Cure Blindness PROJECT™

MD Newsletter

November 2026 | Issue 4



Cure Blindness Project
A Leader in Global Ophthalmology

November 2026


Dr. Geoff Tabin, Co-Founder

There is a great deal happening across the Cure Blindness Project community, and this issue offers a look at the people, ideas, and partnerships helping move our work forward. From new research published in peer-reviewed journals to ongoing training and education initiatives, our global network of ophthalmologists and eye care professionals continues to share knowledge, strengthen skills, and advance the delivery of quality eye care.

In this issue, we highlight exciting developments at Cape Coast Teaching Hospital in Ghana. We also introduce a new strategic partnership that expands opportunities to work together toward a shared goal of eliminating avoidable blindness in Rwanda and Laos.

You'll also find updates from our volunteers, whose time, expertise, and commitment remain at the heart of our work; posters highlighting research and clinical experiences from our colleagues around the world; and news from Cure Blindness Project alumni who are continuing to make meaningful contributions to ophthalmology and their communities.

Thank you for being part of that community.

Geoff Tabin

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Cure Blindness Project 2026 Grant Award Winners

Cure Blindness Project is excited to announce the winners of its 2026 research grants.

In total, Cure Blindness Project awarded 6 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 one Resident Grant ($2000) and five Faculty Grants (at $10,000 award 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

Since the last MD newsletter, several published articles have been added, including:

- Knowledge, Attitude, and Practice on Corneal Donation and Transplantation Among the Allied Ophthalmic Personnel in Community Eye Centers in Nepal
- A Qualitative Exploratory Study of Facilitators and Barriers Influencing Organ Donation in Ghana: Insights for Health Policy and Advocacy

"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.

Resident Grants

- "Exploring Surgical Performace and Self-Assessed Competency Among Graduating Ophthalmology Residents in Ethiopia"
  Dr. Roby Dessalegn Wirtu, St Paul's Millenium Medical College (Ethiopia)

Cure Blindness Project
2026 Grant Award Winners

Faculty Grants

- "Baseline Assessment of Corneal Donation Awareness in the Community and Targeted Interventions to Increase Corneal Donation Rules at Jimma Eye Bank"
  Dr. Jafer Kedir Abobara, Jimma University (Ethiopia)

- "Improving Cornea Donation Norms and Attitudes through Collaborative Community Engagement; Application of Theory of Planned Behavior"
  Dr. Tewedros Woretaw, St. Paul's Millenium Medical College (Ethiopia)

- "Quality of Life After Cataract Surgery in Rwanda: A Mixed-Methods Cross-Sectiontal Study Using the Eye Tracker Platform (DHIS2)"
  Dr. Egide Gisagara, University of Rwanda (Rwanda)

- "Evaluation of Wet Laboratory Surgical Training and its Impact on Skill Acquisition Among Ophthalmology Residents in the Komfo Anokye Teaching Hospital and Korle Bu Teaching Hospital in Ghana"
  Dr. Joe Kwarteng, Komfo Anokye Teaching Hospital (Ghana)

- "Corneal Transplantation in Uganda: Burden, Barriers, and the Path to an Eye Bank"
  Dr. Juliet Otiti-Sengeri, MBChB, MMed, PhD, Makere University (Uganda)

Research Milestone: Eleven Research Projects Published in Peer-Reviewed Journals

September 2026

Research is an essential part of creating lasting change in global eye care. At Cure Blindness Project, we support research that addresses real-world challenges faced by patients and eye care providers in the countries where we work. Today, we're celebrating an important milestone: 11 Cure Blindness Project-supported recent research studies have been published in peer-reviewed journals.

This milestone represents more than a number. Each publication adds evidence, knowledge, and locally relevant insights that can help strengthen how eye care is delivered.

Our research partners are investigating questions that directly affect patients and health systems—from understanding barriers to cataract surgery and improving the diagnosis and treatment of diabetic eye disease to studying childhood blindness, corneal health, ocular tumors, and the availability of eye care professionals. Recent publications have included research from Ethiopia, Ghana, Nepal, and other countries where access to quality eye care remains a significant challenge.

One example is research examining the use of Health Extension Workers to identify childhood blindness in rural Ethiopia. Another study explored the use of optical coherence tomography to manage diabetic macular edema in sub-Saharan Africa, while research in Nepal examined ocular surface tumors in children and approaches that may improve diagnosis.

These studies demonstrate why research must be rooted in local realities. Solutions developed in one setting may not always translate directly to another. Supporting researchers where care is being delivered helps generate evidence that is relevant to the patients, providers, and health systems we aim to serve.

Cure Blindness Project has supported research for nearly 25 years, and our commitment continues to grow. In 2025, the organization awarded 13 research grants to investigators in Nepal, Rwanda, Ethiopia, and Eritrea, selected from 107 applications representing 10 countries. This year, Cure Blindness Project awarded six research grants.

Ultimately, research is another way we build capacity. By supporting clinicians and emerging researchers, we help expand the global body of knowledge while giving local experts opportunities to ask important questions, test new approaches, and share their findings with the broader ophthalmic community.



Dr. Sadik and Dr. Meseret present original research at COECSA, August 2025

Research Milestone: Eleven Research Projects Published in Peer-Reviewed Journals

September 2026

Optical Coherence Tomography in the Management of Diabetic Macular Oedema in Sub-Saharan Africa

Published: June 28, 2024
Cure Blindness Project Researcher: Dr. Imoro Zeba Braimah
Journal: African Vision and Eye Health, Vol. 83, No. 1, a918
Citation: Abaidoo B, Bernard A, Sedhom JA, Akafo AE, Yeboah P, Berzack S, Nariani A, Braimah IZ. Optical coherence tomography in the management of diabetic macular oedema in sub-Saharan Africa. African Vision and Eye Health. 2024;83(1).
DOI: 10.4102/aveh.v83i1.918

Pediatric Ocular Surface Squamous Neoplasia in the Absence of Known Risk Factors and Systemic Conditions: A Case Series

Published: April 21, 2025
Cure Blindness Project Researcher: Dr. Purnima Sthapit
Journal: Ocular Oncology and Pathology
Citation: Sthapit PR, Bernard A, Flaharty KG, Saiju R, Gurung HB, Amatya M, Gurung R, Tabin G, Nariani A. Pediatric Ocular Surface Squamous Neoplasia in the Absence of Known Risk Factors and Systemic Conditions: A Case Series.Ocul Oncol Pathol. 2025;1–6.
DOI: 10.1159/000546002
PMID: 40487467 | **PMCID:** PMC12143885

Vision Impairment Among the Jirel Population of Nepal

Published: August 1, 2025
Cure Blindness Project Research: Supported through the Tilganga Institute of Ophthalmology
Journal: JAMA Network Open, 8(8)
Citation: Reddy K, Jha B, Banjara P, Poudel M, Shrestha MK, Joshi A, Ehrlich JR, Thapa S. Vision Impairment Among the Jirel Population of Nepal. JAMA Netw Open. 2025;8(8).
DOI: 10.1001/jamanetworkopen.2025.27812
PMID: 40853664 | **PMCID:** PMC12379085

Assessment of Human Resource for Eye Health Services in Southern Ethiopia

Published: October 3, 2025
Cure Blindness Project Researcher: Dr. Ashiyana Nariani
Journal: Human Resources for Health, 23(1):52
Citation: Mehari Z, Nariani A. Assessment of human resource for eye health services in Southern Ethiopia. Hum Resour Health. 2025;23(1):52.
DOI: 10.1186/s12960-025-01007-1
PMID: 41044597 | **PMCID:** PMC12495797

