Learnings from the ICO Task Force
on uncorrected refractive errors and school eye health

Produced by the ICO Task Force on Uncorrected Refractive Errors and School Eye Health
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Acronyms and Abbreviations

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<tr>
<td>CBM</td>
<td>Christoffel-Blindenmission</td>
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<tr>
<td>CPD</td>
<td>Continuing professional development</td>
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<td>CVC</td>
<td>Community vision centre project (Pakistan)</td>
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<td>EMR</td>
<td>Eastern Mediterranean Region</td>
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<td>HRD</td>
<td>Human resource development</td>
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<td>ICO</td>
<td>International Council of Ophthalmology</td>
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<td>ICT</td>
<td>Information and Communication Technology</td>
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<td>IJCAHPO</td>
<td>International Joint Commission for Allied Health Professionals in Ophthalmology</td>
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<tr>
<td>INGDO(s)</td>
<td>International non-government development organisation(s)</td>
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<td>MEACO</td>
<td>Middle Eastern and African College of Ophthalmologists</td>
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<td>NIURE</td>
<td>National Intervention on Uncorrected Refractive Errors (Uganda)</td>
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<td>PAAO</td>
<td>Pan-American Association of Ophthalmologists</td>
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<td>PAHO</td>
<td>Pan-American Health Organization</td>
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<td>SEH</td>
<td>School eye health</td>
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<td>URE</td>
<td>Uncorrected refractive error</td>
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<td>UREIG</td>
<td>Uncorrected refractive error interest group</td>
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<td>WCRE</td>
<td>World Congress on Refractive Error</td>
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Photographs on front cover courtesy of Wolfgang Gindorfer, NIURE – Uganda (top) and Dr. M. Babar Qureshi (bottom)
As the ICO and world ophthalmology began to focus on uncorrected refractive error, Dr. Babar Qureshi was asked to lead the ICO effort in this regard. He quickly put together an outstanding group of colleagues that proceeded to evaluate the provision of refractive and diagnostic services to school children both in Pakistan and Nigeria. Working with Light for the World in a marvellously collaborative manner, this study was confronted with numerous challenges, well described in this report.

The International Council of Ophthalmology is so grateful to Dr. Qureshi and his team for doing this study and carefully and articulately describing learnings from it.

I would also like to thank Johannes Trimmel for his support and partnership during this entire study. Light for the World was an understanding and wonderful partner.

The implications are many, and the challenge in the world remains. This first step by the ICO will be invaluable as we recommend actions for the future to our colleagues.

Professor Bruce Spivey

It is with great pleasure that I write to introduce this important work and the report of Dr. Qureshi and the Task Force on Uncorrected Refractive Error.

The Durban Declaration of 2007 recognised the role of uncorrected and under-corrected refractive error as major causes of blindness and vision loss and that it was a problem of global significance.

Prior to that almost all data on vision loss assumed that everyone would already possess their best correction!

To address this important issue the International Council of Ophthalmology established this Task Force. The Task Force has done an outstanding job to develop guidelines and curricula, and to implement some highly successful demonstration training and service delivery programs. From this work have emerged three key principles, the need for integration, coordination and advocacy. All of this work and future work needs to be done in collaboration and we are all most grateful to with partners with whom the current work was performed.

I commend and thank Dr. Qureshi and all the members of the Task Force for this important contribution.

Professor Hugh Taylor AC

Photo courtesy of University of Melbourne
The ICO URE & SEH committee would like to thank LIGHT FOR THE WORLD for the generous provision of resources in terms of financing the pilot programmes, provision of time and expertise as well as continued support to the cause of uncorrected refractive errors and school eye health globally.

The committee further likes to thank CBM for its continues technical support as well as chartering new frontiers with ICO in the field of uncorrected refractive errors.

We would like to thank all the people who have contributed to the implementation of the pilot programmes, especially the JOS university teaching hospital Nigeria, the comprehensive health and education forum international CHEF and the LIONS institute of community ophthalmology, Madurai, India.

Acknowledgements

On a special note, the committee would like to acknowledge the strong and visionary leadership of Prof. Bruce Spivey and his wholehearted support which led to the formation of this task force and its sustained achievements globally.

