HUMAN RESOURCES FOR EYE HEALTH IN AFRICA

ADDRESSING THE CRISIS
IN FRANCOPHONE AFRICA

Ronnie Graham
Director HRH Programmes, IAPB Africa,
Is There a Crisis in Francophone Africa?

In addition to the well known dimensions of the larger health workforce and eye health workforce crisis, Francophone Africa has:

1. Fewer training institutions for eye health
2. Fewer IAPB active member agencies
3. Lower % of ophthalmologists doing surgery
4. Fewer optometrists
5. A larger private sector
6. The ‘Inverted pyramid’ of eye care
### OVERVIEW

<table>
<thead>
<tr>
<th>IAPB members</th>
<th>Country</th>
<th>Pop. 2013</th>
<th>RAABs/ RAREs</th>
<th>O'gists</th>
<th>Cat. Surgeons</th>
<th>Optoms</th>
<th>AeHPs 2010</th>
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<td>Madagascar</td>
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<td>348</td>
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<td>0</td>
<td>Eq. Guinea</td>
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<td>95</td>
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<td>7</td>
<td>200</td>
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<td>Congo</td>
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<td></td>
<td>8</td>
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<td>3</td>
<td>5</td>
<td>200</td>
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<tr>
<td>Totals</td>
<td></td>
<td>273,000,000</td>
<td>10</td>
<td>501</td>
<td>157</td>
<td>107</td>
<td>1,618</td>
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|                |             |            |            | 1/545,000 | 1/2.5m        | 1/169,000 |
## Eye Health Professionals Per Million

<table>
<thead>
<tr>
<th>Linguistic Areas</th>
<th>Pop. 2013</th>
<th>O’gists</th>
<th>Optoms</th>
<th>AeHP</th>
<th>Eye Health Professionals Per Million</th>
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<tr>
<td>Anglo</td>
<td>560</td>
<td>1,276</td>
<td>6,636</td>
<td>3,228</td>
<td>1/50,289</td>
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<tr>
<td>Franco</td>
<td>273</td>
<td>501</td>
<td>150</td>
<td>1,615</td>
<td>1/120,476</td>
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<tr>
<td>Luso</td>
<td>50</td>
<td>37</td>
<td>32</td>
<td>85</td>
<td>1/324,675</td>
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<tr>
<td><strong>Totals</strong></td>
<td><strong>884</strong></td>
<td><strong>1,814</strong></td>
<td><strong>6,818</strong></td>
<td><strong>4,928</strong></td>
<td><strong>1/65,191</strong></td>
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## TRAINING INSTITUTIONS

<table>
<thead>
<tr>
<th>Cadre/Linguistic Zone</th>
<th>Anglophone</th>
<th>Francophone</th>
<th>Lusophone</th>
<th>Total</th>
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<tr>
<td><strong>Population: 2011</strong></td>
<td>522,000,000</td>
<td>259,000,000</td>
<td>47,000,000</td>
<td>828,000,000</td>
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<td>Ophthalmologists</td>
<td>39</td>
<td>9</td>
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<tr>
<td>Physician &amp; Non Physician Cataract Surgeons</td>
<td>9</td>
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<td>Optometrists</td>
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<td>Number of training Institutions</td>
<td>90</td>
<td>25</td>
<td>8</td>
<td>123</td>
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<tr>
<td>Ratio of Training Institutions/Population</td>
<td>1/5,800,000</td>
<td>1/10,360,000</td>
<td>1/5,875,000</td>
<td>1/6,786,000</td>
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### Detailed Analysis of Ophthalmologists in 7 Countries

(ICEH-AVRI Mapping Study 2014)

<table>
<thead>
<tr>
<th></th>
<th>Benin</th>
<th>DRC</th>
<th>Madagascar</th>
<th>Mali</th>
<th>Rwanda</th>
<th>Senegal</th>
<th>Togo</th>
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<tbody>
<tr>
<td><strong>Urban/Rural</strong></td>
<td>72%-28%</td>
<td>81%-19%</td>
<td>72%-28%</td>
<td>69%-31%</td>
<td>77%-23%</td>
<td>89%-11%</td>
<td>86%-14%</td>
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</table>