Prevalence and Causes of Childhood Blindness in Mesqan District, Gurage Zone, Ethiopia

Published: October 3, 2025
Cure Blindness Project Researcher: Dr. Fisiha Ademe, 2024 Resident Research Grant Awardee
Journal: Journal of Ophthalmology of Eastern, Central and Southern Africa
Citation: Worku FA, Teshome AW, Osei-Mensah E. Prevalence and Causes of Childhood Blindness in Mesqan District, Gurage Zone, Ethiopia: A Study Utilizing Health Extension Workers. Journal of Ophthalmology of Eastern, Central and Southern Africa. 2025;14(3).
DOI: 10.64666/joecsa.2025.29

Research Milestone: Eleven Research Projects Published in Peer-Reviewed Journals

September 2026

Knowledge, Attitude, and Practice on Corneal Donation and Transplantation Among Allied Ophthalmic Personnel in Nepal

Published: December 24, 2025
Cure Blindness Project Researcher: Dr. Samira Byanjankar, 2024 Research Grantee
Journal: Eye Banking and Corneal Transplantation, 4(4)
Citation: Ruit S, Tamang S, Amatya A, Byanjankar S, Nariani A, Thapa R. Knowledge, Attitude, and Practice on Corneal Donation and Transplantation Among the Allied Ophthalmic Personnel in Community Eye Centers in Nepal. Eye Banking and Corneal Transplantation. 2025;4(4).
DOI: 10.1097/ebct.0000000000000047

Analysis of Ocular Surface Tumors and Lesions by High-Definition Anterior Segment Optical Coherence Tomography

Published: April 3, 2026
Cure Blindness Project Researcher: Dr. Purnima Sthapit
Journal: Nepal Journal of Ophthalmology, Vol. 18, No. 35, pp. 55–64
Citation: Sthapit PR, Bajracharya L, Rauniya H, Hansen E, Adiga S, Subedi B, Gurung R, Nariani A. Analysis of Ocular Surface Tumors and Lesions by High-Definition Anterior Segment Optical Coherence Tomography. Nepal J Ophthalmol. 2026;18(35):55–64.
DOI: 10.3126/nepjoph.v18i35.851187

Anti-VEGF Treatment Outcome of Neovascular Age-Related Macular Degeneration: A Low-Income Country Experience

Published: April 8, 2026
Cure Blindness Project Researcher: Dr. Kirubel Tesfaye, 2024 Research Grantee
Journal: EC Ophthalmology, Vol. 17, Issue 5
Citation: Tesfaye K, Negussie D. Anti-VEGF Treatment Outcome of Neovascular Age-Related Macular Degeneration: A Low-Income Country Experience. EC Ophthalmology. 2026;17(5).

A Qualitative Exploratory Study of Facilitators and Barriers Influencing Organ Donation in Ghana

Published: June 5, 2026
Cure Blindness Project Researchers: Dr. Gladys Fordjuor and Dr. Seth Lartey
Journal: International Journal of Environmental Research and Public Health, 23(6):762
Citation: Amoah K, Fordjuor G, Lartey S, et al. A Qualitative Exploratory Study of Facilitators and Barriers Influencing Organ Donation in Ghana: Insights for Health Policy and Advocacy. Int J Environ Res Public Health. 2026;23(6):762.
DOI: 10.3390/ijerph23060762

Public Awareness and Willingness to Participate in Organ Donation in Ghana

Published: July 10, 2026
Cure Blindness Project Researchers: Dr. Gladys Fordjuor, Dr. Seth Lartey and colleagues
Journal: Discover Public Health, 23:1164
Citation: Bonsaana GB, Fordjuor G, Amoah K, Lartey S, Abaidoo B, Tetteh J, et al. Public awareness and willingness to participate in organ donation in Ghana. Discov Public Health. 2026;23:1164.
DOI: 10.1186/s12982-026-02520-x

Patients' Perception of Quality Eye Care Service Delivery at Menelik II Tertiary Hospital, Addis Ababa

Published: August 1, 2026
Cure Blindness Project Researcher: Dr. Asrat Tadesse, 2025 Research Grantee
Journal: Journal of Ophthalmology of Eastern, Central and Southern Africa (JOECSA), 15(02)
Citation: Tadesse A, Woldeyes Tefera A, Nariani A, Kebede Ayana A. Patients Perception of Quality Eye Care Service Delivery at Menelik II Tertiary Hospital, Addis Ababa. JOECSA. 2026;15(02).
DOI: 10.64666/joecsa.2026.61

RESEARCH

Barriers Influencing Organ Donation in Ghana

Published in multiple medical journals

Title

A Qualitative Exploratory Study of Facilitators and Barriers Influencing Organ Donation in Ghana: Insights for Health Policy and Advocacy

In Ghana, organ donation remains underexplored. In a study, few (8.4%) people in Ghana were found to be aware of eye donation. However, more than half (59.9%) of the people were willing to donate their eyes once they passed away.

A recent study by Lartey et al. in the year 2021, conducted in Kumasi—the second largest city in Ghana—among applicants and staff of the Drivers and Vehicle Licensing Authority (DVLA), assessed awareness of provides important lessons about the need for scalable interventions focused on increasing public awareness, improving knowledge, and enhancing willingness to donate their corneas.

The study revealed a low level of awareness (32.7%) among the sampled population. In this same study, it was reported that about 67% of the respondents demonstrated some willingness to donate their corneas.

High-income countries have achieved higher donation rates through structured programs, legislative framework, and public awareness campaigns. Nevertheless, organ donation systems in LMICs continue to struggle due to limited infrastructure, inadequate awareness, and socio-cultural and religious barriers, despite the rising burdens of organ failure, especially end-stage kidney and liver disease. Social, religious, and educational factors substantially influence people's attitudes and desire to donate organs as shown in numerous studies.

This research is being shared currently with Ghanaian legislators as they draft a first-of-its-kind organ and tissue donation bill for Ghana.

This research is helping advocate for change that (if passed) will result in countless lives changed through corneal transplants and restored sight.

To foster a culture that supports organ donation, it is crucial to dispel public misconceptions and strengthen education and awareness efforts. Achieving this requires comprehensive research that can guide policy, inform educational initiatives, and shape culturally sensitive interventions. By situating Ghana's challenges within the broader global discourse, opportunities can be created to advance organ donation and align local practices with international progress. We therefore sought to examine the level of awareness, knowledge, attitude, and willingness of organ donation in Ghana, providing evidence that can inform policy, practice, and future research.

Methods

A qualitative exploratory study was conducted among 25 healthcare professionals purposively selected from four major tertiary hospitals in Ghana. In-depth interviews were conducted using a structured, pre-tested interview guide, with data collected between May and September 2024. Interviews were audio-recorded, transcribed, and analyzed manually using thematic content analysis.

Results

Participants identified increased awareness and knowledge campaigns, societal influence, and legislative support as key facilitators of organ donation. Major barriers included inadequate knowledge, socio-cultural beliefs, and religious influence.

The findings highlight the need for public and professional education, engagement of community and religious leaders, and development of a clear legislative framework to support organ donation in Ghana.

RESEARCH

Research Shows High Quality Results at Outreaches & Hospital

Since our founding in 1995, Cure Blindness Project has been committed to bringing high-quality eye care at a low cost to those without access. Outreaches in remote areas increases access to those who would have previously gone without care.

