Cure Blindness PROJECT™

MD Newsletter

March 2026 | Issue 3

Cure Blindness Project
A Leader in Global Ophthalmology

March 2026

Dr. Geoff Tabin, Co-Founder

As we close another remarkable year, I am proud to share how our community in 2025 continued to push the boundaries of clinical care, research, and global impact. This issue of the MD Newsletter highlights the extraordinary ways our faculty, trainees, and alumni are changing lives—around the world.

This issue highlights innovative research conducted by residents and faculty and supported by Cure Blindness Project grants. These projects are finding new ways to advance eye care in countries where Cure Blindness Project works. From challenges in assessing eye care in war-torn Tigray to eye banking in Nepal, research challenges what we know to find new solutions. At last count, there were 38 research projects in the field.

2025 was a big year for Cure Blindness Project and partners at regional and national medical conferences, allowing for opportunities for thought leadership and networking. These collective opportunities and efforts are building momentum within the global ophthalmology space.

Lastly, congratulations to alumni who we celebrate in this issue. Your contributions will make our mission of eliminating treatable blindness a reality.

Geoff Tabin

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Cure Blindness Project 2025 Grant Award Winners

Cure Blindness Project is excited to announce the winners of its 2025 research grants.

In total, Cure Blindness Project awarded 13 grants with research goals that ladder up to the foundational pillars of the global nonprofit: to provide comprehensive patient care, to build local capacity, to support infrastructure and equipment, and to enhance advocacy efforts.

From the applicant pool, a total of four Faculty Grants (at $10,000 award each) and nine Resident Grants ($2,000 grant each) were selected.

Each accepted project is designed to explore and elevate eye care, global ophthalmology and practices in the regions where we work. Research will address current questions in Nepal, Rwanda, Ethiopia and Eritrea.

"Research finds new, innovative ways to both look at and approach existing challenges within the field of eye care," says Ashiyana Nariani, Senior Technical Advisor, Ophthalmic Training and Research at Cure Blindness Project.

Rooted in academic excellence, Cure Blindness Project has always placed an importance on research. Since the organization's inception, professionals associated with Cure Blindness Project have been publishing in a wide range of ophthalmological and public health journals.

A searchable list of Cure Blindness Project-supported research can be found here: www.cureblindness.org/research

"By supporting our partners through important country- and regionally- specific research, we look forward to providing academic nourishment coupled with focused curiosity, with the goal of addressing urgent ophthalmic domains, that will serve our ultimate, unified objective of eliminating needless blindness!" says Nariani.

With a record number of applications, the selection committee thanks all faculty and residents who submitted thoughtful, innovative perspectives. A total of 107 applications from ten countries were received this year, representing a 53% increase in the number of applications from last year.

Faculty Grants

- "Leveraging technology for community-based preschool vision (aged 3-66 years) screening in resource limited settings in Nepal"
  Dr. Manisha Shrestha, Bharatpur Eye Hospital (Nepal)

- "Dropless Cataract Surgery in Sub-Saharan Africa in Manual Small Incision and Phacoemulsification"
  Dr. John Cropsey, Rwanda International Institute of Ophthalmology (Rwanda)

- "Predictors of patient compliance with follow up visits after the Cure Blindness Project Cataract Surgery Campaign: A multi-center study"
  Dr. Genet Mossisa Ayana, Hawassa University (Ethiopia)

- "Outcome and Associated Factors of High-volume Cataract Surgery in Quiha Hospital, Ethiopia"
  Dr. Gebreabzgi Teklay Gebrekidan, Mekelle University (Ethiopia)

Cure Blindness Project
2025 Grant Award Winners

Resident Grants

- "Trends in career preferences and their determinants among Ethiopian ophthalmologists & Evaluating the challenges faced by recent graduates in ophthalmology in Rwanda: A cross-sectional study"
  Drs. Ndori Vincent, Ferhan Idris, Norbert Uzabmwana, St. Paul's Hospital Millennium Medical College Rwanda International Institute of Ophthalmology (Ethiopia, Rwanda)

- "Enhancing Local Capacity through Training of Interns and Nurses in SPHMMC, Addis Ababa, Ethiopia"
  Dr. Abdiaziz Muhmed Dakad, St. Paul's Hospital Millennium Medical College (Ethiopia)

- "Cost-Effectiveness and Quality of Life Impact of Manual Small Incision Cataract Surgery (MSICS) in Ethiopia: A Quasi-Experimental Study"
  Dr. Robel Arega Kassa, Hawassa University (Ethiopia)

- Patients' perception of the quality of eye care at Menelik II Hospital, Addis Ababa, Ethiopia"
  Dr. Asrat Tadesse Jembere, Addis Ababa University (Ethiopia)

- "AI enhanced and integrated smartphone based glaucoma screening in low resource primary health care settings"
  Dr. Simegnew Nibret Temesgen, University of Gondar (Ethiopia)

- "Religious leaders Knowledge and Attitude towards Eye Donation: A Community-based, Cross-sectional Study in Butajira town Central Ethiopia"
  Dr. Yeshiwond Abeje Arega, Addis Ababa University (Ethiopia)

- "Factors delaying the presentation and clinical profile among Retinoblastoma children in Brhan-Ayni Eye National Referral Hospital, Asmara, Eritrea, 2024"
  Dr. Mohammed Yassin Siraj, Orotta College of Medicine and Health Sciences (Eritrea)

- "Causes of Childhood Blindness in School Age Children in Abrha Bahta National Blind School, Asmara, Eritrea, 2025"
  Dr. Yemane Goitom Tesfamichael, Orotta College of Medicine and Health Sciences (Eritrea)

- "Indications, Procedures and the Outcomes of Corneal Transplantation at Berhan Aini Referral Hospital, Asmara, Eritrea, 2023-2024"
  Dr. Sirak Araya, Dr. Senair Berane, Orotta College of Medicine and Health Sciences (Eritrea)

Retinopathy of Prematurity in Ethiopia

Submitted by Dr. Sadik Taju Sherief (Addis Ababa University)

Cure Blindness PROJECT™

Title

Health Systems, Screening and Need Assessment of Retinopathy of Prematurity in Ethiopia

Authors

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Executive Summary

Retinopathy of prematurity (ROP) is one of the leading causes of childhood blindness in developing countries. Recent studies in Ethiopia have shown that one-third of neonates admitted to neonatal intensive care units (NICUs) are affected by ROP; however, there is currently no regular ROP screening system in place across the country.

To address this issue, the Ethiopian ROP Study Group has been established, consisting of ophthalmologists specialized in ROP, neonatologists, and public health experts from both local and international backgrounds. The group aims to assess the healthcare system in relation to ROP and develop guidelines and training materials to enhance awareness and knowledge about the condition.

This study will utilize the WHO health system building blocks to evaluate the current healthcare framework regarding ROP. Additionally, it will provide an opportunity to initiate a regular ROP screening program in five NICUs throughout Ethiopia. The Cure Blindness Project is financially supporting this initiative.

Introduction & Project Background

Retinopathy of prematurity (ROP) is a vasoproliferative disorder that affects the developing retinal vessels of premature newborns. It is a leading avoidable cause of blindness in children, particularly in middle-income countries, and was estimated to cause blindness and vision impairment in 50,000 infants every year.

ROP-related visual loss was more common in countries with expanding NICUs but varying quality of care and inadequate coverage of ROP screening and treatment.

In sub-Saharan Africa (SSA), ROP is beginning to emerge as a cause of blindness in children as neonatal intensive care services expand. In Ethiopia, a prospective ROP screening survey among infants admitted to two NICUs showed that 32.2% had any stage of ROP, and 6.4% had Type 1 ROP.

The first and foremost crucial step for preventing any form of ROP-related visual problem is the adoption of an effective and efficient screening strategy. However, despite the increasing number of NICUs and high prevalence of ROP, there are no national screening guidelines nor a program for ROP, apart from pilot screening at Tikur Anbessa Specialized Hospital (TASH), Menelik II Hospital, Ghandi Memorial, and Abebech Gobena hospitals, all of which are in the capital city, Addis Ababa, which is financially supported by the Cure Blindness Project (CBP).

Knowledge of the unmet need for preventive measures for ROP and for ROP services in Ethiopia using a health systems approach is crucial to reducing childhood blindness from ROP. In Ethiopia, to the best of our knowledge, there is no data on the health system assessment in relation to ROP. To plan proper ROP service delivery, to raise awareness and allocate resources, and to plan appropriate management strategies, it is vital to understand the health service delivery of ROP in Ethiopia. The long-term goal of this project is to guide the Ministry of Health in establishing a national program for ROP, with guidelines, health financing, and a health information system.

Retinopathy of Prematurity in Ethiopia

Submitted by Dr. Sadik Taju Sherief (Addis Ababa University)

Continued: Health Systems, Screening and Need Assessment of Retinopathy of Prematurity in Ethiopia

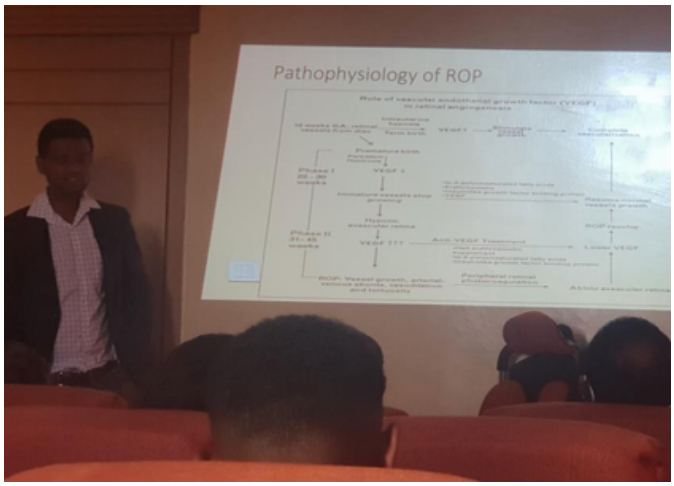
Introduction & Project Background (continued)
The ROP Ethiopia project is a nationwide study aims to answer the following questions :

1. What proportion of babies at risk of ROP is being examined, and what are the reasons why programmes are not in place?
2. What is the level of awareness among medical students and nurses about ROP?
3. How is healthcare regarding ROP currently delivered in Ethiopia?
4. What are the main causes of blinding ROP in Ethiopia?
5. What impact does ROP-related blindness have on caregivers?
6. What is the quality of existing programs for the detection and treatment of ROP, and how can they be improved?