#### Urban/Rural Distribution

- **Benin**: 72%-28%
- **DRC**: 81%-19%
- **Madagascar**: 72%-28%
- **Mali**: 69%-31%
- **Rwanda**: 77%-23%
- **Senegal**: 89%-11%
- **Togo**: 86%-14%

#### Government, NGO, Private Distribution

<table>
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<tr>
<th></th>
<th>Benin</th>
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<th>Mali</th>
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<th>Senegal</th>
<th>Togo</th>
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<tr>
<td><strong>NGO</strong></td>
<td></td>
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<tr>
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#### Government, NGO, Private Breakdown

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<th>Benin</th>
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<th>Madagascar</th>
<th>Mali</th>
<th>Rwanda</th>
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<th>Togo</th>
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<tr>
<td><strong>Government</strong></td>
<td>25</td>
<td>67</td>
<td>18</td>
<td>35</td>
<td>13</td>
<td>55</td>
<td>22</td>
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<td><strong>NGO</strong></td>
<td>16-7-2</td>
<td>20-27-20</td>
<td>10-6-2</td>
<td>30-0-5</td>
<td>10-1-2</td>
<td>36-1-18</td>
<td>9-2-11</td>
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<td><strong>Private</strong></td>
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Ophthalmologist reporting to perform Surgery in West Africa (Sightsavers, 2013, WAHO 2011 and SA, 2012)
TOP LINE CONCLUSIONS

1. **Workforce Gaps**: No country will achieve all its Vision 2020 targets by 2020 without significant new interventions

2. **Distribution**: Serious challenges around urban-rural and between countries

3. **Sectoral Provision**: Government the major provider of services: 75% in Anglophone Africa and 56% in Francophone Africa

4. **Training**: Major challenge is in Francophone Africa
Regional Strategy 2013-17

The planning workshop to upgrade the training of ophthalmologists, Dakar, December 2012 recommended the following priorities

1. Increase by 75% the number of surgically skilled ophthalmologists at the regional level.

2. Upgrade/scale up the infrastructure of 4 training institutions by 2018 including two new training facilities in Niger and Burkina Faso.

3. Upgrade the equipment and teaching materials of all training institutions.

4. Mobilise resources and coordinate implementation to achieve the above!

ESTIMATED COST = Euro10.7 million
WHAT IAPB AFRICA WILL DO

• **Advocacy**: Regional advocacy + build capacity at national level

• **Brokering**: New partnerships with WHO-Afro and the African Platform for HRH and other non-eye health.

• **Convening**: Annual Review and Planning meeting, sub-regional meetings, plus support to Task Teams and Working Groups

• **Data and Information**: Roll-out of IAPB Africa database, New WHO Catalogue of Eye health Indicators, Website and Newsletters
Implementing the GAP in Francophone Africa

Objective 1: Generating evidence
- 2 French speaking RAAB practitioners trained
- IAPB Data base introduced to Senegal, Cameroon
- Detailed situation analysis of status of ophthalmology (Sightsavers, 2012)

Objective 2: Integrated national eye health policies, plans and programmes with a focus on HREH, HMIS and training
- Sub-regional advocacy strategies available
- National advocacy capacity build in Senegal and Cameroon
- New partnerships with WHO-Afro (HRH and HMIS) and AP/HRH
- Sensitisation of 17 Francophone countries to the WISN tool (May 2014)

Objective 3: Multi-sectoral engagement and effective partnerships
- IAPB presence at WAHO INGDO meetings
- Initial contacts with OCEAC in Central Africa
- Sub-regional planning meetings in Central Africa
FRANCOPHONE WEST AFRICA
SITUATION OF OPHTHALMOLOGY

PARIS   SEPT 20th  2014
IAPB COUNCIL MEETING
FOCUS ON FRANCOPHONE AFRICA
QUACOE WOSSINU Senanu
Co-chair IAPB West Africa francophone and lusophone
## STATUS OF OPHTALMOLOGISTS

