



Report of Workshop on Public Health Control of Vision Loss from Glaucoma in Africa

**17-18 April 2012
Kampala, Uganda**

**Main Organizers: PBU in collaboration
with IAPB Africa**

**Sponsored by: Islamic Development Bank
and IMPACT-EMR**

Introduction

Glaucoma is the second major cause of blindness in many countries of Sub-Saharan Africa. It was estimated that glaucoma is responsible for between 15-30% of blindness in most of these countries, with the disease having a prevalence of between 2-6% among people 40 years and older. The glaucoma in many parts of Sub Saharan Africa manifests a different mode of presentation, progression, aggressiveness, response to treatment and prognosis from the glaucoma known elsewhere. Available data suggests that glaucoma presents at an earlier age and progresses more aggressively than glaucoma in other parts of the world. Furthermore the disease tends to be more resistant to both medical and surgical treatments. Many glaucoma patients in Africa present so late when the disease is so advance that visual impairment is irreversible thus permanent. It has been reported that 50% of patients present when one eye is already blind due to either ignorance or non-availability of services. As age is a major risk factor to the disease, the increasing life expectancy in most countries of the region means that the burden of the disease is likely to increase in the in next decades with consequent increased in irreversible blindness, if the current trend of limited and inadequate control measures remains.

In view of these it has become necessary that effective strategy to address this scourge in Africa is needed, as soon as possible if the goals of the global initiative for the elimination of avoidable blindness by the year 2020 - VISION 2020: 'The Right to Sight' are to be achieved in the next decade. This point was highlighted at the PBU sponsored VISION 2020 Africa meeting that was held in March 2009 in Bahrain, where major stakeholders for eye care in Africa brainstormed for 2 days to make recommendations towards acceleration of VISION 2020 activities in Africa. A major recommendation of this meeting was to convene a workshop of regional experts to discuss control of glaucoma in Africa.

Last year in Accra, Ghana a major Glaucoma meeting had discussed Glaucoma control in Africa. Though aspects of public health control were discussed most of the deliberations were on clinical approach to Glaucoma.

PBU in collaboration with IAPB Africa is holding this public health control workshop for glaucoma in Africa to set up strategies that may control the high level of glaucoma visual loss in the region. The workshop will build upon some of the earlier discussions in previous meetings.

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Objectives of workshop

1. Review the current status in terms of magnitude, distribution, types of glaucoma and control measures for Glaucoma visual loss in the region.
2. Review recent advances in the public health control of glaucoma and appropriate models for application in Africa including role of screening.
3. Outline priorities in the control of glaucoma visual loss in Africa.
4. Identify gaps and resources for glaucoma control services including HRD, Health education and research.
5. Identify strategies for control of glaucoma visual impairment in the region based on public health principles.
6. Provide a strategic direction into development of comprehensive glaucoma services

Workshop Agenda: Appendix 1

Speakers/Participants

Experts in Glaucoma, public health ophthalmology and program management in the region, IAPB Africa, WHO Afro, NGOs in the region (SSI, Fred Hollows, Light for the World, Right to Sight, Operation Eye sight etc.) Professional bodies, Training institutions, Patients group. Participants list in Appendix 2.

Conclusions

1. Kampala resolution on Control of Glaucoma vision loss in Africa
2. Actionables

PUBLIC HEALTH CONTROL OF VISION LOSS FROM GLAUCOMA IN AFRICA

KAMPALA RESOLUTION

Preamble

A multidisciplinary group of 34 experts met in Kampala, Uganda from 17-18 April 2012 to review the challenges faced by countries of the African region on account of needless irrecoverable visual impairment and blindness from the glaucoma group of eye disorders. The meeting was convened by the Prevention of Blindness Union (PBU) in collaboration with the International Agency for the Prevention of Blindness (IAPB) Africa Region, and funded by the Islamic Development Bank and IMPACT- EMR.