We are truly grateful to Wolfgang Gindorfer for having supported the task force as the secretary for all this years as well as providing a very high technical input to the task force and to the programmes that we have been able to achieve.

Finally, the task force expresses its sincere appreciation to Dr. Gillian Cochrane for voluntarily developing and formatting the manuscript and Dr. Serge Resnikoff for providing additional information.

Dr. Babar Qureshi
Chairman ICO Taskforce on URE and School Eye Health

Photo courtesy of CBM
Membership of the ICO Task Force

The ICO Task Force on Uncorrected Refractive Errors and School Eye Health was established in 2007 in response to the Durban Declaration of the same year.

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Envisaged outcomes of the ICO URE & SEH strategies

1. Identify the magnitude of uncorrected refractive errors (URE) and the unmet need for refractive services broken down geographically. Decentralised URE interest groups are gathering information and planning accordingly.
2. Provide guidelines to operationalize the 2007 Durban Declaration and the 2010 Durban Commitment. Strategic plan of the ICO Task Force is developed and being implemented accordingly.
3. Access different existing models for meeting the public needs in terms of HRD (Optometrists, Refractionists, Orthoptists), Infrastructure, Technology & Management. Training curricula have been developed applying lessons learnt from existing training institutions. Equipment recommended for the provision of refraction services acknowledging location constraints including availability of utilities (power, water and telecommunications supply).
4. Promote successful models and their adoption and implementation in different countries. Different pilot initiatives have been developed and lessons learnt are being shared internationally. Relevant learnings are being rolled-out in different underserved countries cognisant of individual country-specific needs.
5. In collaboration with other stakeholders define and promote guidelines for curriculum development for training in refraction. Training curricula in reference of URE has been developed, available in four languages and disseminated for standardized training of para-medics working in the field of ophthalmology with strong emphasis on African countries.
During the first World Congress on Refractive Error (WCRE) in Durban 14-16 March 2007, the Durban Declaration on Refractive Error was affirmed and signed in front of key international non-government development organisations (INGDOs) and eye care bodies.

It affirmed that uncorrected refractive error was a public health problem of great social and economic cost especially to developing communities where poverty is rife.

The Declaration states that the following areas need to be preferentially addressed:

1. Create global awareness of the impact of refractive error on sufferers, their families and community and the need for services;
2. Advocate to National Governments and world health care agencies for the policies, services and resources required to meet the needs.
3. Strive to overcome the barriers that prevent those with refractive error and low vision from obtaining the same services, rights and opportunities as others;
4. Ensure refractive error services are prioritised in planning and development of National Health Plans;
5. Invest in training of eye care workers and professionals;
6. Support the establishment of global distribution channels to make high quality spectacles available;
7. Encourage research and application of the results to achieving the most effective solutions; and
8. Work to build relationships with private sector and service providers to expand availability of sustainable services

The Commitment confirms that participants of the WCRE undertake to promote and support the Call for Action by addressing uncorrected refractive errors in an equitable fashion based on social justice, scientific evidence, training of personnel and effective deployment.


The opening plenary session set the stage for the Congress and placed the meeting and its objectives into context: uncorrected refractive error was not just a public health issue of great social and economic significance, it was also an issue of development.

This message was reinforced by leaders from human rights’ agencies: Greenpeace International, Action Aid International, Amnesty International, African Monitor and the International Council for Adult Education.

The need for inter-sectoral co-operation for poverty alleviation, the impact of poverty on communities (water scarcity, hunger and gender) and the relevance for eye care delivery was highlighted.
The interdependence of blindness and visual impairment, disability, poverty and gender are now well recognised.

Removing uncorrected refractive error as a public health problem cannot be achieved without addressing the issues of poverty and development. To do so requires a collaborative and co-operative approach within the aid industry: a deliberate effort to tackle the root cause of problems and not just treat the symptoms.

Segregation of eye health from general health is disadvantageous to raising awareness and improving prioritisation of eye health policies and strategies, which can subsequently interfere with providing adequate funding for eye health programs.

Continuing to address eye health as a separate issue will be disadvantageous to those who require it most: the majority of the global population who live in poverty.

