A WDF PROJECT SAVES EYESIGHT IN THE SOLOMON ISLANDS – AND UNCOVERS THE NEED FOR EARLIER AND BETTER DIABETES CARE ACROSS THE ISLAND CHAIN.

EYE CARE – TACKLING DIABETIC RETINOPATHY IN THE SOLOMON ISLANDS

“...No one should go blind as a result of their diabetes,” Andrew Bell says. As Executive Director of The Fred Hollows Foundation New Zealand (FHFNZ) and Project Partner to the WDF, Mr Bell has witnessed the dire situation in the Solomon Islands, where diabetes is one of the leading causes of blindness among working-age adults.

In 2015 the WDF began funding WDF14-924: Tackling diabetic retinopathy – a 3-year FHFNZ project to improve diabetic retinopathy (DR) prevention and care and to strengthen awareness of diabetes eye complications in the Solomon Islands. Alarmingly the number of people with diabetes screened for this project to date, a staggering 28% have sight-threatening DR. “The complete lack of DR knowledge within the general population and among the existing healthcare workforce is a major challenge which we knew had to be urgently addressed,” explains Mr Bell.

The temptation of imported food

One of the Pacific’s poorest countries, the Solomon Islands – a chain of large volcanic islands, outlying islands and atolls to the south-east of Papua New Guinea – has a small population of approximately 595,000 people. While the capital, Honiara, has experienced rapid urbanisation, the majority of Solomon Islanders live in rural villages where electricity, telephones and transportation are often lacking and a subsistence economy – based on bartering the products of fishing, hunting and crops, or alternative forms of currency such as shells – mostly exists.

The availability and appeal of cheap, imported, processed foods has grown in recent years, replacing the traditional nutrient-rich diet of fish, coconut and potatoes. This fast-food epidemic has contributed to the high obesity rates in the Solomon Islands and a diabetes prevalence of 13.6%. Life expectancy here is just 69.2 years.

A tried and tested model

The WDF first partnered with FHFNZ in 2008 for a project in Fiji. The creation of a diabetes eye clinic in the Pacific Eye Institute in the Fijian capital Suva, along with an outreach screening programme to rural areas, proved a great success – and a model that could be readily applied to the Solomon Islands.

“Rolling out a programme which has been trialled in Fiji made sense,” says Mr Bell. “We saw great potential in the WDF supporting this diabetes eye care programme, based on the Hub and Spoke model used in Fiji – with the newly-constructed Regional Eye Centre in Honiara being the central hub and the outreach visits, tailored to local needs, forming the spokes.”

The Regional Eye Centre already had an advanced eye care workforce because several staff had received training at the Pacific Eye Institute in Fiji, but it lacked appropriate equipment. Mr Bell says, “WDF14-924 therefore began with strengthening of the Regional Eye Centre with high quality equipment to ensure the provision and integration of DR services.”

Retaining knowledge and expertise

In the Solomon Islands, diabetes is typically diagnosed when complications appear. Mr Bell believes that this is partly caused by silos in the health service. “If we are to achieve earlier diagnosis and prevent complications – including DR – the diagnosis of diabetes must be integrated into other services to ensure early detection,” he points out.

Adding to this problem is the lack of healthcare professionals trained in diabetes care and DR. This deficit has arisen because doctors and nurses previously had to go to Australia or New Zealand for training, and many didn’t return. It is hoped that the Regional Eye Centre will soon be a second Pacific Eye Institute campus, as it is a training ground for a wide variety of healthcare professionals – not only from the Solomon Islands but from the entire Pacific region. “This year the Regional Eye Centre has become established as a centre of excellence,” Mr Bell says with a smile.

This means that trainee ophthalmologists and nurses can complete a large portion of their training in their home country. “Having the healthcare workers undertaking training in-country means their skills and services are retained within this country,” says Dr John Szetu, Program Medical Director at FHFNZ, who was also responsible for the WDF-funded project in Fiji.

By June 2016, 28 healthcare professionals had received training in DR. Furthermore, two annual NCD workshops had already taken place with 1,624 people screened for DR from the provinces have been referred to the Regional Eye Centre for treatment.

Of the 16 outreach initiatives planned for the project, 9 have already taken place with 1,624 people screened for DR. Of these, 50% were diagnosed with DR, of which 55% were diagnosed with sight-threatening DR and 44 patients were diagnosed with sight-threatening DR and 44 patients were diagnosed with sight-threatening DR and 44 patients were diagnosed with sight-threatening DR and 44 patients were diagnosed with sight-threatening DR and 44 patients were diagnosed with sight-threatening DR and 44 patients were diagnosed with sight-threatening DR and 44 patients were diagnosed with sight-threatening DR and 44 patients were diagnosed with sight-threatening DR and 44 patients were diagnosed with sight-threatening DR and 44 patients were diagnosed with sight-threatening.

DR – and diabetes – needs attention

A key aspect of the project is to raise awareness of DR through education programmes, workshops and public health messaging. Dr Szetu hopes that this will lead to an improvement in the health-seeking behaviour of people with diabetes: “We need to educate patients so that they present earlier to the eye service before it is too late, and keep preaching to clinicians that ocular complications are just as important and serious as the other health complications of diabetes. DR has not been prioritized and this needs to be rectified.”

Hanne Strandgaard, WDF Programme Coordinator, visited the Solomon Islands in 2016. “The efficient and professional implementation of this project is proving to be a great success,” she says.

“This project model has enabled Solomon Islanders to have access to quality eye care, including DR care, for the first time. The shocking prevalence of DR detected during this project has highlighted an urgent need to address general diabetes care and prevention, which could perhaps be the focus of future projects in this region.”