CARIBBEAN COUNCIL FOR THE BLIND & VISUALLY IMPAIRED
"More than 59 years of service to the Caribbean – Sept. 1967 to present"
Arvel.grant@eyecarecaribbean.com office.CEO@ccb1967.org

2026 AND BEYOND – OUR STRATEGIC PRIORITIES

Theme: Vision for everyone…inclusive services for people living with severe vision loss and other disabilities.
Introduction:

(I) During more than 40 international (online) meetings, these priorities were advanced by delegates from15 countries and regions, including: CARICOM, Martinique, Canada, Germany and the United States.

(II) Delegates represented: Member organizations of CCB; The Caribbean Blindness Services Forum; The Academic Board (College of Special Education Teachers) An online training environment, currently under development. Caribbean Eye Health Alliance; North American Division of the World Blind Union; Canadian National Institute for The Blind (CNIB).

The first iteration of these priorities was adopted by the leadership of CCB in 2023, followed by ongoing updates.

(III) Priorities assume continuation of all programs, unless discontinued by: Funding constraints or Force Majeure.

(IV) They will inform: Events, projects or programs of CCB, its members and partners.

(V) These priorities are the main agenda for the CEO's meetings and conversations with members and partners.

(VI) From time to time, the Executive Committee may revise these priorities.

(VII) Inclusion, embrace of modern media and Artificial Intelligence; Sustainability, Climate resilience; Accessibility, affordability and availability (to people living with special needs) are bedrock assumptions underpinning the following strategic priorities:

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Page (9 Chapter 3) Expanded and enhanced inclusive education and training for people with special needs.
While expanding collaboration with education stakeholders, including Teachers and Student associations, Caribbean Union of Teachers, Education International, and the Association for Supervision and Curriculum Development.
Page (11 Chapter 4) Continued development of the Caribbean Blindness Services Forum, as an advisory body to CCB and its members. While Promoting Contacts between People with Severe Vision Loss and other special needs.
Page (11 Chapter 5) Develop and promote priority accessibility issues for ongoing advocacy.
Page (12 Chapter 6) Advancing vertical and horizontal development of CCB and its member organizations.
Page (13 Chapter 7) Update CCB's Human Resources plan.
Page (13 Chapter 8) Update CCB's Constitution, focus: Internet, Gender equity; Sustainability, inclusive and equitable access; While consolidating: Programs, departments, and subsidiaries.
Page (13 Chapter 9) Establishment of CCB Guyana Program, CCB Jamaica Program, and other international affiliates.
Page (13 Chapter 10) Operate CCB Media as Council's communication platform, while establishing and maintaining a network of new media pages to help advance CCB's mission and purpose.
The specific intentions of these ten strategic priorities are described in pages 2 to 11 below.

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1. Recognitions, promotions and revenue expansion – Building on the Annual James Alves Awards; While celebrating CCB's annual anniversaries, starting with CCB60 in 2027.

More than 114 years ago (starting in 1911), James Augustus Alves (a blind Guyanese) travelled throughout the Caribbean, by boat and horse-drawn carriage, encouraging colonial authorities (in each territory) to organize services for blind people in the English-speaking territories. We will continue to honor his heroic effort by expanding the James Alves Awards, for outstanding service to people with vision loss or blindness; including Filming national awards ceremonies; Celebration of member organization's annual anniversaries; Use of audiovisual materials to produce regional awards; Integrating regional James Alves Awards with celebration of CCB's annual anniversaries; Present joint award and annual celebration as online gala event.

These events will go forward (online and on the ground) as follows:

1.1 January – Establish committee to coordinate: National Awards and Celebration of CCB's anniversary.

1.2 January – Secretariat and Executive confirm Focal Person for Awards, annual celebration and Gala Event.

1.3 End of January - Secretariat invites nominations for James Alves awardees and format of awards ceremonies.

1.4 End of March – Members nominate James Alves awardees; and confirm pro bono artists.

1.5 Eligibility for James Alves Awards:

1.5.1 One nominee from: Vision Care, Inclusive Education and Training; Advocacy; and Organizational Development.

1.5.2 Countries with more than one member may present joint nominations.

1.5.3 No country should nominate more than 4 awardees in any one year.

1.6 April to June - The Secretariat designs and mints awards, delivering them to members by the end of June.

1.7 July to August- National awards presented, using the following recording standards

1.7.1 Video Resolution: 1920 x 1080 HD (Landscape/Horizontal)

1.7.2 Distribution Format: .MOV or .MP4

1.7.3 Shot Composition: Medium Shot

1.7.4 Include shots of the audience along with applause, if available.

1.8 Provide one published audiovisual performance of one artist from your country.

1.8.1 Require a brief audiovisual message from the artist, thanking the awardees for their service to country.

1.9 September, Secretariat receives edited versions of all videos of the national awards ceremony.

1.10 October, Videos uploaded to CCB's Website and New Media pages - Links sent to members. (Members may use uploaded material to drive national-level and international fundraising)

1.11 December, CCB presents a social media gala titled Sound for Sight.

1.12 The awards and celebration cycle resumes in January of each year.

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2. Vision Care & Caribbean Vision for Everyone – Building on Vision 2020, Right to Sight.