Objectives of the project
To assess the screening and need assessment of Retinopathy of Prematurity in Ethiopia using a health systems approach.

2.2. Specific Objectives

- Assess the need for ROP screening and the nature of existing ROP services
    - #, at risk admitted and their survival
    - # units providing ROP services and the nature of the services
    - Compare the proportion of infants developing a) any ROP and b) ROP needing treatment in private and public NICUs in Addis Ababa.
- Assess the availability and use of equipment to deliver and monitor supplemental oxygen for at-risk infants
- Assess whether ROP is included in the curricula of undergraduate medical, nursing, and midwifery programs, and assess students' knowledge of ROP.
- Determine whether units have relevant protocols (oxygen; ROP; infection) and whether there are relevant ROP government policies
- Determine the equipment and infrastructure of the neonatal intensive care units.
    - Determine the ratio of infants to neonatologists, pediatricians and nurses.
    - Determine the level of NICUs
    - Determine the number of high-care incubators, and arterial blood gas analyses available in the NICUs
- Determine the knowledge of nurses working in the NOCU about retinopathy of prematurity.
- Determine the health care financing system for ROP Care
- Assess the availability and utilization of ROP health system data
- Explore the reasons why children became blind from ROP, and to gain insights into



A research coordinator and facilitation for the ROP screening at the 5 NICSs was hired. Pictured above is training on ROP.

Retinopathy of Prematurity in Ethiopia

Submitted by Dr. Sadik Taju Sherief (Addis Ababa University)

Continued: Health Systems, Screening and Need Assessment of Retinopathy of Prematurity in Ethiopia

Data Collection

4.2. NICU Mapping

Mapping the neonatal intensive care units (NICUs) in Ethiopia has been a key objective of this research project. Secondary data from the federal and regional ministries of health, along with their partners, indicate that there are a total of 412 NICUs operating across the country. Specifically, 47 NICUs are located in Addis Ababa, and data following the ROP guidelines were collected from these facilities in Addis Ababa.

4.3. Prevalence and risk factor of ROP in Addis Ababa

A screening was conducted to assess the prevalence and risk factors of Retinopathy of Prematurity (ROP) involving 434 newborns from eight neonatal intensive care units (NICUs), which included five public and three private units. Among the participants, 220 (50.7%) were female. The ROP screening was performed by visiting each NICU in person and became a regular component of eye health care for infants admitted to the NICU, following established screening guidelines.

4.4. Knowledge and practice towards ROP among NICU nurses

A descriptive cross-sectional study was conducted among 259 nurses working in both private and public NICUs in Addis Ababa, among whom 210 were female, to assess the knowledge and practice towards ROP Screening and treatment.

4.5. Use of equipment to deliver and monitor supplemental oxygen for at-risk infants

A total of 37 NICUs were observed to evaluate the availability and use of equipment to deliver and monitor supplemental oxygen for at-risk infants.

4.6. ROP and curricula of undergraduate medical, nursing, and midwifery programs

The objective of this part of the project is to assess the coverage of Retinopathy ofematurity (ROP) and other child eye health topics within the undergraduate and postgraduate training curricula of higher education institutions.

So far, two curricula have been reviewed: the Bachelor of Science in Neonatology from Menelik II College and the Master of Science in Nursing from Addis Ababa University.

4.7. ROP and Infrastructure

In Addis Ababa, thirty-seven NICUs were observed to assess the availability of ROP-related infrastructure.

4.8. Determine the health care financing system for ROP Care

To assess the healthcare financing systems for neonatal care and ROP (Retinopathy of Prematurity) screening in both the private and public sectors, data were collected from 37 Neonatal Intensive Care Units (NICUs) in Addis Ababa. The evaluation focused on determining whether these units have established protocols related to oxygen use, ROP management, and infection control, as well as identifying any relevant government policies regarding ROP.

4.9. Neonatal Care and ROP guideline

Data on the availability of guidelines and protocols related to neonatal and ROP care were collected from 37 NICUs in Addis Ababa.

4.10. ROP and health system data

Data was collected from 37 NICUS in Addis Ababa regarding the inclusion of ROP-related services in the health data system.

Data collection during at ROP study

Retinopathy of Prematurity in Ethiopia

Submitted by Dr. Sadik Taju Sherief (Addis Ababa University)

Continued: Health Systems, Screening and Need Assessment of Retinopathy of Prematurity in Ethiopia

Preliminary Observations & Challenges

Positive Observations

- The project coordination team displayed exceptional competence and consistency.
- Hundreds of neonates with ROP were screened, and those with ROP were treated, and through this project, we were able to prevent blindness from ROP.
- There was a notable level of patient and stakeholders' satisfaction and a strong demand for services to continue in the country.
- Additionally, there was effective collaboration with private and public hospitals with NICU services in Addis Ababa.
- The support from the CBP head and the local office provided robust technical and administrative assistance.

Challenges and Mitigation

Challenge: To conduct the regular weekly ROP screening, there was a challenge to access the transportation facility.

Mitigation: after discussion with the department of Ophthalmology of Addis Ababa University, we started to use the vehicle that belongs to the department by covering the fuel cost.

Challenge: Many patients with ROP who need treatment couldn't afford it.

Mitigation: To address this issue, Biruh Vision Eye Center offers free services to those unable to pay for ROP treatment.

Next Steps

The following activities are scheduled to be completed by June 2026:

NICU Mapping: This project aims to map the locations and assess the levels of Neonatal Intensive Care Units (NICUs) across Ethiopia. In the next phase, NICUs in the region will be mapped. Consent and Institutional Review Board (IRB) approval have been obtained from the Oromia region.

Prevalence and risk factor of ROP in Addis Ababa: the ongoing screenings for Retinopathy of Prematurity (ROP) will be conducted, alongside the identification of risk factors in five specific NICUs.

Knowledge and practice towards ROP among NICU nurses : the An assessment regarding the knowledge and practices related to ROP among nurses working in tertiary eye care hospitals will continue throughout the country.

Use of equipment to deliver and monitor supplemental oxygen for at-risk infants : We will assess the availability and utilization of equipment for delivering and monitoring supplemental oxygen for at-risk infants across all 11 regions of Ethiopia.

ROP and curricula of undergraduate medical, nursing, and midwifery programs : the undergraduate curricula for Medicine, Nursing, Midwifery, and Neonatology will be collected and analyzed from Jimma, Gondar, Mekelle, and Hawassa Universities.

ROP and Infrastructure: An evaluation of the equipment and infrastructure in neonatal intensive care units across various regions in Ethiopia will be conducted.

Determine the health care financing system for ROP Care: Regional data on ROP and healthcare financing will be collected from the NICUs in Ethiopia and is expected to be completed by November 2025.

Neonatal Care and ROP guideline: An assessment of the availability and utilization ROP and neonatal care related Protocols and guidelines will be done by collecting data from other regions in Ethiopia.

Retinopathy of Prematurity in Ethiopia

Submitted by Dr. Sadik Taju Sherief (Addis Ababa University)

Continued: Health Systems, Screening and Need Assessment of Retinopathy of Prematurity in Ethiopia

Blinding ROP: To explore the reasons why children become blind from ROP and to gain Presentation and publication The results of the research project will be presented at OSE, COECSA, and the Global Ophthalmology meeting of the AAO.

Conclusion

The Ethiopian ROP project aims to provide insights into the healthcare system's approach to neonatal health and neonatal eye health in Ethiopia. The findings from this study are expected to significantly influence the country's child eye health policy.

Data collection during at ROP study

Awareness of Cataract Blindness and Barriers

Submitted by Dr. Lhacha Wangdi (Gyalyum Kezang Choden Wangchuck National Eye Centre)

Title

Awareness of Cataract Blindness and Barriers to Cataract Surgery Among Patients in Bhutan

Introduction

Amongst the elderly population in Bhutan, cataract continues to be the leading cause of blindness. Bhutan still faces backlog of cataract eye disorders, although the regular cataract surgeries are being provided in the country. Sub-optimal cataract surgical coverage could be due to poor patient turn over, lack of awareness about cataract or due to the difficulties faced by the patients while availing the cataract surgery. We do not know how well our people are informed about the cataract eye disorder and their challenges in availing cataract surgical services in the country.

This study was intended to assess the level of awareness regarding cataract-related blindness and barriers to cataract surgery among elderly patients in Bhutan. The plan was to proceed multicenter cross sectional survey in five regional hospitals in Bhutan. The population for this study were elderly patient age 50 years and above since the cataract is more prevalence among the elderly people.

Methods

Research proposal and ethical approval from the research ethic board (REBH) of health from the Ministry of health is obtained. Following the ethical approval from REBH, data collection was commenced from 1st September till 30 October 2025. As of now the data collection were completed.

Data was collected using semi-structured questionnaires for cataract-related blindness and barriers to cataract surgery. Data were collected from the five selected regional hospitals in Bhutan which were; National eye center in Thimphu, Gelephu regional referral hospital, Mongar regional referral hospiral, Samtse district hospital and Phuntsholing General Hospital. Three staffs were allocated for the study which included an ophthalmic nurse, an ophthalmic technician and myself as PI. Study team inclusive of the three members travelled to the allocated hospitals for the data collections.

Prior to conduction study, site clearance were obtained from the local hospital administration. Group discussion were held amongst the local ophthalmic staff regarding the research protocol and methodology which was then followed by data collection.

Equal number of 76 participants were recruited from each of the five regional eye care hospitals. Recruitment of participants commenced from the reception desk of OPD in each hospital. Simple random sampling method was used whereby, on a typical working day 5 participants were randomly selected from the token numbers issued at reception desk.