With high-quality results as a top priority regardless of surgical location, a prospective research study in partnership with Cure Blindness Project and funded by Lions International Club compared the surgical results of cataract surgeries provided in a hospital-based setting vs. an outreach setting. The research is being presented at IAPB's 2030 In Sight 3-day conference to be held this month in Nairobi, an annual event that unites leaders to drive action, integrate eye care into health systems, and foster innovation.

Titled Generating Evidence of Quality from Community-Based vs Hospital-Based Eye Surgery in Ethiopia and Ghana, this multi-center study examines whether high-quality outcomes can be achieved outside traditional hospital settings—an important question as health systems work to address growing surgical backlogs.
Across many countries, access to cataract surgery is limited by distance, cost, and constrained hospital capacity. Community-based surgical models—often delivered through outreach campaigns—have emerged to bring care closer to patients. While these approaches improve access, questions have remained about whether they can consistently match the safety and quality of hospital-based care. The SECURE II Trial was designed to answer that question with rigorous, real-world data.

Results confirm that Small Incision Cataract Surgery (SICS), a widely used, cost-effective technique well suited for high-volume settings delivers comparable results in both settings.
The study followed all patients at key post-operative intervals: day 1, week 1, 4–6 weeks, and at least three months after surgery. To ensure consistency, standardized equipment and surgical protocols were used across all sites in Ethiopia and Ghana.

In total, 1,371 cataract surgeries were analyzed, with patients averaging 66 years of age and nearly 60% female. Of these, 712 surgeries were performed in hospital settings and 659 through community-based campaigns. The scale of the outreach model was notable—each campaign delivered more than 150 surgeries per day, with individual surgeons completing between 20 and 100 procedures daily.
The findings provide important insights for policymakers and practitioners. By directly comparing outcomes across delivery platforms, the SECURE II Trial demonstrates that with the right systems, training, and quality controls in place, community-based surgical models can safely and effectively expand access to cataract care. This has significant implications for countries seeking to reduce blindness while overcoming infrastructure and workforce limitations.
For Cure Blindness Project and its partners, the study reinforces a critical message: access and quality do not have to be mutually exclusive. As the global community works to eliminate avoidable blindness, evidence like this helps guide smarter, more inclusive strategies—bringing sight-saving care to people wherever they are, not just where hospitals exist.



A patient leaves the hospital operating room after surgery.



An outreach patient has bandages removed following surgery.

Training Roundup

March-September 2026

Vitroretinal Hands-On Training

Hands-on surgical training on vitroretinal surgery took place at Menelik Hospital in Ethiopia in late March.

Dr. Dean Eliott, Professor at Harvard Medical School and Director Emeritus of the Retina Service at Massachusetts Eye and Ear, led the 5-day training in Addis Ababa.



Dr. Dean Eliott instructs residents in Ethiopia, March 2026

Training at Outreach

During a surgical outreach at Bisidimo in April, several key clinical and capacity-building activities were held including:

- cascading training for residents on scleral fixation techniques
- management of complications related to SICS
- hands-on training for sub-Tenon anesthesia techniques for local staff
- counseling using standardized guides and health education materials



Surgical outreaches present opportunities for hands-on learnings at Bisidimo, April 2026



Outreach training at Bisidimo, April 2026

Advanced Ophthalmic Equipment Training

Cure Blindness Project completed the first phase of its Advanced Ophthalmic Equipment Maintenance Training for tertiary hospitals and outreach partners. Seven biomedical professionals from Addis Ababa University (AAU), St. Paul's Hospital Millennium Medical College (SPHMMC), Mekelle, Jimma, Woldiya, and Arbaminch participated.

Hosted by SPHMMC, the CPD-accredited training combined instruction from Cure Blindness Project staff and industry experts. Cure Blindness Project team members led most of the sessions, while HBL Medical Services, an Ethiopian medical equipment supplier, provided specialized technical training on the third day.

The training is part of Cure Blindness Project's commitment to strengthening local eye health systems by building the skills of biomedical professionals. By improving their ability to maintain and repair ophthalmic equipment, the program helps ensure critical eye care technology remains reliable and available for patients.



Opthalmic Equipment Care & Maintenance Training, Phase I May, 2026

Training Roundup

March-September 2026

Tanzania Exchange Program

A Tanzania team of personnel from MUHAS in Dar Es Salaam completed a one-week exchange visit in Ethiopia in April to strengthen collaboration and share knowledge in eye care. During the visit, the team gained hands-on experience with outreach programs, clinical care, surgical techniques, and eye hospital management.

The exchange began with an outreach in Bisidimo, where the delegation supported non-surgical activities and observed surgeries.

During their visit to Addis Ababa University/ Menelik II Hospital, the delegation observed operating room procedures and participated in wet lab training. A detailed surgical demonstration offered valuable insights into surgical techniques, clinical decision-making, and hands-on best practices in a teaching hospital setting.

At the Eye Bank of Ethiopia, the team participated in an in-depth learning experience focused on tissue collection processes and laboratory management. Discussions covered quality assurance, operational standards, and the critical role of eye banks in supporting surgical services and patient outcomes.

The delegation also toured private and specialized eye care facilities to better understand different service delivery models with visits to the Refractive Eye Center and Biruh Vision Clinic. The team observed state-of-the-art refractive surgeries such as SMILE, LASIK, ICL and was introduced to the latest diagnostics in the refractive elements of surgical care.



The Tanzania team, April 2026

The tour concluded with a visit to the Cure Blindness Project Country Office, where we provided an overview of programmatic support initiatives and primary eye care strategies. The session emphasized sustainable approaches to strengthening eye health systems through partnerships and community-level interventions.

Overall, the Tanzanian team expressed deep appreciation for the high-quality clinical settings, the openness of knowledge sharing, and the Ethiopian medical community's strong commitment to advancing eye care across the region. Cross-country learning like this continues to play a vital role in building resilient, collaborative health systems in Africa.



The medical delegation from Tanzania observe surgical techniques while in Ethiopia.

Training Roundup

March-September 2026

Ophthalmology Fellowship Training
In the first half of 2026, Cure Blindness Project supported 10 ophthalmologists from health care institutions across Ethiopia to pursue advanced Ophthalmology fellowship training in key subspecialties, including glaucoma, cornea, pediatric ophthalmology, oculoplastic, and ocular oncology. Three fellows completed their training while seven continue their studies, helping expand specialized eye care services nationwide. Notably, Dr. Hussen Tasi began Ethiopia's first formal fellowship in Oculoplastic and Ocular Oncology and is expected to become the country's first trained ocular oncology specialist.

U of Michigan Strabismus Resident Training
Residents in Ghana are strengthening their surgical expertise through hands-on training led by leading global ophthalmologists.

In partnership with the University of Michigan, Cure Blindness Project in Ghana recently hosted Professor Del Monte and Otana Jakpor at Korle Bu Teaching Hospital. The initiative brought together pediatric ophthalmology residents from Komfo Anokye Teaching Hospital and Korle Bu Teaching Hospital for an intensive training experience. Participants gained exposure to emerging strabismus surgery techniques, along with practical, hands-on learning that strengthened their skills and confidence.



Residents with visiting U of Michican faculty, July 2026

Reflecting on the experience, Dr. Loretta, a senior resident at Korle Bu, shared:

"The experience was both inspiring and enriching, deepening my understanding of pediatric ophthalmology and broadening my surgical perspective. I am profoundly appreciative of the opportunity to learn from such a distinguished expert, and I am confident that the knowledge and skills acquired will significantly enhance my clinical practice and patient care going forward."