2.1 Vision for Everyone, a global initiative, replacing Vision 2020 (Right to Sight), which expired in 2020.

This introduces CCB-Eye Care Caribbean's strategic priorities toward fulfilment of the global commitment to vision for all and consistent with:

2.1.1 UN Resolution A/75/L.108 "Vision for Everyone: accelerating action to achieve the Sustainable Development Goals"

2.1.2 WHA resolution A74/9 Integrated people-centered eye care including preventable vision impairment and blindness. To those ends, the Executive Committee approved the following as CCB's main strategic priorities to advance Vision for Everyone in the Caribbean.

2.2 Caribbean Vision for Everyone – Semi-annual Forum: As a follow-on to Vision 2020 (Right to Sight):

CCB-Eye Care Caribbean proposes the inauguration of Caribbean Vision for Everyone (a 6-monthly online, consultative meeting of Caribbean and international vision care partners) including: CARICOM, PAHO-WHO, Caribbean Public Health Agency; Ministries of Health; Caribbean Eye Health Alliance; Organizations of Ophthalmologists and Optometrists; Institutions training Ophthalmologists, Optometrists, Nurses and other Vision Care personnel; As well as national and international civil society organizations working in vision care.

The purpose of the semi-annual forum is to:

2.2.1 Facilitate assignment of (Vision for Everyone) Focal person in each Ministry of Health.

2.2.2 Bring Governments and civil society interests together to facilitate development, implementation, and monitoring of national and regional plans to achieve the goals of:

I) UN. Resolution A/75/L.108 "Vision for Everyone: accelerating action to achieve the Sustainable Development Goals" and

II) WHA Resolution A74/9, Integrated people-centered eye care including preventable vision impairment and blindness.

2.2.3 How CCB-Eye Care Caribbean will facilitate Caribbean Vision for Everyone:

CCB-Eye Care Caribbean provided secretariat services to the delivery of Vision 2020 (The Right to Sight) 2000 to 2020. The Council will extend the same level of support to the work of Caribbean Vision for Everyone.

2.2.3.1 Meetings and Chair of Caribbean Vision for Everyone – It is anticipated that:

Meetings will be held online, at 6-month intervals, using the Caribbean Vision for Everyone meeting room, A unit in the CCB-Eye Care Caribbean's ZOOM meeting complex; Or alternate online facility as agreed by delegates.

2.2.3.2 Chair of Meetings: CCB-Eye Care Caribbean proposes that the chair of each meeting rotates (alphabetically by countries) among Focal persons from participating Ministries.

2.2.4 Technical expertise undergirding the Work of Caribbean Vision for Everyone:

In order to properly plan for and achieve the national and regional goals of: UN Resolution A/75/L.108 "Vision for Everyone and WHA Resolution A74/9, Integrated people-centered eye care; The deliberations of Caribbean Vision for Everyone, must include and benefit from the well-developed talent pools residing in: CARICOM, PAHO-WHO, CARPHA, Ministries of Health, and among public health and ophthalmic professionals across CARICOM and around the World.

2.2.4.1 PAHO-WHO's Prevention of Blindness Advisor (or equivalent expert in PAHO-WHO) will be invited to guide and help draft the development of successive 5-year Caribbean programs to achieve vision for all.

2.2.4.2 We hope that Permanent Secretaries and Chief Medical Officers will delegate experts from their Health Planning and Epidemiology units, to share their national programs, as inputs to a regional plan.

2.2.4.3 We expect to draw on the well-honed expertise of: The International Agency for the Prevention of Blindness (IAPB) The International Council of Ophthalmologist (ICO) and the World Council of Optometrist (WCO).

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2.2.4.4 Regional and international experts, in the fields of ophthalmic science, Public Health, and allied disciplines, will be invited to speak at meetings and advise the process going forward.

2.2.4.5 Successive meetings of the forum will receive reports from technical workgroups or individual experts designated by prior meetings of Caribbean Vision for Everyone.

2.3 Advancing Regional eye health advocacy - Encouraging early detection, intervention and treatment.

2.3.1 Will use epidemiological data in patient education, public awareness and evidence-based intervention.

2.3.2 Will maintain regional focus on eye health and vision care, by using relevant UN dates, to drive media and community actions, toward better awareness, of specific ocular conditions. E.g., glaucoma and Diabetic Retinopathy.

2.4 Will advance service delivery in vision care (at primary, secondary and tertiary levels) by promoting programs to detect, diagnose, and treat, ocular conditions which cause: Refractive errors, vision loss and blindness.

2.5 Proposed Interventions at Primary Levels: We will advance WHA resolution A74/9 Integrated people-centered eye care including preventable vision impairment and blindness; Through equipping Primary Health Care Workers to identify and refer people at risk, for appropriate treatment by:

2.5.1 Training Primary Health Care workers using the PAHO-CCB PEC Training Manual.

… https://www.eyecarecaribbean.com/site/ecc/publications/primary-eye-care-training-manual-by-paho-2026/

2.5.2 Enhance and expand PEC training with the use of online delivery systems and audiovisuals in the training of primary health care personnel.

2.5.3 Facilitate installation of Visual acuity charts and penlights, where PHC and PEC are delivered.

2.6 Interventions at Secondary Level (Training of: Vision Care Technicians, Ophthalmic Nurses and Optometrists)

2.6.1 Training of Vision Care Technicians

Optimal delivery of Nursing, Optometry and Ophthalmology services, needs input by the following cadres of Technicians: Refractionists, Ophthalmic Assistants, Biomedical Technicians, Ophthalmic and Imaging Technicians, and Ocularists.

There is a grave shortage of these cadres of vision care workers across the Caribbean. Furthermore, training programs to support the development of these cadres of personnel, are absent across the region.

