

REPORT ON THE 2023 GHANA EYE HEALTH SUMMIT HELD ON THE 26TH TO 27TH APRIL 2023, AT THE MIKLIN HOTEL, ACCRA ON THE THEME: “REFOCUSING EYE HEALTH TOWARDS ACHIEVING 2030 IN SIGHT TARGETS”

There are about 300,000 blind people in Ghana and about 332,000 people also having severe visual impairment. The major causes of blindness are cataract 54.5%, Glaucoma 19.4%, Posterior Segment Disease including diabetic retinopathy 12.9% and corneal related causes 11.2%. (Ghana Blindness and Visual Impairment Study, 2015)

Over the past few decades, significant progress has been made to improve access to eye care services in Ghana. Infrastructure, equipment, training, and deployment of human resource for eye health etc have seen much improvement. Furthermore, Ghana is the first country in Sub-Saharan Africa (SSA) to be certified as having eliminated Trachoma as a public health problem.

However, there are still many issues to be addressed as all these improvements have not kept pace with the eye care needs of an increasing population.

To support Ghana to align eye care programs/activities to the 2030 IN SIGHT (the eye sector’s joint strategy for ending avoidable blindness in the next decade), the International Agency for the Prevention of Blindness (IAPB) supported the National Eye Care Unit, GHS to hold its first Eye Health Summit from 26th to 27th April 2023 at the Miklin Hotel, Accra. The theme for the Summit was “**Refocusing Eye Health towards Achieving 2030 IN SIGHT Targets**”. The summit brought together 53 stakeholders (in person and virtual) involved in eye care service delivery in the country.

Discussions and presentations centered around:

1. Eye care activities undertaken in all the 16 regions in 2022
2. Training of all cadres of eye health professionals
3. Human resource distribution across the nation
4. Rehabilitation of people with low vision
5. Eye NGOs partnership
6. School eye health
7. Eye health financing
8. Registration of eye health facilities by Health Facilities Regulatory Agency (HeFRA)
9. Best practices and challenges
10. IAPB partnership and 2030 IN SIGHT Strategies

Day 1

The Head of the National Eye Care Unit, Dr Hornameter Afake, welcomed participants and explained the purpose of the first-ever Eye Health Summit.

Opening ceremony

The opening ceremony was chaired by Mr. Harrison Abutiate, a Ghana Health Service council member. Dr Lawrence Ofori Boadu represented the Director General of Ghana

Health Service and expressed the Service's commitment to supporting the eye care community in achieving the targets for 2030 IN SIGHT.

Mr. Simon Day from IAPB remarked that the Summit was a very insightful event and that IAPB was delighted to be part of the rich and spirited discussions aiming at finding solutions to the challenges confronting eye health in the country. He also pointed out that most of the challenges in eye health such as human resource, funding, data etc are not peculiar to Ghana alone. He said Ghana has always been one of the leaders in eye health programs implementation in the SSA.

Reports from selected regions

Regional ophthalmologists/eye health focal persons of four regions, i.e. Greater Accra, Bono, Oti and Ashanti, reported on the eye care situations in their respective regions.

- It was generally noted that poor data on resources and service delivery was a major problem that ran across.
- Again, the meeting noted with concern, “**other eye conditions**” which is captured in the top 3 eye conditions for most of the regions and agreed that the specific conditions should be stated rather than lumping them all together as “**other eye conditions**”.
- Poor reporting of spectacle uptake and rampant redistribution/transfer of ophthalmic nurses were seen as challenges.
- Inadequate logistics hampers effective service delivery especially to hard-to-reach communities.

Reports by Training Institutions

The Heads of the Departments of Optometry and Visual Sciences, Kwame Nkrumah University of Science and Technology (KNUST) and University of Cape Coast (UCC) made presentations on their activities. Both schools have good capacity for training, research and community service within their catchment areas.

- Some of their challenges include limited number of faculty members, inadequate equipment, funding etc.

The presentation by the head of the Ophthalmic Nursing School covered an overview of the activities of the school. The school is now affiliated to the University of Cape Coast and has progressed from a diploma to a degree-awarding school.

- Some of its challenges include inadequate hostel and classroom facilities for students, inadequate number of faculty, non-availability of ophthalmoscopes for teaching and vehicles for monitoring.