Residents from Komfo Anokye Teaching Hospital, including Dr. Pinamang and Dr. Louis, also expressed their appreciation for the guidance and knowledge gained during the training.

We extend our sincere gratitude to Professor Del Monte for investing in and inspiring the next generation of ophthalmologists in Ghana. Initiatives like these play a critical role in advancing specialized care and improving patient outcomes across the country.



U of Michigan faculty collaborated with Korle Bu Hospital to build skills of Ghanaian residents to treat strabismus.

2H 2026 Volunteer Schedule

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	Training Topic	Partner Hospital	Clinical Faculty
Antigua	Outreach	Sir Lester Bird Medical Center, St. John's	Matt Oliva
Eritrea	Retina	Orotta College	Roshan Kumar
Ethiopia	Outreach	Bisidimo	Matt Oliva Rachel Scott
Ethiopia	Ophthalmolgical Society of Ethiopia Annual Conference	Menelik	V.R. Vivekanandan
Ghana	Ultra-sound training	KATH	Geoff Tabin In-Hei Hahn Patrick Lanter Thamanna Nishath
Ghana	Outreach	Tema	Geoff Tabin In-Hei Hahn Patrick Lanter Thamanna Nishath
Ghana	Resident SICS training at outreach	KATH, KBTH	Michael Bradley
Ghana	SICS/Phaco Training	CCTH	Michael Bradley
Nepal	Nepal Ophthalmology Society Conference	TIO	Geoff Tabin
Rwanda	Cataract Wet Lab for Residents	University of Rwanda	Michael Bradley

Ocular Oncology Fellow Shares Update

Ethiopia | July 2026

My name is Dr. Husen Tasi Wayo. I was born on June 30, 1990, in Sagure Town, Arsi Zone, Ethiopia, approximately 200 kilometers from Addis Ababa. I completed both my Doctor of Medicine (MD) degree and residency training in Ophthalmology at Jimma University, where I currently serve as an Ophthalmologist and Assistant Professor in the Department of Ophthalmology.

I am presently undertaking a Long-Term Fellowship in Oculoplasty and Ocular Oncology at the L.V. Prasad Eye Institute (LVPEI), Kallam Anji Reddy Campus, Hyderabad, India, one of the world's leading eye care and training institutions.

My Interest, Current Training, and Future Plans in Oculoplasty and Ocular Oncology

Pursuing fellowship training in Oculoplasty and Ocular Oncology has been a long-standing professional goal driven by both personal passion and a commitment to addressing a critical healthcare need in Ethiopia. This fellowship provides me with a unique opportunity to expand my knowledge, refine advanced surgical skills, and gain specialized expertise in the diagnosis and management of complex ocular and orbital diseases.

The need for specialists in this field is immense. Ethiopia currently faces a severe shortage of Oculoplastic Surgeons, and there are virtually no dedicated Ocular Oncology experts serving the country's growing population. Therefore, this opportunity represents much more than personal career development; it is a national responsibility. I am determined to utilize the skills and knowledge acquired through this fellowship to bridge a significant service gap and improve access to specialized eye care for countless patients.



Dr. Husen Tasi Wayo

It is a great privilege to train at LVPEI under internationally renowned experts who are shaping the future of ophthalmology. Through this fellowship, I am gaining comprehensive exposure to the management of ocular and periocular malignancies, reconstructive and cosmetic eyelid surgeries, orbital diseases, lacrimal disorders, and other complex ophthalmic plastic surgical procedures.

In addition to clinical training, I have the invaluable opportunity to collaborate with leading surgeons, researchers, and educators from around the world. These interactions are broadening my professional perspective and strengthening my capacity to deliver high-quality patient care, conduct meaningful research, and contribute to academic excellence upon my return to Ethiopia.

Commitment to Jimma University Department of Ophthalmology

Upon completion of my fellowship, I am fully committed to returning to the Jimma University Department of Ophthalmology (JUDO), where I intend to dedicate my career to advancing patient care, education, and research.

Ocular Oncology Fellow Shares Update

Ethiopia | July 2026

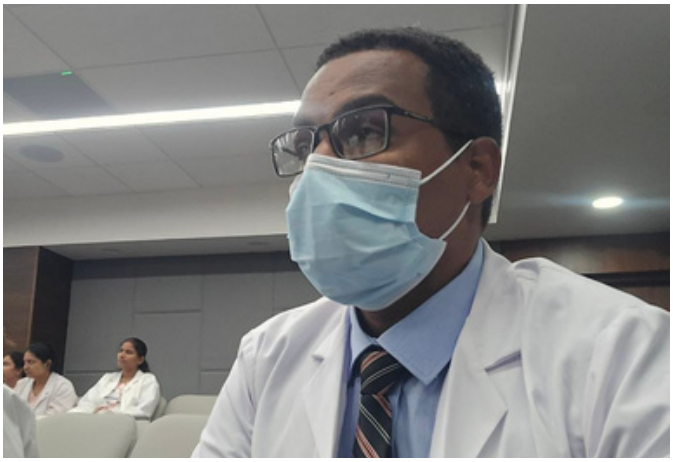
My vision is to ensure that patients with ocular tumors and complex oculoplastic conditions receive timely, equitable, and high-quality care without the need to travel abroad. A central goal of my future career is to establish and strengthen an Ocular Oncology Unit at Jimma University. This center would not only provide specialized clinical services but would also serve as a platform for resident training, professional development, research, and knowledge transfer to future generations of ophthalmologists.

Through teaching, mentorship, and service development, I hope to contribute significantly to the growth of subspecialty ophthalmology in Ethiopia and to improve outcomes for patients suffering from vision-threatening and life-threatening ocular diseases.

Engagement with Cure Blindness Project

My relationship with the Cure Blindness Project extends far beyond the sponsorship of my current fellowship training. Throughout my residency and professional career, I have actively participated in multiple Cure Blindness Project-supported initiatives aimed at expanding access to quality eye care and strengthening ophthalmic training in underserved communities.

One notable example was my role as an Ophthalmology Residents' Supervisor during the Cure Blindness Project-supported Cataract Surgery Campaign in Bule Hora, Ethiopia. In this mobile eye care outreach program, I supervised residents and surgical trainees while overseeing clinical and operational activities. The campaign successfully provided nearly 400 sight-restoring cataract surgeries to patients who otherwise had limited access to surgical eye care.



Dr. Husen Tasi Wayo listening to a lecture

My responsibilities included coordinating logistics, managing multidisciplinary medical teams, ensuring adherence to patient safety and quality standards, facilitating communication among stakeholders, and conducting post-campaign evaluations of trainee performance. These responsibilities strengthened my leadership, mentorship, and program management skills while reinforcing my commitment to eliminating avoidable blindness.

In addition, I have participated in numerous other Cure Blindness Project-supported outreach programs, training activities, and service delivery initiatives throughout my residency and professional career. These experiences have deepened my understanding of public health ophthalmology and the transformative impact of accessible, high-quality eye care.

Acknowledgment of Cure Blindness Project

As I progress through my fellowship training, I remain deeply committed to maximizing the generous investment made by the Cure Blindness Project in my professional development. I have intentionally aligned my clinical training, surgical exposure, and research activities with the organization's mission of eliminating avoidable blindness and restoring sight to underserved populations.

