

# **HUMAN RESOURCES FOR EYE HEALTH IN AFRICA**

## **ADDRESSING THE CRISIS IN FRANCOPHONE AFRICA**

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# 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

IAPB members	Country	Pop. 2013	RAABs/ RAREs	O'gists	Cat. Surgeons	Optoms	AeHPs	CSR 2010
9	Burkina	17 060		26	4	2	156	265
9	Cameroon	22 360	XX	50	2	10	110	704
7	Mali	15 442	XX	34	7	10	119	773
6	Rwanda	11 843	X	12	1	6	34	285
5	Niger	17 777		12	6	11	52	335
5	D.R.C	67 806	X	79	36	21	617	196
5	Burundi	10 188	X	10		2	14	135
4	Senegal	14 188	XX	57	23	2	101	840
4	Togo	6 823		22		2	80	464
4	Guinea	11 796		22	2	4	16	587
3	Chad	12 943		11	7	1	56	176
3	Cote d'Ivoire	20 201		82	17	20	100	275
2	C.A.R	4 608		4	4	7	14	196
2	Benin	10 385		26	3	3	54	357
2	Madagascar	22 989	X	24	42		67	348
1	Comoros	743		1		1	13	750
0	Eq. Guinea	747		2		2	3	95
0	Gabon	1 669		21		3	7	200
0	Congo	4 460		8	3		5	200
<b>Totals</b>	<b>19</b>	<b>273,000,000</b>	<b>10</b>	<b>501</b>	<b>157</b>	<b>107</b>	<b>1,618</b>	
				1/545,000		1/2.5m	1/169,000	

## Eye Health Professionals Per Million

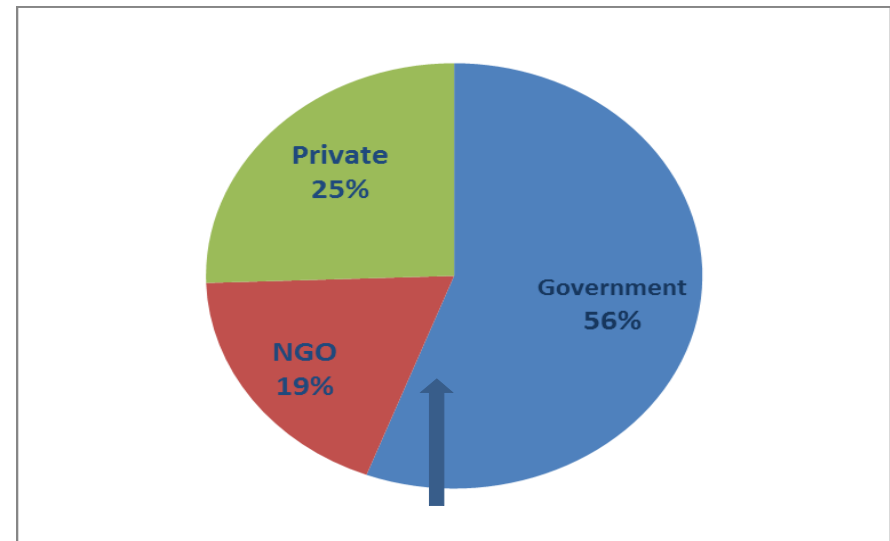
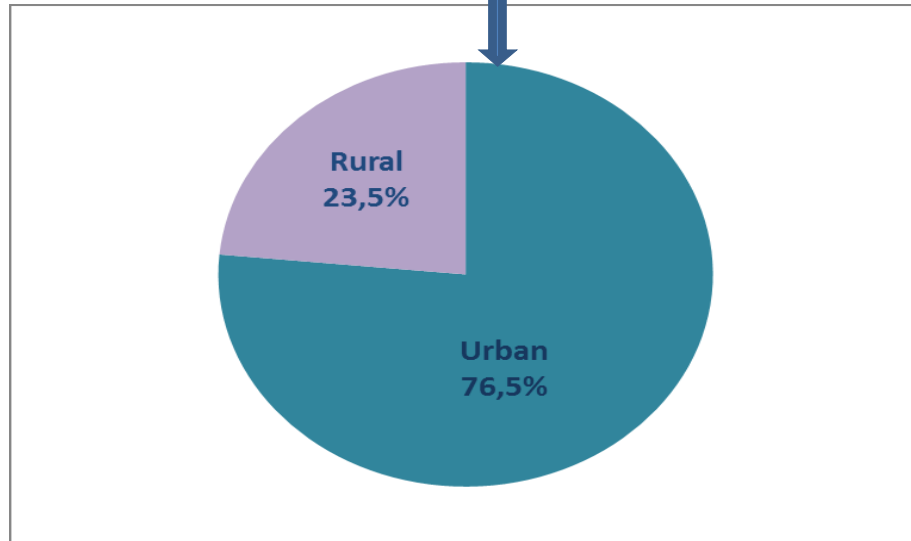
<i>Linguistic Areas</i>	<i>Pop. 2013</i>	<i>O'gists</i>	<i>Optoms</i>	<i>AeHP</i>	<i>Eye Health Professionals Per Million</i>
<i>Anglo</i>	<i>560</i>	<i>1,276</i>	<i>6,636</i>	<i>3,228</i>	<b><i>1/50,289</i></b>
<i>Franco</i>	<i>273</i>	<i>501</i>	<i>150</i>	<i>1,615</i>	<b><i>1/120,476</i></b>
<i>Luso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