The School of Dispensing Optics, Oyoko was adopted by the Ministry of Health in 2008. It secured an affiliation with the University of Cape Coast in 2016 to upgrade from a certificate to a diploma awarding institution.

- Major challenges of the school include funding, inadequate teaching staff, equipment, and infrastructure.

The College of Ophthalmology of the Ghana College of Physicians and Surgeons was established in 2003 and has contributed significantly to increasing the number of ophthalmologists. It has a 3-year membership program that emphasizes medical, optical and surgical training in clinical ophthalmology as well as community ophthalmology.

It also has a 2-year fellowship program that provides subspecialty training in ophthalmology, with a significant research component.

The quest to increase the number of ophthalmologists in the country has created the opportunity for doctors to start a straight 5-year fellowship program after housemanship.

- Some key challenges of the College include inadequate surgical hands-on exposure at the Teaching Hospitals. However, HCP/Cureblindness/Sightlife partnership has played significant roles in addressing this through high-volume cataract surgical outreaches.

Akropong School for the Blind, Ghana Blind Union and Special Education Unit/SHEP

Presentations from the School for the Blind, Akropong and the Ghana Blind Union highlighted the significant supportive services that can be provided to people who are blind or visually impaired.

- A request was made for eye care services to be made available in the School for the Blind as well as training for teachers in primary eye care.

School Health Education Program

The School Health Education Program (SHEP) Unit of the Ghana Education Service (GES) seeks to create a well-informed and healthy school population equipped with life skills to maintain healthy habits, attitudes and behavior to achieve educational goals and contribute effectively to national development.

The minimum package for basic school and SHS health screening includes vision assessment.

It was recommended that SHEP should consider the possibility of adapting the **Healthy Eyes Activity Book** for Primary Schools as a resource material for eye health education in basic schools.

Health Facilities Regulatory Agency

The Health Facilities Regulatory Agency (HeFRA) has the mandate to register, inspect, license and monitor health facilities. The requirements to be licensed as eye clinics or eye hospitals were spelt out. HeFRA also has measures in place to ensure the delivery of quality service.

HEFRA's potential role in proper data reporting from facilities was highlighted. A broader stakeholder consultation in subsequent reviews on licensing of facilities was recommended to get all partners on board to improve the quality of eye care.

Retinoblastoma

There was a presentation on the establishment of a National Strategy for Retinoblastoma in Ghana by Prof Vera Essuman. The goals of the project include improving the medical care of children with retinoblastoma nationwide. mobilizing resources for retinoblastoma management, conducting collaborative research and monitoring and evaluation

VULA Mobile App

The last presentation for day one was on VULA mobile, a software referral system, by Dr. Williams Mapham.

A representative of Novartis said the organization is a strategic partner of eye health and pledged to support eye care in capacity building.

Day 2

Dr Aaron Magava, the Chair of IAPB, Sub-Saharan Africa made a presentation on **2030 IN SIGHT**, whilst Dr Barango, from WHO Africa region, also presented on the overview of eye health activities in Africa. The presentations highlighted how the growing challenges of natural and man-made disasters and catastrophic health financing in lower and middle-income countries are affecting eye care service delivery and how the depleted human resources are linked to the observed low surgical productivity in the SSA region. There are, however, opportunities for advocacy using evidence that improving eye health is vital in achieving 10 of the Sustainable Development Goals (specifically Goals 1, 2,3, 4, 5, 8, 10 and 11). Eye health is to be seen not only as a public health problem but more so, as a developmental issue. Hurdles that need to be overcome include awareness and understanding, commitment and finance, systems and people, and regulations and markets.

The 2030 IN SIGHT has 3 elements: **Elevate, Integrate and Activate.**

'Elevate' involves embedding vision as a fundamental economic, social and developmental issue, 'Integrate' seeks to incorporate eye health in the wider healthcare systems and 'activate' involves driving patient, consumer and market change.

10 priority areas were highlighted on how the sector needs to change and the action plan needed to achieve the global targets of 2030 IN SIGHT. There was a call for a wider stakeholder mapping and involvement in eye care service delivery.

Dr Andreas Mueller from the WHO Headquarters highlighted the global eye health statistics and the projections of eye conditions over the next 30 years and the need for interventions due to an ageing population, and changing lifestyles, among several other reasons.

He called for action to be taken at the global and national levels.