The group adopted the following resolutions:

Recognizing that an estimated 6 million people are affected with potentially blinding or disabling glaucoma in Africa, while 0.5 million are already blind from the disease

Taking cognizance that glaucoma is the commonest cause of irreversible blindness worldwide and in Africa in particular

Mindful of the fact that ageing is a risk factor for glaucoma, given that the African region is witnessing a rapidly increasing number of elderly persons aged 60 years and above

Aware that needless blindness from glaucoma impacts negatively on health and well-being, undermines the quality of life and affects economic productivity

Recalling resolution WHA59.25 on avoidable blindness and WHA53.14 on non-communicable diseases

Acknowledging the link between poverty and disability

Noting that the World Health Organization urges governments to adopt good policies on ageing and health

We,
Glaucoma specialists, health specialists and other specialists from the development sector, state representatives, service providers and managers, advocates, assembled at the Kampala Meeting on Public Health Control of Vision Loss from Glaucoma, held on 17th and 18th April 2012, together,

Declare that,
Glaucoma is an emerging priority for all eye health interventions as an integral part of the elimination of avoidable blindness

Glaucoma is a chronic non-communicable disease that requires lifelong treatment

Being of African descent is a risk factor for glaucoma, it appears earlier, and rapidly progresses to vision loss

Glaucoma is a disease of public health significance and needs public health control strategies

We call upon,

Supra-national and national professional organizations, ophthalmological societies and advocacy organizations, civil society organizations, national and international development organizations, consumer groups and corporate sector,

- To highlight the importance of controlling vision loss from glaucoma as an integral part of eye health care and in health and safety policies
- To urge Ministries of health to incorporate glaucoma in Non Communicable Disease programmes, and Ministries of Finance and Trade to waive duties and taxes on drugs needed for life-long treatment of glaucoma
- To advocate to the technology sector and pharmaceutical companies to work with professional organizations and consumer groups in the development and distribution of affordable diagnostic and other equipment and drugs with particular application to the African population

The Electronic, Print and Social Media,

- To highlight and communicate to the general public, in consultation with professional organizations and consumer groups, issues of glaucoma, to disseminate information on effects of untreated glaucoma and the potential role of the population, patients and disability groups in the public health control of vision loss from glaucoma

Reaffirm our commitment to

- Improve and apply the knowledge base with particular reference to populations of African descent
- Strengthen the organizational and institutional capacities within public health, eye health and control of non-communicable diseases and other key stakeholders to implement initiatives aimed at controlling vision loss from glaucoma
- Create opportunities to develop networks of key stakeholders in addressing the issue of glaucoma holistically at supra-national and national level
- Develop closer co-ordination between government ministries, departments, civil society organizations and consumer groups for purposes of undertaking concerted interventions on glaucoma at the national and local levels as an integral part of eye health development

Kampala

18 April, 2012

ACTIONABLES

Group 1; Glaucoma control at Primary level

ACTIONABLES: GLAUCOMA CONTROL AT PRIMARY LEVEL				
Themes	How to do it	Who will do it	Time frame/line	Potential resources
Awareness creation	Include in WHO Package of Essential Non-communicable (PEN) Disease Interventions for Primary Health Care and Primary eye care	WHOAFRO-Ciku and IAPB AFRICA Daniel	Asap	
	Operationalisation: (contextualization; validation in local context and culture). <ul style="list-style-type: none"> Use the following avenues to create awareness on Glaucoma -. WGD, WSD; Receptive/Captive audience (OPD, Prisoners, Ministries, Security Agencies, Pensioners, Day Care centres for the aged, Faith-based Centres Development of suitable awareness tools- posters, pamphlets, jingles etc 	National eye health program ; health promotion unit NGDOs, patients support groups	6mths-1 year	WHO AFRO; MOH, Professional Bodies – Patient support groups, Disability groups, Corporate Sector, Media, NGOs, Road Safety Agencies
Drivers assessment for visual acuity & visual field loss	Policy development & implementation <ul style="list-style-type: none"> Definition of National driving visual standards, to include visual field and possible disc assessment Identifications of test centres with approved and qualified personnel and facilities . Application of National driving visual standards. Evidence-based study on standards 	<ul style="list-style-type: none"> Ministry of Transport & MOH (Road Safety) MOH, National Eye Health Programme Professional Bodies. MOH, NEHP & Professional Bodies Min of Transport NEHP 	6 months- 1 year	National Road Safety Commission, Ministry of Transport, Driving license standards of other developed countries