Validated awareness questionnaires was used to assess the level of awareness regarding cataract and cataract related blindness. Participants followed the three stages of awareness questionnaire and cataract screening procedure. The first stage involves eligibility assessment, participant's enrollment and questionnaire for cataract blindness. In the second stage, each participants was screened for cataract eye disease including presenting visual acuity, refraction and slit lamp examination. In the third stage, those participants diagnosed to have cataract was assessed for any barriers to cataract surgery using a semi-structured questionnaire.

Research led team members discussing about the study with the local hospital ophthalmic staffs

Awareness of Cataract Blindness and Barriers

Submitted by Dr. Lhacha Wangdi (Gyalyum Kezang Choden Wangchuck National Eye Centre)

Continued: Awareness of Cataract Blindness and Barriers to Cataract Surgery Among Patients in Bhutan

Current Status of Research

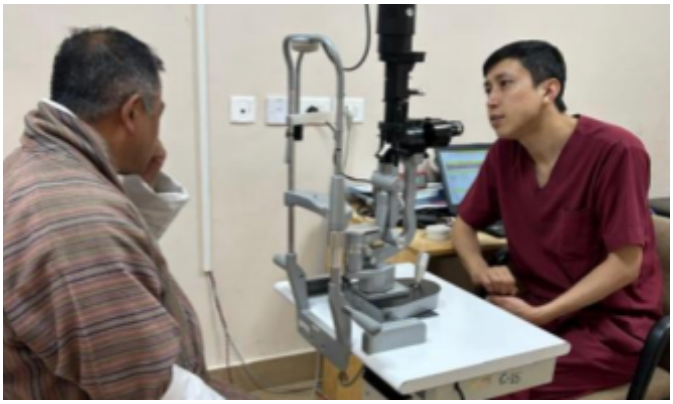
Data collection were completed as of now. We have entered all the data information in excel sheet and we are analysis the data. We have already started writing manuscript for publication.

Once the data analysis is completed we will be able to complete manuscript for publication in a reputed journal. Following are the plans for the remaining research work:

- Data analysis: expected to complete by 31 December
- Manuscript completion by January 31 2026
- Research publication: February – March 2026 and earlier if possible
- Distribution of cataract awareness banners in the district hospitals

Possible Impact of Research

Study related to awareness of cataract related blindness is first time in Bhutan. This study will help to understand the level of awareness related to cataract among the elderly population. It will also help to understand people's challenges while availing cataract surgical services. This study will form the basis for planning primary eye care program which include mobile eye camps and awareness programs in the country.



Participant underwent through examination to assess the current status of eye

Data were collection in questionnaires and letter punched into excel sheet

Ophthalmic nurses obtained patient information prior to proceeding.

Barriers to Eye Care and the Impact of War

Submitted by Dr. Abeba Tesfay Gessesse (Mekelle University)

Title

Barriers to Eye Care Service Utilization by Visually Impaired People and the Impact of War in Conflict-Affected Tigray Region, Ethiopia

Authors

Drs. Abeba Tesfay Gessesse, Mihreteab Zeru, Alec Bernand, Ageru Kebede, Abeba Tekle Giorgis, Ashiyana Nariani and Matt Oliva

Introduction

Blindness and visual impairment are widespread in Ethiopia, but service utilization remains low. This is particularly acute in war-affected regions like Tigray, where healthcare infrastructure has largely collapsed.

Understanding the barriers to eye care access for visually impaired individuals in these conflict-affected areas is essential for developing effective, locally relevant programs. We aimed to explore these barriers in war-affected areas of Tigray (Southern, Eastern, and Central zones) to better address challenges and improve access to care.

Methods

We conducted a mixed-method, cross-sectional study among 1,073 adults aged 40 and above in southern, eastern, and central zones of Tigray. Visual impairment - defined as monocular or binocular visual acuity of 6/18 (20/60) or below, was assessed during visual screening campaigns between September – December 2024.

Quantitative data were collected through structured questionnaires, and multi-variable binary logistic regression identified predictors of delayed visits for eye care, with a p-value of <0.05 considered statistically significant. Qualitative data were gathered from focus group discussions (FGDs) and key informant interviews (KII). Thematic analysis was used to explore perceptions of barriers to eye care service uptake.

Facility assessment was conducted to evaluate the current status of 19 accessible eye care facilities—comprising 12 primary and 7 secondary centers—located in the conflict-affected zones of Tigray.

The aim was to determine the availability of services and the readiness of these facilities to deliver the minimum expected eye care service packages. A structured assessment tool was employed, adapted from the World Health Organization's Service Availability and Readiness Assessment (SARA) questionnaire and the Ethiopian Standards Agency's guidelines for health facilities.

Service readiness was evaluated based on the availability of dedicated clinical space, trained personnel, and essential medical supplies.

Service availability was assessed by comparing the services currently offered against the national standards. According to these standards, primary eye care facilities are expected to provide emergency eye care, minor surgical procedures, refractive services, and routine eye health promotion. Secondary eye care facilities, in addition to offering all services provided at the primary level, are also expected to provide major surgical interventions.

Descriptive statistical methods were used to analyze the data.

Screening of visually impaired people during a campaign

Barriers to Eye Care and the Impact of War

Submitted by Dr. Abeba Tesfay Gessesse (Mekelle University)

Continued: Barriers to Eye Care Service Utilization by Visually Impaired People and the Impact of War in Conflict-Affected Tigray region, Ethiopa

Results

The average age of the study participants was 63.5 years, with more than half (51.5%) aged 65 or older. A majority were male (57.1%) and illiterate (68.7%), with most identifying as farmers (59.2%) and living in urban areas (78.2%).

Vision impairment levels varied: 52% were blind, 10% had severe impairment, 32% had moderate impairment, and 6% had mild impairment. A substantial proportion (90.8%) reported that vision problems impacted their daily activities, and 83.1% observed a change in their vision.

Late visits (>1 year) to seek eye care services were prevalent in 63.9% of the respondents, particularly among those with severe visual impairment and blindness.

Older age (adjusted odds ratio [AOR]: 1.5; 95% confidence interval [CI]: 1.1–2.0), economic barriers (AOR: 1.5; 95% CI: 1.1–2.1), and accessibility barriers (AOR: 1.8; 95% CI: 1.3–2.4) were identified as significant predictors of delayed visits to eye care facilities. Economic barriers (82.4%), accessibility barriers (27.6%), and personal barriers (33.4%) were the most reported obstacles to seeking essential eye care services. Security-related issues were reported by 6.7% of the respondents.

A focus group discussion in progress with visually impaired people

Qualitative findings corroborated these issues, highlighting transportation, economic challenges, and cultural practices as critical barriers, alongside the war's devastation of infrastructure and services. The impact of the war significantly disrupted eye care services, with destruction of infrastructure, loss of medical professionals, and limited resources.

Post-war, healthcare services remained generally weakened, with ongoing shortages in supplies and trained personnel.
The facility assessment revealed that none of the primary care facilities met the readiness criteria outlined in the national standards for delivering the essential eye care service package at the primary level. One facility was found to be completely destroyed during the war, only three (25%) had dedicated clinical space, and none possessed the required mix of eye care professionals or essential medical supplies.

Similarly, none of the secondary eye care centers met the national service readiness criteria. Three facilities (43%) entirely lacked the required mix of professionals, dedicated clinical space, and essential medical supplies. The remaining four centers had dedicated clinical space and possessed some of the required personnel and medical equipment; however, all faced critical shortages of essential medical supplies. Notably, only one facility had a trained optometrist.

Barriers to Eye Care and the Impact of War

Submitted by Dr. Abeba Tesfay Gessesse (Mekelle University)

Continued: Barriers to Eye Care Service Utilization by Visually Impaired People and the Impact of War in Conflict-Affected Tigray region, Ethiopa

Conclusions

Our study identified persistent barriers to accessing eye care services among individuals with visual impairments in Tigray, compounded by economic hardship, limited service availability and accessibility, and cultural practices—particularly affecting older adults and those with severe visual impairment. The aftermath of the conflict has further exacerbated these challenges by severely damaging the healthcare infrastructure, thereby impeding the delivery of essential eye care services.

None of the assessed primary or secondary eye care facilities met the national readiness standards for providing comprehensive eye care.

Addressing these complex and interrelated barriers is critical to improving access to eye care and achieving better health outcomes for vulnerable populations in the region. Targeted interventions should prioritize the rehabilitation of healthcare infrastructure, the promotion of community awareness, and the provision of economic and logistical support within the broader framework of post-conflict recovery.

Dr. Abeba Tesfay with members of the data collection team

RESEARCH

Understanding Retinal Detachment in Bhutan

Submitted by Dr. Sandip Tamang

Title

Understanding the Presentation and Treatment Outcomes of Retinal Detachment in Bhutan: A Prospective Study

Author

Dr. Sandip Tamang

Introduction

Retinal detachment (RD) is the separation of the neurosensory retina from the retinal pigment epithelium (RPE). It has three clinical types, namely rhegmatogenous retinal detachment (RRD), tractional retinal detachment (TRD), and exudative retinal detachment (ERD). Blindness and visual impairment recorded in the Rapid Assessment of Avoidable Blindness (RAAB) study showed a significant impact of posterior segment diseases in people over 50 years in Bhutan.

Retinal detachment was the seventh most common vitreo-retinal (VR) disease in Bhutan, with rhegmatogenous retinal detachment being the commonest, and RD being the most common indication for VR surgery in Bhutan. As the VR services are only available at the Gyalyum Kesang Choeden Wangchuck National Eye Center (GKCWNEC), Jigme Dorji Wangchuck National Referral Hospital (JWDNRH), Thimphu, all the retinal detachment cases from all over the country are managed only in the capital city by two VR surgeons in the National Eye Center. Since there have not been any studies in the country regarding the risk factors, severity, outcome of RD surgery, and patterns of retinal detachment, this study will try to cover the gaps and help in the policies ahead.

Research Activities

Research ethical approval and administrative approval were obtained from the institutional research board (IRB) and the Ministry of Health. Following the ethical approval from the IRB, data collection commenced on 3rd April 2025 and will be completed on 31st March 2026.
Data are collected using semi-structured questionnaires (proforma) and collected from the GKCWNEC, JDWNRH.

