

President's Insights August 2022

The last few years have taught us that the world is rapidly changing and it is vital to adapt to new situations. The evolving philosophy of humanitarian health care is embracing the idea that care must be based on what is best for the people being served and humanitarian eye care is striving to integrate ocular and vision care into the overall health system.

The concept of [Integrated People-Centered Eye Care](#) (IPEC) encapsulates these two ideas. VOSH/International is striving to incorporate the findings of the WHO Report on Vision in our work to eradicate visual impairment due to URE and provide quality eye care to all people.

To make humanitarian health care most effective, we need to tailor care to the needs and conditions of the individuals and communities being cared for. It is imperative for VOSH clinic organizers to reach out to community leaders, local providers and/or optometry schools to ensure that the care being provided respects the needs of each patient as well as the culture, language and traditions of the community. To address global visual impairment, eye and vision care have to ensure accessibility and affordability on a sustainable basis.

We can support local opticians by working with them to provide quality, individualized glasses and with local pharmacies to ensure that patients understand why they need a particular medication, how to use it and they have long term access when needed. Our clinics can become teaching opportunities, by including local optometry students, and improve the relationship with other health care providers by inviting them to work alongside us. Our support of optometry schools and sustainable clinics yields more consistent, ongoing and lasting care in a region.

The complementarity of the three O's (Optometry, Ophthalmology and Opticianry) should reach out to other health care professionals to make sure that eye care is coordinated across all levels of health care delivery. For instance, international VOSH/SVOSH chapters could incorporate integrated care by helping train school nurses and pediatric physician assistants to screen students and then refer to the appropriate eye care provider. Several of them already carry out awareness raising and public education campaigns besides their important clinical work.

Eye care is often isolated from the rest of health care in the minds of patients, providers and government agencies alike. Just today I asked a patient what medications he was taking and his reluctant response was "just some normal ones". He did not realize, until I educated him otherwise, that his hypertension or the medications that he was taking for GERD could affect his eye health. Eye care providers often lack the ability to report findings and diagnoses that could affect the overall health of the patient into the patient's health records. Another patient came in today for a follow-up progress report on her ocular surface disease (OSD) treatment and mentioned that she was recently diagnosed with Hashimoto's disease. I offered to send a report to her endocrinologist because approximately 80% of patients with thyroid dysfunction develop significant OSD. The report of our Colombian SVOSH-FunAndina chapter on their Vision for All program -included in this newsletter- highlights the importance of being proactive educating our patients on NCDs and eye health as an important preventative measure.

VOSH must continue to educate our patients and the public that good eye health and vision are directly linked with individual well-being, quality learning and economic opportunity. Integrated eye care should include all aspects of health care delivery. The benefits of good vision and healthy eyes should be promoted to individuals and the community. Eye care should go beyond the standard treatments for vision and eye health conditions by including both preventative measures and rehabilitative services. VOSH volunteers could discuss how wearing sunglasses and hats could help protect macular health and VOSH clinics could

include magnifiers and information on text readers for patients with age-related macular degeneration.

Although vision and eye health must be considered when communities/their authorities are developing education services or are seeking to help disadvantaged communities, we know that data on eye health and vision is often not reported or is overlooked in mainstream health information services. Each VOSH chapter is encouraged to collect and report the clinical data from their humanitarian clinics - if possible, using our universal data form- so that we can help our VOSH/SVOSH chapters and/or partners in those countries to highlight the need for more attention and funding for eye health and vision care to achieve the ample benefits of good vision for all.

Each of us would remember a patient that touched our hearts. A patient whose life could have been different if the timely eye care and information would have been available to them. That is why, I believe, we ought to consider the elements I mentioned above to ensure a more integrated and patient centered approach in our work.

Sincerely and Best Regards,

Michael Ciszek, OD, FVI, diplomate ABO
VOSH/International President