2.6.2 We will advocate for and support development and delivery of hybrid (online and face-to-face) programs to train vision care technicians, career practitioners and professional cadres of vision care and eye health personnel.

2.6.3 It is anticipated that such programs will be delivered, online and in collaboration with eye departments and other eye clinics, where candidates can undertake their labs and other hands-on orientation and practice.

2.6.4 The implementing arms of this initiative, will be based in Antigua-Barbuda and Jamaica.

Accreditation bodies in both countries will be invited to oversee the programs. The College of Optometry and Vision Education (Cove College) is being designed with those requirements in mind.

2.6.5 The National Vision Centre (Holberton Campus, Antigua-Barbuda) and the Eye Department, Mandeville Regional Hospital (in Jamaica) will be among the first moorings for the college.

2.7 Training of Ophthalmic Nurses.

Most of the Caribbean have no immediate access to post-basic training in Ophthalmic Nursing.

In the short term, CCB proposes to offer medical and nursing authorities, access to the PAHO-CCB Primary Eye Care course, as a 3-credit online CME or in-house Professional Development option.

https://www.eyecarecaribbean.com/site/ecc/publications/primary-eye-care-training-manual-by-paho-2026/

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2.7.1 The course will help improve and standardize nursing in Primary Eye Care competency at: Community Health Centers; District and other Polyclinics; eye clinics and Accident and Emergency departments.
2.7.2 CCB and health authorities in participating countries, will facilitate in-house certification, of successful participants.
2.7.3 These strategies will include, lobbying national and regional Nursing schools, to develop and deliver a standard, Caribbean-wide (online) hybrid post-graduate Ophthalmic nursing program, accessible to potential candidates in urban and rural areas.

2.8 Expand the number and locations of Optometry clinics and training programs across the Caribbean.
During the implementation of Vision 2020 "Right to Sight," CCB-Eye Care Caribbean and its partners, facilitated development, of 3 new Optometry training programs in the Commonwealth Caribbean. These continue to operate in:
2.8.1 Guyana – University of Guyana.
2.8.2 Jamaica – All American Institute of Medical Sciences.
2.8.3 Trinidad & Tobago – University of the West Indies, St. Augustine Campus.
The following table summarizes the ratio of Optometrists to population, in 2010 compared to 2026.
Ratio of Optometrists to Population, English-speaking Caribbean, October 2026

Country	Registered Optometrists to population 2010	New Training Program	Population 2026	Number of Registered Optometrists	Registered Optometrists to population 2026	Source
United Kingdom	1 to 4,795	N/A	69,900,000	18,900	1 to 3,698	https://www.statista.com/statistics/318879/numbers-of-ophthalmic-opticians-in-the-uk/
Trinidad and Tobago	1 to 11.799	2009	1,500,000	286	1 to 5,244	https://ttorc.net/professionals/
Guyana	1 to 249,310	2010	1,025,000	113	1 to 9,070	https://medicalcouncil.org.gy/index.php/reg/doctors-cme-summary-grades-4
Barbados	1 to 19,842	N/A	282,000	23	1 to 12,260	https://www.health.gov.bb/Councils/Paramedical-Professions-Council
OECS	Est.1 to 78,00	N/A	630,000	Est 15	Est 1 to 41,652	No publicly available data
Bahamas	1 to 29, 288	N/A	405,000	-	No public data available	https://extranet.who.int
Belize	1 to 104,000	N/A	428,000	3	1 to 142,660	https://www.bcvi.org/primary-eye-care-programme/
Jamaica	1 to 192,857	2022	2,830,000	18	Est 1 to 157,222	https://www.neco.edu/news/raising-awareness-about-the-optometric-profession-in-jamaica/

Optometrists to Population – 1st Semi-Annual Caribbean Ranking - World Sight Day Thursday 8th October 2026

2.8.4 The programs in Guyana and Trinidad, have transformed access to Optometry services in both countries, bringing the Optometrist-to-residents ratio closer 1 Optometrist to less than ten thousand residents.
2.8.5 Interestingly, Jamaica's Ratio is closer 1 Optometrist to 165 thousand People.
2.8.6 We note that the ratio in the United Kingdom, is approximately 1 Optometrist to 5 thousand residents.
2.8.7 These strategic priorities aim to help the wider Caribbean achieve the Guyana and Trinidad-Tobago landmarks of 1 Optometrist to between 5 and 10 thousand people.

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2.9 The College of Optometry and Vision Education (COVE College):
This is being developed as a hybrid institution. It will train individuals wishing to become optometrists or other vision care workers. The college will help underperforming national health services optimize the provision of vision care services, consistent with the goal of WHA resolution A74/9, Integrated people-centered eye care.
2.9.1 The facility will help ensure access to people living on islands and in remote areas with limited training infrastructure by giving priority attention to the development of an online (hybrid) Optometry training program, anchored in Antigua-Barbuda (for the Southeastern Caribbean) and Jamaica (for the Northwestern Caribbean).
2.9.3 The National Vision Centre (Holberton Campus, Antigua-Barbuda) is being prepared, to serve as one of several focal points, providing clinical and internship practice for students at the emerging College of Optometry and Vision Education.
2.9.4 The Vision Centre (Holberton Campus) is fully air-conditioned. It is equipped with: Waiting room capacity for up to 45; 6 examination lanes; and a range of ocular diagnostic systems.
2.9.5 Public and private eye clinics (in participating countries) will be invited to provide supervised practice and internship for students of the emerging online-hybrid Optometry training program.