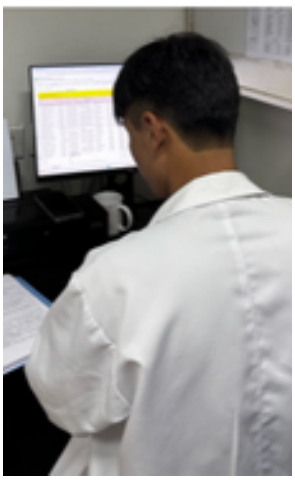
Current Status of Research

Data collection: Till now, data from 50 patients have been collected. Data from around 15-20 patients are expected to be gathered by March 2026. Once the data analysis is completed, we will be able to complete the manuscript for publication and publish in a reputable ophthalmology journal.

- Data collection: To be completed by 31 March
- Manuscript completion: By 30 June 2026
- Research publication: July- August 2026 and earlier if possible

Discussions with staff

Examination of patient



Data collection and data entry

Training Roundup

Cure Blindness Project, in collaboration with Bharatpur Eye Hospital, has expanded its Blindness Prevention Program to two additional blocks in Nawalparasi and Sarlahi districts, further extending our reach into underserved communities.

As part of this expansion, **113 new Female Community Health Volunteers** (FCHVs) were trained in **comprehensive eye care**. The training covered key areas such as Cataract, Refractive Error, Glaucoma, Diabetic Retinopathy, and Corneal Abrasion, along with first aid management and referral pathways for advanced care.

These trained volunteers will now support more communities by providing basic eye care services and guiding people toward timely treatment. To ensure strong continuity and quality, a refresher training will be conducted after six months.

We are grateful to Tilganga Institute of Ophthalmology and Bharatpur Eye Hospital for their ongoing partnership and commitment to advancing accessible, high-quality eye care across Nepal.

Female Community Health Volunteers (FCHVs) were trained in comprehensive eye care.

Biometry training in Ghana

Cure Blindness Project with partners hosted a **4-day intensive biometry training** in collaboration with the Eye Care Secretariat.

"It was more than just a technical refresher — it was a deep dive into precision, patient-centered care, and the kind of teamwork that makes impactful eye care possible," says Ghanaian optometrist Jonathan Okyere Asiedu. "As an optometrist, I see firsthand how our role in obtaining accurate preoperative data is pivotal to achieving those quality outcomes. But beyond the theory and technique, what struck me most was the shared passion in the room — professionals committed to making every surgery count."

Eye Banking Training in India

Cure Blindness Project in India hosted a successful **training for three eye bank professionals** from Ethiopia at Dr. Shroff's Charity Eye Hospital Eye Bank in Delhi.

Two staff members from the Eye Bank of Ethiopia were trained as Eye Donation Counselors, and Dr. Jafer Kedir from Jimma University was trained as Eye Bank Medical Director.

This training is a vital step in strengthening eye banking capacity in Ethiopia, where corneal blindness remains a significant public health challenge.

Training Roundup

Cure Blindness Project conducted a two-day capacity-building training in Addis Ababa for selected Implementing Partners (IPs), focusing on **outreach quality improvement and clinical recommendations**.

November 2025, Quality Improvement Training, Ethiopia

December 2025, Wet Lab Train the Trainer at Jimma University

December 2025, Train the Trainer at St. Paul's Hospital

Train the Trainer Cure Blindness Project instruction led by Tigist Tulu strengthened skills on SISC by focusing on complication management and anterior vitrectomy. Trainees included young ophthalmologists from various hospitals actively engaged with Cure Blindness Project outreach programs.

A well-attended November training in Addis allowed for Cure Blindness Project to connect with implementing partners on topics of quality improvement and clinical recommendations to implement in future outreaches.

Training Roundup

Volunteer Faculty Leading Capacity Building

Through a powerful partnership between Cure Blindness Project and HelpMeSee, Ghana's teaching hospitals have taken a major leap forward in ophthalmic education.

The introduction of the HelpMeSee cataract surgical simulator is revolutionizing how residents learn to perform cataract surgeries—safely, confidently, and with precision. Two trainers of trainers were supported with a specialized course in India. Residents begin with an online course before undergoing 4 days of hands-on simulator training. The simulator provides real-time feedback, helping residents correct errors and build muscle memory.

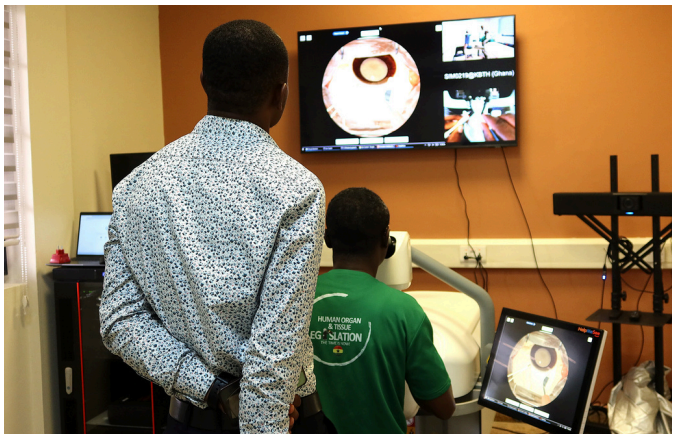
"The simulator is a transition residents into performing cataract surgeries because it gives real-time feedback on errors detected."
— Dr. Naa Tagoe, Head of Department, Korle Bu Eye Center

"It will give residents the knowledge, confidence, precision, and hands-on experience they need to master cataract surgery safely before stepping into the operating room."
— Dr. Vera Mawusime Beyuo, Trainer
Resident Dr. Obed Ankor shared:

"We used to have the wet lab, but this is different. The guides support you, and the cues help you know when you're making a wrong step. If we all get exposed to something like this from the beginning, it will improve our surgical skills and confidence."

At Cure Blindness Project, one of our core goals is to build the capacities of ophthalmologists in the countries we serve. Thanks to the HelpMeSee simulator, more Ghanaian residents are now better equipped to restore sight through cataract surgery.

A trainee utilizes the HelpMeSee cataract surgery simulator



October 2025 HelpMeSee training conducted in Ghana

Thank you to volunteer ophthalmologists that conducted training in 2025 as part of or in conjunction with a surgical outreach or the Tertiary Care program in Ethiopia. These allowed hands-on, real time teaching moments for residents to learn and grow their skills across a range of topics.

Dr. Ababa Tekle Giyorgis, Ethiopia
Dr. Mo Harstein, Ethiopia
Dr. David Khorram, Ethiopia
Dr. Mulu Lisanework, Ethiopia
Dr. Matt Oliva, Somaliland
Dr. Mandefro Sintayehu, Ethiopia
Dr. Kumale Tholosa, Ethiopia
Dr. Lloyd Williams, South Sudan

Dr. Mo Harstein at an October outreach in Ethiopia

2025 Hospital-Based Trainings

Volunteer Faculty Leading Capacity Building

Cure Blindness PROJECT™

Hospital-Based Trainings use volunteer faculty to deliver week-long, in-country courses combining lectures and hands-on practice. Held at the trainee's home institution, these programs address identified sub-specialty gaps, build surgical skills and confidence, and improve clinical care quality while supporting long-term teaching goals for partner hospitals.

Country	Sub-Specialty	Training Topics	Clinical Faculty
Eritrea	• Cornea • Glaucoma • Neuro • Oculoplastic • Pediatrics • Retina	• Eye lid reconstruction • DALK transplants • Glaucoma drainage implants • PKP transplants • Strabismus • Trabeculectomy	• Dr. Jason Chueng • Dr. Sean Collon • Dr. Lacey Echalier • Dr. Eric Hansen • Dr. Rajvi Mehta • Dr. Mike Richard • Dr. Jonathan Solomon • Dr. Prem Subramanian • Dr. Tom Tayeri • Dr. Azeb Telahun
Ethiopia	• Cornea • Oculoplastic • Phaco • Retina	• Chronic vitreous hemorrhage • Diabetic tractional detachment • DSAEK • Endoscopic DCR • Intraocular lens dislocation • Phaco • PKP	• Dr. Marcu Altman • Dr. Paul Berstein • Dr. Jason Dimmig • Dr. James Lehmann • Dr. Matt Oliva • Dr. Purnima Sthapit • Dr. Mike Richard • Dr. Geoff Tabin
Ghana	• Cornea • Glaucoma • Pediatrics • Phaco	• Congenital Cataract • DSEK • Glaucoma tub shunt • Phaco • PKP • Strabismus	• Dr. Yachna Ahuja • Dr. Michael Brush • Dr. David Rooney • Dr. Audrey Rostov • Dr. Srijana Adhikari • Dr. Geoff Tabin
Nepal	• Cornea	• DMEK	• Dr. Audrey Rostov

A yoga break during DMEK training in Nepal

Pediatric training in Ghana

Equipment Roundup

Donation of Nearly $3M to Strengthen Eye Health Infrastructure

Cure Blindness Project announced in mid-November the handover of nearly $3 million (USD) worth of essential eye care equipment to bolster Ethiopia's eye health system.

The hospitals receiving this equipment will offer residents practical training through wet labs, enabling them to perform cataract surgeries and providing the critical upgrades needed for eye care centers in Ethiopia to be considered fully equipped to meet their patients' needs.

This equipment donation will be distributed across leading tertiary, secondary, and 36 primary eye care facilities, including:

- AAU Menelik II Aksum University Hospital
- Ambo Hospital
- Arba Minch Hospital
- Bale Goba Hospital
- Bahir Dar University
- Bete Abraham Clinic
- Bisidimo Hospital
- Boru Meda Hospital
- Bule Hora General Hospital
- Debere Birhan General Hospital
- Dubti General Hospital
- Ethiopian Eye Bank
- Eyu Eye care Specialty Clinic
- Flegehiwot General Hospital
- Gondar University
- Hawassa University
- Jimma University
- Mekelle University
- Nigist Eleni Mohammed Memorial hospital
- Quiha General Hospital
- Saint Paul's Hospital Millennium Medical College (SPHMMC)
- Wolaita Sodo Hospital
- Woldiya General Hospital
- 36 Primary Eye Care Facilities

Donated equipment will strengthen eye care systems in Ethiopia.