Ocular Oncology Fellow Shares Update

Ethiopia | July 2026

The support provided by the Cure Blindness Project has been truly transformative. Beyond sponsoring this fellowship opportunity, the organization has invested in my long-term professional growth through educational opportunities, examinations, and capacity-building programs. Achievements such as obtaining the credentials of Fellow of the International Council of Ophthalmology (FICO) and Fellow of the College of Ophthalmology of Eastern, Central and Southern Africa (FCOECSA) would have been extremely difficult without the support of this remarkable organization.

I am profoundly grateful for this investment and recognize the responsibility that comes with it. The knowledge, skills, and opportunities I have received will not remain personal accomplishments; rather, they will be translated into improved patient care, stronger academic programs, expanded training opportunities, and increased access to specialized eye care services across Ethiopia.

Conclusion

Words are insufficient to express my gratitude to the Cure Blindness Project for helping transform my aspirations into reality. Your support has empowered me to pursue advanced fellowship training in a field that remains critically underserved in Ethiopia. More importantly, it has enabled me to contribute meaningfully toward a future where preventable blindness is reduced and specialized eye care is accessible to all who need it.

I am fully committed to giving back to my community and profession through compassionate patient care, education, research, and service development. I look forward to dedicating my career to advancing ophthalmology in Ethiopia and carrying forward the mission and vision of the Cure Blindness Project for many years to come.

Dr. Husen Tasi Wayo, MD, FICO, FCOECSA
Assistant Professor of Ophthalmology
Jimma University, Ethiopia
Long-Term Fellow
in Oculoplasty and Ocular Oncology
L.V. Prasad Eye Institute, Hyderabad, India



Graduating fellows at L.V. Prasad Eye Institute Hyderabad, India

EYE CARE CENTER OF EXCELLENCE OPENS

Cape Coast, Ghana | March 3, 2026

On March 3rd, the grounds of Cape Coast Teaching Hospital (CCTH) came alive with celebration, reflection, and hope. Leaders from government, global health organizations, donor communities, and the people of Ghana gathered to inaugurate the new Eye Care Center of Excellence—a landmark facility poised to transform eye health in Ghana for generations.

The moment marked the culmination of a multi-year, multi-million-dollar project led by Cure Blindness Project in partnership with the Ghana Ministry of Health, USAID, the Robert M. Sinskey, M.D. Foundation, The Church of Jesus Christ of Latter-day Saints, the Stuart and Suzanne Clive Family, the Grayson Family Foundation, Mark and Teresa Richey, Build Health International, Cape Coast Teaching Hospital, and many other dedicated donors.

What began in 2022 as an ambitious vision is now a 25,000-square-foot, stand-alone eye hospital—fully equipped with state-of-the-art ophthalmic technology, expanded outpatient services, three new operating rooms, and dedicated training and lecture spaces.

Earlier this year, the Ministry of Health officially designated it Ghana's National Center for Eye Care, recognizing both its strategic importance and the impact it will deliver.

The new Eye Care Center will serve as the country's third ophthalmology residency program, dramatically expanding the pipeline of trained Ghanaian

ophthalmologists, nurses, and clinical staff. Its facilities will allow CCTH to treat more patients than ever before—particularly those suffering from cataract blindness, one of the leading causes of avoidable blindness in the region.



An arial view of the newly completed Eye Center of Excellence

Beyond clinical care, the center represents a larger, long-term commitment: strengthening Ghana's eye health system from within, building leadership, and ensuring sustainability for generations to come.

In a heartfelt address, Cure Blindness Project co-founder Dr. Geoff Tabin traced the organization's roots to the Himalayan Cataract Project—an initiative born from a dream he shared with Dr. Sanduk Ruit to eliminate cataract blindness in Nepal. The lessons learned there, he said, became the foundation for global expansion, including the transformative work now unfolding in Ghana.

With the right training, systems, and partnerships, it is possible to eliminate avoidable blindness at scale. Restoring sight doesn't just change one person's life—it strengthens families, communities, and entire economies.



A sign commemorating the eye center's opening

EYE CARE CENTER OF EXCELLENCE OPENS

Cape Coast, Ghana | March 3, 2026

Dr. Tabin spoke with particular admiration for the collaboration with Lions Aravind Eye Institute of Community Ophthalmology, whose technical guidance shaped everything from the center's operational layout to staff training and development of standard operating procedures. A four-person Aravind clinical team will remain on-site for a month to ensure a seamless launch. "Today, this dream is a reality," he concluded. "This hospital will serve this community for generations."

Cure Blindness Project CEO K-T Overbey echoed this sense of achievement and gratitude. She recognized the donors, CCTH leadership, and government officials whose shared commitment brought the center to life.

“Without funding, even the best ideas remain only dreams. Your generosity has turned vision into reality. The Eye Care Center of Excellence is far more than a building. It's home to a residency program led by Ghanaian ophthalmologists, training Ghanaian doctors—for the future of Ghanaian eye care,” said Overbey.

She emphasized the organization's core mission: building self-sustaining eye care systems. That means listening to in-country partners, understanding local contexts, and strengthening systems from the inside out—through infrastructure, backlog reduction, capacity building, and training.



Attendees pause on the steps of the newly opened center.



Dr. Geoff Tabin addressed CCTH staff, Ghanaian officials, Cure Blindness Project donors and invited guests at the March inauguration ceremony

Cape Coast's Regional Minister, Mr. Okyere, attended the event, which concluded with remarks from Deputy Minister of Health Dr. Grace Ayensu-Danquah. She congratulated Cure Blindness Project staff and all donors for achieving what she called a remarkable milestone for Ghana's health sector.
The Ministry, she said, is grateful for the support and commitment to ensuring the new facility is well-maintained and accessible to every Ghanaian who needs quality eye care.

The inauguration became a moment to reflect on a journey marked by perseverance, collaboration, and unwavering belief. CCTH leaders recounted the project's evolution, while donors witnessed firsthand the impact of their investments.

Together, partners celebrated not just a building, but a legacy—a center designed to restore sight, train the next generation, and strengthen Ghana's eye health system.
The Eye Care Center of Excellence stands as proof of what innovation, compassion, and shared purpose can achieve. It is a beacon of hope for patients, a hub for medical education, and a powerful step toward a future where avoidable blindness is not merely treated—but eliminated.

STRATEGIC PARTNERSHIP

CURE BLINDNESS PROJECT AND THE FRED HOLLOWS FOUNDATION PARTNER TO END BLINDNESS

April 2026

Cure Blindness Project and The Fred Hollows Foundation have announced a landmark strategic partnership that aims to help end avoidable blindness in Rwanda and Laos by 2035, and address the cataract backlog in at least three other countries. Both organizations are global nonprofits dedicated to eradicating preventable and treatable blindness in underserved communities.

This partnership combines the complementary strengths and ambitions of both groups and will work with local governments and partners to deliver transformative, scalable impact in the fight to eliminate avoidable blindness and build sustainable eye health systems, the two groups said in a statement.

Ninety percent of people with sight loss live in low and middle-income countries where access to eye health is often out of reach, according to both groups. Cataract is the leading cause of blindness in Rwanda and Laos. Under this partnership, The Fred Hollows Foundation and Cure Blindness Project will support more than 177,000 surgeries in the two countries over the next five years.



Image Credit: Ace Kvale, Rwanda 2009

An estimated 100,000 people require cataract surgery in Rwanda, the groups said. Without urgent action, vision loss is projected to affect 1.7 million Rwandans by 2050. In Laos, the groups said, an estimated 66,000 people need cataract surgery. There, the number of people living with vision loss could reach 1.2 million by 2050 without urgent action.

