

IMPLEMENTING THE GLOBAL ACTION PLAN IN AFRICA

THE IAPB AFRICA STRATEGY

Ronnie Graham

Director HRH Programmes, IAPB Africa,

The Global Action Plan

Vision: ‘and where there is *universal access* to comprehensive eye care services’

Goal:..... ‘reduction in prevalence by *25% by 2019* for a baseline of 2010’

Purpose:‘access to services that are *integrated* into health systems’

Implementing the GAP in Africa

Objective 1 addresses the need for **generating evidence**

Objective 2 encourages the development and implementation of integrated **national eye health policies, plans and programmes**

Objective 3 addresses **multisectoral engagement and effective partnerships**

DO WE HAVE A CRISIS IN EYE HEALTH IN AFRICA ?

- 1. Eye health workforce gaps at all levels.**
- 2. Major issues around training, distribution, retention, productivity, competency, quality, career development, recognition, supplies, support and supervision.**
- 3. Imbalances between rural and urban and between Anglophone and Francophone/Lusophone Africa.**
- 4. Training institutions under funded, fragile and sometimes under subscribed.**
- 5. CPD usually an after-thought rather than an essential aspect of professional development.**

YES: Crunching the Numbers

Cadre	Targets For 2020	Availability in SSA		
		Needs	Available	Gap
Ophthalmologists	1/250,000	4,000	1,817	2,183
Optometrists	1/250,000 (nb)	4,000	4,651	Heavily concentrated In Nigeria and South Africa
Allied Eye Health Professionals	1/100,000	10,000	5,014	4,986
Primary Eye Care Workers	1/10,000	100,000	10,000	90,000
Community Eye Health Workers	1/1,000	1,000,000	100,000	900,000

***YES*: Distribution in 5 Countries**

Country	Ophthalmologists		Cataract Surgeons		Ophthalmic Nurses	
	Urban %	Rural %	Urban %	Rural %	Urban %	Rural %
Senegal	89	11	10	90	46	54
Tanzania	59	41	12	88	11	89
DRC	81	19	34	66	27	73
Kenya	49	51	11	89	12	88
Ethiopia	59	41	10	90	8	91
Average	67.4%	32.6%	15.4%	84.6%	20.8%	79.2%

YES: Eye Health Professionals Per Million

<i>Linguis tic Areas</i>	<i>Pop. 2013</i>	<i>O'gists</i>	<i>Optoms</i>	<i>AeHP</i>	<i>Eye Health Professionals Per Million</i>
<i>Anglo</i>	<i>560</i>	<i>1,276</i>	<i>6,636</i>	<i>3,228</i>	<i>1/50,289</i>
<i>Franco</i>	<i>273</i>	<i>501</i>	<i>150</i>	<i>1,615</i>	<i>1/120,476</i>
<i>Luso</i>	<i>50</i>	<i>37</i>	<i>32</i>	<i>85</i>	<i>1/324,675</i>
<i>Totals</i>	<i>884</i>	<i>1,814</i>	<i>6,818</i>	<i>4,928</i>	<i>1/65,191</i>

YES: TRAINING INSTIUTIONS

Cadre/Linguistic Zone	Anglophone	Francophone	Lusophone	Total
Population: 2011	522,000,000	259,000,000	47,000,000	828,000,000
Ophthalmologists	39	9	2	50
Physician & Non Physician Cataract Surgeons	9	2	1	12
Optometrists	20	3	1	24
Allied Eye Health Professionals	22	11	4	37
Number of training Institutions	90	25	8	123
Ratio of Training Institutions/Population	1/5,800,000	1/10,360,000	1/5,875,000	1/6,786,000

Objective 1: Generating Evidence

Linguistic Area	2013 Million	RAAB Completed	RAAB Planned	RAREs
Anglophone	560	18	3	5
Francophone	273	8	2	
Lusophone	50	3		1
Total	884	29	5	6

HMIS Strategy
2014-2017

- Global Action Plan
- African Catalogue of Eye Health Indicators
- IAPB Africa Data Base

Objective 2: Integrated National Eye Health Policies, Plans and Programmes

Our initial focus is on integrated health workforce planning, developing core competencies and strengthening the training institutions.