(GM Cochrane, 2010 World Congress on Refractive Error Report for IAPB Executive)

563 million
people globally who have URE for both or either distance and near vision and would benefit from wearing corrective lenses (spectacles or contact lenses)

410 million
people globally experience significant near vision impairment that reduces their ability to function effectively for near tasks (uncorrected presbyopia) and thereby affecting employment and/or independence.

81 million
people globally live with vision impairment including blindness as a result of uncorrected refractive error that affects their distance vision.
(Bourne et al, Lancet Glob Health 2013; 1:e339-49)

US$202 billion each year
are the estimated costs of distance URE in terms of economic impact to society and individuals. (Smith et al, Bull World Health Org 2009; 87:431-437)

US$28 billion over 5 years
are the estimated costs to resolve the problem for people with URE by enabling them to access appropriate services.
(Fricke et al, Bull World Health Org 2012; 90:728-738)

48% of global vision impairment – URE
Although there is a decrease overall in prevalence of vision impairment globally (Vision Loss Expert Group 2013:Ophthal;1-8), the proportion of vision impairment as a result of uncorrected refractive error has increased from 46% in 1990. The trend is continuing to grow with the recognition of increasing prevalence of myopia and high myopia with associated blinding conditions such as myopic macular degeneration. As such, the forecast of increased human and economic impact because of corrected and uncorrected refractive error is high.

56% - 88% of children (5-15years) with significant RE are UNCORRECTED
Examples from global studies demonstrate that in China:1 where 41% of children aged 5 to 15 years were found to have significant refractive error (causing resultant VA drop to <6/12;<20/40) and 85% of those children were UNCORRECTED. In Nepal:2, although only 3% of the same aged children were found to have significant refractive error, nearly all were UNCORRECTED (88%); while in Chile:3 where 15% of children aged 5-15 years had significant refractive error, 56% of those children were UNCORRECTED.
- 22% change to global burden of vision impairment

Despite the heartening decrease in prevalence of vision impairment and blindness in 2010, there is still an increase in the proportion of vision impairment and blindness attributed to URE. (Stevens et al on behalf of the Vision Loss Expert Group 2013: Ophthal;1-8) Partly this can be accounted for by the increasing children age groups which can be over-represented in low resource settings, but also because of populations increasing faster than numbers of trained personnel available to provide appropriate services. The proportional increase to URE is further compounded by the global myopia epidemic.

2% world population with blinding myopia (2010)

There is an increasing incidence of associated retinal degenerative conditions including myopic macular degeneration which result in significant vision loss (cause blindness). The population trends indicate that in 35 years this proportion will have risen dramatically to 10%. (Holden et al, 2015 publication in preparation)

28% world population with high myopia (2010)

Furthermore, the projected figures indicate that by 2050, 52% of the world’s population will be myopic, if no interventions are applied. High myopia has been defined as ≤ -5.00DS. (Holden et al, 2015 publication in preparation). There have been promising results from a number of research projects which indicate possible methods (environmental, optical, and pharmacological) that can statistically and clinically significantly reduce the progression of myopia.

Strategic Plan 2010 to 2015

Three specific objectives were outlined in the URE Strategic Plan for the six-year period 2010 to 2015:

1. Human resource development (education)
2. Service delivery (eye care)
3. Advocacy (society and leadership development)

Within each of these objectives a number of projects were funded to facilitate the desired outcomes.

Human Resource Development – through improving education tools and opportunities

The focus of this objective has been to develop tools which facilitate the education of adult learners specifically with respect to undertaking refraction skills and working within an ophthalmic team.

Four main outcomes were targeted: to increase the number of training institutions that accept the ICO benchmarked minimum standards and core curriculum for cadres in refraction; increase the number of institutions that can provide training and continuous professional development (CPD) for cadres in refraction; ophthalmic team training addressing URE; and, training trainers in andragogy skills for adult learners and assessments.

In addition to actively providing learning materials, advocacy roles to encourage greater recognition of the necessity to prioritise human resources and training to address URE as integrated service provision within health systems were supported.

Strategic Plan 2010 to 2015

2 Service Delivery

In providing eye care services for communities most in need, the implementation of three projects in two countries have been supported by ICO. Refraction training, equipment and resultant services have been provided, as have appropriate community education to raise awareness and acceptability of new service provision. In both countries, the projects have been evaluated to assess the impact caused. Major learnings from the evaluation have been analysed and are detailed in the following section ‘Managing the lessons learned’. Additional service provision projects are being planned for regions with scare resources. Currently, negotiations are underway to establish a school eye health program in Ethiopia.