"This equipment was specifically requested to fulfill existing gaps," says Dr. Zelalem Habtamu, Ethiopia Country Director for Cure Blindness Project. "We look forward to our continued alliance with tertiary, secondary and primary care facilities to better the lives of Ethiopians."

The MoH Ethiopia speaks to how the donations will be used during a November press conference.

MoH leader with Cure Blindness Project CEO K-T Overbey

"In addition to high quality equipment, Cure Blindness Project will continue to provide specialty and sub-specialty training to strengthen systems of care. Building local capacity together with high quality equipment move countries closer to self-sustainability."

K-T Overbey
CEO, Cure Blindness Project

Equipment Roundup

With generous support from **Johnson & Johnson**, Cure Blindness Project has equipped six leading universities in Ethiopia with essential tools to **establish or enhance their ophthalmology Wet Labs**. These universities include Hawassa, Mekelle, Jimma, Bahir Dar, Gondar, and St. Paul's Millennium Medical College.

Under the leadership of our Equipment Manager, Abreham Addis, the installation process was completed successfully. Biomedical engineers received hands-on training to ensure the labs remain functional and sustainable. For Mekelle and Bahir Dar Universities, this marks their first-ever Wet Lab—**a transformative step in ophthalmic education**.

Abreham noted that previously, many institutions lacked basic infrastructure: no microscopes, instruments, or regular resident usage. Wet Labs were typically student-run without designated coordinators, and preventive maintenance rarely occurred.

Today, that reality has changed. With new systems for equipment security, maintenance, and oversight, these labs are positioned to serve generations of eye care professionals.

Cure Blindness Project extends its heartfelt gratitude to Johnson & Johnson for the grant that made this impact possible. Thank you to your generosity that is building a brighter future for eye health in Ethiopia.

Donated equipment will strengthen eye care systems in Ethiopia.

Learning materials at the new JNJ Wet Labs

Multiple stations to allow for more learning opportunities

Zero Blind Babies: Pioneering Telemedicine Solutions to Save Sight in Sub-Saharan Africa

**Reprinted with permission from Stanford University Global Health.*

Written by Jamie Hansen

At a neonatal intensive care unit in Kumasi, Ghana, Stanford medical student Sarthak Shah had difficult news to share with a young mother and the tiny infant swaddled on her back, brown eyes framed by a white cap and bow.

The premature baby, now a few weeks old, weighed barely two pounds at birth and was at risk for an eye disease that can cause permanent blindness if not promptly treated. The mother lived a challenging four-hour bus ride away and was reluctant to return for screenings due to travel costs.

Shah urged the mother to return and offered to reimburse her bus fare. She agreed, and Munira, a locally trained community health worker, took images of the baby's retinas, which were sent via telemedicine to both a local ophthalmologist and a Stanford vitreoretinal surgeon who devoted his career to this particular disease. They confirmed that the infant's disease had worsened and that she needed immediate treatment to avert blindness.

"It was a pretty big shock for this young mother, who was just 17," Shah recalled. Thankfully, they were able to provide the one-time injection of the medicine required to cure the disease and prevent blindness the same day. The baby soon returned home with her lifelong vision guaranteed.

Just a few years ago, such screening and treatment was unavailable to most babies in Ghana. Outside of one hospital in the capital, Accra, the remaining hospitals in Ghana lacked the necessary eye surgeons and screening equipment.

Now, a growing partnership between Akwasi Ahmed, MD, a pioneering vitreoretinal surgeon in Ghana, and Stanford ophthalmology faculty, residents, and medical students is providing low-cost screening and treatment to babies across the region.

Munira, a community health worker, takes images of a baby's eyes for evaluation for retinopathy of prematurity.

"Our goal is to ensure that no baby goes blind from a condition that is entirely preventable," said Ahmed.

A growing threat of blindness

Every year, tens of thousands of premature infants in low-resource communities suffer irreversible blindness from retinopathy of prematurity, a condition where irregular blood vessel growth in the developing retina can lead to detachment if untreated. The number of babies at risk is rapidly increasing in Sub-Saharan Africa, where improved care has led to more premature infants surviving. Thus, the need for preventive action is urgent.

A simple one-time injection of a medicine called Intravitreal Bevacizumab can cure the problem. However, this requires regular expert screening over several weeks to catch the condition and intervene quickly. The partnership in Ghana is overcoming these challenges through innovative telemedicine and trained community health workers.

"If you're blind your whole life from a disease that costs a hundred bucks and two minutes of a surgeon's time to treat, that's painful," said Arthur Brant, MD, an ophthalmologist and project leader. "It's inexcusable that this is the status quo, and we're doing our best to move things forward."

Zero Blind Babies: Pioneering Telemedicine Solutions to Save Sight in Sub-Saharan Africa

Cure Blindness PROJECT™

A visionary team across two continents

The story began in 2006 when Geoff Tabin, MD, Fairweather Professor of Ophthalmology at the Byers Eye Institute at Stanford and a global leader in combating blindness, aimed to build local capacity for vision care in Ghana. He sought to adapt a successful model from Nepal through the Cure Blindness Project. At that time, there were no ophthalmology training programs and only six ophthalmologists in Ghana, a country of 20 million.

In 2012, Tabin and partners launched Ghana's first eye surgery residency program, with Ahmed as one of the first participants. Initially hesitant to pursue ophthalmology due to the field's limited resources and expertise, Ahmed was encouraged by mentors to help meet the immense need. Ahmed traveled to Nepal and India for training before returning as the first vitreoretinal surgeon in Ghana's Ashanti region, where he now leads efforts to expand ophthalmic training and access to retinal care.

Meanwhile, Brant, then a Stanford medical student, became involved with Tabin's efforts to provide cataract surgeries in Ghana. He and Ahmed connected over a shared interest in retinal care, recognizing that retinal diseases were a leading but under-treated cause of preventable blindness. As he progressed in his training, Brant received Stanford's Rosenkranz Prize in 2023 to address sickle cell retinopathy through cost-effective screenings and treatments.

Brant's interests eventually shifted to retinopathy of prematurity through discussions with Ahmed, local neonatologist Naana A. Wireko Brobby, and Jessica Sedhom, MD, who was a medical student at the time and is now a Stanford ophthalmology resident. Together, they performed a study in Kumasi to understand the need for retinopathy of prematurity screenings.

"The question became how to do this sustainably," Brant said. "That's where Dr. Moshfeghi came in."

Dr. Ahmed performs the first treatment for ROP in Kumasi. Photo courtesy of Sarthak Shah

"Darius Moshfeghi, MD, chief of the retina division and professor at Stanford's Byers Eye Institute, helped pioneer the field of using telemedicine to diagnose retinopathy of prematurity in children. He has dedicated his career to using telemedicine to prevent blindness and runs the largest telemedicine network in the US for retinopathy of prematurity. With Moshfeghi's expertise, images (with personal information removed) could be taken in Ghana and sent to Stanford for expert consultation and mentorship to local physicians, who also reviewed the images.

"If you screen babies in a timely fashion, there should be no infant that goes blind from this disease — that's our premise," said Moshfeghi. "You look at the babies for 10 weeks, and then they see forever. That's a win."

Adapting cutting-edge technology to local needs

With Moshfeghi on board, two hurdles remained: acquiring the $30,000 camera for screening and finding someone to take the pictures. Brant, also a software engineer, gathered donations to purchase the camera and developed a custom telemedicine platform. The team decided to hire and train community health workers to perform the time-consuming photography, rather than relying on physicians and nurses.

Zero Blind Babies: Pioneering Telemedicine Solutions to Save Sight in Sub-Saharan Africa

With the equipment and workforce secured, Stanford Medical Student Sarthak Shah in August 2024 began a year-long research fellowship to establish the telemedicine screening program in Kumasi. Within weeks, Ahmed, Shah and a team of two community health workers, Munira and Mary, had treated their first patient, the tiny baby in the white hat.

The value of a lifetime of sight

On the first day of screening, a devastating experience underscored the team's commitment to ensuring no babies fall through the cracks. One of the first at-risk babies they saw was past the ideal screening age by the time the clinic opened.

"The white glow we saw when the light shone on the baby's eyes revealed that both retinas had detached," recalls Shah, who feels a personal connection to the condition because his uncle was blinded by retinopathy of prematurity. "It was heartbreaking to tell the parents what to expect for the rest of their baby's life."

Since then, no baby who received screening through the program has gone blind. This success results not only from an effective screening program, but also from the passion and dedication of everyone involved, from the devoted community health workers to surgeons. Shah recalls visiting a hospital in the region and noticing a mother carrying a fragile infant to a wellness check. Recognizing an at-risk premature baby, he offered a screening, which found that the baby required immediate treatment to prevent blindness. However, with the hospital's surgeon away, nobody could provide the urgent treatment.

Shah and the team arranged to have the baby urgently flown to Accra, where another surgeon performed the needed injections. "The flight cost around $150 — a marginal expense considering the value of a lifetime of sight," he said.

A growing movement

To date, the initiative has screened over a thousand babies in Ghana's Ashanti region and delivered more than 20 preventive treatments.

"If we hadn't done the screenings, we would not have been able to intervene to save the lifelong vision of these babies," said Ahmed, who often comes in on weekends to provide the needed injections. "We see it as doing God's work."

Now, the team has expanded to include 6 full-time community health workers – Munira, Mary, Edith, Martha, Hamida, and Sarah. Together, they have helped launch two additional screening centers in Accra and Tamale. The team aspires to expand across dozens of cities in Sub-Saharan Africa. With support from additional Stanford faculty, including Scott Lambert, MD, and Prithvi Mruthyunjaya, MD, they founded a nonprofit to fund their ongoing efforts, Zero Blind Babies.

Their efforts contribute to evidence for combining telemedicine with remote ophthalmic expertise. The project has published several research papers with local clinicians as lead authors to share their model and findings, garnering interest from leading ophthalmic organizations in Africa.

"I'm excited for what the future holds," said Ahmed, adding that he looks forward to watching the program grow alongside the number of trained ophthalmologists in the region. "This is not just a job for us; it's a calling to serve our community."

Related research was supported by a 2022 Global Health Seed Grant.

