Pediatric Ophthalmology Project, Hawassa University Ethiopia

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Project area, existing eye care services and infrastructure

- Southern region (SNNPR) of Ethiopia 3rd most populated state; ~ 15 million; 90% rural; & 50% < 15 years of age

- SNNPR: 6 hospitals - Hawassa University, Yirgalem, Hosanna hospital, Duramie, Sawla, Arba Minch & 1 SEC unit provide eyecare services

- 6 hospitals deliver cataract and other basic eye care services. Hawassa University Hospital (HUH) also provides cornea and pediatric eye care services

- 2 ophthalmologists at HUH, 1 at Yirgalem, and 1 at Arba Minch hospitals that provide eye care services
Rationale

• About 40% of childhood blindness is preventable or treatable

• Ethiopia’s childhood blindness prevalence 1/1000 - one of the highest in the world

• Only one eye care facility in the capital of Ethiopia provides specialized services for children
Project Approach & Objectives

- Place an expat fellowship trained ped ophthalmologist to provide hands-on training to local Ophthalmologists in Pediatric Eye Care.

- Set up ORBIS telemedicine program (Cyber-Sight): e-consultation, mentoring, archive of patient cases, assist with publications.

- Train eye care & general health professionals in pediatric ophthalmology.

- Establish pediatric ophthalmology services at HUH.

- Projected service delivery targets:
  - 600 children examination
  - 300 children medical treatment
  - 100 children surgical treatment
Project Achievements

- 3 ophthalmologists received hands-on training in pediatric ophthalmology
- Cyber-Sight set up, used during expat stay
- Over 500 eye care/other health professionals received continuing education on pediatric eye care through seminars/conference
- Pediatric eye care services established (with essential equipments and trained doctors)
- Service Delivery Targets Exceeded:
  - 1,176 children examined
  - 571 children medically treated
  - 224 children surgically treated
Challenges Faced & Solutions

- Lack of regular anesthesia services at Hawassa University – only 2
  Solution - ORBIS facilitated part-time anesthetist for pediatric ophthalmology services

- Delayed procurement, delivery of essential equipment and supplies
  Solution - ORBIS HQ helped to procure the equipment and supplies faster

- Interrupted internet service and electric power
  Solution – Internet cafes were used as short-term solution. However, internet and telephone services are not good in Ethiopia in general
Lessons Learned

• Minimum 2 years for setting up pediatrics

• Services of anesthetist to be built in from design phase

• HUH requires efficient procurement system for timely delivery of essential medical supplies and equipment

• Training of health professionals and community education, and doing community education, seem essential to building awareness about pediatric blindness
Status after the project (Jan-Sep 2009)

- Pediatric services now 5 days/week w/ 2 days/week surgery
- 2 of 3 trained ophthalmologist remain working - 1 left
- Service delivery continues: 1,083 children examined, 868 children medically treated; 92 children surgically treated
- Conducted follow-up hands-on training in pediatrics
- Additional equipment purchased
- Cyber-Sight utilization is low due to internet problems
- Optical workshop and dispensary established; some cost recovery mechanism established through sales of spectacles
Way forward & Recommendations

- Training of team required (including nurse, optometrist, counselor, anesthetist/anesthesiologist) in PEC
- Continuing training for pediatric ophthalmologists
- Establish a child-friendly setting (comfortable waiting and play area for children, easy access to drinking water, toilets, etc)
Way forward & Recommendations – cont.

• Discuss procurement issues with relevant authorities, and establish procurement and equipment maintenance system

• Management training to increase capabilities for effective hospital administration, quality assurance and financial sustainability

• Increase awareness & patient recruitment through:
  – community and school screening activities for vision testing of children in remote areas
  – Networking with district hospitals and private clinics for referrals
Thanks for your attention and your contribution for helping us to reduce childhood blindness

Q & A?