


World Sight Day 2025 at Dr. Sumait Hospital, Mogadishu, Somalia: Meeting Report of a Community Eye Screening and Expert Panel

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Abstract: World Sight Day 2025 (“Love Your Eyes”) was marked at Dr. Sumait Hospital, SIMAD University, Mogadishu, Somalia, on 9 October 2025 through the “Every Eye Counts” forum, combining invited talks, an expert panel discussion, and a free community eye screening. Screening included registration and brief history, presenting visual acuity assessment (with pinhole where indicated), anterior segment examination, risk-based intraocular pressure assessment, refraction when appropriate, and targeted posterior segment assessment for participants with diabetes/hypertension or clinical suspicion. A total of 628 community members attended; 59% (n=370) were female and 18% (n=113) were aged 6–17 years. Among participants with reduced acuity, impairment was most commonly associated with uncorrected refractive error and suspected cataract. The most frequently identified conditions were uncorrected refractive errors (41%), suspected cataract (23%), allergic conjunctivitis (19%), glaucoma risk (9%), and diabetic/hypertensive retinopathy changes (4%). On-site interventions included ready-made spectacles for 162 individuals (26%) and protective sunglasses for 51 participants, with health education reaching an estimated 480 attendees. In total, 134 patients (21%) were referred for specialist evaluation (64 cataract surgical evaluation; 28 glaucoma evaluation; 22 diabetic retinopathy assessment; 20 pediatric ophthalmology review). This report summarizes the forum themes, service outputs, and practical next steps to strengthen screening-to-care pathways in Somalia.

Keywords: World Sight Day, community eye screening, Mogadishu, Somalia, meeting report

Introduction

Eye care services in Somalia remain constrained by limited specialist coverage, uneven access to refraction and cataract surgery, and delayed presentation for glaucoma and retinal disease. In this context, World Sight Day provides a practical platform to combine public engagement with basic screening and structured referral. The “Every Eye Counts” forum aimed to translate the “Love Your Eyes” theme into actionable steps by linking community screening outputs to feasible service-delivery priorities (refraction access, cataract pathways, glaucoma triage, and diabetic eye disease referral) within a low-resource setting.

Community Screening Method and Output

Screening included registration and brief history, presenting visual acuity assessment (with pinhole where indicated), and anterior segment examination. Targeted posterior segment assessment (direct ophthalmoscopy and dilated fundus examination when feasible) was performed for participants with diabetes/hypertension, reduced vision unexplained by anterior findings, or clinical suspicion. Refraction was performed when appropriate, and intraocular pressure was measured when clinically indicated (risk-based assessment). Patients received counseling, ready-made spectacles when suitable, and referral for specialist evaluation when required.

A total of 628 community members attended the free eye screening organized alongside the World Sight Day 2025 forum at Dr. Sumait Hospital, Mogadishu.¹ Participants were recruited through open community attendance following local announcements for World Sight Day services, with screening offered free of charge on a first-come basis. Of these, 59% (n = 370) were female and 18% (n = 113) were school-age children and adolescents (ages 6–17 years), reflecting strong family and community participation. All participants provided verbal consent for examination, and no identifiable data were recorded. Only aggregate, de-identified counts are reported in this meeting report; no individual-level data were recorded for publication.

The majority of participants presented for visual-acuity testing, followed by risk-based intraocular pressure (IOP) assessment (eg, adults aged ≥ 40 years, symptoms suggestive of glaucoma, family history, or clinical suspicion) and refraction assessment. Distance visual acuity was recorded, and participants with reduced vision and no obvious anterior segment explanation underwent refraction using standard outreach-appropriate clinical methods (trial lenses and subjective refinement; near-vision assessment for presbyopia when indicated). Cycloplegic refraction was not routinely performed during rapid screening; children or complex cases requiring detailed pediatric refraction were referred for formal assessment where cycloplegia could be performed when clinically indicated.

Presenting distance visual acuity was recorded at triage; among participants with reduced acuity, impairment was most commonly associated with uncorrected refractive error and suspected cataract, with smaller numbers flagged for glaucoma risk or diabetic eye disease referral. The most frequently identified conditions were uncorrected refractive errors (41%), suspected cataract (23%), allergic conjunctivitis (19%), and glaucoma risk (9%). Among those receiving refraction, the most common patterns were presbyopia/near-vision addition needs, followed by mild myopia and hyperopia; cases with clinically significant astigmatism or anisometropia were directed to custom spectacle services. A smaller proportion had diabetic or hypertensive retinopathy changes (4%), consistent with the rising burden of non-communicable ocular disease in urban Somalia.