Some of the key challenges with eye health globally include:

- Eye health services are not included in most health service packages in several countries.
- Eye health services are not included within the community and primary healthcare systems and setups.
- Uncoordinated and unregulated workforce in eye health.
- Eye health services are not part of national health information systems.

The WHO has taken steps to highlight eye health as a critical component of NCDs that require priority and immediate action through advocacy and research. To this end, the WHO has made some high-level achievements and progress through:

- The release of the World Report on Vision in October 2019
- WHA Resolution on eye care
- Global targets being set.
- Integration of eye health into key SDG.
- UN declaration of eye health in 2020.

Through the WHO PEN various tools and technical packages have been made available to support eye health and embed them into health systems. Some of the packages in the WHO Package of Essential Noncommunicable Disease Interventions for primary health care (WHO PEN) include:

Report of the 2030 targets on effective coverage of eye care: intends to serve as a reference point to commence monitoring progress towards the 2030 global targets that were endorsed by Member States at the 74th World Health Assembly. This report draws on key results from a comprehensive analysis of population-based eye health surveys and includes estimates of effective cataract surgery coverage (eCSC) and effective refractive error coverage (eREC). It also serves to highlight key gaps in current data and presents suggestions for additional efforts required to advance the monitoring, policies and programmes for increasing the coverage of eye care interventions.

Eye care in health systems: guide for action: To address many of the challenges faced in the field of eye care – including inequities in access and lack of integration within the health system – eye care needs to be an integral part of universal health coverage (UHC): all individuals to receive the health services they need, of sufficient quality, without experiencing financial hardship. The concept of UHC is globally adopted as the key guiding principle for health planning. To this end, the Eye Care in health systems – a guide for Action (the Guide) was developed as a manual for health planners. The Guide outlines strategies and approaches proposed by WHO that provide practical, step-by-step support to Member States in the planning and implementation of integrated people-centred eye care (IPEC). Planning periods covered in the Guide include those that are short-term (annual operational planning), as well as mid-to longer-term (eye care strategic plans).

The Guide further describes and links the following four new tools developed by WHO to support country planning:

- Eye Care Situational Analysis Tool (ECSAT)
- Eye Care Indicator Menu (ECIM)
- Package of Eye Care Interventions (PECI)
- Eye Care Competency Framework (ECCF)

Fraternal Messages from the Professional Groups

Presidents of the associations for Opticians, Ophthalmic Nurses, Optometrists and Ophthalmologists also spoke on their various roles in eye care and their commitment to helping achieve 2030 In Sight targets.

EYE INGO Forum

The International nongovernmental agencies (INGOs) presented their eye care activities in Ghana.

- Orbis International
- Vision spring
- Visio international
- Vision Action
- Operation Eye Sight international

- HCP Cureblindness
- Swiss/Ghana Red cross society

Role of Private Sector in Eye Care

Statistics on the number of private clinics, with a breakdown of the type of services provided and the type of license of the practice were presented by Dr. Michael Gyasi, CEO of St Thomas Eye Services.

Private sector has been leading in the provision of quality eye care services in comparison to the public sector. Several private eye clinics provide cutting-edge technology and innovation in eye care.. The role of the private sector is critical in ensuring that equitable eye care services become available and accessible to Ghanaians.

Overview of the Primary Eye Care Volunteer Manual

In the spirit of IPEC, this Ghana Red Cross PEC Volunteers' Manual seeks to address the gap left to taking eye care services to the household level. It links eye care from the facility to the household. The manual also helps in strengthening the ability of the Ghana Red Cross Society's volunteers to complement the work of the front-line health workers who are required to offer basic eye health services in line with the WHO AFRO PEC Manual.

ECSAT preliminary report

The WHO Eye Care Situation Analysis Tool (ECSAT) intends to support countries in the planning, monitoring of trends and evaluation of progress towards implementing IPEC. The situation analysis is done as a key initial step in the development of a strategic eye care plan.

The findings of the Ghana ECSAT (preliminary) are as follows:

Leadership and governance

Average score: 3

Leadership is evident, with moderate levels of political commitment. Mostly integrated into health policies and plans or across relevant sectors and programmes, but some gaps exist.

Service delivery access

Average score: 2

Low level of equitable access to eye care and some disadvantaged population groups do not receive the care they need. Low level of distribution of eye care in primary health care. low scoring areas (score 1) include.