Counseling	Include counseling module as a skill in all training of eye care team members and as CPD.	Trainers and training institutions	1 year	Eye care programmes, NGOs and other stakeholders
	Include as task for the staff or, if possible, have as a task for a staff member	Eye care providers and NGOs		
	Materials, counseling spaces/rooms.	Management of facilities and eye camps		
	Websites – lay persons friendly language	Patient support groups, professional bodies, disability groups		
	Information (patient support groups).	Patient support groups, professional bodies, disability groups		
Eye camps and outreaches Early identification of Glaucoma and follow up of glaucoma cases at eye camps and outreaches	During eye camps and outreaches, if resources allow : <ul style="list-style-type: none"> • Plan identification of already diagnosed and on treatment cases for assessment • Plan early case detection for 1st degree relatives and others at risk. 	NGOs that are involved in eye camps/outreaches, Training institutions, Professionals in training and practice, Camps and Outreach sponsors	As soon as possible	camps and outreach sponsors
	Depending on resources institute the following assessments: <ul style="list-style-type: none"> • 1st stage – VA; History (family history of blindness of glaucoma, trauma, severe pain. Personal history of glaucoma, other diseases, long-term steroid users; glaucoma medications)., • 2nd stage – eye examination, APD, ophthalmoscopy; • 3rd stage – tonometry, VF, CCT 			
	(IT IS UNETHICAL NOT TO INCLUDE AT LEAST 1ST AND 2ND STAGES; REFERRAL MECHANISMS AND SERVICES FOR THE REFERRED)			

Group 2; Glaucoma care: secondary and tertiary levels

Action	Strategy	Who will do it	Time Line	Potential resources
<p>Minimum standard To develop checklist of minimum standards (Knowledge, Clinical & Surgical), equipment and infrastructure for training, retraining and practice of eye care team in glaucoma. ? Glaucoma management protocol</p>	Hold a regional workshop in the last quarter of 2012	Under the auspices of IAPB Africa Human Resource Development taskforce and MEAGS A Taskforce of Dan Kiage, Abeba, Onakoya and others to initiate this activity.	By fourth quarter of 2012	IAPB-Africa, PBU MEACO, MEAGS Interested NGOs Resource materials: ICO, AAO NICE guidelines,
<p>CPD Develop a curriculum for Continuous Professional Development (CPD) in Glaucoma for all Levels</p>	Consider having a parallel workshop with above	Professional bodies including community health workers, health educators and their training institutions.	4 weeks	ICO IJCHAPO MEACO AAO
<p>Guidelines Review of National Glaucoma guidelines Of Kenya with a view to replicate at other centers</p>	Hold a web based consultative discussions to review document and have inputs from international experts	MEAGS through Dr Dan Kiage to lead this	By fourth quarter of 2012	MEACO, MEAGS OSEA Resource materials: ICO, AAO NICE guidelines
<p>Increase Glaucoma subspecialists Support to upscale training for subspecialists and implementation of CPD for the eye care team at all levels in collaboration with all stake holders Develop a directory of hands-on Glaucoma subspecialty training centers within and outside Africa and their requirements</p>	<p>Write a proposal for training in Glaucoma fellowships either as sandwich or full time.</p> <p>MEAGS to liaise with National societies in MEACO region, ICO, AAO and other supranational societies to collate data</p>	<p>IAPB-AFRO HRD Task Force and MEAGS</p> <p>MEACO, MEAGS</p>	6 months	MEACO PBU FHF SSI ORBIS IAPB ICO

