WORLD GLAUCOMA WEEK 2011 IN GOMA: ACTIVITIES REPORT

AIDE – VISION, Asbl is a not for profit organization in eye care, based in Goma, eastern Democratic Republic of Congo. This organization is interested in eye care in general, including eye health and vision. Aide – Vision exists since 2007, but the clinical activities were started since January 2011 in Goma.

Goma is the main town of the North Kivu province, inhabited by about a million of people. There are many health institutions delivering health care services, but very few in eye care. There is only one hospital with an organized eye department, and another one private clinic. The Aide –Vision clinic is only the third structure offering eye care services in Goma.

Glaucoma is the second most important cause of blindness world wide, and our region is not spared from this problem, even though the real magnitude of the problem has not been seriously evaluated locally. As for many other parts of the world and especially in developing countries, lack of awareness complicates the epidemiological figure of glaucoma in this region.

To answer the call of the World Glaucoma Association, we took the opportunity of the World Glaucoma Week 2011, to organize some activities in the line of the theme for this year in order to improve awareness of our population on this so poorly known, blinding condition that is in glaucoma.

The objective was to reach the population of Goma and surrounding of the town estimated close to one million, by the media and a screening event during the World Glaucoma Week 2011. Initially the following activities were planned: Radio and Video messages, Radio programs and interviews, a Video program, a conference in intention of medical personnel of Goma. Due to insufficient resources, some of the activities were not achieved, and many of them were reduced to a minimum.

1. **Banners** with short message about glaucoma were put along the main roads in Goma, with the theme for this year, written in French.
2. We had a radio message of 1 min 6 sec in French and another 1 min 6 sec in Swahili, recorded in a studio and broadcasted on 4 local radio stations for 8 days from March 5th to 12th. For the same message we added some explanatory pictures to make a video message on 2 local TV stations that was broadcasted for the 8 days. In addition of this we had 2 programs on a radio station, with participation of Dr Aldy Kavuo, a final year Resident from Kinshasa who is about to complete her research on Glaucoma in the northern part of the North-Kivu province, and on ground interviews with 2 radio stations.

3. A screening event was organized for 3 days from 9th to 11th.

The first day was spent at a diabetic association center where diabetic patients are taken care of, by essentially having their blood glucose level checked on regular basis (weekly for every patients) and the medications supplied at affordable cost. They also receive health education and social support at the center. So this was a great opportunity to screen the diabetic patient and talk shortly to them about Glaucoma and other eye problems related to diabetes mellitus. We screened 196 diabetic patients, and kept data for 191 of which 158 had normal IOP, and 12 had IOP >= 22 in both eyes, and 21 had IOP >= 22 in either right or left eye.
All patients with IOP 22 mm Hg or more were given an appointment to attend the Aide – Vision Eye Clinic for a free of charge consultation for a complete ocular examination. Appointments were then given to 33 patients who had high IOP according to our definition, and some 6 other patients who had other symptomatic ocular problems. We also found at this occasion 8 patients with operable cataracts, 3 of which were bilaterally blind.

Diabetic patients having their IOP measured by the rebound tonometer offered by ICare Finland.

The second and third day, the screening event took place at the Aide – Vision eye clinic, where 551 other patients were seen. In the morning before starting the screening, a short talk was given to the candidates to explain about Glaucoma, the risk factors, the theme for this year world glaucoma week: “Don’t loose sight of your family” and the importance of the screening to prevent blindness from glaucoma. Then we could answer some few questions and give more related clarifications needed for a better understanding to the audience.

Giving a brief talk before the screening
Slit lamp- examination was possible when needed
On these two days we got support from our colleagues staff members of the CBCa Bethesda Hospital Eye department that made possible further examination of the fundus on the spot, and give less appointments to the clinic after the campaign; this made the work in general more comfortable as we were having more and more people coming. But still we needed to give appointment to some patients for free of charge complete eye examination when needed.

During the campaign we also received some known glaucoma patients who reported to have a check up, and we managed to have two of them who accepted to offer a radio interview with a local radio station, and this was very important for strengthening the message that were already heard by many people. A message from a glaucoma patient definitely had a special weight.

**Results**

At the end of these activities, we believe a good proportion of the population leant something about glaucoma, including those who did not come for the screening; we actually had many people calling and passing at the clinic to ask questions, and looking for further information about glaucoma after they had heard on the radio, watched on TV or read the banners.
At the end of the day we had a total of 749 people seen, of which 379 were male and 270 females. We managed to record for 651 of them. Of these 651 people, 111 (17%) had IOP of 22 mm Hg or more, of which 53 (8.1%) in both eyes, 31 (4.8%) in the Right eye only and 27 (4.1%) in the left eye only. A total of 86 people were granted an appointment for a full ocular examination at our clinic after the campaign for variable reasons. The diagnosis of glaucoma was obvious in 26 people (4%), by measuring their IPO and examination of their optic discs on the spot. They had to go through a special counseling an examination of the treatment modalities.

We can be proud to have been of a help to people who were discovered glaucoma patients and yet they did not know they were, and whose vision can be preserved by appropriate treatment after the screening event. Some other known glaucoma patients also came to get some more knowledge about the follow-up needed for their condition.

**Who is at risk?**

Two stories we had during the screening event raised the question in a different dimension. When we made the message, we actually called upon people aged 40 years and more to come for the screening, but we decided to receive everyone who presented, irrespective of their age.

1. On the second day of the screening, in the afternoon while people start getting tired came along a 17 year old boy, who just by curiosity, wanted to also have his eye checked. When I saw him, I just thought “why does this one come to annoy...”, just to find h had the highest pressure of the day, and has actually had a severe optic disc changes in his both eyes, but asymmetrical. He was immediately started on treatment.

2. A seven decades known glaucoma patient came along, who had been diagnosed of glaucoma about 5 years ago. He then still had some vision, but refused the surgery, and was put on eye drops. So he was given Timolol 0.5% and was told that he would have to use the medication for the rest of his life, which he preferred to the surgery. After he finished the drops that he got from the hospital, he has been buying without prescription at a nearby pharmacy a “dawa ya macho” for more than 4 years that he uses twice daily! “Dawa ya macho” means “eye drug” in Swahili, and this patient has been using Dexamethasone 0.02% twice daily for 4 years!

There is still a long way to go with the action at the community level for glaucoma, and means need to be deployed to alleviate the magnitude of the loss of sight due to glaucoma.

**Financial support**

It was difficult to mobilize the resources for variable reasons from government and non-government institutions. All the persons who participated to the activities did it as volunteers and were not paid any allowances. The activities were sponsored by the following:

- 17.4% by some local Lion’s club members as individuals.
- 4.6% by a local company.
- 78% by internal contributions from Aide- Vision members and staff.
Acknowledgements

We are grateful to all who have come to help us in these activities. In particular the WGA to have been the instigator, worldwide, the ICare Finland to have made possible the most important of the activities that we had, by sending us a rebound tonometer. We want to thank local friends and all partners such the local Lion’s club member, the Datco Company, the staff from the regional hospital, the colleagues from the CBCa hospital and all others for their support.

I would like to personally give my appreciation to the Eye Department of KCMC Moshi where I trained, and in particular to Dr Hassan H. Gelema of the Dodoma region, who while still at KCMC included me in the team which organized the first World Glaucoma Day in Moshi, and that is why I got aware of the event and its importance.

Goma, 29/ 03/ 2011

For AIDE- VISION, ASBL

Dr Jason Pithuwa, Ophthalmologist.