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>Available ophthalmologists in 2007</th>
<th>NUMBER OF AVAILABLE OPHTALMOLOGISTS 2014</th>
<th>RATIO</th>
<th>CSR</th>
<th>GAP</th>
<th>NGO PRESENCE</th>
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<td>BENIN</td>
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<td>1/340 596</td>
<td>383 *</td>
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<td>BURKINA FASO</td>
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<td>26</td>
<td>1/685 113</td>
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<td>COTE D'IVOIRE</td>
<td>74</td>
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<td>1/203 643</td>
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<td>450</td>
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<td>1046</td>
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<td>1/994 078</td>
<td>885*</td>
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<td>1/225 430</td>
<td>991 *</td>
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<td>NAME</td>
<td>COUNTRY</td>
<td>YEAR OF CREATION</td>
<td>NUMBER TRAINED</td>
<td>NATIONALITIES</td>
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<tr>
<td>ABOMEY CALAVI</td>
<td>BENIN</td>
<td>2002</td>
<td>13 + 8 finalising in 2014./ intake of 5 per year</td>
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<td>COCODY</td>
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<td>1979</td>
<td>110 graduates 4 intake per year</td>
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<td>DESSO</td>
<td>Guinea</td>
<td>2004</td>
<td>53 Max of 10 intake per year</td>
<td>Guinée/Mali/Niger/Togo/Benin/Cote d’Ivoire</td>
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<td>CHEICK ANTA DIOP</td>
<td>SENEGAL</td>
<td>1975</td>
<td>160 graduates Intake of 8 per year</td>
<td>Senegal/ France/ Cote d’Ivoire Mauritanie Algerie/Maroc/Tunisie/ Mali/Cameroon/Gabon/ Togo/Burkina Faso/Benin</td>
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<td>LOME</td>
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<td>2007</td>
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<td>Togo/Niger/Cameroon/</td>
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Weaknesses

• Lack of trained surgical ophthalmologists (less than 45% perform surgery)
• Surgery outcome results low
• Maldistribution in the country of eyecare providers
• Low intake in training institutions (27 graduates every year)
  
  TEN YEARS TO REACH VISION 2020 actual ratio

• Lack of equipment for efficient training
• Absence of ngo’s
SUCCESSES

• Presence of WAHO with a Vision 2020 coordinator for the region.
• Senegal started Advocacy planning and data base use
• RAAB done in countries
• 3 new training institutions created since the launch of Vision 2020 especially DESSO in Guinea
Central Africa

Joseph Oye
Co-Chair Central Africa
Sightsavers Country Director Cameroon
CA worst-off within Francophone Africa

• 8 countries (Cameroon, CAR, Chad, Congo, DRC, Equatorial Guinea, Gabon and Sao Tome et Principe) – Pop 115 million
  – Burundi 10 million; Rwanda 12 million
• HReH:
  – 2 ophthalmologists training institutions (Cameroon and DRC)
  – Numbers 2 opht/million pop
    • Cameroon 50 opht i.e. 2/million 4-8 ophthalmologists/year – 6-10 years to reach 4/million target
  – Quality of training – surgical training
  – RE personnel not part of MoH nomenclature in majority of the countries
  – No sub-specialty training institution
CA worst-off within Francophone Africa (contd.)

- Service delivery
  - Numbers – lowest CSR=252
  - Quality
  - Visiting surgical campaigns

- Information management
  - MoH HMIS not functioning
  - Challenging to get timely and quality information
CA worst-off within Francophone Africa (contd.)

• Leadership and Governance
  – Communication challenges with countries
    → Importance of sub-regional workshops to bring everyone together, share information and build capacity
    → Some leadership fatigue caused by the unmet promises
Recent developments

- IAPB HReH Advocacy pilot in Cameroon
  - Aim: to have an HReH plan developed within the HRH plan
  - Good progress in Cameroon
  
  **Note:** Central Africa is not included in the Sightsavers supported 2012 HReH planning process

- IAPB Data Base launched in Cameroon – need to monitor and support implementation

- First batch of 16 optometrist assistants (refractionists-opticians) trained in Cameroon School graduated – Sightsavers supported

- Maghrabi ICO Cameroon Eye Institute

- ORBIS support to Central Hospital Cameroon
INGO’s presence in CA

• CA is the least supported sub-region by IAPB member agencies - Some CA countries have no IAPB member agency presence/support

• Way forward?
  – HReH plan review to include CA
  – Priority actions identified and effectively implemented
What Members Can Do

1. Revitalise the Francophone planning process.

2. Prioritise Francophone investments – possibly through sub-regional consortia
3. Support country level advocacy
4. Strengthen the HReH evidence base