Equally as important as the implementation of service delivery projects is the accurate recording of relevant data for refraction services and also for URE. In the EMR, the recording of URE data within hospital management information systems is being explored.

In addition to direct service delivery, information management and analysis, national guidelines for comprehensive refraction services are in the process of being produced. The future potential to manage URE using refractive surgery is further being investigated by the ICO URE & SEH Task Force. Added to this discussion will be the impact of the growing myopia global ‘epidemic’ and the impact it will have on the already high proportion of people who are unable to access refraction services.

To support eye care service delivery, end-users will benefit by being better informed and supported to know where to go to seek eye care services from eye health professionals. Improved information and communication technology (ICT) tools as well as improved community engagement through better messaging are still to be tested in two regions. However, there has been uptake by two governments (Pakistan and Uganda) and a number of INGDOs to address URE systematically within national eye health policies and programming.

3 Advocacy

To facilitate the promulgation of the need to address URE and SEH in a co-ordinated and focused manner, the ICO Global Task Force on URE and SEH was conceived in 2007. It is now well established with a quorum whose membership addresses the various disciplines and skillsets required to lead the implementation of the 2010-2015 strategic plan. Two focal persons, one in each of PAAO and MEACO regions have been identified while a further two are being sought to enable URE interest groups (UREIG) in each of four regions.

Managing the lessons learned

ICO in close collaboration with Light for the World, CBM, Brien Holden Vision Institute and Seva Foundation have provided targeted funding and support for three programs to provide improved service delivery and also to develop various models for service delivery. The information resulting from these projects have facilitated analysis and comparison of the key factors that have enabled success and highlighted the different challenges. Management of these lessons learned and appropriate application of the learned principles will enable future modelling to be more effective.

The three target programs are:

1. The National Intervention on Uncorrected Refractive Errors (NIURE) project in Uganda, funded by Light for the World and the Brien Holden Vision Institute Foundation.
Managing the lessons learned

2. The Community Vision Centre (CVC) project in Pakistan, funded by CBM, Light for the World and the Seva Foundation.

3. The School Eye Health Program (SEHP) in Nigeria and Pakistan, funded by Light for the World and the International Council of Ophthalmologist (ICO) Foundation.

The focus of these three programs, which were identified within the first strategic plan for ICO URE 2008-2011, was to support and provide service delivery, education of eye care teams, community awareness and also research. Specifically, a national optical workshop has been developed in both Uganda and Pakistan, as well as a six-week long intensive refraction training course for ophthalmic clinical officers (ten courses completed till date resulting in sixty-two refractionists trained). Additionally, the NIURE project is providing professional refraction equipment to each individual qualified OCO/Refractionist and the CVC project established a logistic base. A school eye health program has been developed in both Uganda and Pakistan.

Key points of learning

Collaboration is critical for success of programs introduced to increase population awareness of conditions and treatment options. Under the umbrella of collaboration sit three key elements that have facilitated the initial success of the three programs supported by ICO viz.:

Integration
Coordination
Advocacy

Integration

The seamless integration of eye health within national health systems is of paramount importance to ensure that cadres providing refraction services are properly recognised by the Ministry of Health (MoH), that staff and clinic times are prioritised, and that health administrators assume ownership of the programs within their own jurisdiction for providing health services that include refraction services.

It has been demonstrated in both Uganda and Pakistan to be important that refraction services are identified as part of the MoH to allow appropriate prioritisation of training, funding and services.41

By integrating refraction services within health care and health systems, integrated budgetary support across ministerial jurisdiction may become possible; for example, between the ministries of health and education, especially on individual district level, as was demonstrated within NIURE in Uganda.

NIURE pictures: Courtesy of Light for the World, SEHP and CVC pictures: Courtesy of CHEF International
Key points of learning

Coordination

Working with the ministries of health and education has facilitated the relatively speedy uptake of school eye health programs wherein teachers are trained to identify visual loss amongst their students. Coordination and cross-ministerial cooperation has enabled the authorisation of vision corridors to be painted on school buildings; to allow teaching staff to have the necessary leave to be trained; and, to allow external refraction staff to access school premises to provide refraction services and the distribution of spectacles to students.

