Optimizing the Impact of Eye Health Workforce in AFRO region – A Multi-Faceted Approach as a Model for Other Specialised Health Professions

Ronnie Graham, IAPB
Established in 1975 as an *alliance* of civil society organisations, corporates and professional bodies promoting eye health through *advocacy, knowledge* and *partnerships*.

**Vision 2020: The Right to Sight** was launched in 2000 by WHO and IAPB. It was renewed in 2014 as the WHO Global Action Plan for Universal Eye Health Coverage
OUTLINE

1. The Burden of Eye Disease

2. The Eye Health Workforce

3. A Multi-Faceted Approach

4. Looking forward
The Burden of Eye Disease (1)

Bourne et al on behalf of the VLEG. Published online August 2, 2017

www.thelancet.com/lancetgh
## The Burden of Eye Disease (2)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Prevalence %</th>
<th>District of 1 Million</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blindness</td>
<td>0.6% - 1%</td>
<td>6,000 - 10,000</td>
</tr>
<tr>
<td>MSVI</td>
<td>3.6% - 4%</td>
<td>36,000 - 40,000</td>
</tr>
<tr>
<td>Presbyopia</td>
<td>7% - 8%</td>
<td>70,000 – 80,000</td>
</tr>
<tr>
<td>Other Ocular Morbidities</td>
<td>8% - 10%</td>
<td>80,000 - 100,000</td>
</tr>
<tr>
<td>Total Eye Disease</td>
<td>18.2% - 25%</td>
<td>182,000 - 250,000</td>
</tr>
</tbody>
</table>
The Eye Health Workforce (1)
The number of Ophthalmologists/million population
Minimum Vision 2020 Targets

Needs for a pop of 1 billion

- Ophthalmologists: 4,000
- Optometrists: 4,000
- AOP: 10,000
- PEC: 100,000
- CeHW: 1,000,000

Currently Available

- 2,010
- 7,350
- 5,740
- 10,000*
- 100,000*

Gap

- 1,990
- -3,350
- 4,260
- 90,000*
- 900,000*

*Estimates
Changing Paradigms in Eye Health in Africa

1950s-1980s Sight Restoration
- Cataract
- Eye Camps
- Ophthalmologists and Nurses

1980s-2010 Prevention of Blindness
- 5 Priority Diseases
- Outreach
- More staff

2010-Comprehensive Eye Health
- All Eye Disease
- Fixed Facilities
- Eye Health Teams
A MULTI-FACETED APPROACH TO THE PROBLEM

1. STRATEGIC ALIGNMENT
2. INTEGRATION
3. PARTNERSHIPS
4. STRATEGIC ADVOCACY
1. STRATEGY: ALIGNMENT
2. INTEGRATION

For many years, eye health was perceived as a vertical programme, to be delivered by non-state actors and largely ignored by government.

Now, in the era of the SDGs and Universal Health Coverage and Health System Strengthening, this needs to change.

In IAPB we emphasise the integration not only of the workforce, but also data, eye health financing, supplies and equipment, services and, above all, leadership and governance.
3. PARTNERSHIPS

STRATEGIC
- ECSA-HC
- WAHO
- AP/HRH
- WHO-AFRO

OPERATIONAL
- PROFESSIONAL BODIES
- REGULATORY BODIES
- TRAINING SCHOOLS
- MEMBER AGENCIES
- DIRECTORS HRH
- NATIONAL EYE CARE COORDINATORS
Strategic advocacy

Effective and efficient health systems need eye health workers integrated at all levels of care

A well-planned, systematic, goal driven approach should be used
4. STRATEGIC ADVOCACY: KEY PROPOSITION

1. Governments have not historically prioritised eye health but do invest heavily in the health workforce.

2. While the ‘fiscal space’ for health varies enormously, health budgets are generally increasing, according to WHO.

3. This is our opportunity to integrate eye health into workforce planning.
2012-2016: 25 Countries sensitised to include Eye health in WISN planning

2016: WHO-Afro launches New Catalogue of Eye Health Indicators

July 2017, all eye health cadres integrated into the new national HRH Plan.

Similar success stories in Kenya, Cameroon, Zambia, Mozambique, Malawi, South Africa and Rwanda.
The Eye Health HMIS

GLOBAL LEVEL: WHO Global Action Plan
Good for global reporting and high level advocacy (6 indicators)

REGIONAL LEVEL: WHO African Catalogue of Essential Eye Health Indicators (25 indicators)
Good for regional reporting and high level advocacy

COUNTRY LEVEL: IAPB Database
Collects 375 ‘bits’ of eye health data. A tool for country program management & national advocacy

Data flow:

HMIS

GLOBAL LEVEL: WHO Global Health Observatory

REGIONAL LEVEL: WHO African Health Observatory

COUNTRY LEVEL: DHIS2
Typically 2-3 eye health indicators
LOOKING FORWARD

1. Validation, by WHO-Afro, of core competencies (2018)

2. Launch of WHO-Afro PEC algorithms (2017)


4. Data collection through WHO Catalogue and IADb

5. Renewed emphasis on Francophone and Lusophone countries
WHAT WORKS AT COUNTRY LEVEL?

1. Moving from conversation, through coordination, to **collaboration** in funding **consortia**.

2. **Partnership** with training institutions, professional bodies and Ministries of Health and Education to accelerate production and enhance quality.

3. **Strategic advocacy** to integrate workforce planning.

4. **Visionary leadership, evidence-based planning** and access to reliable and timely data.