2.10 How CCB-Eye Care Caribbean and Visiting Teams of Optometrists Will Expand Access to Vision Care in The Short Term:
In keeping with the goals of WHA resolution A74/9, Integrated people-centered eye care - expanding access to prescription eyeglasses, we will partner with Health authorities and visiting teams of optometrists, to provide a range of itinerant Optometry services, coordinated by CCB's Consultant Optometrist.

2.11 Interventions at Tertiary Levels of the Health System.
In the absence of published data, CCB estimates that, the English-Speaking Caribbean, has approximately 1 Ophthalmologist to 100,000 (one hundred thousand) residents.
The UK has approximately 1 Ophthalmologist to 20,000 (twenty thousand residents.
These numbers announce a major gap in vision care services across the Caribbean.
We will facilitate a quad- track Caribbean-based Ophthalmology development profile.
The tertiary level development strategies will include:
2.11.1 Increased number of cataract surgeries, in the short and medium term, consistent with the goals of
WHA resolution A74/9, Integrated people-centered eye care, to expand access to cataract surgeries.
2.11.2 Facilitate training of Primary Care MDs in PHC; Focusing on: District or Polly Clinics; Eye Clinics and Accident and emergency care) using materials approved by PAHO-WHO and/or the International Council of Ophthalmology (ICO).
https://www.eyecarecaribbean.com/site/ecc/publications/primary-eye-care-training-manual-by-paho-2026/
2.11.3 Facilitate residency scholarships to Spanish-language competent medical MDs, to be trained in Ophthalmology.
2.11.2.4 Collaborate with the International Council of Ophthalmology (ICO) PAHO-WHO, Health authorities and accredited training programs in the Caribbean, to develop ICORT (Institute of Caribbean Ophthalmic Training) as a division of CCB-Eye Care Caribbean.

2.12 How CCB-Eye Care Caribbean will facilitate an increase in the number of cataract surgeries, in the short and medium term, consistent with the goals of WHA resolution A74/9, Integrated people-centered eye care - Expanding access to cataract surgeries.
Using: Accessible infrastructure; Appropriate technologies; Affordable pharmaceuticals; and trained personnel,
These strategic priorities aim to:
2.12.1 Encourage national health systems to achieve WHO's mandated minimum of 3 thousand cataract surgeries per million people, per country. That will eliminate annual incidence of new mature cataracts.
2.12.2 Facilitate access to affordable (quality) surgical supplies, by national health systems.
2.12.3 In the medium term, facilitate visiting surgical teams, to perform cataract surgeries in countries approving such visits.
2.12.4 Visiting surgical teams and other experts (including specialists assigned by the International Council of Ophthalmology) will be invited to provide approved training in certain minor ocular procedures.

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2.13 How CCB-Eye Care Caribbean will facilitate training of Primary Care MDs in PHC; Focusing on: District or Polly Clinics; Eye Clinics and A&E units in secondary care hospitals; Using base materials approved by PAHO-WHO and or (ICO).
2.13.1 These strategic priorities envisage the use of the PAHO-WHO-CCB Primary Eye Care Training Manual.
https://www.eyecarecaribbean.com/site/ecc/publications/primary-eye-care-training-manual-by-paho-2026/
The PEC manual will be supplemented by materials recommended by the International Council of Ophthalmology.
2.13.2 The courses will be offered online, as Continuing Medical Education or Professional Development Options.
2.13.3 Each course will award 3 credit hours, over 45 contact hours, including completion of online multiple-choice exams.
2.13.4 An online exam will be offered at the end of each of 8 modules. Exam results are sent to each participant automatically and immediately upon completion of a test.

2.14 How CCB-Eye Care Caribbean, will facilitate Ophthalmology residency scholarships to Spanish-language competent MDs:
2.14.1 Scholarships will be tenable in Ophthalmology residency programs in Central and South America.
2.14.2 Participating residency programs must be recognized by PAHO-WHO.
2.14.3 Applicants must satisfy all of the following:
2.14.3.1 Have passed all exams prescribed by the Caribbean Medical Council, where applicable.
2.14.3.2 Be registered to practice in the country supporting their candidacy.
2.14.3.3 Is employed to the Government of the sponsoring country; or
2.14.3.4 Engaged in other programs supported by CCB-Eye Care Caribbean.
2.14.3.5 taken and passed the National Institutes of Health, research Ethics course.
2.14.3.6 Has accepted a Government service bond of at least 3 years, agreeing to work in the public sector or another program supported by CCB-Eye Care Caribbean, upon completion of the agreed Ophthalmology Residency Program.
2.14.3.7 Based on previously established needs, priority will be given to programs in: Antigua-Barbuda; Commonwealth of Dominica; Grenada; Jamaica; St. Lucia; St. Vincent and the Grenadines.

