

Director of Clinical Services Meeting

Réunion des directeurs des services cliniques

SPC/HEALTH/DCS/Virtual Meeting

Information Paper N°4

BUILDING A SUSTAINABLE WORKFORCE THROUGH EDUCATION AND LEADERSHIP IN PACIFIC ISLANDS COUNTRIES AND TERRITORIES

16 – 17 August 2023, Time: 12.00-3.00pm FJ Time; virtual meeting

PACIFIC EYE CARE SOCIETY (PACEYES)

Agenda Item 8.3

The Pacific Eye Care Society is a unique regional ophthalmic society dedicated to having a voice for eye health care providers in the Pacific. This uniqueness is due to PacEYES having members (eye doctors, eye nurses, ophthalmic technicians) that are representative of more than 10 Pacific Island Countries (PICs), namely Fiji, Tonga, Samoa, Tuvalu, Kiribati, Marshal Is, Federated States of Micronesia, Nauru, Solomon Is, Vanuatu, Papua New Guinea, and Timor Leste.

The “Lack of trained Human Resources in Eye care services” in the Pacific and “Lack of Pacific-based Ophthalmology training centre”, led to a meeting between a few Pacific eye doctors and regional ophthalmic non-governmental organisations (NGOs) in 2003.

Two resolutions were birthed from this meeting:

- Pacific Eye Care Society (PacEYES)- A professional body of eye care workers in the Pacific. This was registered as a charitable organisation in Fiji in 2013. Their 3 subcommittees; Nurses, Clinical Practice Guideline and Continuous Professional Development is responsible for providing CPDs, reviewing guidelines and looking after its nurses. PacEYES has been organizing an annual Regional Conference for all its members until 2015 when it became a biennial event.
- Pacific Eye Institute (PEI)- Pacific-based Training Institute for eye care. The Institute is responsible for the training of eye doctors, nurses, and technicians to provide services in the Pacific.

This document highlights the issues discussed during the latest Pacific Regional Eye Health Conference (PREHC), in June 2023.

1. BACKGROUND

The most recent Pacific Regional Eye Health Conference was on the 15th and 16th of June 2023 in Holiday Inn with a theme “Eye Health for All”. This was derived from the SDG¹ 3.8 Universal health cover age, which means that all people have access to the full range of quality health services they need, when and where they need them without financial hardship.

The 2-day conference covered topics such as: The status of Eye Health in the Pacific; Eye Health System Challenges; How to advocate for Eye Health; Clinical Presentations. It was preceded by a 2-day workshop which covered these topics in detail: country planning, PacEYES Strategic planning, Clinical governance and leadership and research.

2. PROGRESS AND ACHIEVEMENTS

2.1. Establishment of PacEYES

PacEYES was formed in 2003 but it was only registered in Fiji in 2013 as a Charitable Organization. There are two main structures of the organization.

1. Governance- Board of Trustee.
2. Operational- Executive Committee.

The Organizational Vision is to be “A globally recognised professional body committed to preventing visual impairment and restoring sight in the Pacific”.

Its Mission is “To provide a forum for the professional support of eye care workers in Pacific Island Countries through promotion of activities, continuing medical education and networking with other ophthalmological Professional Societies/Colleges to deliver excellence in standards of eye care”.

Its Mission is “To provide a forum for the professional support of eye care workers in Pacific Island Countries (PIC) through promotion of activities, continuing medical education and networking with other ophthalmological Professional Societies/Colleges to deliver excellence in standards of eye care”. It has 3 sub-committees; Continuous Professional Development (CPD) which provides CPD activities and points, Clinical Practice Guidelines (CPG) which updates and develops clinical guidelines and the Nurses subcommittee which looks after the interests of nurses who make up the bulk of the society.

The society also has a Coordinator who looks after the secretariat work. This post is funded by the Fred Hollows Foundation New Zealand (FHFNZ).

The number of trained eye care providers in the Pacific has since increased to over three hundred and each PICs has either an eye doctor, eye nurse or a technician.

¹ Sustainable development goals

2.2. Recognized Globally

PacEYES is a member of regional and international ophthalmic societies. It is a financial member of the International Congress of Ophthalmology (ICO). This allowed PacEYES to hold symposiums during World Ophthalmological Congress (WOC) both face to face and virtually in the past years.

PacEYES is an affiliated member of the Asia-Pacific Academy of Ophthalmology (APAO). Leadership courses from APAO has benefitted PacEYES members over the past years. Fellowship scholarships will also benefit young ophthalmologists in the Pacific.

Royal Australian New Zealand College of Ophthalmology (RANZCO) is also working closely with PacEYES. They have assisted in the training of our in-house fellowship trainees, and they are still providing subspecialists for the postgraduate training programme.

PacEYES is also one of the founding members of the International Ophthalmic Nurses Association (IONA) for the nurses.

2.3. Strong Support from Stakeholders

PacEYES have several stakeholders that they have established strong relationship with over the years. The FHFNZ and the Pacific Eye Institute (PEI) have been instrumental not only in the training of the eye care providers in the region, but they also provide workforce support to graduates and fund many surgical outreach activities throughout the region. They have been the main sponsor of the PREHC for several years.

The International Agency for Prevention of Blindness (IAPB) and the South Pacific Community (SPC) have also worked closely with PacEYES both in financial and technical support.