# 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

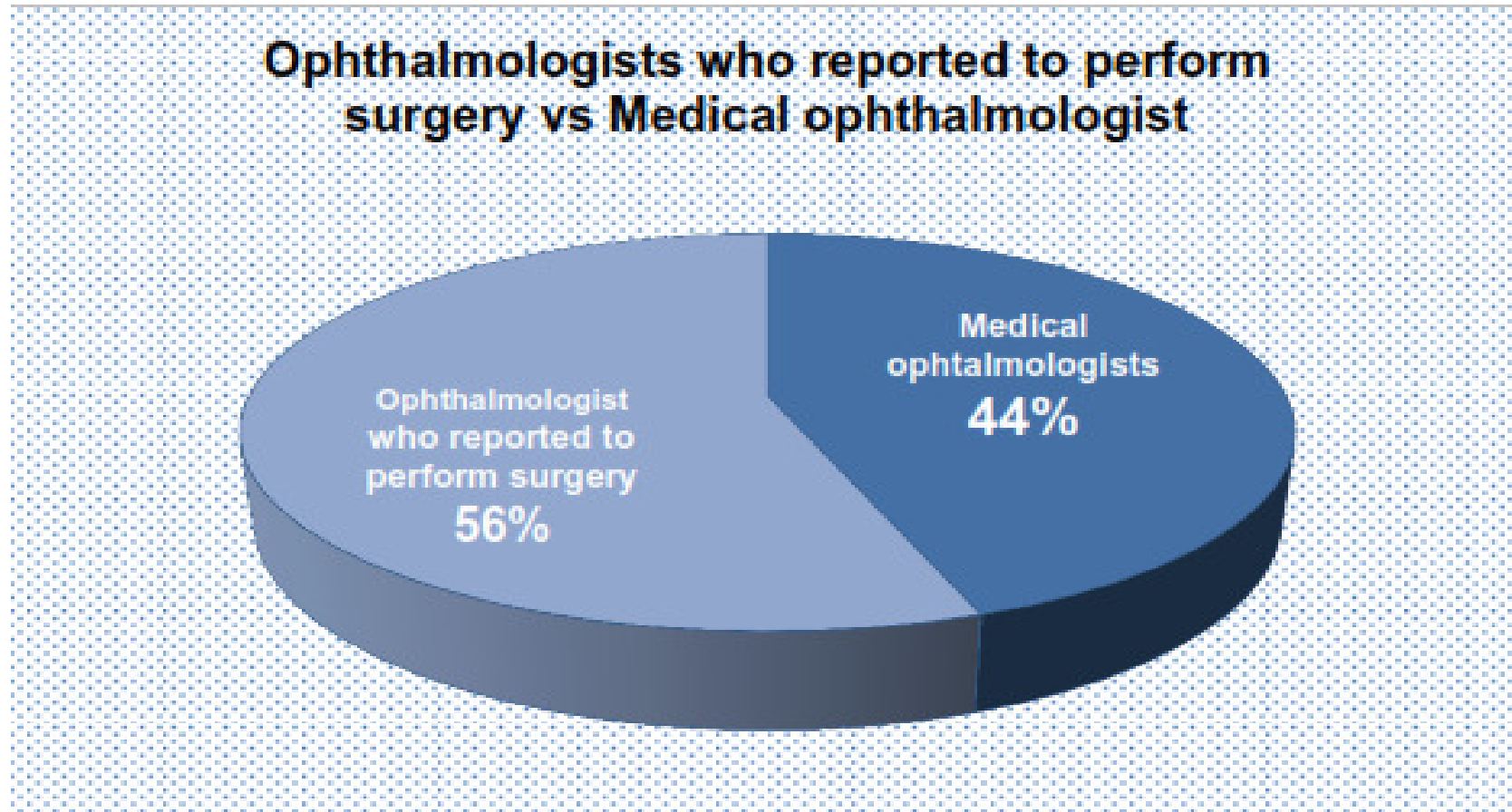
# Detailed Analysis of Ophthalmologists in 7 Countries (ICEH-AVRI Mapping Study 2014)