2.15 ICORT (Institute of Caribbean Ophthalmic Research and Training:
CCB-Eye Care Caribbean intends to collaborate with: International Council of Ophthalmology (ICO) PAHO-WHO; Research institutes and foundations; Medical and para-medical training entities; To develop ICORT (Institute of Caribbean Ophthalmic Research and Training. In the first instance, ICORT will operate as a division of CCB-Eye Care Caribbean.
2.15.1 Over the past 4 decades, CCB-Eye Care Caribbean and its partners, facilitated a number of different programs to expand Ophthalmology services in the region. Those included:
2.15.2In the 1980s - Recruitment of Ophthalmologists to work for 1-3 months in islands without Ophthalmology services.
That was followed by the Diploma in Ophthalmology, delivered through the University of the West Indies, in Barbados.
2.15.3 10 clinical Ophthalmologists (Dos) were trained from 6 countries without resident Ophthalmologists:
Beneficiary countries included: Belize, British Virgin Islands; Grenada, Guyana, St. Lucia and St Vincent and The Grenadines.
2.15.4 Impact of Vision 2020 – Right to Sight:
During Vision 2020 “Right to Sight”, CCB-Eye Care Caribbean and its partners, facilitated scholarships for 7 Spanish-language-competent medical doctors to do the MSc in Ophthalmology Residency programs in Central and South America.
We (also) supported the training of 3 Ophthalmologists in the United Kingdom and one in Canada.
2.15.5 All the Ophthalmologists trained in Barbados have retired or transitioned.
In terms of access to vision care services, beneficiary countries are reverting to the status quo of the 1980s.
2.15.6 There is, therefore, a grave need for sustainable training programs (in the Caribbean) to prepare Ophthalmology Residents, up to and beyond the MSC in Ophthalmology.

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2.15.7 What Will (ICORT) Institute of Caribbean Ophthalmic Research and Training Do:
Use research to advance: Knowledge discovery and creation in the fields of Ophthalmic science and practice. And
Train Ophthalmologists and other practitioners in the fields of Ophthalmic sciences and technologies.
The Institute will be led by an Academic Panel, serving as a Standing Committee of CCB's Executive, until such time as the Council, incorporates the entity, as one of its subsidiaries.
It is proposed that, the Institute offers a vertically integrated training menu to include:
2.15.7.1 A 1-year (online) post-basic Certificate in Community Ophthalmology, undergirded by Introduction to: Medical Sciences of the eye; Clinical diagnosis and clinical and surgical vision care.
Those should include (among other themes:
2.15.7.1.1 History and Development of Vision Care.
2.15.7.1.2 Introduction to Ophthalmology.
2.15.7.13 Elements of Community Ophthalmology & Public Health; Ocular Anatomy; Introduction to Ophthalmic Optics and Refraction; Ocular diseases; Elements of Ocular Pharmacology and therapeutics; Diagnostic Techniques and management of Ocular infections, Superficial injuries and corneal ulcers; Screening for and referral of serious anterior and posterior ocular conditions; Documentary Research and Writing case reports. The online Certificate in Community Ophthalmology, will lean heavily on approved audiovisual material to reenforce: Lectures, Tutorials, individual and group assignments.
2.15.7.2 A post-basic (online hybrid) 2-year Diploma in Clinical Ophthalmology, including the 1-year certificate in Community Ophthalmology. The Diploma will be vertically integrated to the certificate and undergirded by more advanced Medical Sciences of the eye; Clinical diagnosis and clinical and minor surgical vision care. Those should include (among other themes:
2.15.7.2.1 Advanced Community Ophthalmology & Public Health including elements of Epidemiology;
2.15.2.2 Ocular diseases (II) including: Incidence, Prevalence, Populations at risk;
2.15.7.2.2Ocular Pharmacology and therapeutics (II), including specialized drugs in management of chronic diseases.
2.15.7.2.3Outpatient management of post-surgical cases including Toxic Anterior Segment Syndrome (TASS)
2.15.7.2.4 Competencies in Pan Retinal Photocoagulation therapy; Excision of foreign bodies; Ocular Cists and Pterygia.
2.15.7.2.5 Basic Research with an emphasis on cross-sectional surveys, using presentational statistics.
2.15.7.2.6 Preparation of medical and scientifically useful case studies.

2.15.7.2.7 In addition to lecture notes, peer-reviewed publications and authorized texts; The hybrid Diploma in Clinical Ophthalmology, will lean heavily on approved audiovisual material, anatomical and skeletal modules; To reenforce: Lectures, Tutorials, individual and group assignments; as well as surgical practice.

2.15.7.3 The MSc in Ophthalmology – A Hybrid Surgical Program – Building on: Certificate in Community Ophthalmology; and Diploma in Clinical Ophthalmology:
2.15.7.3.1 We propose that the Institute of Caribbean Ophthalmic Research and Training (ICORT) will collaborate with ICO (International Council of Ophthalmology) PAHO-WHO and interested training institutions, to design and deliver the MSC in Ophthalmology.
2.15.7.3.2 It is expected that the program, will be vertically, integrated into the: 1-year Certificate in Community Ophthalmology and the 1-year Diploma in Clinical Ophthalmology, to complete the 3-year MSC in Ophthalmology.
2.15.7.3.3 Ophthalmology Residents, who completed the Certificate and Diploma in their home clinics, may be required to train in a tertiary level surgical center for the 3rd and final year of the program.
2.15.7.3.4 The Queene Elizabeth Hospital (Barbados) Port of Spain and San Fernando General Hospitals (Trinidad-Tobago; Kingston Public, Mandeville Regional and Cornwall Regional hospitals (Jamaica) are potential candidates for consideration as facilities for surgical practice, during the 3rd year of the MSC in Ophthalmology.
2.15.7.3.5 Discussions should be had with the UHWI and Georgetown Public Hospital, to explore prospects for participation as a facility for surgical training of Caribbean Ophthalmology Residents.