Cure Blindness Project Global Fellow

Submitted by Dr. Blake Snyder

My current fellowship year has taken me far from my usual operating room in California to the crowded clinics and operating theatres of Nepal. Here, the work feels both familiar with cataract surgery, uveitis consults, ward rounds with residents, and completely new with diseases, distances, and inequities that are rarely seen in the United States.

As a global ophthalmology fellow working alongside Cure Blindness partners and the team at Tilganga Eye Institute, I came to Nepal hoping to sharpen my surgical skills and deepen my understanding of how eye care can be delivered at scale. What I did not anticipate was how much this place would reshape my sense of mystery in medicine—and how urgently we need new ways of telling these stories to the world.

One of the most striking examples is a condition nearly unknown outside this region: Seasonal Hyperacute Panuveitis, or SHAPU. It appears in young children, often seemingly healthy just days before, who arrive with a red, painful eye and rapidly progressive inflammation that can destroy vision in a matter of hours to days. By the time many of them reach a tertiary center, the eye is often irreversibly blind.

SHAPU remains one of the persistent mysteries in ophthalmology. Despite decades of observation and careful work by Nepali clinicians and international collaborators, we still do not fully understand its cause. Infectious triggers have been suspected. Environmental factors have been examined. In Nepal, even the seasonal patterns—clusters appearing during certain monsoon-related periods—have been documented carefully. Yet the underlying mechanism remains elusive.

Recently, I joined a multi-disciplinary team that included uveitis specialists at Tilganga, pediatric ophthalmologists, public health researchers, and members of a World Health Organization task force focused on SHAPU. Our goal is deceptively simple: to understand why these children lose their sight so quickly and what we can do to prevent it.

On one of my first days in clinic, a young girl was carried in by her grandmother. The child's eye was opaque, her lashes crusted, the anterior chamber filled with inflammatory debris. She sat quietly, not crying, but clinging to the edge of her grandmother's shawl.

Dr. Blake Synder at an outreach in ArbaMinch, Ethiopia

The family had traveled for hours by bus and shared taxi after first seeking help at a local clinic that did not have the equipment or expertise to manage such a severe presentation. By the time they arrived in Kathmandu, the prognosis for that eye was already guarded.

Cases like hers are devastating because they represent more than individual tragedy. Each child with SHAPU is a missed opportunity for early recognition, rapid referral, and, ultimately, prevention. They remind us that there are still diseases in the world that do not fit neatly into our existing textbooks—that require sustained, collaborative, cross-border effort to untangle.

My days in Nepal are divided between cataract surgery lists, uveitis clinics, resident teaching sessions, and SHAPU-related meetings with local and international partners. In the operating room, I perform cataract surgery that can restore vision within hours in adults who have been blind for years. On the wards, I work with trainees who are managing complex inflammatory eye disease with limited resources but extraordinary ingenuity. In research meetings, we pore over SHAPU case series, imaging, and potential study designs that might finally bring us closer to an answer.

Amid all this, I have become increasingly convinced that data and surgery alone are not enough. If we hope to eliminate avoidable blindness, we must also learn to tell these stories clearly, ethically, and at scale—to patients, to policymakers, to trainees considering this path, and to donors who can help sustain it.

Cure Blindness Project Global Fellow

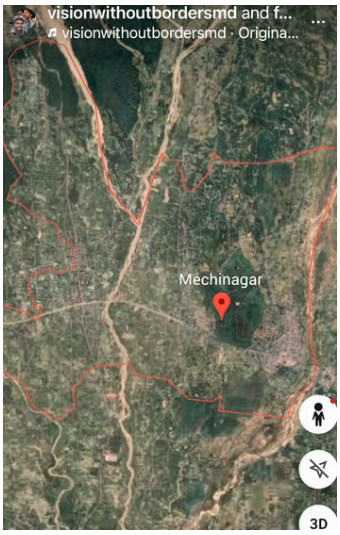
Submitted by Dr. Blake Snyder

That conviction is what led me to launch an initiative called Storytelling to Prevent Blindness, run in partnership with the Global Ophthalmology Impact Lab that I helped found at Stanford. Together with a small international team of trainees and collaborators, we are experimenting with how short-form digital narratives can expand the reach of global ophthalmology.

Our project's social media handle, @visionwithoutbordersmd, grew out of a simple idea: that the same stories we tell in clinic corridors and over dinner after outreach trips could be shared with a much wider audience. Storytelling is one of the oldest human art forms; it is how we have always made sense of suffering, hope, and responsibility. By reimagining that tradition in a digital era, we hope to create a scalable way to connect people who may never set foot in an eye hospital with the realities of preventable blindness—and with the solutions that already exist.

From Nepal, we have begun to document not only surgeries and dramatic before-and-after images, but also the quieter moments: a resident practicing a new technique late into the evening; a family seeing a loved one recognize their faces again after cataract surgery; a child with SHAPU being gently examined while a team debates the best course of treatment. Each story is crafted in close collaboration with local partners, with informed consent and dignity at the center of every frame.

Dr. Blake worked at Nepal Eye Hospital where he spent the final weeks as a trainee helping restore sight and learning from the surgeons who've made this work their life's mission. Source: visionwithoutbordersmd (Instagram)



Instagram visionwithoutbordersmd posts

These narratives are then woven into a broader implementation-science effort: we track engagement, geography, and downstream effects such as trainee inquiries, partnership requests, and donor interest. Our hope is to learn, systematically, what kinds of stories best support sustainable change—whether that means inspiring a medical student to pursue a global ophthalmology career, encouraging a policymaker to prioritize cataract surgery, or helping a family understand that an early red eye in a child could signal something more serious.

Working in Nepal has reinforced that global ophthalmology is not only about surgical skill or scientific discovery; it is also about listening carefully and sharing what we learn in ways that honor the communities we serve. Standing in the Tilganga courtyard at the end of a long day, watching patients remove their post-operative patches one by one, I am reminded that every restored eye represents both a medical intervention and a story of resilience, partnership, and possibility.

If we can align rigorous clinical work, collaborative research on diseases like SHAPU, and thoughtful storytelling that reaches far beyond the walls of our hospitals, then perhaps we can move closer to a world where children are no longer blinded by mysterious conditions and where preventable blindness truly becomes a relic of the past.

Global Ophthalmology Summit

Chicago, IL, USA | August 15-17, 2025

Cure Blindness PROJECT™

ABSTRACT POSTERS

- Future Directions of Ophthalmology Residents in Sub-Saharan Africa: Career Settings, Geographic Choices, and Subspecialty Pursuits Across Residents in Ten Programs
  Dr. Alec Bernard

- Barriers to Eye Care Service Utilization by Visually Impaired People and the Impact of War in Conflict-Affected Tigray-region, Ethiopia
  Dr. Abeba Gessesse

- Foveal Identification and Development in Prematurity: Implications for Zone Localization and Nutritional Supplementation
  Dr. Arthur Brant

Dr. Akwasi Ahmed, Dr. Alec Bernard, Dr. Arthur Brant

Cure Blindness Project staff Ashley Ellis with Dr. Vera Essuman

PANELS & PRESENTATIONS

- Expanding Networks: The Power of Volunteer Work in Eye Health for Women
  Dr. Kanwal Matharu, panelist

- Advocacy Through Policy: Experiences from Kenya and Rwanda
  Dr. Ciku Wanjiku Mathenge, speaker & panelist

- Advocacy for the Underserved
  Dr. Kanwal Matharu, moderator

- Advocacy for the Underserved in Australia
  Dr. Hugh R. Taylor, speaker & panelist

- Advocacy for the Eye Health Team
  Dr. Hugh R. Taylor, moderator & panelist

- A Leap of Faith: The Journey of Subspecialty Ophthalmology Training in a Resource-Limited Setting
  Dr. Vera A. Essuman, speaker & panelist

American Academy of Ophthalmology

Orlando, FL, USA | October 18-21, 2025

Cure Blindness Project hosted a **partner reception** on Friday evening that welcomed more dozens of guests that included staff, clinical volunteers, industry supporters, program partners and members of the alumni network.

This annual meeting provided an opportunity to connect and celebrate past work and plans for future collaborations. Thank you to all who attended.

Pictured: Vasanth Kumar, Sr. Director, Tertiary Care; Josie Noah, Chief Program Officer; Ben Midberry; K-T Overbey, CEO Cure Blindness Project

Saturday and Sunday were filled with **meetings with industry partners** (who support with technology, infrastructure and education) and **networking with clinical volunteers** at the Expo to discuss new and ongoing opportunities.

Dr. Geoff Tabin delivered the **keynote address** at the well-attended Sunday night OWL reception. He spoke on Cure Blindness Project's origins and 30 years of curing blindness.

Dr. Geoff Tabin on stage at the Sunday night OWL reception

Cure Blindness Project hosted a **Clinical Training Breakfast** on Sunday that included program partners from Nepal, Bhutan, Ghana and Ethiopia, clinical volunteers and advisors, and educational partners.

Attendees discussed the accomplishments of 2025 training initiatives and brainstormed ideas to improve educational opportunities moving forward.

Partners gathered at AAO following Sunday training.

COECSA

Addis Ababa, Ethiopia | August, 2025

Six research projects supported by Cure Blindness Project grants were presented.

POSTERS

- Barriers to Cataract Surgery Utilization among Rural Patients in Aleta Wondo District, Sideman Region, Southern Ethiopia
  Dr. Getasew Nurie Bogale

- Biometry Prediction Error and Determinants among Patients after Cataract Surgery
  Dr. Twedros Mengesha Newatu

PANELS & PRESENTATIONS

- Preliminary results from the National Ethiopian Multicenter Eye Injury and Trauma Project
  Dr. Meseret Ejigu

- Barriers to Eye Care Service Utilization by Visually Impaired People and the Impact of War in Conflict-Affected Tigray-region, Ethiopia
  Dr. Abeba Gessesse

- The SECURE Study: Small Incision Cataract Surgery (SICS) Efficacy in Campaign vs. Urban-Hospital-Based settings in Ethiopia
  Dr. Sadik Taju Sherief

- Improving Tertiary Eye Care in COECSA region: the role of partners
  Dr. Geoff Tabin

- Anti-VEGF Treatment Outcome of Neovascular AMD: A Low-Income Country Experience
  Dr. Kirubel Tesfaye

- Prevalence and causes of childhood blindness in Meskan district, Gurage Zone, Ethiopia: A study utilizing health extension workers
  Dr. Fiseha Worku

- Refractive Outcome of Cataract Surgery (MSICS) in Menelik II Teaching Hospital
  Dr. Fiseha Worku

Since June 2023, Cure Blindness Project has proudly partnered with COECSA to support ophthalmology residents on their journey to fellowship. Through sponsorship of five rounds of written exams - Part 1A (Basic Sciences), Part 1B (Optics & Instruments), and Part 2 (Clinical Ophthalmology), we have helped pave the way toward the final step: Part 3 – Clinical (OSCE & VIVA). This year, we **sponsored 40 ophthalmologists and residents** to sit for the final practical exam.

