

WHY ANGOLA?

In 2015, my nephew who is a pilot in Angola with MAF (a charity with small aeroplanes for remote locations in developing countries) introduced us (Chrisjan and Anja Dees) to the work of Steve Collins, a traveling ophthalmologist in Angola, and SOLE, one of the organisations he worked with. Steve was a legend of a man, and a real inspiration. For 30 years, until he passed away in 2023, him and his scrub nurse Kambale provided eye health care including cataract operations to the rural population of Angola. They were the only ones to do so. We also visited SOLE's base hospital Boa Vista, a busy not-for-profit eye hospital in Benguela, which offers clinical consultations and surgery (mainly cataract operations). Boa Vista now runs the eye camp program, in 10 different locations in the interior of Angola, 2 weeks per camp. They provide about a third of all cataract surgery in Angola, and are the only organisation with an ongoing outreach program for the provinces. All surgery follows the SICS technique with PMMA lens implant, which is the gold standard for dense cataracts in low-income countries. SICS stands for Sutureless Incision Cataract Surgery.

They are self-funding through patient fees, which they keep low (\$30 per cataract operation in Benguela, \$20 in the provinces) so that the poor can access the service. However, because of this, their finances don't stretch to maintaining or modernising their equipment or to obtaining all the necessary materials. Organisations like SightSavers don't work in Angola, and the country's health care development is generally lagging behind English-speaking countries in the continent. The government-funded health care provisions are often ineffective, especially in the interior of the country, and so the population relies on NGO's to a large degree. FiBiA has been set up to support the work of Boa Vista through further education, practical assistance, and finances. Our aim is to see Boa Vista develop into a thriving centre of excellence for eye health care in Angola, especially for the poor and the geographically isolated. The hospital aims to transition to being financially self-sufficient in the longer term, but this depends on having more operating eye surgeons and on introducing sliding scale fees, where wealthier patients contribute more in order to fund treatment for the poor. This in turn requires an improvement in the economic dynamics of the country. Boa Vista's income from patient fees is in local currency (Kwanza's) but most of its purchases are in USD, and the exchange rate is very disadvantageous. With the minimum wage for manual labourers \$16 a month and for company employees between \$15 and \$50 a month, life is very difficult indeed for the vast majority of the population.

Steve Collins always wanted to train younger ophthalmologists but this never happened until João, a young Angolan doctor, joined him in 2021 and learned ophthalmic practice from him and from a couple of surgical courses abroad. After Steve's death, João continued his work with great energy and ambition, and with very good outcomes from cataract surgery ([read his latest report here](#)). However, he has now gone abroad for 3 years to follow a structured specialty training program in order for him to be a registered ophthalmology specialist in Angola. This leaves Boa Vista with only one ophthalmologist (besides occasional visiting specialists). Currently there are two visiting ophthalmologists: John Clements from Oregon USA, who used to work full time at Boa Vista from about 2011 to 2014, and me - Chrisjan Dees from Teesside UK. The specialist nurses in Boa Vista provide good outpatient services, but its surgical program is reduced at present until more doctors join.

INITIATIVES UNDER DEVELOPMENT

Cataract Surgical Training

One of the frustrations in Angola is that although the government has a number of foreign ophthalmologists in employment, many of them do not perform cataract surgery or very little – certainly not the high volume Angola needs to combat cataract blindness effectively. Also, although they have increased the number of resident doctors in training for ophthalmology, the surgical training is inadequate, and so the majority of newly trained ophthalmologists do not perform cataract surgery.

CBM (Christian Blind Mission) have created an initiative for cataract surgical training of resident doctors where two senior residents at a time will work at Boa Vista to learn cataract surgery the SICS technique. These are residents from COB (Centro Oftalmológico de Benguela), the eye department at the government hospital in Benguela, which is just a couple of miles from Boa Vista. This requires a training operating microscope and some extra time by the trainer(s). CBM can fund most this initiative but is looking for partner donors.

Knowledge sharing at COB

COB have a team of senior ophthalmologists consisting of Angolan and Cuban nationals. The team lacks a retinal subspecialist and a paediatric specialist. Relations between Boa Vista and COB are good at this time. Since a couple of years ago, whenever John or Chrisjan visit Boa Vista, they spend a couple of days with the team at COB for guest lectures, discussions, and joint clinical consultations, to support the residents' training program from the point of view of cornea and cataract (John) and retina (Chrisjan)

Equipment Modernisation Program

Ophthalmology is a very equipment-based specialty, partly because the eye is so small and intricate. In a western ophthalmic department, not many pieces of equipment remain in service for more than 10 years apart from slit lamps. At Boa Vista, equipment is routinely kept going for decades because there simply is no money for replacements. For example, the steriliser for the eye camps is over 20 years old. The biometry equipment over 15 years. The operating microscopes date back 10, 15 and 25 years. The Argon retinal laser has broken and can't be repaired as it is out of production. Boa Vista's electricity supply is very unreliable and they have to turn on the diesel generator more often, adding to the energy bills. They were quoted \$64,000 for a dedicated transformer station on the street – or otherwise invest in solar and batteries. Look on ("[what donations can achieve](#)") for a list of investment items.