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2.16 How CCB-Eye Care Caribbean Will Facilitate Population-based Vision Care Programs:

2.16.1 These strategic priorities, recognize the efficiencies and optimal benefits, to be had from delivery of eye care programs in tandem with where people: Learn and train; work, worship or recreate.
2.16.1.1 Therefore, the most effective venues for this type of interventions are: Schools and other places of learning or training; Ministries of Government and other public sector facilities; Large private sector enterprises and places of worship.

2.16.2 Development and Delivery of Population-based eye health program titled "Vision for all Children in the Caribbean):
These strategic priorities recognize that, refractive errors have a high prevalence among children entering puberty and throughout their teen years. Our crude estimate is that up to 1 in 4 children of school age live with refractive errors. This often negatively impacts their ability to consume education services optimally.
2.16.2.1 Vision for All Children, proposes institutionalized vision screening in primary and secondary schools across the Caribbean.
2.16.2.2 The goal is to place waterproof (durable) vision screening charts in all classrooms and other relevant locations in schools; Education personnel, will be trained to use the charts in preliminary screening of children, indicating vision challenges.
2.16.2.3 All vision testing charts, will include URL codes, guiding education personnel and children, to PAHO-WHO approved online audiovisual material, providing instructions in how to use the installed vision testing charts.

2.16.3 Public Sector and other Work-based Eye Care Programs:
The inaugural program for the Eastern Caribbean was launched in Antigua and Barbuda in 2018. In its first iteration, the program:
2.16.3.1 Examined more than 11 thousand public employees and officials.
2.16.3.2 Referred more than 355 individuals for urgent Ophthalmological Management.
2.16.3.3 Prescribed more than 3,780 eyeglasses; and
2.16.3.4 Distributed more than 981 pairs of government-funded, prescription eyeglasses, to public employees earning less than EC$2,200 per month.
2.16.4These strategic priorities envisages continued implementation of work-based vision care programs as an essential program to limit avoidable vision loss and blindness, in the most productive segments of national populations.

3. Inclusive education and training for people with severe vision loss and other disabilities.
3.1 The Context:
3.1.1 Global estimates are that between 3 and 4 in every thousand children of school age are visually impaired or blind.
Therefore, CCB estimates that up to 5 thousand of the 1.2M children in the English-speaking Caribbean live with severe vision loss or blindness. Furthermore, we estimate that up to 4% or 280 thousand youths and older people (in the Commonwealth Caribbean) are visually impaired or blind.
3.1.2 According to the National Center for Education (USA) in 2019-2020, the number of students between 3 and 23 who received special education services under the Individuals with Disabilities Education Act (IDEA) was 7.3 million, or 14% of all public-school students in the United States.
3.1.3 If 20% of the region's population is approximately 1.2 million individuals of functional school age, this author's crude estimate is that 14% (of the 1.2 million), or 168,000 individuals, in the Commonwealth Caribbean, have special education needs.
3.1.4 Further, it is reasonable to assume service gaps of at least 90%.
This suggests that up to 153,000 individuals with special education needs are not being served.
3.1.5 Special commendations are in order to the Government and people of the Netherlands and the Mico University (Jamaica), which collaborated with CCB-Eye Care Caribbean and our partners to develop the Care Centre at Mico.
3.1.6 Mico University and CCB-Eye Care Caribbean led the training of Special Education Teachers in Jamaica and the Caribbean for more than 50 years. Under the partnership, CCB-Eye Care Caribbean provided scholarships to more than 68 students to be trained as Teachers of the Visually Impaired, from 14 countries across the Caribbean.

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3.1.7 As a result of those pioneering efforts, there are special education programs in most countries of the Caribbean including: Antigua-Barbuda; Barbados, Belize, Commonwealth of the Bahamas, Commonwealth of Dominica; Grenada, Guyana, Haiti, Jamaica, St. Kitts-Nevis, St. Lucia, St. Vincent and the Grenadines; and Trinidad & Tobago.
3.1.8 Current efforts (by CCB-Eye Care Caribbean) to develop and deliver online (hybrid) programs to train special education Assistants and Teachers, as well as Disability Service Workers, will expand existing services and stimulate creation of new ones.
3.1.8 The establishment of an Academic Board (by CCB-Eye Care Caribbean) to guide the development of the emerging College of Special Education Teachers and University of Special Education (as online (hybrid) programs. Is a landmark initiative to help close the 90% gap in Special Education Services across the Caribbean.

3.2 Tactical and Ongoing Actions to Help Advance Equitable Access to Inclusive Education Services:
These strategic priorities (therefore) affirm support for:
3.2.1 Ongoing development and use of Caribbean specific; face-to-face and remote instruments, tools and systems to:
Screen for; Identify, refer, assess, diagnose and treat individuals with special needs.
3.2.2 Intensified engagements with: Education units, schools and national education authorities, to ensure and expand optimal standards in inclusive and other education opportunities for individuals with special needs.
3.2.3 Advocate for and facilitate the use of the Individual Education Program (IEP) as a standard and universal tool in the delivery of Special Education Services across the Caribbean.
3.2.4 Continued advocacy with and lobbying of CXC at regional and national levels, to ensure appropriate options in the delivery of inclusive examinations for students with special needs, while taking into account international best practices.
3.2.5 Strategic collaboration with institutions of higher learning throughout the Caribbean; across the Commonwealth and around the World, to advance expanded access to inclusive education, training and other learning opportunities for people with vision loss and other special needs.
3.2.6 Sustained strategic engagements, with national, regional and international stakeholders including: Teachers and student associations, Caribbean Union of Teachers, Education International and the Association for Supervision and Curriculum Development; The OECS, CARICOM, UNICEF, UNESCO, ICEVI (International Council for Education of the Visually Impaired) and other disability rights organizations, to deepen and expand the region's special education systems.