On August 21, we celebrated their **graduation as COECSA Fellows** - a proud moment for eye care in the region and a testament to their dedication and excellence.

Knowledge, Attitude and Practice on Corneal Donation and Transplant

Submitted by Dr. Anupama Amatya (TIO)

Title

Knowledge, Attitude and Practice on Corneal Donation and Transplant Amongst the Allied Ophthalmic Personnel in Community Eye Centers in Nepal

Submitted by Dr. Anupama Amatya
on behalf of Cure Blindness Research Grant 2024 Team, Nepal
including Drs. Sagar Ruit, Saksham Tamang, and Samira Byanjankar

We are honored to share that our team from Nepal successfully completed the research project titled "Knowledge, Attitude, and Practice on Corneal Donation and Transplantation among Allied Ophthalmic Personnel in Community Eye Centers in Nepal," supported by the Cure Blindness Research Grant 2024.

The inspiration for this study was deeply personal—sparked by my father's documentary on organ donation and its life-changing impact. While preparing for our final residency exams, his project led me to wonder: How many corneas are donated each year? Are we doing enough? Who are the key people connecting communities with this life-giving act?

That curiosity grew into a shared mission. Together with friends and mentors, we brainstormed, applied for the Cure Blindness Resident Research Grant, and were thrilled to receive the opportunity to turn our ideas into action.

In Nepal, the gift of sight holds deep spiritual meaning. Our research sheds light on how corneal donation transcends medical care—extending to sacred spaces like Pashupatinath Temple, where families, even in moments of loss, choose to give others the light of vision. This unique practice transforms a place of farewell into one of new beginnings.

Allied ophthalmic personnel form the backbone of Nepal's primary eye care, especially in rural communities where awareness can make all the difference. By understanding their knowledge and attitudes toward corneal donation, our study aims to strengthen the eye banking network and promote prevention of corneal blindness across the country.

At the podium, Dr. Anupama Amatya highlights the corneal retrival process at Pashupatinath Temple.

Our findings have been presented at two major international platforms—**ISGEO 2024** and **YOSICON 2025**—where I was honored to receive the **Young Ophthalmologist (YO) Merit Award**. The manuscript is currently under peer review for publication in a cornea and eye banking journal.We are deeply grateful to the Cure Blindness Project for their unwavering support.

These recognitions reinforces our commitment to advancing evidence-based ophthalmic research and continuing the mission to promote corneal donation and restore sight—one vision at a time.

YOSI International YO Merit Award presented to Dr. Amatya

Dr. Lloyd Williams: A Humble Visionary in Global Ophthalmology

Dr. Lloyd B. Williams, MD, PhD, recipient of the 2025 AAO Outstanding Humanitarian Service Award, embodies selflessness and dedication in his mission to restore sight worldwide. A long-time volunteer with Cure Blindness Project, Dr. Williams has spent nearly two decades providing free eye care in underserved regions, including South Sudan, Sierra Leone and Central America. His quiet humility and unwavering commitment have transformed countless lives, yet he remains reluctant to boast about his achievements.

"Dr. Lloyd Williams is the last person who'd tell you he's won an award," says Chris Hildreth, a photographer and friend who often accompanies him on missions to South Sudan. "He lives by principles that prioritize others. No sacrifice is too great if it means helping more people see."

Hildreth recalls their travels—cramped plane rides to South Sudan and nights on creaky cots in Sierra Leone, serenaded by bats bumping against mosquito netting. Dr. Williams takes it in stride, reminding Chris that "every dollar saved means someone else is able to see." His frugality ensures resources go directly to patient care.

Since 2008, Dr. Williams has performed hundreds of cataract surgeries and corneal transplants annually. In 2021, he made history by performing Sierra Leone's first corneal transplant, a milestone in global ophthalmology. His work extends beyond surgery; in South Sudan, he leads Cure Blindness Project initiatives, training local surgeons and developing educational programs for ophthalmic nursing and ophthalmology. These efforts empower communities to sustain high-quality eye care long after his visits.

Dr. Lloyd Williams performs cataract surgery in Malakal, 2024 @Chris Hildreth/RoosterMedia

Dr. Lloyd Williams examines a patient in Aweil, 2023 @Chris Hildreth/RoosterMedia

Dr. Williams' passion for teaching is as profound as his surgical skill. "He's driven to share his knowledge," Hildreth notes. "He's not just restoring sight—he's building systems so others can continue this work." His humility shines through in his reluctance to share his own story, but when he learned of the AAO award, Hildreth says it "legitimized him and placed him among peers he's long admired."

Dr. Williams' approach is tireless. "Wherever he goes, he hits the ground running, eager to spend every possible minute in the operating room," Hildreth adds. His high-volume cataract surgical outreaches in South Sudan provide sight-restoring care to hundreds in a single trip.

This humble humanitarian gives unselfishly, using his expertise to uplift communities and train the next generation of eye care professionals. Dr. Lloyd Williams is a leader to emulate, whose legacy is measured in the countless lives he'stransformed through the gift of sight. Thank you, Dr. Williams, for your decades of service with Cure Blindness Project and your enduring impact on global eye care.

Cure Blindness Project Alumni Notables

Dr. Abeba Tesfay Gessesse was recognized for her research on the "Barriers to Essential to Eye Care Services Among Visually Impaired Individuals in Conflict-Affected Tigray, Ethiopia" with the **Hunter Cherwek, MD Award** in Global Ophthalmology. The award and accompanying travel grant is presented to an outstanding ophthalmology resident or fellow that has shown extraordinary promise to contribute to global ophthalmology.

Dr. Kanwal Singh Matharu, assistant professor of ophthalmology and visual sciences in the Department of Ophthalmology and Visual Sciences at UI Carver College of Medicine at the University of Iowa has been awarded a **Fulbright** for fall 2025.

He will collaborate with the Research Institute of Ophthalmology (RIO) in Giza, Egypt, to help improve research systems and strengthen international partnerships in eye care.

While in Egypt, Matharu will learn how doctors and researchers there manage patient care, conduct research, and use electronic medical records. He'll also take part in community health efforts like large-scale cataract surgeries and disease screenings.

"My goal is to connect eager, curious learners with educators ready to share their expertise," says Matharu.

Dr. Matharu was the 2022-2023 Cure Blindness Project Global Fellow.

Dr. Kanwal Singh Matharu

Dr. Abena Tesfay Gessesse

Dr. Ashiyana Nariani with medical student Roshni Bhat at ARVO

Cure Blindness Project's **Dr. Ashiyana Nariani**, MD, MPH, PCEO, participated in the Association for Research in Vision and Ophthalmology Conference in Salt Lake City, Utah as a **Women in Eye and Vision Research**. The meeting brought together global leaders to consider ethical considerations for the use of artificial intelligence in ophthalmology, as well as clinical research.

Dr. Anupama Amatya (TIO) was awarded the **Young Ophthalmologists (YO) Merit Award** at YOSICON 2025, the Annual Conference of Young Ophthalmologists Society of India, in part for her work on research on corneal transplantation in Nepal.

Dr. Anupama Amatya

Please submit alumni awards to
MDNewsletter@cureblindness.org
to be included in future issues.

Cure Blindness Project Alumni Notables

Dr. Samira Byanjankar from TIO reports the presentation at **NOSCON 2025** of "Knowledge, Attitude, and Practice on Corneal Donation and Transplantation among Allied Ophthalmic ZPersonnel in Community Eye Centers in Nepal" provided an excellent platform to highlight the team's findings in meaningful discussions with colleagues and field experts.

Dr. Byanjankar with conference attendees at NOSCON 2025

Kian, David and Jaleh Khorram volunteer together in Ethiopia.

Dr. Ashiyana Nariani

Congratulations to **Dr. Ashiyana Nariani**, Senior Technical Advisor for Ophthalmic Training and Research at Cure Blindness Project, on receiving the **2025 Achievement Award** at this year's **American Academy of Ophthalmology** meeting.

Dr. Nariani leads the Live and Virtual Classroom program for Cure Blindness Project. This initiative addresses educational gaps in residential programs throughout low- and middle-income countries where we operate. The program brings together global thought leaders and top-tier surgeons to educate participating residents through bi-weekly, intensive virtual sessions over an 18-month period, culminating in three days of hands-on training. Launched in 2022, Live and Virtual Classroom now includes residents from Eritrea, Ethiopia, Ghana, Nepal, Rwanda, and Somaliland.

Award recipients are selected based on their contributions to the Academy, its scientific and educational programs, and to the field of ophthalmology.

Long-time Cure Blindness volunteer **Dr. David Khorram** (L) shared his passion for curing blindness with two of his children, Jaleh and Kian, who volunteered alongside him at an outreach in Axum City (Ethiopia) in September. Jaleh and Kian are both medical students.

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LET'S SEE
WHAT'S POSSIBLE.

JOIN A **GLOBAL COMMUNITY** OF EYE CARE PROFESSIONALS **TRANSFORMING LIVES** THROUGH SIGHT

Every day, you restore vision for patients at home. Through Cure Blindness Project's Global Partners Program (GPP), your practice can also help restore sight for people in the world's most underserved regions—where lack of trained providers, equipment, and affordable care keeps millions in avoidable darkness.

GPP is a professional community of caring changemakers. Your support fuels sustainable training, strengthens local systems, and expands access to sight-saving care.