Coordination is key to the success of distribution of spectacles through the use of national courier systems such as local bus and taxi companies. Coordination is equally important for the dissemination of appropriate community messaging used to improve community knowledge and awareness of health and related eye conditions and their management. Furthermore, coordination and cooperation between the private and public sectors have facilitated increased access to refraction services for patients.4

However, the three current programs have demonstrated that it is beneficial to improve coordination between service providers and other organisations such as those for people with disability (DPOs), the elderly, gender-specific groups and impairment-specific groups. 4:1

Lastly, coordination is vital to ensure that advocacy strategies are being implemented most effectively.

Advocacy

Advocacy by the ICO URE & SEH Task Force has been undertaken at district, national and supranational level.

At the district level, programs jointly supported by ICO, LIGHT FOR THE WORLD and other partner INGDOs have advocated the importance of addressing URE as it relates to school attendance, outcomes and employment opportunities as well as eye health and associated systemic health conditions: for example, cataract, diabetes, glaucoma, trachoma and trauma. Improved community messages that raise awareness of conditions and their management and treatment options benefit individuals and facilitate health practitioners in their ability to improve access and timely intervention, improving outcomes for individuals. Ultimately, by improving awareness of the relationship between general health, lifestyle choices and eye health improves individual understanding of eye conditions and may allow increased personal choice to control individual circumstances.

Key points of learning

At the national level, continuing advocacy for comprehensive eye care service delivery that include refraction and spectacle services have resulted in the inclusion of eye care and refraction services within national health care systems (in Uganda and Pakistan), thus increasing the integral sustainability of such service provision. Moreover, the provision of clinically viable spectacles through district administration at no cost for children is emphasised at piloted districts, as well as frames and lenses, especially for children, to be highlighted within the appliance policy of the MoH of Uganda becoming a ministerial priority for the line ministries (MoH/MoE) also aiming for tax exemption.

In low resource settings, innovative approaches to improve the accessibility of primary eye care are paramount for the change in community expectation and to increase the demand from simply that of refraction to increasing the standards to those expected of optometric provision of primary eye care in high resource settings.

National level advocacy has seen the development of a new school of optometry at the University of Makerere in Uganda; the first intake of optometry students occurred in September 2014.

Additionally, the uptake by ministries of education to include eye health as a part of teacher training further enables sustainability of school vision screening. If all teachers are routinely trained in vision screening within their teacher education, the loss of vision screening services within schools when designated vision screening teachers re-locate is prevented.4

The ICO URE & SEH Task Force has increased the profile of URE as a cause of avoidable blindness within supranational organisations and detailed the benefits of targeting refraction, its provision and training of cadres as well as embracing that refraction cadres be included within the ophthalmic team. All but one regional supranational organisation have formed URE interest groups (UREIGs).

Specific learning

With respect to the program that has been implemented in Uganda, the national intervention on uncorrected refractive errors (NIURE), a model for refractive services and spectacle supply has been identified that links to the training of refractionists and raising community knowledge and awareness. Two activities were key to the refraction service provision: 1. the establishment of a national optical workshop to glaze prescription spectacles, as was identifying a safe, efficient and reliable distribution service using the national bus service network5 and, 2. the establishment of short intensive refraction training courses. A simplified model of successful service provision for NIURE follows:

Model of successful service provision for NIURE

Vision Corridor Outreach Communities Schools Awareness raising

Hospital/Eye Department
OCO/Refractionist
(Receives 33% of capped cost)

National Workshop (production)
Tailor-made production
(Receives 67% of capped cost)

Quality refraction
If spectacles needed

Ordered by phone
Local transport (bus service) delivery within 3 working days

Patient
Private sector
Selection of standard frames
Patient pays market price
Capped cost to patients

Specifc learning

Ongoing advocacy with the ministries of health and education are vital to enable the acceptance of different refraction cadres within the health system; to allow the provision (sale) of spectacles at hospital outlets; and to enable the prioritisation given to eye health within teacher training curricula. Although donor support is initially necessary, by encouraging refraction service provision to be integrated within both health and education systems, overtime both ministries will subsume the provision of refraction services. Cooperation with the private sector allows private practitioners to realise the different markets that will be served and, ultimately, will allow the natural growth of refraction services to develop into optometric services providing primary eye care accessible in the high street. However, hospital information management systems require updating to reflect the needs of refraction service provision.

