

## **Meet a visionary who beat the odds to realize his vision of inclusive eye care** <sup>[1]</sup>

[Access to Healthcare](#) <sup>[2]</sup>

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In Rwanda, it is estimated that more than 65,000 people (0.6% of the population) are blind in both eyes and that 12% of the population have a correctable refractive error or blurred vision, requiring corrective lenses.<sup>1</sup>

In this country of more than 12 million residents, there are only 18 ophthalmologists.

As one of those ophthalmologists, and the only one within a catchment area of 1.2 million people from Rwanda and nearby countries, Dr. Theophile Tuyisabe has an enormous responsibility. Each day he commutes an hour to the Eye Unit at the Kabgayi Hospital, treats hundreds of patients from morning to evening, performs up to 25 surgeries, and completes administrative work. And because he is a one-man practice, he does all of this without the aid of an experienced supervisor.

But despite his heavy workload, Dr. Tuyisabe is grateful for the opportunity to provide critical eye care to people in need. “I try to make eye health accessible to everybody, including vulnerable people who don’t have the possibility to get to the hospital,” he says.

He credits the support of CBM Italia, a humanitarian organization committed to preventing and treating blindness and avoidable disabilities in the Southern Hemisphere, and the Novartis eXcellence in Ophthalmology Vision Award (XOVA), for helping fuel his career. With their support, he was able to complete his master’s degree in ophthalmology, train 43 hospital staff, and purchase critical equipment to turn the Kabgayi Eye Center into a center of excellence that now handles 80% of all eye surgeries in Rwanda.

### **Video of Saving sight in Rwanda**

Meet François and his friend Xavela, two children in Rwanda who were both going blind from cataracts until they found their way to Kabgayi Eye Unit, where Dr. Tuyisabe performed surgery and restored their sight. Their surgeries were made possible by CBM Italia and a Novartis XOVA grant. [Watch the video to learn more](#) <sup>[3]</sup>.

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We spoke with Dr. Tuyisabe about how he came to be an ophthalmologist against all odds, and his dream of delivering inclusive eye care for all.

## **You grew up in a country where it isn’t easy to become a**

## **doctor. How did you become an ophthalmologist?**

I was one of eight children. My father was a victim of genocide and left my mum widowed. My mum was working to try to provide for us and pay school fees, and it was hard.

I was always good at mathematics and science, and I always thought I'd go on to study mathematics. But the math school was full, so I ended up in biochemistry. Chemistry became my favorite subject, but I went on to medical school to prove to my friends that I could do that as well.

I thought I would pursue obstetrics and gynecology, but after finishing medical school, I visited Kabgayi Eye Hospital and saw a crowd of 200 people looking for help. I thought, "What am I doing?" So I changed my mind, and with the support of CBM and the opportunity that came with being a beneficiary of the Novartis XOVA program, I followed the path of ophthalmology.

## **What are the challenges you face on a daily basis in providing the care that people deserve?**

There are many challenges I face daily. We have only 18 ophthalmologists in a country of more than 12 million people. And only seven of those, including me, are trained to perform surgery. There are so many people in need.

We have no appointment schedule, so I may arrive to a crowd of 100 people and I can't be prepared in advance because you just never know what they may present with.

If you have 20-25 patients a day (in theater) but you are the only surgeon available, you have to finish that case despite any circumstance or interruption. Normally a young doctor works under the supervision of a very experienced surgeon. However, I work as the experienced surgeon here. I do not have someone to discuss cases with or consult with, and it's up to me to find the solutions for every case that comes my way.

## **What do you like most about being an ophthalmologist?**

I like Day One, post-op. You see the complete difference; someone who was unhappy, in pain, is now smiling. You think, "Oh my God, can I do more?"

## **You applied for a grant from the Novartis XOVA program. What did the grant allow you to do that you could not have done otherwise?**

First, I was able to finish my schooling to get a master's degree in ophthalmology at the Kilimanjaro Christian Medical University College in Tanzania.

With the grant we went from serving around 30 000 patients to 40 000 patients, and doubled the number of surgeries. We could not have achieved this without the support of the XOVA grant.

We also trained 43 additional staff, who with the help of XOVA were able to travel to India to study in-depth things like refraction, how to measure spectacles, and how to prepare a prescription so patients would not have to buy spectacles outside of Kabgayi.

We were also able to purchase an autoclave, a machine to help us sterilize materials and equipment we use in the operating room. Without one we can't operate, so it was critical to have this.

If you have people who are trained and a machine that allows you to sterilize, you have a full team. Now we can go with the team into the community to serve those who cannot come here.

## **Can you share any stories that illustrate the impact you've been able to have because of the XOVA grant?**

There were two children I operated on for cataracts. Before the surgery they were always in pain. After the surgery they were always smiling. Once I see that someone is smiling, it means the surgery was successful. We are still in contact and they tell us they're very happy, which means they're still seeing, and probably will be for the rest of their lives.

## **Who was the most inspiring patient you ever treated, and why?**

There was a lady in our outreach program who was totally blind. Every day her brother took her into the town center to be a beggar. He put her there all day and would take any money that she managed to get.

She came to the outreach center by chance. She had cataracts in both eyes. It can happen at any age, but if you don't get surgery, you become completely blind.

I took her straight to theater. Day One post-surgery, she was already smiling. Her brother was there to take her back to begging. But she said no.

I was touched because I realized the gift I had given her. Within a few seconds her whole world had changed. She is now living a full life, and I feel proud knowing that I have played a role in helping her fulfill her potential.

## **What's next?**

While the one-year program we funded with the XOVA grant has ended, the eye care services that we provide definitely will not. We're thinking now about how we can work more on inclusive eye health. How can we integrate our services to make life easier for those in need and work to provide care for more vulnerable people?

I could not have been an ophthalmologist if I had not been given support. I often think to myself, “What if the people I treat have the same potential as I did?” I always think we can be doing more to get people treated to fulfill their potential.

[Learn more about how Novartis is working to expand access to medicine in the developing world.](#) [2]

## Expanding access to eye care, one XOVA grant at a time

The eXcellence in Ophthalmology Vision Awards (XOVA) program aims to help reduce the burden of blindness around the world by providing funding to projects that strive to make improvements in the field of eye care. XOVA grants are awarded to eye care specialists and institutions, NGOs and patient advocacy organizations who have devised non-profit initiatives that are expected to have significant impact. XOVA applications are judged by a committee of experts in eye health from countries across the world. Over the last 10 years, 56 grants have been awarded, spanning 29 countries around the world.

[Learn More](#) [4]

### Disclaimer:

References:

1. A Binagwaho et al. WHO. Improving eye care in Rwanda. Bulletin of the World Health Organization 2015;93:429-434. doi: <http://dx.doi.org/10.2471/BLT.14.143149> [5] ; <https://www.who.int/bulletin/volumes/93/6/14-143149/en/> [6]

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