On-site interventions were prioritized for immediate benefit. 162 individuals (26%) received ready-made spectacles to correct simple refractive errors (low-to-moderate spherical errors suitable for ready-made spectacles, without clinically significant astigmatism/anisometropia requiring custom lenses). Participants requiring custom prescriptions (eg, high refractive error, significant astigmatism, anisometropia, or complex pediatric needs) were referred to local optometry/optical services for custom spectacles and counseled on follow-up and available subsidized options, while 51 participants were dispensed protective sunglasses for outdoor work. Health education was delivered through brief group messages at the screening area and targeted one-to-one counseling when dispensing spectacles and issuing referrals, reaching an estimated 480 attendees, focusing on eye-safety practices, the importance of routine checks, and early warning signs requiring referral.

In total, 134 patients (21%) were referred for advanced ophthalmic evaluation at Dr. Sumait Hospital's specialist clinic. Referrals included 64 for cataract surgical evaluation, 28 for glaucoma evaluation, 22 for diabetic retinopathy assessment, and 20 for pediatric ophthalmology review. No adverse events occurred during the screening (eg, vasovagal symptoms, discomfort after tonometry, or transient ocular irritation). The strong turnout and diversity of participants demonstrated both the community's unmet eye-care needs and their readiness to engage with accessible, locally delivered services. The experience reaffirmed that integrated outreach combining education, basic diagnostics, and structured referral can yield immediate and sustainable public-health gains in Somalia's low-resource context.

Discussion

Panel Discussion and Key Takeaways

The interactive panel discussion, titled “Every Eye Counts: Somalia's Ophthalmology Challenges & Practical Solutions,” served as the central session of the World Sight Day 2025 program.² Moderated by Dr. Abdulsalam Ahmed Ga'al, (Consultant Ophthalmologist at Dr. Sumait Hospital and Senior Lecturer at SIMAD University, Mogadishu, Somalia) the discussion brought together three experienced ophthalmologists: Dr. Mohamed Siyad Hassan (Somali Sudanese Specialized Hospital, Lecturer at Jazeera University, Mogadishu, Somalia), Dr. Samia Hersi Ali (Al-Ihsan Specialist Hospital/Bin Ali Polyclinic, Mogadishu, Somalia), and Dr. Sadia Abdikarim (Dalmar Specialist & Teaching Hospital,

Mogadishu, Somalia). Attendees also included hospital leadership, SIMAD University faculty and trainees, allied eye-care staff, and community participants, enabling discussion of practical implementation and referral linkages beyond the panel.

Dr. Mohamed Siyad highlighted the high prevalence of systemic diseases such as diabetes and hypertension among Somali patients and their impact on ocular health, particularly through diabetic retinopathy and hypertensive retinopathy. He emphasized the urgent need for community-based chronic disease prevention programs that include vision screening as part of standard non-communicable diseases (NCD) management. He emphasized that for patients with diabetes or hypertension, timely posterior segment evaluation (dilated fundus examination when feasible) and structured referral are essential to prevent avoidable sight-threatening complications.

Dr. Samia Hersi focused on pediatric eye health, noting that refractive errors, squint, and allergic eye disease are the most common conditions affecting Somali children. She underlined the importance of teacher and parent education to ensure early detection and referral. Her discussion emphasized that delayed diagnosis of refractive errors and squint can severely affect academic performance and psychosocial development.

Dr. Sadia Abdikarim discussed ocular trauma especially among laborers, street vendors, and children as a preventable yet common cause of visual loss. She outlined strategies for practical prevention in low-resource settings, including the use of low-cost protective eyewear, community awareness, and equipping district hospitals with standard eye-trauma kits.

The audience discussion reinforced shared priorities, including decentralizing eye-care services, strengthening patient education, and investing in diagnostic capacity (perimetry and optical coherence tomography (OCT)) alongside workforce development through residency training and continuous medical education.

Conclusion

World Sight Day 2025 at Dr. Sumait Hospital combined expert dialogue with practical service delivery, generating actionable priorities for eye health in Mogadishu. Future events should strengthen screening-to-care pathways by integrating eye checks into NCD clinics and schools, applying clear referral protocols, and tracking referral completion to ensure timely treatment for cataract, glaucoma, and diabetic eye disease.

Recommendations

The forum produced the following recommendations and commitments:

1. Strengthen integration of eye health into Somalia's primary healthcare and NCD programs.
2. Establish monthly cataract surgery days with outcome monitoring using standardized reporting tools.
3. Expand school eye-screening to at least 10,000 students in 2025–2026, with teacher-led awareness sessions.
4. Introduce low-cost refraction and spectacle services at community clinics and mobile outreaches.
5. Create a national referral database linking hospitals for glaucoma and diabetic eye disease management.
6. Encourage data sharing and research collaboration through SIMAD University and Dr. Sumait Hospital research units.

Abbreviations

NCD, non-communicable disease; OCT, optical coherence tomography.

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Disclosure

The authors declare no conflicts of interest.

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