Effective monitoring systems need to be in place providing continual data collection with ongoing analysis to maintain quality assurance of services. Another modality required to enable quality assurance of service provision is facilitating continuing professional development (CPD). Furthermore, it is extremely beneficial to establish reflective evaluation practices and concurrent research to ensure that decisions are made using evidence-based data.

Curricula development

The ICO Task Force on URE in collaboration with ophthalmic and health-care organisations and institutions supports the training of comprehensive ophthalmic teams that can effectively provide all levels of eye care. As global URE increasingly dominates global avoidable vision impairment and blindness statistics, it has become evident that increased numbers of optometry and refraction personnel are required to address URE. In 2007, the newly formed ICO URE Task Force in collaboration with the International Joint Commission for Allied Health Professionals in Ophthalmology (IJCAHPO) undertook to harmonise the curriculum so that trained eye care professionals can provide consistent, reliable and sustainable refraction services efficiently. Harmonised training of eye care professionals has a leading role in facilitating the elimination of avoidable vision impairment on a global level.

ICO URE and IJCAHPO reviewed the numerous curricula available and working closely with the Brien Holden Vision Institute (then known as the International Centre for Eyecare Education: ICEE) and their global platform for refraction and optometry resources, developed the curriculum linked below. It has been testament to the nature of professional collaboration that the refraction curriculum has been produced.

http://www.icoph.org/resources/268/International-Core-Curriculum-for-Refractive-Error.html

Model of supply for patients in Uganda dependent upon training of refraction cadres, supply of optical workshop equipment and training, improved ICT methods and coordination between the ministries of health and education.
**Curricula development**

The core curriculum employs a system that can be used internationally by educators and eye care professionals in academic institutions or for on-the-job training of staff. It is designed to be compatible with local practice and regulations, and to be consistent with ‘best practices’ in eye care and patient care internationally. The curriculum provides learners with content domains and appropriate performance objectives to provide the knowledge, skills, and interpersonal behaviours required to perform their eye care tasks to a satisfactory professional standard. It is in modular format for maximum customisation, focused on three core competencies: patient care; community and health services; and; medical and refraction knowledge. The teaching sequence of the modules can be changed or additional categories added. However, it is not intended that content should be deleted from the training; only the focus or time spent on a topic may be altered. Therefore, the duration for the refraction course varies dependent upon local needs, although it is unlikely that it can be adequately taught in less than six weeks. Furthermore, the curriculum is designed to teach refraction and not intended to be considered as a substitute for the skills required for optometry.

Two key actions will need to occur for the successful implementation of training skilled eye care personnel to appropriate professional standards globally: 1, the adoption by training institutions of the minimum expected professional standards incorporated within the Core Curriculum and 2, training of trainers for allied health personnel is required.

The International Core Curriculum on Refractive Errors was published in 2011 and is also available on the ICO webpage. It has been translated into Portuguese, Spanish and also into French for sub-Saharan Africa. In addition to the curriculum for refraction skills, a curriculum for the training of allied health personnel was previously developed in 2009. 

http://icoph.org/resources/31/International-Core-Curriculum-For-Ophthalmic-Assistants.html

**Supranational influence**

Tireless advocacy by the lead members of the ICO URE & SEH Task Force to sensitize supranational ophthalmic-orientated organisations to the importance and impact of URE and SEH globally have been successful: all but one regional organisation have acknowledged the growing demand of URE and SEH on their regional capacity. Furthermore, ICO URE & SEH advocacy has influenced strategic interventions at national levels using ICO Task Force initiatives.

The encouraging establishment of URE Interest Groups within supranational organisations has seen a growing dialogue within and between ophthalmic professional organisations. Consequently, the profile of URE and SEH has risen such that there is a growing demand to address URE and SEH from international and national NGDOs and other not-for-profit organisations.