3.3 Caribbean College of Special Education Teachers and University of Special Education, As Online Training Environments:
In ongoing fulfilment, of CCB's goal of equitable sustainable and inclusive education opportunities, for individuals with special needs, these strategic priorities will facilitate:
3.3.1 Continued development of and support for the CCB's Academic Board, as a standing committee of CCB's Executive. The Board guides development of College (CSET) and University (USE).
3.3.2 Sustainability in quality and universal Special Education services.
3.3.3 Training of teachers and other Disability Service Workers to support individuals with special needs.
This includes Acquisition or development and use of: Specialized websites and applications; Student Management Software; Online marking programs; other systems and technologies, to advance efficiencies in pedagogy and wider academic processes.
3.3.4 Hustle-free access to formal, accredited college and university-level education and professional opportunities.
3.3.5 Closing the 90% service gap in access to meaningful Special Education systems and services.
3.3.6 Creation of opportunities for individuals with special needs to: Attend school; Access vocational training; receive college and/or university education.
3.3.7 A steady decline in the number of individuals depending on family, community, and the state for sustenance.

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3.3.8 Training to be Delivered by College of Special Education Teachers Include Certificates and Undergraduate Programs in:
3.3.8.1 Fundamentals of Special Education.
3.3.8.2 Vision Loss and Blindness.
3.3.8.3 Accessible Technologies.
3.3.8.4 Disability Studies.
3.3.8.5 Developmental Psychology.
3.3.8.6 Other undergraduate programs to address the educational and training needs of targeted groups.

3.4 Adjustment to Vision Loss and Blindness Services:
CCB supported the training and deployment of more than 85 Adjustment to Blindness workers and Technicians across the Caribbean. Moving both courses online, will ensure sustainability and expansion of services for adults living with severe vision loss and blindness, pending launch of college and university.

3.5 Strategies to Improve and Expand Public awareness and understanding of Inclusive Education and Training:
These strategic priorities propose use of relevant UN-approved days, to expand public awareness and understanding of the following themes:
3.5.1 Need to identify, stimulate, train and educate children and adults with special needs.
3.5.2 State of statutes regulating education of special needs individuals.
3.5.3 Educational Rights of individuals with special needs.
3.5.4 Accessibility status of the education plant.
3.5.5 Status quo regarding adequate numbers of trained special needs teachers.
3.5.6 State of access to required educational material and equipment by individuals with special needs.
3.5.7 The extent to which public examinations are accessible and consistent with international best practices.
3.5.8 Other themes and variables relevant to advancing the interests of individuals with special needs.

4.. Continued Development and Expansion of Caribbean Blindness Services Forum, As an Advisory Body to CCB:
These strategic priorities will advance the following initiatives, proposed by successive deliberations of the Forum:
4.1 Develop a national and regional proposal for family-based adjustment to vision loss and blindness services, modeled on methodologies advanced by the Caribbean Conference on Horizontal cooperation in social protection – Adopted from the Chilean Puente Program, acclaimed gold standard model for development.
4.2 Host webinars on: online music and choir production.
4.3 Host Webinars on adult health, with a focus on the conditions which inform the Metabolic Syndrome: Abdominal Obesity; High Blood Pressure; High Trigloceride; and Low HDL cholesterol.
4.4 Convene online forum of blind women, advising on women's issues – Possible brand? Visually Impaired Sisters In action.
4.5 Convene online forum of blind youths to advise on youth issues – Possible brand? WEBY (World of Enterprising Blind youths.
4.6 Convene online forum of blind men to advise on men's issues – possible brand, Blind Brothers at large.

5.. Themes for ongoing advocacy
On the advice of Caribbean Blindness Services Forum, these strategic priorities will advance the following strategies and tactics:
5.1 Accessible banking and other online services:
Member organizations of CCB (and other interested parties) to use: Traditional media, the Internet, social media, formal and informal meetings, in advocating optimal access to publicly available financial services.

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Most urgently: Ministries of Finance, central banks, commercial banks, credit unions and other "near banks" to ensure that teller machines and equipment used to pin and otherwise support use of debit and credit cards are fitted with secure accessibility enhancement safeguards, to protect persons with vision loss and other disabilities.

5.2 Protection of populations from Electric Vehicles, manufactured before 2020:

National authorities to ensure that electric vehicles made before 2020 are fitted with the necessary safety protocols (including sound alerts) to protect persons with vision loss and other special needs, before they are imported.

5.3 Government, the Business Process Outsourcing and the wider private sectors must make their workstations accessible to people with vision loss and other special needs:

Public sector, the business process outsourcing and wider private sectors must do more to ensure that workstations, and other work systems used in the sectors, are sufficiently inclusive to allow persons with vision loss and other special needs, equal opportunities to employment in their operations.

5.4 Governments, Private and not-for-profit organizations and entities, are urged to make public-facing websites and social media platforms accessible to people with vision loss and other special needs.

5.5 At least 15% of social benefits must be set aside for people with vision loss and other disabilities: Governments are urged must set aside an equivalent percentage of publicly funded social and economic opportunities for those sectors of the population.