Working with the governments of Rwanda and Laos, The Fred Hollows Foundation has developed a new 10-year investment plan which outlines a clear pathway to eliminating the cataract backlog and building a resilient, people-centered eye health system that can meet future needs.

“With strong backing from the Ministries of Health and partners including the Tilganga Institute of Ophthalmology from Nepal and local leaders in each country, this initiative will build a resilient, government-led eye health system that protects sight for generations to come.

To achieve this, a $41.1 million investment is needed in Rwanda by 2035. The funding would support more than 125,000 cataract surgeries, establish and strengthen 14 specialized eye units, train 25 new ophthalmologists and 58,000 community health workers, and embed eyecare into Rwanda’s national health system. In addition, existing ophthalmologists will be trained as sub-specialists where gaps exist.

CURE BLINDNESS PROJECT AND THE FRED HOLLOWS FOUNDATION PARTNER TO END BLINDNESS

April 2026

In Laos, the group said a total investment of $12.73 million is needed over the next five years. This funding will support 66,000 cataract surgeries, train 126 new eye health personnel including 20 cataract surgeons and equip 37 hospitals, including 10 district hospitals, across the country's 17 provinces.

"This is a pivotal moment for global eye health," said K-T Overbey, CEO of Cure Blindness Project. "The magnitude of avoidable blindness and systemic barriers to eye health demand collaboration across organizations, sectors and geographies. Together with our colleagues at The Fred Hollows Foundation, we will reduce surgical backlogs, train more local eyecare professionals and strengthen health systems so that quality eyecare becomes a reality for everyone, everywhere."



K-T Overvey, CEO, Cure Blindness Project



Ross Piper, CEO, The Fred Hollows Foundation

"Fred Hollows always believed that sight was a basic human right. This partnership embodies that belief," said Ross Piper, CEO of The Fred Hollows Foundation. "By combining our expertise in addressing cataract backlogs, health systems strengthening, workforce development and policy influence with Cure Blindness Project's expertise in delivering high-volume surgical care and ophthalmic training programs in underserved areas, we can drive bolder, faster progress toward universal eye health coverage, starting in Rwanda and Laos."

The groups said this partnership will actively engage governments, funders, communities, local clinical leaders and selected NGO partners to ensure eye health solutions are locally owned and sustainable after external support ends. "Alongside implementing partners and government allies, the partnership will clear cataract backlogs, trial innovative models of care, build more sustainable local systems, and unlock breakthrough funding," the groups said.

PODCAST: K-T OVERBEY AND ROSS PIPER ON NEW PARTNERSHIP

Hear from K-T Overbey, CEO of Cure Blindness Project, and Ross Piper, CEO of The Fred Hollows Foundation, on the momentum of this strategic partnership.

SECURE II Trial

Generating Evidence of Quality Community-Basedvs.Hospital-Based Eye Surgery in Ethiopia and Ghana

A Multi-Centre Study of the Outcomes of Small Incision Cataract Surgery

Authors: Sadik T. Sherief, Vera A. Essuman, Keri Allen, Yonas Tilahun, Gladys Fordjour, Menen Ayalew, Seth Lartey, Tiliksew Teshome, Liknaw Adamu, Benjamin Abaidoo, Matt Oliva, Geoffrey Tabin, Alemayehu Desalegn, Ashiyana Nariani, Pamela Clapp, Samuel Bondzie, Lauretta Owusu-Asare, Samuel H. Henok, Hilda Amponsah Tabi, Radhakrishnan Mala, Iswarya Mani, Lawrence Appiah- Kusi, Nii A. Odamtten, Kwame Okyere Osei, Edgard A. Adongo, Curtis A. Siaw, Anthoinette Abor, Augustine Bayor, Philomina Osei, Ama N. Baah, Imoro Z. Braimah, Amos Aikins, James F. Addy, Sanil Joseph

EVALUATION OVERVIEW

Context

Low- and middle-income countries face persistent surgical backlogs due to geographic, financial, and system-level barriers to hospital-based care. Community-based surgical models exist to improve access, yet concerns remain regarding quality and safety. The SECURE II Trial was designed to generate rigorous evidence comparing outcomes between community-based and hospital-based eye surgery platforms in Ethiopia and Ghana to inform national service delivery strategies.

Method

All eyes underwent SICS with follow-up at post-operative periods: 1 day, 7-10 days, 4-6 weeks, and ≥ 3 months. Cataract cases were stratified into campaign-based and hospital-based cases for further outcome analysis. Standardized equipment and standard operating procedures were used in both countries. Each campaign performed over 150 cataract surgeries daily, with individual surgeons completing between 20 and 100 surgeries per day.

RESULTS

A total of 1,371 (Aged 66.02 ± 11.58 SD of the mean, 59.6% female); 712 hospital-based and 659 campaign-based cataract surgeries were performed (in Ethiopia (n = 572) and Ghana (n=799).



WHO Outcome Category		Pre OP	POD	POW	POM		POL	
		UCVA	UCVA	UCVA	UCVA	BCVA	UCVA	BCVA
Campaign-Based Surgeries 659	Good	1(0.2)	199(30.2)	224(35.1)	358(58.5)	459(75.0)	210(36.4)	475(82.3)
	Borderline	112(17.0)	334(50.7)	387(60.6)	206(33.7)	83(13.6)	311(53.9)	58(10.1)
	Poor	546(82.8)	126(19.1)	28(4.4)	48(7.8)	70(11.4)	56(9.7)	44(7.6)
Hospital-Based Surgeries 712	Good	6(0.8)	280(39.3)	360(50.9)	440(64.7)	517(76.0)	358(57.5)	518(83.2)
	Borderline	141(19.8)	309(43.4)	280(39.6)	200(29.4)	95(14.0)	173(27.8)	66(1.6)
	Poor	565(79.4)	123(17.3)	68(9.6)	40(5.9)	68(10.0)	92(14.8)	39(6.3)
Overall: 1371	Good	7(0.5)	479(34.9)	584(43.4)	798(61.8)	976(75.5)	568(47.3)	993(82.8)
	Borderline	253(18.5)	643(46.9)	667(49.5)	406(31.4)	178(13.8)	484(40.3)	124(10.3)
	Poor	1,111(81.0)	249(18.2)	96(7.1)	88(6.8)	138(10.7)	148(12.3)	83(6.9)

Postoperative UCVA and BCVA showed significant improvements in all settings at various follow-up time points. At the three-month follow-up, both hospital-based and campaign-based cases had similar outcomes based on the WHO standards, with 83.2% of hospital-based cases and 82.3% of campaign-based cases showing good outcomes (In Ethiopia hospitals reported a value (88.3%), compared to camp (76.8%) in contrast, in Ghana camps showed better outcomes (86.5%) than hospitals (79.4%).

CONCLUSIONS

Campaign-based MSICS have comparable visual outcomes to hospital-based settings in Ethiopia and Ghana. Campaign-based MSCISs safely and effectively expand cataract care access in LICs such as Ethiopia and Ghana and should be included in their blindness control programs.

The sizable gap between UCVA and BVCA at POM and POL in patients with Good Outcomes requires more study.

The authors have no financial disclosures or conflicts of interest to report.