3. CHALLENGES

3.1. National Eye Care Plan

One of the areas of discussion during the conference was around the importance of National Eye Care plans. To date, there are only 2 countries in the Pacific, PNG, and the Solomon Islands, that have an updated National Eye Care Plan that is managed by a National Eye Coordinator and funded by the government. Other countries such as Fiji, Samoa, Tonga, Kiribati, Vanuatu are in different stages of the development of their National Eye Care Plans and the rest are yet to start.

3.2. Human Resources

The 74th World Health Assembly (WHA) endorsed global targets to be achieved by 2030, that is to increase the coverage of cataract surgery by 30% while the coverage of refractive error to increase by 40%. This will require and increase in eye care providers.

However, despite having a Pacific based training Institution (PEI) for more than 10 years, it was obvious that the number of trained HR for eye care was still inadequate. WHO recommends 1 ophthalmologist to 100,000 population. PNG has only 21 ophthalmologists to its 10 million population, Samoa has 1 ophthalmologist to 200,000 population; Vanuatu has 1 ophthalmologist to 300,000 population. Solomon Is has 1 ophthalmologist in the public sector for 700,000 population, Tonga, and Kiribati both have 1 ophthalmologist for over 100,000 population.

While PNG need a lot of attention, the other PICs will still need help, probably in terms of surgical outreach programs and training of more ophthalmologists.

Depleting number of eye care nurses is a huge problem in Fiji. These nurses are lost to more lucrative opportunities in Australia and New Zealand. An important identified reason for nurses leaving was the postgraduate training not being recognized as subspecialists in Fiji.

3.3. Eye Care Services

Cataract surgery is the most common operation carried out in every PIC. Discussions were on the standards/targets and the Cataract Surgical Outcome Monitoring (CSOM). It came to light that there was a great variation in the availability of Equipment, Instruments and consumables in each eye clinic and operating theatres across the Pacific. It was recommended that there should be a "Standard list of Minimum Equipment needed for an OT". In terms of targets or outcomes, that this be guided by the WHO guidelines.

It was highlighted that for some PICs a lot of money is spent on Overseas Referral for Subspecialist Eye Care, with discussions focussing on subspecialist training in the Pacific. Although it is not realistic for every country to have subspecialists, it was suggested that Fiji should be the hub for the Pacific especially for Vitreo-Retinal surgery. Other countries can train other subspecialists that can run Outreach services to all PICs like Oculoplastics, Paediatrics and so forth.

3.4 Financial Constraints

One of the main challenges that PacEYES faces is financial constraints. Apart from financial donations from its stakeholders, PacEYES main income is membership fee. However, trying to collect a standard membership

fee from across the Pacific is not easy. This is due to variation in conversion rates, bank fees, salaries and so forth.

4. FUTURE DIRECTIONS

Recommendations for governments:

1. **National Eye Care Plan:** To support the development of National Eye Care plan, budgeted for by the government and managed by a National Eye Coordinator. The coordinators will ensure that activities are implemented according to the plan.
2. **HR:** It is important to recognize eye care providers that have completed postgraduate training; doctors, nurses, and technicians, provide them with incentives, and retain them in the Pacific. It was obvious from the clinical presentations that each Ophthalmologist showcased their area of interest. They cannot remain as General Ophthalmologists for a very long time as they will lack motivation. Subspecialist training should be supported by governments to boost the morale of ophthalmologists and provide better quality services to the people of the Pacific.

The Pacific region is made up of small island countries that we cannot afford to have all subspecialty in each country, therefore it is important to realize that we need to help each other by sharing our eye care providers. Governments to facilitate the release of their staff to assist other Pacific Eye Countries conduct surveys, surgical outreaches, and training., and training. You help others and they will help you.

3. **Referral Pathway for Subspecialist Care:** It was recommended that Fiji be the hub for subspecialist eye care in the Pacific especially Vitreo-Retinal (VR) surgery. Fiji has been selected for various reasons - it has a training facility, VR services have been established and because of its geographical location in the Pacific, it is cost effective and convenient to refer cases to Fiji. The Pacific Medical Association who looks after medical referrals to NZ is already exploring these options for the same reasons. However, Fiji is facing its own challenges of a depleting health workforce and its health system is not ready yet to take on caseloads from other countries. Therefore, further discussions are needed to be carried out between governments on how to assist Fiji to fulfil this dream.
4. **Quality Services:** It is important to ensure that every station that carries out cataract surgeries are equipped with proper equipment that are serviced and maintained. Medicines and consumables should be included in the standard government procurement or essential list to ensure regular supplies.

5. **PacEYES:** It is important for Pacific Island Governments to recognize PacEYES as it is the body that communicates with international ophthalmic societies on behalf of the eye care providers in their country. PacEYES advocates on their behalf for eye care services and training in the Pacific. It is the voice of the Pacific to the outside world when it comes to ophthalmology.

Recommendations for development partners:

1. Most countries in the world, including the Pacific are still trying to recover after the Pandemic. If there was ever a time, we needed financial and technical support, it is now, especially since Ophthalmology is not highly prioritized when compared to other Medical Specialties (Surgery, Medicine, O&G, Paediatrics).
 2. PacEYES still need Partners support in terms of workforce and subspecialty training and strengthening of healthcare systems.
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