

Eye Health System Assessment: Ghana and Sierra Leone

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EHSA Objectives

- Better understand how health systems function
- Analyse the connection between eye health system and general health system (level of integration)
- Identify potential health system strengthening innovations



Open access EHSA Guideline

**EYE HEALTH SYSTEMS
ASSESSMENT (EHSA):
HOW TO CONNECT
EYE CARE WITH THE
GENERAL HEALTH
SYSTEM**



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The EHSA Approach

MODULES BASED ON EYE HEALTH SYSTEM FUNCTIONS

Core module: background to the eye health system

Eye Health Governance

Eye Health Financing

Eye Care Service Delivery

Human Resources for Eye Health

Consumables and Technology for Eye Care

Eye Health Information Systems

Each EHSA module assessed through indicator-based questions, from the EHSA tool, with data collected using:

- **Routine data** from standardised national/international databases
- **Desk review** of secondary sources (reports, reviews, strategies)
- **Interviews** with key stakeholders

1) PERFORMANCE ASSESSMENT BASED ON THESE CRITERIA:
Equity Access Quality Efficiency Sustainability Integration



2) IDENTIFY EYE HEALTH SYSTEMS STRENGTHS & WEAKNESSES



3) RECOMMEND POLICY INTERVENTIONS TO STRENGTHEN CAPACITY

- Source: EHSA Guideline (2012)



1

Shape the Eye Health Systems Assessment (1 month) – including few days in country

Identify a team leader and assemble an assessment team.
Agree the scope, time frame and dates of the assessment.
Engage stakeholders in the Eye Health Systems Assessment process.

2

Mobilise Assessment Team (1 month) – remotely

Prepare logistics checklist, field visit calendar and assessment budget.
Schedule and conduct team planning meeting.
Develop specific indicators for each eye health system function to drive data collection.
Prepare contacts list for key stakeholders in Ghana's eye health and wider health system.

3

Collect Data (10-15 days) – in country (26 Oct – 9 Nov 2012)

Compile and review background materials.
Identify information gaps and key informants.
Interview key informants at the national and sub-national levels.

4

Analyse Findings – in country (5-9 Nov) & remotely (Nov/Dec 2012)

Prepare eye health system function profiles and identify SWOT.
Review underlying causes of eye health system problem areas.
Discuss and summarise initial findings and recommendations.

5

Prepare Eye Health System Assessment Report (2-3 weeks)

First draft assessment report.
Share with stakeholders to validate findings and conclusions.
Finalise country report and recommendations.

6

Conduct EHSA Workshop (3 days) – in country (date TBC)

Conduct planning workshop to launch the report, prioritise recommendations with stakeholders, identify new directions for the eye health sector, and develop appropriate action plans.

JUL/AUG/SEPT 2012

OCT/NOV 2012

DEC

2013

General Health System

	Ghana	Sierra Leone
Population (million)	24	7
Political context	Stable	Post conflict country
GDP per capita	\$1,600 (2012)	\$630 (2012)
Total expenditure on health as % of GDP	5.2%	10%
General government expenditure on health as % of total expenditure on health	59%	15%
User fees	NHIS (65% coverage) + user fees	User fees Free health care (U5 Children and pregnant women)
HRH	Nurse: 1 per 1,200 pop Mal distribution	Nurse: 1 per 20,000 Understaffed by 50%