Who We Are

GPP unites individual ophthalmologists, surgical teams, and practices who believe that vision is a human right. Together, we work to eliminate preventable blindness across Africa and Asia by expanding surgical capacity, strengthening eye-care systems, and supporting local providers.

Goche Amene, 63, farmer from Boru Meda, Ethiopia

YOUR IMPACT

With an annual commitment of $10,000 or higher, you join a community that:

- Expands access to cataract surgery and essential eye care
- Trains and mentors local ophthalmologists, residents, and surgical teams
- Equips hospitals and outreach programs with the tools needed to deliver high-quality, sustainable services
- Builds long-term capacity

Flexible Giving Options

- One-time or quarterly installments
- Personal or practice-based contributions
- Fully tax-deductible under 501(c)(3)

AMPLIFY YOUR IMPACT

Make your gift even more targeted:

- $5000-Supports one hospital-based ophthalmic training
- $10,000-Funds a long-term ophthalmic fellowship
- $25,000-Purchases surgical equipment for an outreach kit

Cure Blindness PROJECT

Interested? Contact Alex Smith, Director of Strategic Partnerships, at asmith@cureblindness.org

BECOME A **CHANGEMAKER.**

Customize Your Engagement

Select the ways you want to connect your practice to the global mission. GPP is intentionally flexible - members choose what matters most to them.

Visibility & Awareness

Elevate your practice's alignment with global impact.

- Co-branded logo kit & digital "Proud Partner" badge
- Posters, countertop cards, and QR donation cards for pre- and post-op patient engagement
- Website copy and social media toolkit featuring impact stories
- Optional professional photos from volunteer experiences
- Recognition on Cure Blindness Project's partner website

Global Connection & Mentorship

Build meaningful Professional relationships across continents.

- Mentorship pairings with residents, ophthalmologists, or full departments
- Opportunity to join for quarterly virtual case discussions
- Priority interest for volunteer training trips
- Bi-annual MD newsletter with updates from the field

Community & Recognition

Belong to a purpose-driven network of peers.

- Annual GPP meetup at AAO or ASCRS
- Milestone recognition for volunteer hours, years of partnership, and programs supported
- Welcome package including practice materials, stories, and branded items

WHY JOIN NOW?

From your practice to the world—restore sight where it's needed most. One billion people live with treatable or preventable blindness. Many wait years-or never receive care-due to lack of trained providers and basic equipment. Global Partners change that.

You're not just giving. You're joining a global professional community, training the next generation of eye-care leaders, strengtheing health systems, and restoring dignity, independence, and hope.

Cure Blindness PROJECT

Interested? Contact Alex Smith, Director of Strategic Partnerships, at asmith@cureblindness.org

Cure Blindness PROJECT™

OVERCOMING THE MOUNTAIN OF GLOBAL BLINDNESS

ENVISIONING A WORLD WITHOUT AVOIDABLE BLINDNESS

Globally, 43 million people are blind[1]—80% of this burden is treatable or preventable.

- 17 million people are blind due to untreated cataracts alone,[2] a condition that can be cured with a ten-minute surgery and under $25 in material costs.
- There are millions in the world who needlessly suffer from corneal blindness, which is the scarring of the cornea caused by a wide variety of diseases. In many cases, corneal blindness is preventable or treatable. For the 12.7 million people waiting for a corneal transplant, only one cornea is available for every 70 needed.[3]
- Due to a severe shortage of eye care providers and aging and growing populations, the global backlog of treatable blindness will only increase if effective solutions are not realized.
- Globally, Cure Blindness Project has over 65 implementing partners and a volunteer network of over 100 collaborators. Our 2023 acquisition of SightLife International, an organization dedicated to addressing corneal disease, expands our reach and magnifies our impact further.

OUR VISION

A world where no one is needlessly blind.

OUR MISSION

We enable countries to cure avoidable blindness by developing high-quality, cost-effective eye care in underserved areas of the world.

IMPACT SINCE THE BEGINNING

Together with our supporters and partners:

1.84 MILLION SURGERIES PERFORMED GLOBALLY

55,000 CASES OF CORNEAL BLINDNESS PREVENTED

19.1 MILLION SCREENINGS AND BASIC TREATMENTS

205,000+ CORNEAS PROVIDED THROUGH EYE BANK PARTNERS FOR TRANSPLANT

5 EYE HOSPITALS & TRAINING INSTITUTES ESTABLISHED

25,200+ EYE CARE PROFESSIONALS FROM **43 COUNTRIES** RECEIVED TRAINING INCLUDING **644 OPHTHALMOLOGISTS**

WHY WE HELP

For millions of people, blindness is treatable. Unfortunately, 90% of people suffering from vision loss live in low- and middle-income countries where a solution isn't available.[4] Without care, blindness dramatically affects individuals, their families and their communities.

- Blind children are more likely to die in childhood than children with good vision, especially in low-income countries.[5]
- Vision loss is linked to social exclusion more broadly, including the experience of negative attitudes, violence and bullying, sexual assault, and loneliness.[6]
- The restoration of sight helps break the cycle of poverty and inequity.[7] Studies show that as many as 90% of blind individuals in poor communities cannot work.[8] 55% of the world's blind are women - and 90% of women who are blind are living in poverty.[9]
- Sight helps people learn. Children can learn twice as much when they see clearly.[10]

HOW WE HELP

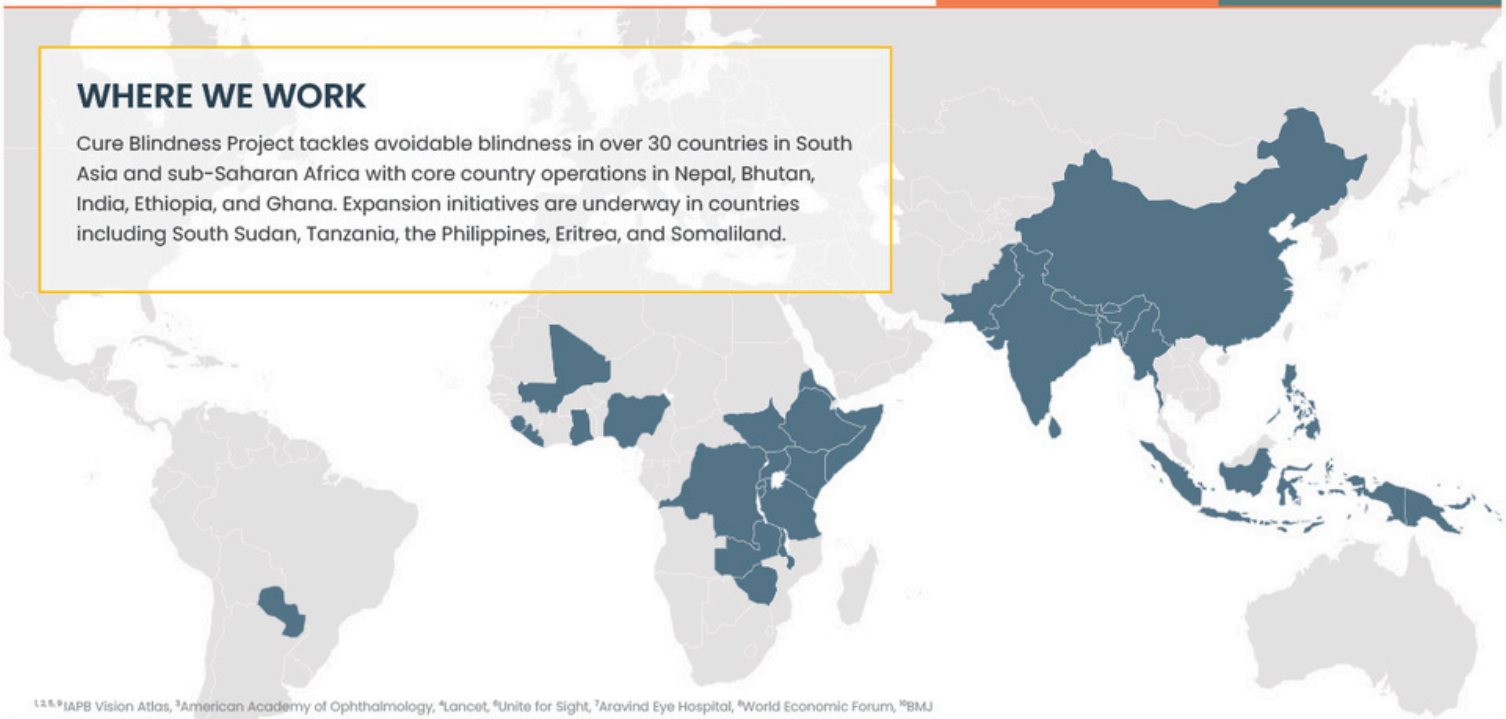
Cure Blindness Project's approach to eye care is unique—it focuses on building local capacity, ensuring quality infrastructure and equipment are available, enabling quality patient care and aiding effective prevention. We provide training and equipment to healthcare professionals, who then go on to provide eye care services in their own communities. This action-based approach builds local leadership, empowers key actors, and develops sustainable practices from the ground up.

WHERE WE STARTED

Founded in 1995 as the Himalayan Cataract Project, Cure Blindness Project is a global nonprofit organization driven to help people retain or regain their sight. We envision a world where no one is needlessly blind. To make that happen, we enable underserved communities to cure avoidable blindness by developing high-quality, cost-effective, sustainable eye care wherever they are. What began in the mountains of Nepal has grown today to millions of surgeries, screenings and treatments performed in over 30 countries–and we won't stop until everyone in the world with avoidable blindness can see.

WHERE WE WORK

Cure Blindness Project tackles avoidable blindness in over 30 countries in South Asia and sub-Saharan Africa with core country operations in Nepal, Bhutan, India, Ethiopia, and Ghana. Expansion initiatives are underway in countries including South Sudan, Tanzania, the Philippines, Eritrea, and Somaliland.



[1,2,5,9]IAPB Vision Atlas, [3]American Academy of Ophthalmology, [4]Lancet, [6]Unite for Sight, [7]Aravind Eye Hospital, [8]World Economic Forum, [10]BMJ

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