Bridging the human resources gap in Africa

Maria Arce Moreira
WCO has adopted the broad competencies of dispensing, refracting, prescribing and the detection of disease/abnormality as the minimum required for individuals to call themselves an optometrist.
Global Causes of Visual Impairment (Including Blindness)

- Uncorrected Refractive Errors: 42%
- Cataract: 33%
- Undetermined: 18%
- Glaucoma: 2%
- Age-related Macular Degeneration: 1%
- Trachoma: 1%
- Diabetic Retinopathy: 1%
- Corneal Opacity: 1%
- Childhood blindness: 1%
The current situation - Africa

Number of optometrists per 50k population

<table>
<thead>
<tr>
<th>Country</th>
<th>Number of Optometrists per 50k Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Botswana</td>
<td>0.975</td>
</tr>
<tr>
<td>Ghana</td>
<td>0.46</td>
</tr>
<tr>
<td>Nigeria</td>
<td>0.79</td>
</tr>
<tr>
<td>Malawi</td>
<td>0.015</td>
</tr>
<tr>
<td>Mozambique</td>
<td>0.015</td>
</tr>
<tr>
<td>South Africa</td>
<td>3.105</td>
</tr>
<tr>
<td>Uganda</td>
<td>0.025</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>0.125</td>
</tr>
</tbody>
</table>
The current situation-South Africa

Public-private sector distribution

<table>
<thead>
<tr>
<th>Public sector</th>
<th>Private sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>77%</td>
<td>97%</td>
</tr>
<tr>
<td>23%</td>
<td>3%</td>
</tr>
</tbody>
</table>

% optometrists
% population
Challenges

• Recognition, regulation and enforcement

• One size does not fit all - new programmes need to be sensitive to cultural context & socio-economic situation and respond where the need and impact is greater

• Development of differentiated skills sets to establish comprehensive eye care systems
Challenges (2)

- Need for a unified approach.
- Ambiguous retention and career development strategies including ensuring access to posts in public health sector.
- Mobility of professionals - accreditation, incentives to practice locally.
- Limited funding for the eye sector
Actions to address the deficit

• WCO’s Global Competency-based Model

• Scale up interventions designed to increase the number of optometrists, optometric and spectacle technicians, refractionists, eye care health workers and vision centre staff.
Actions to address the deficit (2)

• Support the establishment of high quality schools of optometry as part of the Optometry Giving Sight partnership.

• Make local eye care services available through vision centres – Sightsavers, BHVI, VAO.
Actions to address the deficit (3)

• Learn from and support local initiatives aimed at supporting optometrists at all stages of their careers. Ghana Optometric Association internship programme

• Lobby governments to integrate eye health and optometry in the primary public health system.
Establishment of an optometry training programme for Southern Africa

**Benefits:**

• A permanent clinical training site for optometry students to learn in a conducive, well equipped and professional environment

• Easier access to refractive and low vision services by the local community

**Partners:**

Ministry of Health, Malawi College of Health Sciences, Mzuzu University, Brien Holden Vision Institute, OGS
Mozambique Eye Care Project at Universidade Lurio

Establishment of a training programme including a programme of collaborative research.

Benefits:

• Two vision centres in two hospitals of Nampula to provide affordable refractive and low vision services to the community.

• Deployment of optometrists in public hospitals in coordination with the Ministry of Health.

Partners:

• Dublin Institute of Technology, Irish Aid, Universidade Lurio, University of Ulster in Northern Ireland, Ministry of Health, Mozambique Eye Care Coalition, African Vision Research Institute, Higher Education Authority, BHVI, OGS.
Thanks