Group 3; Advocacy and Enhancement of awareness

Advocacy focus	Who	When	Resources
<p>Capacity building for advocacy</p> <p>Build the capacity of National coordinators and focal persons to effectively advocate to governments and others for eye health and Glaucoma care</p>	<p>National committee for prevention of blindness, focal persons, champions (consider countries as blocks)</p>	<p>2012 - 2015</p>	<p>IAPB Africa (Advocacy task force), PBU, MEACO (Prevention of blindness Unit) , WHO AFRO, WAHO, EAC Trainers Resource material</p>
<p>Integrate eye health indicators in NHMIS</p> <p>Advocate for inclusion of some vital eye health indicators in NHMIS Need for a Regional task force to identify the possible indicators that can fit into NHMIS</p>	<p>NHMIS (MoH), WHO AFRO, Health care professional groups (ophthalmic societies) Dept of Statistics</p>	<p>2012 – 2014</p>	<p>Task Force on Eye Health Information to develop minimum list of indicators- ?Primary eye care taskforce of IAPB Africa (IAPB Africa, PBU, MEACO, WHO AFRO)</p>
<p>Relief on duties and taxes for life-long drugs for Glaucoma</p> <p>Advocate for tax duty exemption for Glaucoma drugs Need to develop a position paper justifying such tax duty exemption to serve as advocacy tool</p>	<p>Initiators National committees for prevention of blindness. Professional bodies NGOs coalition Implementers ECOWAS, WAHO, COMESA, NEPAD, Ministry's of finance and trade, drug authorities</p>	<p>25% of countries by 2015</p>	<p>IAPB Africa (?IAPB Africa Advocacy task force) and PBU Commission a socio-economic policy institute to develop a position paper; WHO AFRO</p>

Advocacy Focus	Who	When	Resources
<p>WHO PEN incorporates eye health Develop component that can be embedded in WHOPEN</p>	WHO AFRO	2012. Already on course	IAPB Africa, PBU, MEACO
<p>Eye health incorporation into NCD</p> <p>NCD Networks recognize and incorporate eye health in NCD agenda</p> <p>National NCD plan to incorporate aspects of eye health</p> <p>Develop tools of engagement with MOH and NCD depts.</p>	<p>Network of African Non-communicable Diseases Interventions (NANDI), WHO AFRO</p> <p>National committees for prevention of blindness, NGDO country coalition, Professional bodies, NCD departments in MoH</p> <p>IAPB Africa- Advocacy taskforce</p>	<p>Join NANDI by mid-2013</p> <p>Country NCD plan reflects eye health by mid 2013</p> <p>2012-2013</p>	<p>IAPB Africa, PBU, MEACO,</p> <p>Urgent communication from IAPB Africa to national committees to engage with NCD depts, briefing note</p> <p>WHO Chronic eye diseases and NCD paper due to be out by end of 2012</p>
<p>Consumer groups influence political representatives on resources for glaucoma care</p> <p>Encourage formation of National Glaucoma patients/support groups</p>	<p>African Union for the Blind (AFUB) National consumer groups</p> <p>Professional bodies. NGDOs</p>	<p>Mid 2013 – consumer groups incorporate glaucoma on their advocacy and awareness agenda</p>	<p>IAPB Africa, MEAGS, WBU – develop resource material National committees, consumer groups</p> <p>World Glaucoma patient association Glaucoma Association of Ghana</p>

<p>Meta-analysis of Normative data Collection of normative data in Africa to carry out a meta-analysis on data that is already available.</p> <p>Workers in various centers with the appropriate equipment can also be encouraged to begin collating data along</p>	<p>Sebastian Briesen and other members of the team in collaboration with others like AVRI and IAPB Africa Research taskforce will collect normative data on Central corneal Thickness as a start.</p> <p>Other members of the research team will pitch in on data involving IOP, angle structure, disc anatomy and retinal fiber thickness (OCT or GDx).</p>	<p>Research taskforce of IAPB Africa, AVRI, MEAGS</p>	<p>Sebastian has already begun work on the CCT data and this will continue in other areas as determined by the group.</p>	
<p>Funding of Research Identify potential funding agencies for research in Africa and disseminate information on this to potential researchers through websites such as MEACO, OSN EACO PBU IAPB etc</p>	<p>Moustafa Yaqub, alongside Paddy Musana, and Sheila Marco (with critical input from Daniel Ety'ale and Hanna Faal) in collaboration with Research taskforce of IAPB Africa and AVRI will identify funders and their requirements. Possible funders include the list below **</p>	<p>MEGAS, IAPB Africa Research taskforce</p>	<p>Work should begin now and will be a continuous exercise</p>	
<p>Building capacity for research Training and Mentoring program for researchers in Africa as a way of guiding young researchers</p>	<ul style="list-style-type: none"> • Ayo Harriman will take the lead on this. The intention of the mentoring program is to be fleshed out under the imprimatur of the PBU with inputs from Mansur Rabiu. • Potential mentors in glaucoma research will be identified and a shortlist developed. Can include Ian Murdoch and James Standefer etc • To include research courses in national society meetings 	<p>PBU, Research Taskforce of IAPB Africa, AVRI</p> <p>MEACO, ARVO</p>		<p>MEACO, MEGAS, ARVO</p>