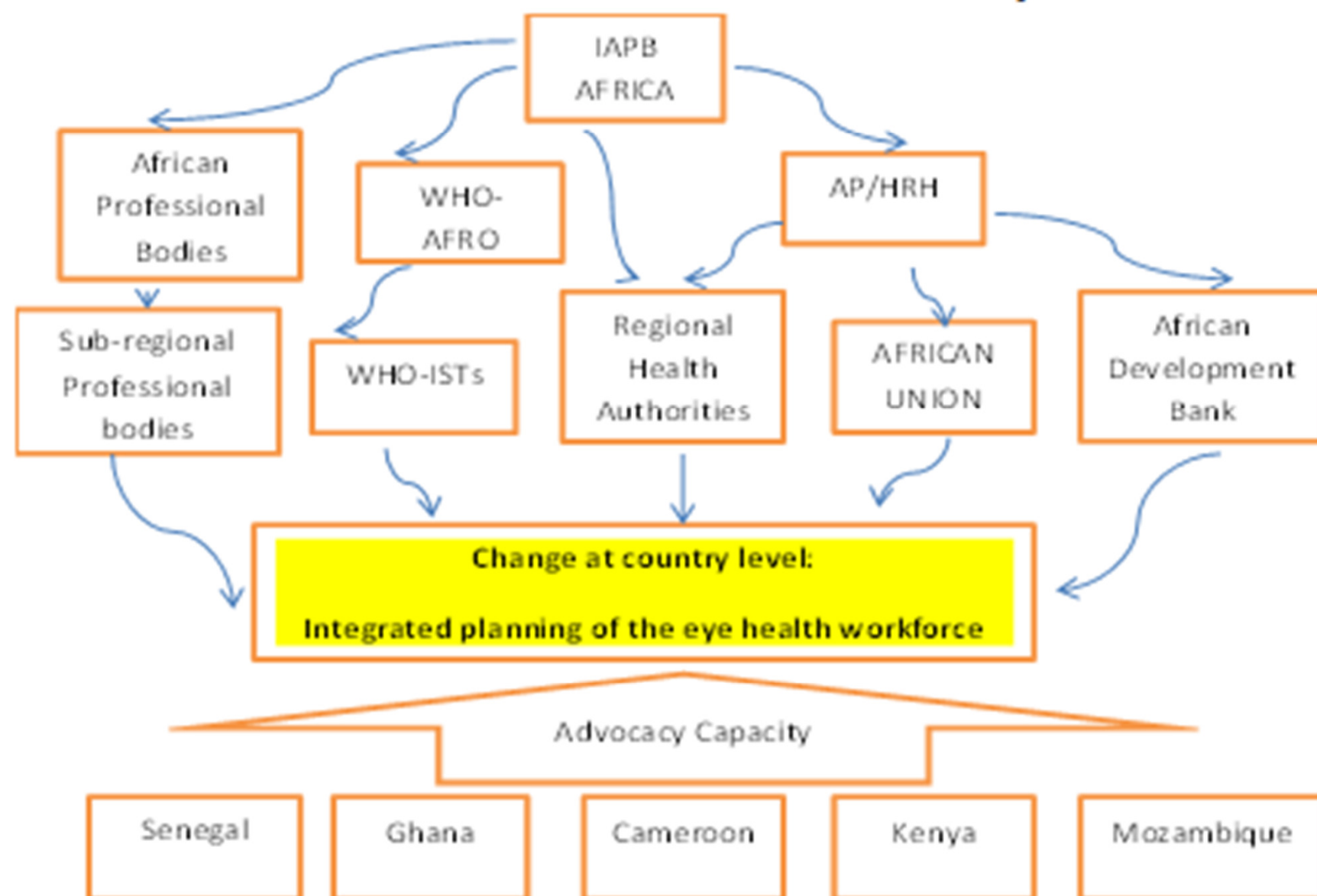
- 1. 10 Year Strategy for HReH now available**
- 2. Two advocacy strategies underway**
 - Regional/Sub-regional advocacy**
 - Capacity building at national level in 5 countries**

Advocacy Strategy

2014-2017

- Regional and Sub-Regional Advocacy**
- National Advocacy**

Joined-UP Advocacy



Objective 3: Multi-sectoral Engagement and Effective Partnerships

1. **Regional Health Bodies:** ECSA HC and WAHO

2. **WHO-Afro:**
 - Dr. Minchiotti: Focal Person
 - Mr. Miguel Peixoto: HMIS
 - Dr. Adam Ahmat: HRH
 - 3 Inter-country support teams (ISTs)

3. **African Platform for HRH**
 - Prof. Francis Omaswa ACHEST
 - Dr Patrick Kadama AP/HRH

Our objective is to work with existing strategic partners to reach and influence a wider range of health policy makers in Africa – AU, AfDB, Ministers of Finance, Ministers of Health

Members Working Together Organisationally

- **CEOs**: Encourage country teams to support the process
- **CEOs**: Encourage country staff to get involved in Task Teams and Working Groups
- **CEOs**: Increase the commitment to Francophone Africa
- **Countries**: Support the training institutions (The Dar Pledge)
- **Countries**: Document and share best practice
- **Support Teams**: Promote research into the eye health workforce
- **Funders**: Invest in the eye health workforce

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