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



	Benin	DRC	Madagascar	Mali	Rwanda	Senegal	Togo
	25	67	18	35	13	55	22
Government-NGO-Private	16-7-2	20-27-20	10-6-2	30-0-5	10-1-2	36-1-18	9-2-11

# 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 OPHTHALMOLOGISTS

COUNTRY	Available ophthalmologists in 2007	NUMBER OF AVAILABLE OPHTHALMOLOGISTS 2014	RATIO	CSR	GAP	NGO PRESENCE
BENIN	22	29 *	1/340 596	383 *	11	1
BURKINA FASO	25	26	1/685 113	559	45	3
COTE D'IVOIRE	74	110*	1/203 643	170	+20	3
GUINEE	16	24	1/465 667	450	24	3
MALI	30	34	1/469 673	1046	30	5
NIGER	10	17*	1/994 078	885*	50	3
SENEGAL	53	59 *	1/225 430	991 *	+6	3
TOGO	13	25*	1/286 169	406*	3	2

# TRAINING INSTITUTIONS

NAME	COUNTRY	YEAR OF CREATION	NUMBER TRAINED	NATIONALITIES
ABOMEY CALAVI	BENIN	2002	13 + 8 finalising in 2014./ intake of 5 per year	<b>Benin</b> /Burkina Faso/Cameroon/Gabon/RDCongo/
COCODY	Cote d'Ivoire	1979	<b>110 graduates</b> 4 intake per year	<b>Coted'Ivoire</b> /Burkina Faso/Niger/Benin Togo/RDC/Congo/Cameroon/Gabon/Mauritania
DESSO	Guinea	2004	53 Max of 10 intake per year	<b>Guinée</b> /Mali/Niger/Togo/Benin/Cote d'Ivoire
IOTA	MALI	1953	1990 à 2013  <b>140 graduates</b> <b>Intake of 8 per year</b>	<b>Mali</b> /Comoros/Benin/Chad BurkinaFaso/Coted'Ivoire Mali/Mauritanie/Niger Senegal/Cameroon/DjiboutiGuinea /Congo/Togo Equatorial Guinea/ Madagascar/
CHEICK ANTA DIOP	SENEGAL	1975	<b>160 graduates</b>  Intake 6 per year	<b>Senegal</b> /France/ Cote d'Ivoire/Mauritanie Algerie/Maroc/Tunisie/ Mali/Cameroon/Gabon/ Togo/Burkina Faso/Benin
LOME	Togo	2007	0	Togo/Niger/Cameroon/

# 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

# SUCSESSES

- 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