<p>Research dissemination</p> <p>Dissemination of ongoing researches, and research findings through websites and newsletters e.g MEACO, IAPB, PBU, AOF etc</p>	<p>Major websites/newsletters for African eye health workers in Africa- MEACO, IAPB Africa, PBU, ICEH, Africa Yahoo group etc. Sebastien Briesen working with Mansur, Henry Nkumbe and others.</p>	<p>IAPB Africa, MEACO, MEAGS, PBU, AOF,</p>	<p>Work should start now and should be a continuous exercise</p>	<p>IAPB Africa, MEACO, other professional bodies</p>
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- Normative data on IOP, CCT, Angle anatomy, Optic Disc Anatomy, Visual Fields HRT, OCT, GDx
- Epidemiological data – prevalence, pattern, age distribution, co-morbidity
- Efficacy of treatment – medical/laser/surgery therapy, prospective clinical trials. Identifying what works best in Africans.
- Knowledge Attitude and Practice studies – eye workers/healthcare force - Barriers to treatment studies – health seeking behaviour
- Patients adherence
- Genomics-studies.
- Regional ethnic variations e.g. pseudoexfoliation.
- Operational research – evaluation interventions/efficacy of health systems; situation and gap analysis, assessment of awareness creation strategies
- QoL studies.
- Cost effectiveness of interventions
- Models for Case detection – pharmacists, Optometrists
- Phyto-medicinal researches

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- AVRI – Africa vision research Institute. Linked to University of Kwa Zulu Natal.
- APOC,
- ARO Research
- WHO,
- KCCO, CBM, Fred Hollows
- El-Kroeger Freseneus in Germany.
- SEVA Canada, (through Paul Courtright)
- EACO – East African college of Ophthalmologists.

- WAHO – West African Health Organisation.
- DOG – German Ophthalmological society.
- Pharmaceutical industry – Alcon, Allergan, MSD, Pfizer
- NIPRD (National Institute of pharmaceutical research and Development, Idu Abuja

Appendix 1: Workshop Agenda

Tuesday, 17 April 2012		
8:30 – 9:00	Regal Conference Hall Registration	
09:00 – 09:30	Opening Ceremony	Master of Ceremony: Paddy Musana
9:00	PBU Address:	Dr. M. Babar Qureshi, Consultant PBU
9:10	MEACO Address:	Dr Femi Babalola, Vice President MEACO
9:20	IAPB Africa Welcome Address:	Dr. Daniel Etya'ale, Executive Director, IAPB Africa
9:30	Welcome Address:	Permanent Secretary: Ministry of Health, Uganda
	Group picture	
9:40 – 10:50	Plenary presentations: Each presentation for 10 minutes – Chairs: Daniel Etya'ale , Babar Qureshi	
	Title	Speaker
	1. Introduction to the workshop	Mansur
	2. Available data on Glaucoma blindness and visual impairment in Africa	• Pararajasegaram
	3. Current practices in Glaucoma control in Africa and resources for Glaucoma control in Africa	• Daniel Etya'ale
	4. NICE guidelines and how applicable to glaucoma management in Africa	• Moustafa Yaqub
	5. Models for Glaucoma control	• Hannah Faal
	6. Priorities for Glaucoma control	• Daniel Etya'ale
	7. HRD resources for Glaucoma in Africa	• Dan Kiage
10:50 – 11:00	Questions	
11:00-11:15	Tea Break	
11:15 – 12:15	Plenary presentations: Each presentation for 10 minutes – Chairs: Hannah Faal, Moustafa Yaqub	
	Title	Speaker
	1. Prospects of Glaucoma control through the primary health care	• Boateng Wiafe/Kola
	2. Role of secondary and tertiary health services in glaucoma VI control	• Onakoya
	3. Peculiar problems of glaucoma management and control in sub-Saharan Africa'	• Femi Babalola
	4. Role of professional bodies and other international organizations (ophthalmology, Optometry etc.) in glaucoma visual loss control	• Kovin Naidoo/Naomi
	5. What can be the role of MEACO/MEAGS, ICO and national ophthalmic societies?	• Moustafa Yaqub
	6. What is the role of NGOs and NGOs coalition in glaucoma control	• Kolawole Ogundimu
12:15 – 12:30	Questions	
12:30 – 13:30	Plenary presentations: Each presentation for 10 minutes – Chairs: Haroon Awan, Ciku Mathenge	
	1 Patient Perspectives: Creating Awareness through a Glaucoma Patient Support Group -	Harrison Abutiate
	2 Glaucoma control within other chronic diseases and NCD programs: what prospect	• Haroon Awan
	3 Role of WHO Afro in the control of Glaucoma visual loss and NCD control	• WHO Afro representative