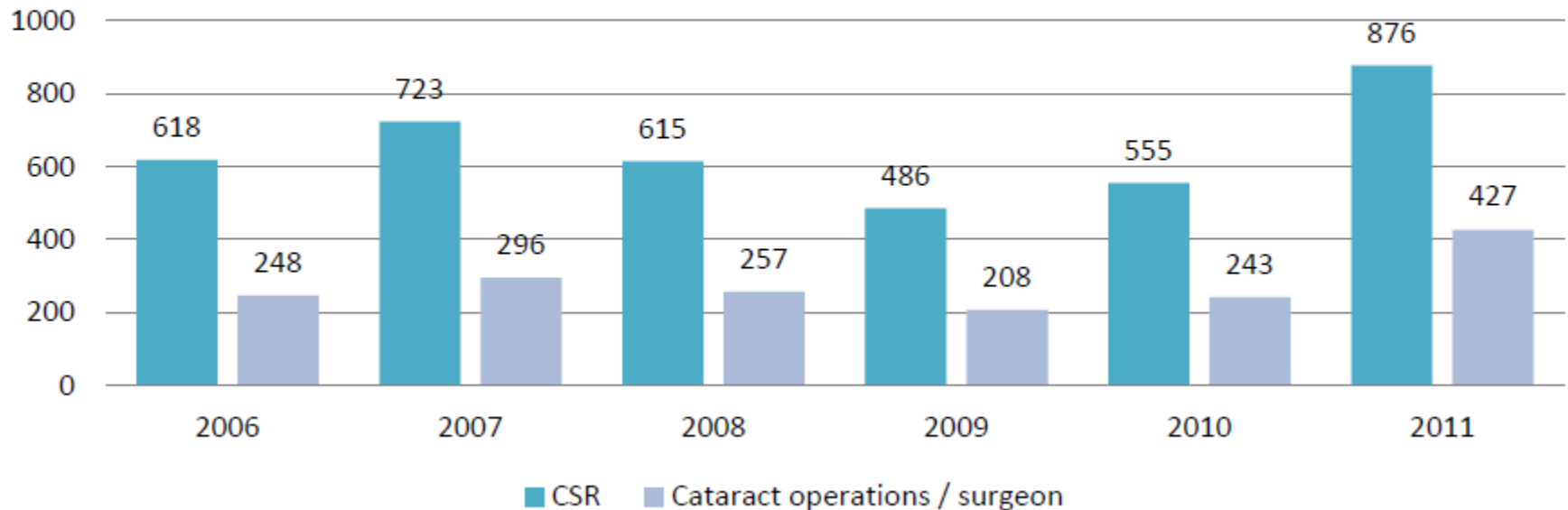
Eye system performance

	Ghana	Sierra Leone
CSR requested	2,000	1,600
CSR 2012	900	600



Sierra Leone

National Cataract Surgical Rate, (CSR) and number of cataract operations per surgeon, by year



Governance

	Ghana	Sierra Leone
MoH	Not a priority	Not a priority
National eye care unit	Yes	Yes
Strategy	Clear vision	Clear vision
Partnerships and synergies	Good collaboration with INGOs Poor involvement from DPOs	Good collaboration with INGOs Poor involvement from DPOs
Distribution of resources	One region without doctor	One region not covered at all
Supervision from national level	Not systematic and documented	Not systematic and documented
Accountability	No feedback system from patients	No feedback system from patients

Service delivery

	Ghana	Sierra Leone
Public facilities with ON	90% of districts (n=113)	50% of districts
Total facilities (public + private)	168	NA
Service coverage	One region without ophthalmologist	One entire region without eye unit

	Ghana	Sierra Leone
Region	Yes	Yes
District	Yes	Yes
Sub-district (Health centre)	No	Every community nurse trained
Community (Volunteers)	Eye Red Cross Volunteers in 2 regions	No

Eye Health is Everybody's Business
(Help integrate Primary Eye health
into Primary Health Care)



Level of integration

	Ghana	Sierra Leone
Management	2	2
Budgeting	2	2
Planning	1	2
supply	1	2

3= fully integrated; 1= vertical

Mounier-Jack et al. 2011

Du Toit et al. 2013

The dynamics

- Sierra Leone
 - 6 ophthalmologists to be trained by 2018
 - 8 cataract surgeons by 2016
 - 24 ONs trained by 2014
 - No emigration
 - Impact of EHSA:
 - MoH changed national essential list of medicine after EHSA
 - Plans to deploy staff to the north
- Ghana
 - Problem with College of Surgeons: No new student
 - Misdistribution of doctors
 - Initiating new policy on cataract surgeons
 - Difficult to mobilise MoH and INGOs around this common health system project



www.healthsystemassessment.com/eye-health-system-assessment-ehsa-2



**EYE HEALTH SYSTEMS
ASSESSMENT (EHSA):
SIERRA LEONE
COUNTRY REPORT**



March 2013

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International Centre
for Eye Health



Sightsavers

Seeing
is Believing



**EYE HEALTH SYSTEMS
ASSESSMENT (EHSA):
GHANA COUNTRY
REPORT**



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Next steps

- National plans based on EHSA (completed in Sierra Leone, next in Ghana)
- Laos and Cambodia: EHSA used by WHO Asia Pacific to analyse PEC
- Iran: EHSA from Master student
- China: EHSA starting in 2013
- Continue develop the tool
- **The TRACK project**: a health system software and dashboard (with Aravind)
- Follow us on Yammer

Thank you

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