


Ocular Therapeutics for Optometry in Africa



Author:

Alan Rubin¹ 

Affiliation:

¹Department of Optometry,
Faculty of Health Sciences,
University of Johannesburg,
Doornfontein, South Africa

Corresponding author:

Alan Rubin,
editor@avehjournal.org

How to cite this article:

Rubin A. Ocular Therapeutics
for Optometry in Africa.
Afr Vision Eye Health.
2022;81(1), a802. [https://doi.
org/10.4102/aveh.v81i1.802](https://doi.org/10.4102/aveh.v81i1.802)

Copyright:

© 2022. The Author(s).
Licensee: AOSIS. This work
is licensed under the
Creative Commons
Attribution License.

Although the process is slow and there remain many hurdles and some opposition, expansion of the scope of optometric practice to include ocular therapeutics is increasingly happening in South Africa and other parts of Africa. Given the relatively smallish number of ophthalmologists (and often optometrists also) in both the private and public sectors and sometimes issues with maldistribution of services across urban and rural regions, this is an important step in providing greater access to affordable eye and vision care services of an acceptable standard across the African continent. Public awareness and basic education regarding healthcare about vision and the eyes are also not nearly at the levels they should be in most parts of Africa including South Africa although today the availability of mobile phones certainly assists in that regard amidst, of course, some disinformation and even potentially harmful content that users would be sensible to ignore. While optometrists should not abandon their traditional strengths such as the provision of spectacle lenses and contact lens practice, there is an urgent need to improve access to more affordable and qualitatively satisfactory eye and vision care for not only relatively uncomplicated ocular refractive services but also regarding various ophthalmic disorders such as ocular surface disorders, milder and often self-limiting ophthalmic infections and glaucoma. Screenings for many health and vision-related disorders such as uncompensated refractive state, hypertension and diabetes are other areas that require regular attention. There are, for example, huge backlogs for operations such as relating to cataract (not only in less developed parts of the world) and thus much greater integration of optometry into the public health sector across the different parts (provinces) of South Africa and elsewhere are urgent priorities to improve general access to primary eye and vision care. The same weaknesses in the satisfactory provision of more comprehensive eye care in South Africa also extend to other parts of Africa where eye care services (including also low or partial vision and contact lenses for conditions such as keratoconus) are frequently constrained and patients with relatively minor but sometimes more serious eye problems are largely underserved because of inadequate utilisation of existing infrastructure and personnel or, in many cases, severe lack of necessary infrastructure and personnel in ophthalmology and optometry. Taking into consideration the potential for unnecessary human suffering and the economic costs of failure to act regarding preventable blindness and uncompensated refractive error including presbyopia, constructive and urgent steps to change the current situation are important, not just locally but globally. Technologies involving artificial intelligence and remote assessment via telemedicine are beginning to assist but such interventions remain somewhat limited because of cost and other factors.

The journal is receiving an increasing number of submissions of original research and reviews from authors who reside in diverse parts of the world and that is very satisfying as we attempt to widen the overall impact and influence of the journal. The content included is also wide-ranging and, in the future, we hope to further expand upon that aspect. Vision, and the eyes and brain are not only of interest to ophthalmologists, optometrists and optical dispensers but increasingly we are also seeing others such as psychologists, neurologists, nurses and teachers exploring many issues with regard to normal and anomalous vision function and structure. Exciting new instruments and technologies are also contributing to rapid changes in ophthalmic diagnosis and treatment and age-related conditions such as maculopathy are gradually being studied to much greater degrees with a view to more effective prevention and treatment.

Regarding the education and clinical training of eye care professionals in Africa, positive changes are occurring locally and across the continent to improve and expand the quality of the courses and programmes on offer and as the number of institutions and academics and professionals improve we can also anticipate that the quality of undergraduate and postgraduate education and clinical preparation and overall abilities of eye care practitioners will similarly grow and thereby increase diversity of opportunities and activities in eye and vision care across Africa.

Read online:



Scan this QR
code with your
smart phone or
mobile device
to read online.

On behalf of the journal, its editors and editorial board, I would like to thank the many reviewers (of articles and other submissions) who play a vital role each year in ensuring that the standard of the journal continues to improve and that journal articles are also fairly and, as far as possible, promptly reviewed. Authors are also thanked for their vital contributions to the journal and especially for their patience during the occasional lengthy process whereby their articles are reviewed, revised where necessary and then published. I would also like to acknowledge Dr. Femi Oderinlo (Editor) and Prof. Peter-Clarke Farr (Managing Editor) whose contributions to the journal in 2022 are greatly appreciated. Various organisations such as the African Vision Research Institute (AVRI), the Brien Holden Vision Institute, the South African Optometric

Association (SAOA) and the African Ophthalmology Council (AOC) are also thanked for their support and there would not be a journal without their assistance and necessary involvement and that especially applies to AVRI. I would also like to thank the many people within AOSIS publishing with whom I, Dr. Oderinlo and Prof. Clarke-Farr regularly interact for their prompt, helpful and always insightful assistance. Finally, to the readers of the journal and everyone else involved in whatever capacity with the journal, all the very best and hopefully 2023 will bring many good things as we emerge from the shadow of the COVID-19 pandemic!

Prof. Alan Rubin, Editor
African Vision Eye Health