13:30 – 13:45	<p>4 WHO Afro health system framework how useful to Glaucoma control • Ciku Mathenge</p> <p>5 What are the unanswered questions on glaucoma control, and how can research address them • Hannah Faal</p> <p>6 What systems for assessment, monitoring and supervision of Glaucoma services in Africa • Babar Qureshi</p> <p>Questions</p>
13.45 – 14.45	Lunch
14.45 – 17:30	Parallel Group work s
16:00-16:15	Tea break
Group 1	<u>Glaucoma control at primary level- is screening feasible?</u> <u>Facilitators: Hannah Faal, Para</u>
Regal Conference Hall	<p>Comprehensive screening methodology- The “who”, “where”, “with what” questions and the referral mechanism.</p> <p>a. Glaucoma screening and or case detection:</p> <ul style="list-style-type: none"> • Is there reliable screening method or do we improve cases detection (opportunistic) only? • What models exist in Africa or other regions of the world? • Can Glaucoma screening be built into other eye screening programs- cataract, DR, Refractive error (presbyopia) etc. and other health screening programs e.g NCDs? <p>b. PHC services for Glaucoma</p> <ul style="list-style-type: none"> • What PHC services can assist early detection of disease and how can they be instituted/ strengthened? <p>c. Health systems</p> <ul style="list-style-type: none"> • What are the gaps in health system framework for Glaucoma control? • What are the basic HR and infrastructure need for Glaucoma services? <p>d. Monitoring and supervision</p> <ul style="list-style-type: none"> • Identify systems for monitoring, reporting and supervision of Glaucoma services • Identify basic practical quality indicators at PHC, secondary and tertiary levels.
Group 2	<u>Glaucoma services – what is the minimum required?</u> <u>Facilitators: Daniel Etya’ale, Babar Qureshi</u>
Regal Conference Hall	<p>Glaucoma services: Improvement of Glaucoma care at secondary and tertiary centers.</p> <p>a. HRD</p> <ul style="list-style-type: none"> • What and where are existing practical programs? • What other potential training programs can be exploited, harnessed or developed? <p>b. Glaucoma management monogram for Africa</p> <ul style="list-style-type: none"> • Is it useful or do we just increase access to educational materials from other sources- AAO, ICO etc.?

