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**Summary of Conclusions and Recommendations of the  
REGIONAL WORKSHOP ON LOW VISION AND REHABILITATION SERVICES  
in Eastern Mediterranean Region (EMR)  
Doha, 10-12 December 2012**

A regional meeting was convened by the International Agency for Prevention of Blindness Eastern Mediterranean Region (IAPB–EMR) and Prevention of Blindness Union (PBU) in Doha, Qatar from 10<sup>th</sup> to 12<sup>th</sup> December 2012 on Low vision and Rehabilitation (LVR) services. It was hosted by IAPB – EMR, Prevention of Blindness Union, Shafallah Foundation Qatar and Al Noor Institute for the Blind Doha.

The meeting was attended by 57 participants including local and international experts on low vision, the National Coordinators for the prevention of blindness from 19 EMR countries, WHO EMRO, World Blind Union, professional bodies and non-governmental organizations.

The Eastern Mediterranean Region is a diverse region with countries ranging from high income to low income. Some countries in the region have large populations, while others have relatively smaller populations; a few countries in the region have been embroiled in long civil conflict that have been compounded by issues of severe poverty leading to very low Human Development Indices. Although substantial progress has been made towards development of eye health services in the region, newer challenges like low vision have emerged across countries in the region.

The participants were pleased to note the regional emphasis on LVR within VISION 2020 and wider issues of disability and development by holding this meeting.

Finally, the Group thanked HRH Prince Abdulaziz bin Ahmed Al Saud for making it possible to hold a major thematic meeting of the whole region and also thanked all the donors, the organizers and local hosts for their support for the meeting.

The objectives of the workshop were:

- Review current status of LVR services in the region
- Identify opportunities and bottlenecks to setting up of LVR Services
- Determine Key Actions to facilitate alignment and integration of LVR services within comprehensive eye care services in existing health systems
- Develop a Regional Strategy to promote LVR Services



The expected outcomes were:

- To set up measures towards generation of Regional situation analysis leading to Gap analysis
- To have Action themes at sub-regional level
- To Have a Regional Strategy for enhancement of LVR services in EMR

## **Conclusions and Recommendations**

At this meeting, the participants made the following conclusions and recommendations:

### **I. Human Resource Development:**

LVR services involve an array of service providers that include health, financial, education and social services among others; as such it is not delivered by only one cadre but by a diverse or multi-disciplinary team. This means that all eye health professionals who constitute an eye care team need to be trained to varying degrees in low vision. The group recommended that:

1. Low vision clinical services need to be delivered through a cadre that is most appropriate to respective regional countries.
2. The curricula of the cadre(s) providing this clinical care may need to be revised and standardized to ensure that they develop the necessary knowledge and skills in the field of low vision and rehabilitation.
3. As optometric management of low vision plays a significant part in low vision care and in many countries low vision services are provided by optometrists and orthoptists, a meeting should be held between key stakeholders (e.g. IAPB-EMR, MEACO, PBU, WHO, EMCO, Ophthalmic Societies, international partners) to plan the development of comprehensive eye care teams for provision of comprehensive eye services including low vision, leading to a road map to develop low vision services in the region.

### **II. Service Delivery:**

There are countries in the region that have relatively well developed low vision services, especially for children, to countries with limited or no services. In some countries, there are excellent low vision services for children but limited services for adults and vice versa in others. Generally, low vision service coverage in most countries is less than 10%. In view of the varying spectrum of services, the group recommended that:

1. Regional guidelines on low vision should be developed to assist the countries and programs to design effective low vision interventions covering various aspects of program development and service delivery.



2. Each country's low vision services must be within an overarching national context and as a part of comprehensive eye care and education programs that address demographic transitions, ageing populations and provide a continuum of care across the life spectrum.
3. For countries that have no services, they should aim to set up a low vision clinic initially at a well established eye department with training facilities to support training of various cadres, referral and networking, assessment and low vision care modalities and thereby gain experience in delivering the service before scaling up to other parts of the country.
4. For countries that already have established tertiary level low vision services, they should increase coverage by prioritizing establishment of low vision services at district (secondary) level as part of comprehensive district eye health services.
5. Every effort should be made to consult consumer groups particularly organizations of persons with disability and parents groups in the design of and delivery of low vision programs.
6. To promote access to low vision devices, assessment and learning materials, 3 sub-regional low vision resource centers should be established or designated.

### **III. Early intervention services**

The group took note of the recommendations of the Doha early intervention conference for children with visual or multiple impairments held in April 2011 and re-emphasized that early intervention in low vision care was an emerging priority owing to the large number of children with visual impairment in the region and the group recommended that:

1. Early intervention services should be planned for and incorporated in pediatric ophthalmic care and low vision services and other related disciplines.
2. There is a periodic follow-up for monitoring of progress and implementation of the recommendations of Doha Early Intervention conference.

### **IV. Health Information System**

Presently, there is not only lack of adequate data for low vision and rehabilitation in the region, but also the little available shows inconsistency in the type of data generated. LVR does not form part of the health information system in almost all countries. It is recommended that:



1. A comprehensive tool be developed to gather information on LVR in regional countries and compile a situation analysis profile that can be used for planning, coordination and networking.
2. Essential minimum indicators be defined for the region and collected periodically from regional countries.
3. Regional countries need to advocate for integration of relevant essential low vision and rehabilitation indicators in health and education information systems.
4. International partners and WHO could develop these indicators as part of regional low vision guidelines.

#### **V. Networking between key stakeholders**

Effective delivery of low vision care and rehabilitation involves a multi-disciplinary approach, which is cross-cutting and includes clinical care, psychosocial services, education, engineering, architecture and other vocational services among others. It is recommended that:

1. Countries undertake the essential networking of these various service providers to the advantage of the people with low vision.
2. Inter-professional (optometry and ophthalmology) collaboration needs to be enhanced and roles and responsibilities clearly defined.

#### **VI. Advocacy**

Noting that the UNCRPD (United Nations Convention on Rights of People with Disabilities) provided an implementation platform to address the needs of persons with low vision, the group emphasized:

1. The need for national coordinators and international organizations to closely liaise with respective government departments and agencies to advocate for effective implementation of the UNCRPD especially as it relates to persons with low vision or blindness.
2. The need to stimulate the formation of consumer and parents groups to support, advocate and contribute to the care of persons with low vision or blindness.

#### **VII. Research and Development**

Research and development are vital to develop innovative designs and means to assess and deliver interventions that have high impact. Social and cultural aspects are important



considerations for effective LVR services. In view of the diverse needs in the region, the group recommended that:

1. Three sub-regional centers should be developed and strengthened to identify research priorities and undertake the much needed research and development work in low vision for the region.

#### **VIII. Follow-up**

To ensure effective implementation and follow up of these recommendations, it suggested that:

1. IAPB EMR in collaboration with WHO EMRO and other stakeholders establish a LVR committee or Task Force/Working Group to follow up on the recommendations
2. A follow up meeting may be convened after three years to reassess the situation.

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