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Catalyzing Change:

The Role of Civil Society in Advancing Eye Banking Policy in Africa

Author: Lorraine Misquith, Director, Advocacy, Cure Blindness Project | lmisquith@cureblindness.org

Background

Context
Across Africa, corneal blindness affects hundreds of thousands of people, yet local transplant capacity is stifled by outdated or nonexistent legal frameworks. While countries like Mali have successfully adopted modern eye banking legislation, many others lag far behind. The absence of laws governing consent, tissue recovery, and processing creates a regulatory vacuum that prevents sustainable eye banks from forming. Bridging this gap requires civil society to place legislative reform firmly on national health agendas — and to sustain that pressure until change is enacted.

Why This Matters for Africa
Without enabling legislation, eye banks cannot function legally or sustainably. Patients with preventable corneal blindness continue waiting for transplants that could be performed locally — if the right policy environment existed. Civil society advocacy is therefore not adjacent to service delivery; it is the essential precondition for it.

Regional Legal Framework
Analysis of legislative frameworks across East Africa shows that no country yet has a comprehensive framework covering all pillars needed for sustainable eye banking at scale.

Why Legislation Matters
First-person consent: Enables faster, clearer donor decision-making, reducing reliance on family consent alone.

Mandatory death notification: Ensures timely referral of potential donors to eye banks, reducing missed procurement opportunities.

Non-physician recovery: Expands the pool of practitioners legally able to retrieve corneal tissue across more facilities.

Processing fee legalisation: Provides eye banks a legal basis for cost recovery, enabling long-term financial sustainability.

The author has no financial disclosures or conflicts of interest to report.

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3. Burton et al. 2020; WHO Africa eyehealth materials.
4. Eye Bank of South Africa 15-year review (2017); Eye Bank of Ethiopia public reports.

Key Statistical Background

- 400-880K people living with corneal blindness across sub-Saharan Africa
- <600 corneas locally procured per year across all of Africa
- 12.7M people globally waiting for a corneal transplant
- 90% of corneal blindness is preventable or treatable with adequate systems

Method/Intervention

Cure Blindness Project applies its Global Best Practices Guide for Eye Banking as a practical advocacy framework. Building on success facilitating rapid legislative adoption in Mali, Cure Blindness Project provides technical direction and support in Ghana.

The Corneal Blindness Working Group co-develops policy with the Ministry of Health. In countries at an earlier stage, Cure Blindness Project supports local partners and civil society organizations to build the advocacy momentum needed.

Outcome/Results

This strategic support is catalysing measurable progress, demonstrating that the Cure Blindness Project advocacy model is replicable across diverse political and institutional contexts.

Mali
The collaborative advocacy approach led to the adoption of eye banking legislation in record time-the fastest of its kind in Africa and a compelling proof point that focused, sustained civil society advoacy produces real legislative change.

Ghana
A formal Ministry of Health commitment to draft foundational eye banking policies by 2026 has been secured, validating that the Working Group model accelerates institutional commitment even in complex health systems.

Emerging Momentum
A budding movement for eye banking in growing in Uganda and beyond, where civil society engagement is beginning to shift eye banking from an unfamiliar concept to a recognised health policy priority.

Criteria	Location by Country			
	Uganda	Rwanda	Kenya	Tanzania
Donation Law	New	2023	Older	None
Consent	Opt-In	Opt-In	Family	Family
Registry	No	No	No	No
Death Notification	No	No	No	No
Records Access	Unclear	Unclear	Limited	Variable
Recovery Rules	Unclear	Unclear	No	No
Fee Structure	Unclear	Unclear	No	No
Eye Bank	No	No	No	No

Conclusions

Legislative reform is the non-negotiable bedrock of sustainable eye banking. Cure Blindness Project's experience across Mali and Ghana — and the emerging momentum in other countries — demonstrates that Civil Society Organisations play a critical role in advocating for strong legal and policy frameworks.

By replicating successful legislative models from Mali and adapting global best practices, civil society can guide governments through complex policy landscapes, expediting laws that clear the path for local tissue recovery and sightrestoring transplants.

Civil Society Leadership: Civil Society Organisations are the critical engine of eye banking advocacy. Without their sustained engagement, legislative reform stalls and eye banks lack the legal foundation to operate.

Replicable Success: The "Mali Model" of rapid legislative adoption offers a scalable, adaptable blueprint for countries at earlier stages of readiness — already inspiring momentum elsewhere.

Policy First: In countries where legal frameworks are absent, advocacy for legislation must come before operational eye banking. Without it, future eye banks have no legal basis to procure, process, or distribute tissue.

2030 In Sight

Nairobi, Kenya | June, 2026

Cure Blindness PROJECT™

2030 IN SIGHT · LIVE Kenya

WORKFORCE CAPABILITY DEVELOPMENT · AFRICA & ASIA

Strengthening Ophthalmology Residency Training with a 360° Capacity-Building Model

An integrated, nine-pillar framework deployed across 24 residency programs in 8 countries — shifting from episodic training to system-level workforce development.

SUBMISSION ID
86

PRESENTING AUTHOR
Vasantha Kumar — Senior Director, Tertiary Care, Cure Blindness Project

CO-AUTHORS
Ashiyana Nariani — Senior Technical Advisor, Residency & Research
Sohini Sanyal — L&D Specialist, Tertiary Care

OUTCOMES

28	373	5×	70%+
RESIDENCY PROGRAMS	RESIDENTS TRAINED	INCREASE IN HANDS-ON SURGERY TRAINING	COECSA EXAM PASS RATE

GLOBAL REACH — PROGRAMS SUPPORTED



PROGRAMS BY COUNTRY

COUNTRY	PROGRAMS	RESIDENTS
Ethiopia	7	158
Nepal	10	84
Rwanda	2	20
Ghana	2	56
Eritrea	1	9
Somaliland	1	9
Bhutan	1	3
Tanzania	2	13
Uganda	1	14
Zambia	1	7



METHODOLOGY — NINE CORE PILLARS

- Virtual didactics
- Live classroom teaching
- Wet labs & simulation
- Examinations
- Satellite rotations
- Surgical outreach training
- Sub-specialty exposure
- Faculty development
- Coordinator monitoring

KEY INSIGHTS

1. The 360° model offers a scalable, sustainable approach — equipping ophthalmologists with advanced skills for higher quality and superior surgical outcomes.
2. Supervised outreach surgeries raised average surgical volume from ~20 to 100 cases over a four-year residency. Faculty development introduced standardised assessment and mentorship tools.
3. Cure Blindness welcomes like-minded organisations to replicate this model in other geographies to achieve the 2030 In Sight goals.

CONCLUSION

Strengthening residency training is a direct investment in the future eye care workforce and a scalable pathway toward effective coverage. By formalising training systems within LMIC institutions, Cure Blindness advances sustainable capacity building aligned with the 2030 In Sight Strategy — shifting from episodic training to system-level development, ensuring the next generation of ophthalmologists delivers high-quality, comprehensive care where the burden of blindness is greatest.

"A world where no one is needlessly blind."
Join us in scaling this model globally.

vkumar@cureblindness.org

ALUMNI

Dr. David Khorram Appointed Senior Clinical Advisor, Residency & Quality

Cure Blindness Project announced the appointment of Dr. David Khorram as Senior Clinical Advisor, Residency & Quality (CARQ). A longtime leader in global ophthalmology and cataract surgery training, Dr. Khorram will help strengthen surgical training and quality initiatives across the organization's global partner network while supporting ongoing efforts to expand access to high-quality cataract care worldwide.