5.6 Adoption, passage and implementation of conventions and treaties advancing inclusion of people with disabilities:

National governments to give urgent attention to deliverables under the UN's Convention on the Rights of People with Disabilities and the Marrakesh Treaty.

5.7 Make braille more accessible by encouraging use of digital braille displays: Ministries of Education to facilitate use of digital braille displays, in order to remove the need for use of bulky paper braille.

5.8 Need to achieve higher levels of inclusion in competitive sports:

Accessibility Advocates to lobby sports authorities for inclusion of Blind Cricket and Para sports in national programs.

6. Institutional and Allied Development of CCB's Member Organizations:

These strategic priorities assume the following horizontal and vertical approach to strengthening CCB and its Members: 6.1 Use AGMs to celebrate CCB's (and member organizations') annual anniversaries, starting in 2027, marking CCB.60.

6.2 After AGMs, CEO or his-her rep. to meet with leadership of members at 6-months intervals, online or face-to-face.

6.3 CCB's Executive and leadership of Council's members to receive certified training in organizational ethics.

6.4Provide leadership of Council's member organizations, direct introduction to CCB's Strategic Priorities

6.5 Training in use of QuickBooks or similar accounting program.

6.6 Revision and modernization of CCB's accounting guidelines, for use at regional and national levels.

6.7 Convene online discussions on the state of productive enterprises operated by members.

6.9 Invite members of the North American Division (World Blind Union, USA and Canada) to make presentations on current trends in productive enterprises being operated by organizations of and for people living with blindness or other disabilities.

6.10 Convene (online) training in fundraising and other revenue-raising practices, with a focus on web-based methods.

6.11 Identify and prepare Committee of Alternate Executive Members through online orientation to CCB. Orientation sessions to be led by current and former members of the Executive Committee.

6.12 Continued implementation of Rice for the Blind – Food Assistance program in Haiti.

6.13 Adoption of severe and profound Vision Loss, as interchangeable with low vision and blindness

6.14 Modification of CCB's purpose to read "Preventing vision loss and restoring sight; While creating opportunities for people living with blindness and other disabilities".

6.15 Revision of CCB's estimates on number of individuals living with vision loss in the Caribbean.

CCB revised the data more than 10 years ago, when the AGM was held in St Kitts.

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7. Revised Human Resources Plan:

The Executive Committee of CCB approved the following positions to support the work of Council's Chief Executive Officer. Positions may be graded from level one to three, with one being the entry point. The CEO may use contract terms in the recruitment of all positions. However, the CEO must notify the Executive Committee if and when a departure is to be made from the use of contracts as the instrument of employment for any positions exceeding 6 months.

7.1 Consultants and Advisors; Deputy or Assistant CEO(s) responsible for: Programs, Finance, Web or information systems.

7.2 Officers responsible for: Advocacy, Revenue Development, Finance, Executive duties; Functional Programs; IT-Web Development Specialists and other functions.

7.3 Executive, Personnel, Admin and Program Assistants; IT and Maintenance Specialists; and Drivers.

7.4 All or any of the above may be supported by other contract and or adjunct positions as may be determined by the CEO.

8. Updating CCB's Constitution to consolidate Internet use and the wider virtual environment for official activities, including:

8.1 Virtual meetings; Greater use of online training and fora; Gender equity; Climate resilience; Sustainable development; Inclusive and equitable access; Development and delivery of services which are: Accessible, affordable and available; While integrating the following as programs, departments or subsidiaries of CCB:

8.2 Caribbean Vision for Everyone.

8.3 College of Special Education Teachers.

8.4 University of Special Education.

8.5 College of Optometry and Vision Education, as a strategic partner of Caribbean Council for the Blind and Visually Impaired.

8.6 Caribbean College of Optometry, to advance standardization of a Caribbean-wide Optometry registration exam.

8.7 ICORT… Institute of Caribbean Ophthalmic Research and Training – To undertake research in the Ophthalmic and applied sciences; While training suitably qualified Medical Doctors as Ophthalmologists.

8.8 Caribbean Blindness Services- To coordinate and advance civil contacts between blind people and their supporters.

8.9 Other entities and facilities as the executive and members of CCB may consider appropriate.

9.. Update CCB's Registration in Antigua-Barbuda; Establish CCB Guyana Program, CCB Jamaica Program, and other affiliates by:

9.1 Modernize registration of CCB in Antigua-Barbuda, noting the organization's status and operations as an international entity.

9.2 Register CCB Jamaica Program to assume responsibility for assets and operations of: The Foundation for Eye Care in Jamaica (CCB-Eye Care Jamaica); Caribbean Council for the Blind Int; and CCB's work in Northwestern Caribbean; Central-North America.

9.3 Register CCB Guyana Program to Assume responsibility for The Foundation for Eye Care in Guyana (CCB-Eye Care Guyana); Its accounts with financial institutions and CCB's work in the Southeastern Caribbean and South America.

10.. Launch of CCB.Media as the Council's communication platform:

10.1 The Executive Committee approved the establishment of ccb.media@eyecarecaribbean.com or ccb.media@ccb1967.org as the e-mails from which all official statements of the organization shall be published.

10.3 Members further affirmed that CCB Media pages will be established on a wide range of social media platforms

Compiled by
Arvel Grant, BSc. SW (Hons) DPA, MPH, CEO.
Public Health and International Development Specialist
Arvel.grant@eyecarecaribbean.com office.CEO@ccb1967.org

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