

## **Uniting for Better Vision in Ghana**

Eye care remains one of the neglected sectors of health care in developing countries like Ghana because people believe bad eyesight, compared to fatal diseases like malaria, will not kill you. It is easy to overlook the link between poor eye health and fatality. A mother who is blind cannot work to cater for her children who will thus grow up in poor sanitary conditions that spark other diseases that kill. Eye care deserves an equal attention as other diseases if the health and socio-economic status of developing countries are to improve.

After personally raising \$1800, I acquired and stuffed 600 reading glasses in my suitcases, and set-off back to my home country, Ghana. For 5 weeks, during the month of August, I volunteered with Unite for Sight, a non-profit global health delivery organization based in New Haven, Connecticut. I chanced on reading about Unite for Sight online, and videos and reports of the organization's work in India, Honduras and Ghana aroused my interest. Unite for Sight is an organization that has adopted innovative self-sustaining methods of eye care delivery in India, Honduras and Ghana. Unlike other global health delivery organizations that send people over to developing countries to issue temporary interventions, Unite for Sight works closely with local health professionals, hence these interventions are sustained. Volunteers for this organization go through a rigorous global health-training program, which for me was very enlightening.

I started my volunteer work by spending 2 weeks in Tamale, which is in the Northern Region of Ghana. In Tamale, I worked with Dr. Wanye, a very selfless Ghanaian, serving as the only ophthalmologist for the three Northern Regions of Ghana. I later worked in Accra, where I worked with another passionate ophthalmologist, Dr Clarke. I also worked with other volunteering students who happen to share the same interests in global health as I do. Together with these volunteers and ophthalmic nurses, we left our base in Tamale and later Accra every morning for very rural and remote areas, sometimes in other regions of the country. We improvised and setup, and screened the eyes of everyone who was willing to

have his or her eye screened for free. As a volunteer, I took visual acuity tests, dispensed eye drops and reading glasses, and did record keeping. I also educated the patients on the right ways of using the eye drops. The ophthalmic nurses, relieved of these tasks, alongside visiting ophthalmologists from the USA had more time to do the more technical aspects of eye screening like checking the retina, the lens or pressure in the eye. I learned a great deal about eye pathology, and issues surrounding eye care that I was ignorant of before despite leaving in Ghana all my life.

Each day, we saw a lot of patients who had cataracts. Cataract is a condition where the lens of the eye becomes cloudy preventing light from penetrating to allow clear vision. Some of the cataracts were so severe the patients could not see at all. Cataracts can be easily treated by a ten-minute surgical procedure. However, several barriers prevent these patients from having access to this surgery. The first barrier is money. We referred the cataract patients to the Tamale Teaching Hospital when we were in Tamale and Crystal Eye Clinic when we were in Accra. In Tamale and Accra, Dr. Wanye and Dr. Clarke provided them with the surgery for free. These cataract surgeries are funded by the money volunteers like me raise in the USA before traveling to Ghana thus eliminating the financial barrier to this surgery. We were allowed into the theatre to watch all these surgeries.

Another pertinent barrier is the perception of surgeries people have in such communities. Some people refuse free surgery because they have heard or believe that the surgery might totally blind them. They thus prefer to have a little vision than none at all. Others believe the eyeball will be removed, and others believe the eyeball will be replaced with the eyeball of a cat. A host of other believes prevent people from accepting these surgeries. I interviewed a lot of people in these villages because I speak their language as a Ghanaian. From my interviews, I realized that these negative perceptions of surgeries are fast changing due to the work of organizations like Unite for Sight. 'Doctor!' an old lady screamed, as she ran to hug Ali, the local coordinator of the program in Tamale on one of our outreach visits. She had grudgingly accepted to have cataract surgery sometime ago, and she could not

hide her excitement with her presently clearer vision. She could now go about her work, and support her family. She stood in the middle of the crowd, who had come for screening that day, and proclaimed boldly how the surgery had changed her life. Such happenings have domino effects on the perceptions of surgery through such communities. If people hear that others have done it, and now see clearly, they are also willing to go in for the surgeries. Hence through the work of organizations like Unite for Sight, people are developing positive perceptions of eye surgeries.

Another blinding disease, glaucoma was also pervasive in the communities we visited. Glaucoma is a disease that is caused by high pressure in the eyeball which ends up damaging the optic nerve that transmits light signals to the brain. A patient with glaucoma gradually loses his vision. Glaucoma unfortunately is not curable, but there are drugs that could be used to control the pressure in the eyeball, and hence prevent further loss of vision. We dispensed such drugs during our outreaches, and the outreach team will revisit those communities again to recheck the patients. This ensures that the drugs they were given are working, and also to prevent them from running out of stock.

My time volunteering with Unite for Sight was more than an eye opener. It exposed me to the pertinent issues affecting global health delivery today. The best ideas, they say, come from bouncing off ideas off like-minded people. This volunteering program allowed me to meet such people, who share my interests, and hence present possibilities for future collaborative work. In addition, for the first time I had the chance to be in a theater room, and visit rural areas of Ghana after leaving all my life in the city.

“You vote in elections once a year, but when you volunteer, you vote every day about the kind of community you want to see or live in.” (Marjorie Moore) With the support of the Class of 1995 fund, we have voted together for a world free of preventable blindness. Thank you!



Checking visual acuity at Somanya, Eastern Region of Ghana



Checking If the right eye can perceive light at Anomabo, Central Region



Waiting to have free cataract surgery in Tamale



In the theatre observing Dr. Clarke working on a corneal transplant in Accra



“It’s clear!!!” He exclaims to me in Dagbani, a language spoken in Savelugu, Northern Ghana



Teaching proper administration of eye drops