Integrated diabetic eye care services.

Possible actions:

- Develop evidence-based programmes for detection, treatment, referral and periodic follow-up of diabetic retinopathy.
- Raise awareness among stakeholders, including national noncommunicable diseases/diabetes programmes, about the eye care needs of people with diabetes.
- Implement the WHO Tool for the assessment of diabetes and diabetic retinopathy (TADDS) to inform a situation analysis and the development of diabetic retinopathy programmes.

Equity of eye care services coverage across disadvantaged population groups

Possible actions:

- Identify groups that may not be accessing the eye care they need or are provided lower quality of care.
- Develop the necessary legislation and regulations to strengthen joint accountability for equity in eye care, across sectors and decision-makers and within and outside of government.
 - Use mechanisms that actively promote the involvement of local people and stakeholders in problem definition and solution development.
 - Ensure regular joint review of progress, which fosters common understanding and sustains a commitment to deliver shared results over time.

Eyecare financing

Average score: 2

Low level of financial protection. Fees for eye care do not accommodate all patients, especially from low-income groups and people with long-term needs; its financing is somewhat integrated into health financing mechanisms.

Possible actions :

- In line with the national universal health coverage strategy, advocate for the integration of a wide scope and range of eye care interventions, services and assistive products (e.g. spectacles, low-vision devices) into health financing mechanisms, including service package planning and financing.
 - Consider local research on the cost-effectiveness/benefit and impact of eye care interventions for advocacy to increase financing for eye care.

Eye care information

Average score: 2

Little information and few reports are available regarding prevalence and trends. The national HIS produces a low level of reporting on the utilization of services, outcomes and quality of eye care.

Delay in responding to some aspects of the ECSAT questionnaire was identified as a major challenge in preparing the report.

Health Service Data Reporting DHIMS2

- The dataset for eye care in the DHIMS2 platform include:
- Monthly Eye Health Reporting Form

- Monthly Specialist Services (ICD FORM A)
- Monthly OPD morbidity and mortality

Some data management challenges usually encountered include missing diagnoses, illegible handwriting, errors in data management and low level of information utilization. It was concluded that reported data should be accurate, timely, complete, reliable, available, and accessible for the nation to have accurate, credible information in the DHIMS2.

The meeting recommended that service delivery and human resource data should be all-encompassing and not only limited to GHS facilities as is the case with data from some regional health directorates.

There was a suggestion that HeFRA, as a quality assurance measure, mandates all service providers to report regularly into the DHIMS2.

A committee comprising at least 2 people from the professional groups in eye care is to be formed to review the eye care indicators in DHIMS 2 and recommend measures to make data reporting more convenient such as harmonizing DHIMS 2 with electronic medical record systems such as LHIMS which is currently being deployed nationwide.

Key challenges in Ghana:

- Eye Care Services financing inadequate. Not all services are included in the national health insurance package.
- Human Resource/Workforce related issues - skewed distribution of HR, inadequate number, and retention issues,
- Training institution-related issues. Inadequate resources
- Data issues – poor and delayed reporting. Data not fully part of Health Information Systems.
- Eye Care not widely integrated into primary health care.

Way forward

Key IPEC Strategies

1. Engaging and empowering people
2. Strong primary eye care within primary health care
3. Coordinating services across sectors
4. Enablers for integration

Engaging and empowering people

- Strengthen health literacy
 - Eye Health Education and awareness creation
 - develop IEC materials

Integrate Primary Eye Care into Primary Health Care

- Front line health workers trained in PEC as CME using the WHO AFRO PEC Manual
- PEC introduced during the pre-service training period

Coordinating services across sectors

- Coordinate within programs
- Coordinate across programs
- Coordinate within sectors
- Coordinate across sectors

Enablers for integration

- Strengthen Leadership and Governance
- Strengthen Workforce
- **Effective advocacy**

Things to do:

1. Quality Data Capture
 - How can we ensure that all or most of the data are captured?
 - “Other” in the data - How can we make it a bit more meaningful?
2. Access to Eye Services by all Ghanaians – Reaching the unreached – there are entire regions without Ophthalmologists
3. Integration of Primary Eye Care into Primary Health Care
4. Address HR issues
5. Training institutions must be supported
6. Urgent – Development of IPEC Strategic Plan for Eye Health in Ghana

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PHOTO GALLERY







