

WE ARE UNDER WAY!

It is two years since we started this journey, and progress to date has been slow. This is because the site we were original given by the Korle Bu Hospital has been changed by mutual agreement, and we have had to spend time and care in the selection of the new location.

I am delighted to report that our project to bring vital sight services to the West Africa region is now well and truly under way.



The proposed eye unit and surgical training centre is now to be very close to the main hospital, to achieve a greater cohesion in the provision of clinical services across the site. Norman Bruce, Moorfields' Head of Estates, visited Accra last year to inspect the site and meet with Mr Abroso, Chief Engineer at Korle Bu, and Mr Danquah-Boateng, Senior Architect at the Ministry of Health. The visit confirmed that the size and location of the site are good. It also provided clarification that power and utilities can be relatively easily accessed for the new building. There is also good road access and shared parking with the neighbouring physiotherapy building.

We are planning to visit Ghana in March to sign up the necessary documents, and to hold what our Ghanaian friends call a “sod-cutting ceremony”, to put a spade in the ground for the first time to mark the official start to the building phase. We are awaiting confirmation of the date from the Vice President of Ghana, Mr John Dramani Mahama, who has become an active supporter of the project, giving it even more importance in official circles.

At the end of October last year, we carried out a comprehensive survey to pinpoint all services, including drainage, water, power, gas, etc.. The information provided has been incorporated into the tender documents that were issued in the first week of January 2011 to appoint a project manager and a detailed design team. Sign-off of the design is expected in July this year, and we now anticipate completion of the building during 2012

THE PILOTING OF TRAINING COURSES

Meanwhile, work on the preparation of training courses is being carried out. Moorfields' senior ophthalmologist, Ian Murdoch, in consultation with senior colleagues, is designing and piloting a new system of modular training courses in ophthalmic surgical specialties suitable for the West Africa region.

On 8th May last year, several representatives from the West African College of Surgeons (WACS) met in London with experts from Moorfields, the Royal College of Ophthalmologists and other UK and international organisations, to progress planning for the piloting of the surgical training courses.

The first pilot took place in November, using temporary facilities in Accra. Following two days basic surgical training, led by Moorfields' consultant Paul Sullivan, to ensure compatibility of technique and standards, the trainees took instruction in small incision cataract surgery (SICS). Over 80 operations were performed and the trainees were instructed in the technique to aid high volume cataract surgery with quality outcomes. While the course helped to underline the great need for surgical training locally, it also highlighted a number of issues that will need to be addressed as other courses are piloted during 2011.



Emeritus Consultant Ophthalmic Surgeon, John Sandford-Smith, who led the course, said “*It has been a real success, an impression which is shared by my two fellow trainers and all the trainees*”. The results of the post-course appraisals by trainers and trainees confirmed this.

The next course in February will be in trabeculectomy surgery, and further courses are planned during 2011.

WHY OUR PROJECT IS SO DESPERATELY NEEDED

Dr Stephen Akafo (pictured below) who heads up the Ophthalmology Department at Korle Bu Teaching Hospital explains, *“People are needlessly going blind in Ghana and across West Africa because there are not enough eye specialists who are able to perform safe and sight-restoring operations when needed, and the facilities and expertise are not available here to address complex problems. Currently there are no real opportunities to develop skills through continuing medical education or training in specific aspects of eye care here in West Africa.”*



He uses two recent examples of patients he was not able to help, to illustrate the importance of developing this new eye unit and surgical training centre at Korle Bu Teaching Hospital. The first of these is Emerson, a 17-year-old schoolboy from Lome in neighbouring Togo, who had lost his vision in his right eye from injury. He had been blind in the left eye for about 10 years, after damage to that eye, but otherwise he was healthy. Emerson needed very urgent vitreoretinal surgery to save the sight in his right eye. This was neither available in Togo or Ghana. His only option was to go abroad without delay, but by the time his parents had pulled together the money needed to fund the trip, the vision had deteriorated, and all chances of making him see again had been lost.

The other example Dr Akafo uses is Ahmed, a 58-year-old contractor, who had recently lost his vision in his left eye. The right eye had become blind in 1999 following surgery in that eye. Ahmed had a complicated retinal detachment that needed specialist surgery that is not available in Ghana, because of the lack of equipment and expertise. Even though he could afford to go abroad for treatment, he could not access this immediately when it was needed. Ahmed is now dependent on other people to move about, and he is no longer able to work to support his family.

These are just two examples of the 2.6 million people in West Africa who desperately need the services we will provide. What better way is there to fulfil our Lions' mission for the sight-impaired. Lions' objective is to eradicate preventable/reversible blindness throughout the world. With your help, fellow Lions, we will achieve this miracle in service for one of the poorest regions of the world.

We have the funds we currently envisage will be required to see us through the building phase of the project. In due course, there will no doubt be a need for additional equipment, for sponsorship of students, etc., and these needs will be assessed as soon as possible. Donations for the project will continue to be gratefully received, and will be used in later phases. Cheques should be sent to your District Treasurer, and marked “Korle Bu”.

‘We can, we will, we must. Blindness will not wait’.

PID Howard Lee
Chairman
Moorfields Lions Korle Bu Trust



**Artist's impression of the
Lions International Eye Centre
Korle Bu**