**Resources and References**

**Online links**

http://www.icoph.org/resources/7/Durban-Declaration-on-Refractive-Error-and-Service-Development-.html
http://www.icoph.org/resources/268/International-Core-Curriculum-for-Refractive-Error.html
http://icoph.org/resources/31/International-Core-Curriculum-For-Ophthalmic-Assistants.html

**References**

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Holden et al, 2015 publication in preparation
Smith et al, Bull World Health Org 2009; 87:431-437
Well-trained Human Resources are available to detect and manage Uncorrected Refractive Errors. 4 institutions practice team training. PICO, Pakistan Institute of Rehabilitation Sciences, Egypt Institute of Community Health, University College of Ophthalmology, Uganda. 3 governments include cadres in refraction into their health workforce policy. Pakistan achieved, Uganda formalisation in progress. Human Resources to detect and manage Uncorrected Refractive Errors are an intrinsic part of health systems. Ophthalmology (EICO)

NIURE 2013 / way forward 2014

4 areas for operational research are identified: 
- Undertake a qualitative analysis on barriers to spectacle uptake, disaggregated by SEH programme in Ethiopia has been started, provided a positive feasibility check. 
- Start a pilot on URE in Northern Mozambique on provincial level (Cabo Delgado) to create learning on possible approaches in scarcely resourced settings.

Overall Objective: All people with Uncorrected Refractive Errors have access to highest-quality services, in line with the Mission of ICO.

EYE CARE DELIVERY

Systematic information on Uncorrected Refractive Errors is available for targeted stakeholders. EYE CARE DELIVERY

Sustainability Guidelines for training, CME, and retaining of cadres in refraction are available.

SOCIETY AND LEADERSHIP DEVELOPMENT

The ICO Task Force on Uncorrected Refractive Errors is well established to take the lead in implementing the Strategic plan.

The potential role of refractive surgeries (e.g. LASIK, etc.) in treating Uncorrected Refractive Errors within the next 10-15 years is reflected. Information and Communication Technology tools are used to create public awareness and address ignorance on Uncorrected Refractive Errors (e.g. SMS messaging, viral films, interactive presentations, smartphone apps, etc.). An awareness of refractive errors during pregnancy is being addressed. A network of ophthalmologists taking initiative in implementing the Strategic Plan on national and regional level is established (UREIG, Regions MEACO (Prof. El Fekih) & PAAO (Dr. Contreras)).

The ICO Task Force on Uncorrected Refractive Errors has taken a strategic workplan for 2015/16. Community Vision Centers (CVCs) and Eye Health Promoters have been established in 6 regions (South Sudan, South Ethiopia, Nigeria, Côte d’Ivoire, South Africa, South Africa). The number of training teams in each region has set up for ongoing training and continuous medical education. Cells of cadres in refraction are established in 4 regions.

New intervention strategies on primary/community level in addition to Community Vision Centers and School Eye Health Programmes are being developed. The number of institutions taking up training and continuous medical education (CME) of cadres in refraction is scaled up. Further development of these programmes as well as to identify learning areas.

NIURE learning guide done 2014

Discussion process finalized on the role of LASIK in addressing URE for poor people. More evidence is needed on cost-effectiveness.

Follow up within EMR, Uganda to include essentials in HMIS

Coordination models are reporting and discussed at the national level in the ICO Strategic Plan.

Universal guidelines are in place to drive the Strategic Plan. The ICO Task Force on URE & SEH is well established, has all competencies needed to take the lead in implementing the Strategic plan. The potential role of refractive surgeries (e.g. LASIK) in treating URE for poor people is considered. The potential role of refractive surgeries (e.g. LASIK) in treating URE for poor people is considered. Information and Communication Technology tools are used to create public awareness and address ignorance on URE (e.g. SMS messaging, viral films, interactive presentations, smartphone apps, etc.). An awareness of refractive errors during pregnancy is being addressed. A network of ophthalmologists taking initiative in implementing the Strategic Plan on national and regional level is established (UREIG).

Within- & out-of-country training curriculum for an addressing Uncorrected Refractive Errors. The ICO Task Force on Uncorrected Refractive Errors has taken a strategic workplan for 2015/16. The number of training teams in each region has set up for ongoing training and continuous medical education. Cells of cadres in refraction are established in 4 regions.