	<ul style="list-style-type: none"> • If useful what should be its major contents or how do we harness existing resources? • Identify group to develop, time frame and resources <p>c. Secondary and tertiary care services</p> <ul style="list-style-type: none"> • What measures at secondary and tertiary levels to enhance early detection of Glaucoma? • How can these be instituted? Any role for professional bodies? • Are there applicable models for these? • What are the specific low vision and rehabilitation services needed? <p>d. Glaucoma treatment cost:</p> <ul style="list-style-type: none"> • What health financing and health insurance/community insurance schemes can serve? Any model for this?
<p>Group 3</p> <p>Emerald Hall</p>	<p><u>Advocacy and Enhancement of awareness</u> <u>Facilitators: Haroon Awan , Ciku Mathenge</u></p> <p>a. Awareness messages</p> <ul style="list-style-type: none"> • Identification of appropriate message themes, • What existing messages are there and how can we make them readily available? • Identify potential developers of messages? • Identify best medium for messages dissemination in different settings and potential resources for that. • Identify the minimum pre-requisite (in terms of available services and quality) before public awareness is delivered. <p>b. Advocacy:</p> <p>How do we increase the support for eye health and specifically Glaucoma services within the health and development programs of governments, NGOs, regional/ country WHO, UNDP - as in NCD control programs, Eye care programs e.t.c ?</p> <ul style="list-style-type: none"> • Glaucoma services and NCD programs • What glaucoma services can be incorporated into NCD programs? • How can we advocate for the services to be incorporated? • Role of stakeholders • What is the role of role of WHO Afro, IAPB, NGOs, Professional bodies and National eye care programs in this?
<p>Group 4</p> <p>Amethyst Hall</p>	<p><u>Research</u> <u>Facilitators: Femi Babalola, Paddy Musana, Moustafa Yaqub</u></p> <p>a. Conduct of Researches</p> <ul style="list-style-type: none"> • Identify research priorities for Glaucoma in Africa especially operational researches, suitable research institutions in Africa and resources for research. Build on the IAPB research priorities for Africa • Identify research themes? • Identify potential research institutions • Identify potential mechanisms to conduct researches and resources- Dissertation, NGOs funding etc. <p>b. Research translation</p> <ul style="list-style-type: none"> • Identify mechanism for translation and dissemination of relevant researches.

Wednesday, 18 April 2012	
9:00 – 10:30	Plenary presentations: at Regal Conference Hall Four presentations for 15 minutes each: Questions & Discussion – 30 minutes <p style="text-align: right;">Chairs of session: Daniel Etya'ale / Babar Qureshi</p>
10:30-11:00	Tea Break
11:00 – 13:30	Group work on “Actionables”
Group 1 Regal Conference Hall	Actionables <ul style="list-style-type: none"> • Identify actionable points • Identify how it can best be done • Identify who can be responsible (in terms of organizations etc.) • What timeframe and possible/potential resources
Group 2 Regal Conference Hall	
Group 3 Emerald Hall	
Group 4 Amethyst Hall	
13:30 – 14:30	Lunch
14:30 – 15:30	Plenary presentations: Four presentations for 15 minutes each <p style="text-align: right;">Chair(s) of session: Hannah Faal / Ciku Mathenge</p>
15:30 – 16:00	Tea Break
16:00 – 17:00	Questions & Discussion

Report of Workshop on Public Health Control of Vision Loss from Glaucoma in Africa

<u>No.</u>	<u>Names</u>	
1	Abeba	T. Giorgis
2	Adeola O	Onakoya
3	Adunola Olubusola	Ogunro
4	Angella	Nakandi
5	Ayodele Susannah	Harriman
6	Christine	Nabatanzi
7	Dan	Kiage
8	Daniel	Etyaale
9	Faustin Denis	Ngounou
10	Gamal Ezz Elarab Mohamed Soliman	Ezz Elarab
11	Grace	Ssali
12	Hannah Bassey	Faal
13	Haroon Ur Rashid	Awan
14	Harrison Kofi	Abutiate
15	Khalil Ahmed	Lakho
16	Kolawole Olumide	OGUNDIMU
17	Maria	Hagan
18	Moustafa Kamal Mohamed	Yaqub
19	Muhammed Babar	Qureshi
20	MuhammedMansur	Rabiu
21	Naomi	Nsubuga
22	Olufemi Emmanuel	Babalola
23	Omar Ahmed	Trabelsi
24	Paddy	Musana
25	Ramachandra	Pararajasegaram
26	Samira Dedhia	Soni
27	Sayed Azmat	Shah
28	Sebastien	Briesen
29	Senanu Kossivi Mawulikplimi	Quacoe-Wossinu
30	Sheila	Marco
31	Stanley	Bubikire
32	Susan	Kikira
33	Wanjiku	Mathenge
34	Wolfgang	Gindorfer