul style="list-style-type: none"> <li>Could raise funds for research and equipment</li> <li>Paper from summer project ready to be submitted for publication</li> <li>Planned two epidemiological studies (RAAB + DR, blind school survey)</li> <li>Improved training programme for paramedical ophthalmic personnel</li> </ul>	<ul style="list-style-type: none"> <li>Engage in qualitative research epidemiological and operational research</li> <li>Publish papers</li> <li>Improve primary eye care delivered by my institute</li> <li>Improve training programmes for ophthalmology residents and fellows</li> <li>Engage in advocacy</li> </ul>
<p><b>Aldiana Halim</b> <i>Indonesia</i></p>	<ul style="list-style-type: none"> <li>Past story of eye care programmes in Indonesia</li> <li>Huge burden of blindness in Indonesia</li> <li>Ministry of Health has completed RAAB in 15 provinces</li> </ul>	<ul style="list-style-type: none"> <li>MoH has no experience to convert baseline data from RAAB to Action plans</li> <li>Eye care programme is not priority</li> <li>No coordinator programme of eye care</li> </ul>	<ul style="list-style-type: none"> <li>The situational analysis tool helps to analyse the gaps between the needs and existing capacity</li> <li>MoH creates activities in eye care</li> </ul>	<ul style="list-style-type: none"> <li>Develop eye care action plan in 15 provinces where RAAB had been done</li> <li>Pilot the action plan at district level</li> <li>Duplicate the plan at other districts</li> </ul>

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	<ul style="list-style-type: none"> <li>Developing excel framework for situational analysis tool for blindness control programme</li> </ul>			<ul style="list-style-type: none"> <li>Develop monitoring system of eye care plans</li> </ul>
<b>Hafsat Isa</b> <i>Nigeria</i>	<ul style="list-style-type: none"> <li>Glaucoma is the second leading cause of irreversible blindness worldwide</li> <li>Poor awareness about the disease and not enough Ophthalmologists and Optometrists</li> <li>No one off screening test for the disease</li> <li>Study done in Nasarawa State of Nigeria</li> <li>Explored new ways of screening for glaucoma in the community by training spectacle sellers in the markets to do visual acuity and visual field testing using the E chart and elephant counting tests respectively</li> <li>Effectiveness of referral was assessed</li> <li>Seven new glaucoma patients found during study period, (14%) including other blinding eye diseases of public health significance</li> <li>Acknowledgement to CSSS, BCPB and ICEH</li> </ul>	<ul style="list-style-type: none"> <li>Tight Budget</li> <li>Breakdown of CVF machine during study so not all patients had CVF done</li> <li>There was low attendance rate of referred clients to the Hospital possibly due to Ramadan period and travel costs</li> <li>Very few females turn out? Underestimation</li> <li>After MSc Difficult combing clinical work with public health</li> </ul>	<ul style="list-style-type: none"> <li>Motivated spectacle sellers that now have confidence in the eye clinic and prevention of blindness campaign. Sellers referred patients after training</li> <li>New cases of glaucoma were diagnosed</li> <li>Consistency in the findings i.e. many patients ever visited a spectacle seller prior to diagnosis</li> <li>Spectacle sellers can be trained as informal part of eye care team and possibly integrated into primary eye care</li> </ul>	<ul style="list-style-type: none"> <li>To enrol in a formal residency training program</li> <li>To continue research on early detection of Glaucoma</li> <li>Replicate same study in other geo political zones of the country so as to compare findings</li> <li>Publish results of findings of summer project</li> </ul>
<b>Usha Dhanesha</b> <i>UK</i>	<ul style="list-style-type: none"> <li>Visual impairment prevalence in Tigray</li> </ul>	<ul style="list-style-type: none"> <li>Networking in Ethiopia</li> <li>Funding</li> <li>Government funding</li> <li>Audit and collecting accurate data</li> </ul>	<ul style="list-style-type: none"> <li>Completing the MSc</li> <li>Networking with different organisations involved in prevention of blindness</li> <li>The bond with my fellow students</li> <li>IT skills progressed</li> </ul>	<ul style="list-style-type: none"> <li>To work closely with special education needs and Tigray regional health board and education board to develop vision screening and the pathways to support managing outcomes with the zonal hospital</li> </ul>

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				<ul style="list-style-type: none"> <li>To work with IAPB to undertake audits of the service and its effectivity</li> </ul>
<p><b>Karen Sparrow</b> <i>UK</i></p>	<ul style="list-style-type: none"> <li>Completed the first Botswana Optometry workforce survey and identified challenges and enables to recruiting and retaining public sector optometrists across hospitals in Botswana</li> <li>Also ran my first half marathon at Victoria falls after data collection</li> <li>Got a job as Training &amp; Development Manager at Peek Vision</li> </ul>	<ul style="list-style-type: none"> <li>Small and decreasing number of public health optometrists (limited cohort size)</li> <li>Internal bureaucracy and barriers within MoH</li> </ul>	<ul style="list-style-type: none"> <li>Strengthened relationship with Botswana Optometrists Association (BoA)</li> <li>Greater collaboration between BoA and MoH</li> <li>Salaries and scarcity allowances under review with MoH (scarcity allowance approved) to start to align public sector optometrists salary &amp; benefits with comparable clinicians</li> <li>Additional workforce data to be analysed in the future</li> </ul>	<ul style="list-style-type: none"> <li>Develop Peek Vision Training Support for partners using Peek tools and systems in the field</li> <li>Train others in partner organisations (TOT) to disseminate and cascade training of Peek tools and systems for increased scale, reach and impact</li> <li>Publish articles from project</li> <li>Lobby world council of optometry to support optometry workforce surveys in other countries / globally</li> </ul>