Cure Blindness Project works alongside hospitals, residency programs, and ministries of health to expand access to high-quality cataract surgery in underserved regions. The creation of the Senior Clinical Advisor, Residency & Quality position reflects the organization's commitment to continually strengthening surgical training standards and supporting implementing partners as they deliver sight-restoring care in communities around the world.

"Quality has always been central to our work," said Dr. Matt Oliva, Cure Blindness Project Board Chair. "This position reflects the organization's commitment to continually refining training standards and supporting implementing partners as they elevate the quality and quantity of sight-restoring care in underserved communities."



Dr. Khorram with a patient at a Cure Blindness Project outreach



Dr. David Khorram

Dr. Khorram currently serves on the organization's Program Board Committee and, as CARQ, will help facilitate collaboration and knowledge sharing between the committee and Cure Blindness Project staff. He will work closely with global programs and country teams—particularly in Ghana and Ethiopia—to strengthen the alignment of quality and residency initiatives.

In this role, Dr. Khorram will:

- Represent the organization's goals and objectives for Quality and Residency programs, ensuring they are clearly communicated and understood by implementing partners.
- Work with global programs and country teams to strengthen and unify surgical program design and training systems.
- Ensure residency program faculty are familiar with Cure Blindness Project's residency guidelines and expectations.
- Advise staff on partner resource needs related to surgical training and quality improvement.
- Provide guidance to teams responsible for quality metrics and program performance recommendations.

Dr. David Khorram Appointed Senior Clinical Advisor, Residency & Quality

- Review curriculum design for cataract surgery skills development for residents and trainers.
- Serve as faculty in training workshops for residents, working closely with the tertiary training team.
- Collaborate with country staff to design and implement quality-focused training workshops.



Dr. Khorram instructs a resident at Live Classroom in Ghana.

Dr. Khorram, who is based in Portugal, brings extensive experience in global ophthalmology and surgical training. He currently serves as the Director of Global Ophthalmology at the University of Virginia and is co-founder and Medical Director of the Marianas Eye Institute. His work focuses on expanding access to cataract surgery, strengthening surgical training in low-resource settings, and combating global blindness, including significant program engagement in Ethiopia.

“Improving surgical quality and training systems is essential to ensuring patients receive safe, effective care,” said Dr. Khorram. “I’m honored to support Cure Blindness Project’s mission and work alongside its partners to continue strengthening cataract surgery programs around the world.”

This position is an unpaid, volunteer appointment, reflecting the deep commitment of global ophthalmology leaders who contribute their expertise to advance Cure Blindness Project’s mission of eliminating avoidable blindness.

Dr. Khorram and Cure Blindness Project experts are available to speak about global cataract surgery training, surgical quality improvement, and efforts to expand access to sight-restoring care worldwide.

ALUMNI

Dr. Matt Oliva Awarded AAO Humanitarian Award

The American Academy of Ophthalmology (AAO) has selected Cure Blindness Project Board Chair and 27-year Cure Blindness Project volunteer Dr. Matthew Oliva as recipient of its 2026 AAO Outstanding Humanitarian Service Award.

The humanitarian award recognizes individuals or organizations for extraordinary efforts in promoting human welfare, alleviating suffering, and championing social justice. This honor celebrates those whose selfless actions and volunteerism make a profound, measurable difference in the lives of the underprivileged or those affected by crises. It acknowledges those who have performed above and beyond the typical duties of an ophthalmologist.

Dr. Oliva's first exposure to international ophthalmology was as a medical student at the University of Washington (Seattle) in 1996 working in rural Tanzania with Johns Hopkins University doing trachoma and glaucoma research. Two years later, he reached out to Cure Blindness Project co-founder Dr. Geoff Tabin. Oliva worked alongside Tabin in Nepal and northern India at large surgical outreaches treating cataract blindness. "That's when my lightbulb turned on," he recalls. "This is what I want to do with my life." Oliva has worked with the global non-profit that works to end avoidable blindness ever since. He currently travels quarterly to volunteer.

Dr. Oliva leads clinical operations in Ethiopia, Eritrea and Somaliland for Cure Blindness Project as well as teaching residents from the countries where Cure Blindness Project works. These efforts are strengthening current health systems working towards self-sustainability.



Dr. Oliva connects with a young patient in Ethiopia.

"The thing that keeps me going is the number of blind people in the world and seeing the young doctors, nurses and ophthalmic assistants succeed. It's super inspiring to me to be a part of it and to continue to grow my skills," Oliva says.

Last year, Cure Blindness Project celebrated its most impactful year to date with 315,000 sight-restoring surgeries. Founded as Himalayan Cataract Project, Cure Blindness Project today celebrates more than 30 years of restoring sight. What began in Nepal has grown into a global effort reaching more than 30 countries through high-quality eye care, education, and the development of world-class eye care infrastructure.

Together with partners, Cure Blindness Project has provided more than 2 million sight-restoring surgeries and screenings and basic care to more than 20 million people. Dr. Oliva has personally performed over 50,000 cataract surgeries.

Describing his more than 27 years with Cure Blindness Project as "exhilarating, meaningful and challenging", Dr. Oliva is thankful for the opportunity to do this work that fulfills "why I wanted to be a doctor."

Cure Blindness Project Alumni Notables

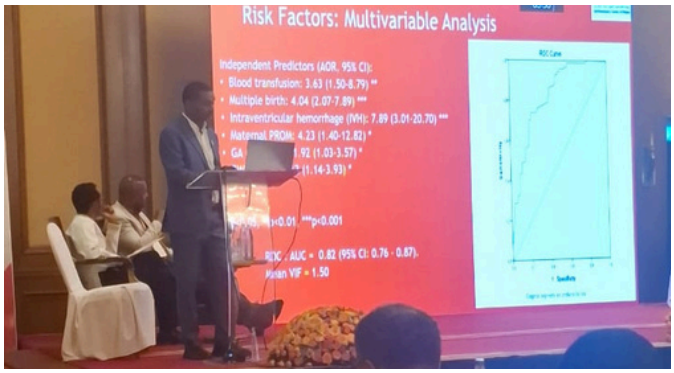
Dr. Samira Byanjankar presented her Cure Blindness Project-supported research at the **2nd Annual Nepal Cornea, Cataract, and Refractive Surgery Conference** in Kathmandu in June 2026.

Titled "Knowledge, attitude and practice on donation and transplantation among the allied ophthalmic personnel in Community Eye Centers in Nepal", her research explored current knowledge, attitudes and practices to better understand barriers to increased cornea donations.



Dr. Samira onstage in Nepal, June 2026

Dr. Mandefro presented his Cure Blindness Project-supported research on Retinopathy of Prematurity at the **Africa Retina Society 6th Annual Scientific Conference** in Addis Ababa, Ethiopia, in June 2026.



Dr. Mandefro

Congratulations to **Dr. Gladys Fordjour, Dr. Kwadko Amoah** who spoke at the **World Ophthalmology Congress** held in Prague on corneal blindness. **Dr. Mereret Ejigu** also participated at the congress as a key opinion leader for ocular trauma representing Sub-Saharan Africa.

Other August presentations include:

- **African Ophthalmology Council Annual Conference** Cape Town, South Africa by **Dr. Mandefro**, August 31, 2026
- August 27, 2026: **American Society of Retina Specialists (ASRS) Webinar** with **Dr. Mandefro**
- **Dr. Smita** presented her research August 20, 2026 during the **Tilganga Institute of Ophthalmology** Dissemination of Research Findings

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