ISDB البنك الإسلامي للتنمية Islamic Development Bank



Burkina Faso

5-Year Action Plan of the Alliance to Fight Avoidable Blindness 2nd Generation 2019-2023 elaborated with the technical support of



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Why the Need is so Urgent

The Alliance to Fight Avoidable Blindness (AFAB) is a partnership program launched by the Islamic Development Bank (IsDB) in 2008, with the aim of using South-South partnership to prevent and cure vision problems, giving people not just the gift of sight, but a path out of poverty. The First Generation had a tremendous success with thousands of people having their vision restored through successful cataract surgery. This Second Generation (AFAB II) ramps up the scale, targeting more eye conditions, building capacity in more countries. AFAB II is led by the IsDB and the Islamic Solidarity Fund for Development (ISFD).

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Some Alarming Eye Health Facts from Burkina Faso



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8% OF PEOPLE OVER 50 are affected by blindness and 17% LIVE WITH LOW VISION

LESS THAN 1% of all diagnosed cases of glaucoma are operated



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ONLY 1 IN 4 cataract patients receives treatment.

1 IN 10 DIABETIC patients suffer from diabetic retinopathy – this will triple by 2045!

The Opportunity

With the adoption of a new Strategic Plan For Eye Health in 2016, a new era for eye health has begun in Burkina Faso. Concrete steps have since been made towards the country's Vision 2020 goals: to eliminate avoidable blindness by the year 2020. Regional eye health programs have been set up and the number of eye health personnel has steadily grown.

Yet to keep pace with a rising and ageing population – it is projected that Burkina Faso's population will more than double until 2050 – more giant leaps are needed to ensure that the country's eye health system continues to operate to its full potential.

There are still far too few eye health personnel working across the country and geographic

distribution of existing eye health cadres is still starkly inadequate. There is no consolidated information on public budget allocation for eye health and funding partnerships in eye health are rather sporadic, patchy and uncoordinated. As eye health is competing for government funding with other more pressing health issues, the Directorate for the Prevention and Control of Non-Communicable Diseases (DPCM) is chronically underfunded. As a result, there is a persistent shortage of essential eye care medicines, supplies and equipment.

Working together, we can ramp up the scale of efforts to make the National Eye Health Program a resounding success and be catalysts for far-reaching social change!

Our vision is crystal clear: each Burkinabé shall have access to comprehensive quality eye health services.

Did you know that in Burkina Faso, only 31 ophthalmologists are currently serving a population of almost 20 million people? For a country where roughly 74,000 people are blind and another estimated 401,000 are mildly or severely visually impaired, we feel the urge to act now. We have high hopes, especially since we know that one in eight cases of blindness can in fact be prevented or easily cured – with the right medical prevention and treatment.

Taking a System-Strengthening Approach

To stimulate a lasting change for individuals and for generations to follow, we look beyond the visible symptoms and tackle the root causes of the country's fragile eye health system. We reach out to bring services to the people, train human resources for eye health and strengthen the overall system by investing in equipment and adequate workspace. We commit to each of the building blocks for eye health as promoted by the World Health Organization (WHO):



With your Contribution you Can

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Join an international Alliance to Fight Avoidable Blindness (AFAB)



Help health ministries of the poorest countries in Africa build robust eye health systems



Give access to locally produced spectacles





Enable millions of people to lead an independent life



Diagnose eyesight problems and stop preventable blindness before it is too late

Enable hospitals and clinics to have the right equipment, trained nurses and eye health personnel to give the best possible treatment

Give over a million people access to their own ophthalmologists who speak their own language

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Awa's New Vision - Restoring Sights, Renewing Lives

We can see Awa Winiga's eyes light up when she talks about her former life in the village. The 50 year old woman hesitantly points to the little vegetable field she used to farm. "This was a long time ago", she sadly remarks. As she started seeing everything more and more blurred, she also had to give up her favorite pastime: baking her special wheat cakes, for which she was so famously known across the whole village!

Corrective surgery was way beyond her means. Like millions of low-income cataract sufferers in a country of nearly 20 million people, she could only prepare to go blind. Her worries ended when she heard about a mobile health clinic in the nearby town of Garanga, where doctors gave small incision cataract surgeries to restore peoples' eyesight. Nervous but in pleasant anticipation that she would soon be able to see again, Awa and her daughter embarked on a journey to the nearby town. Just a few hours later she found herself in a small room when an ophthalmic nurse helped her to lift the bandage from both her eyes. "I can see the horizon", she joyfully cried, her eyes brimming with tears. This time, however, these were tears of joy. "I've been given more than the gift of sight – I've been given the gift of a new life", she happily rejoiced on her way back home.



The Change we Seek

The change we seek is reflected in our ambitious five-year AFAB II Action Plan, which addresses these different entry points for change within the following five program components:



	COMPONENT 1 Provision of eye care services with a focus on cataract	COMPONENT 2 Uncorrected Refractive Errors (URE)	COMPONENT 3 Glaucoma services	
The change we seek at SERVICE PROVISION LEVEL	The ratio eye health personnel per habitant is improved. Children receive better eye care services by specifically trained ophthalmologists.	Burkinabé people in all 13 regions have access to screening for URE.	More Burkinabé people have access to specialized glaucoma care.	
The change we seek at HUMAN RESOURCE DEVELOPMENT LEVEL	Ophthalmologic trainings are of higher quality and more tailored to local needs.	More eye health personnel are trained in refractometry.	More ophthalmologists and eye care personnel know how to diagnose, refer and treat glaucoma.	•
The change we seek at INFRASTRUCTURE LEVEL	The regional hospitals are fully equipped with state-of the- art ophthalmologic infrastructures, equipment and consumables.	A national optometry school for local training of optometrists is set up and running with adequate resources	Public health services include 2 specialized glaucoma treatment centers are set up and running with adequate resources.	_
The change we seek for LEADERSHIP, GOVERNANCE AND AWARENESS	Health decision makers understand the importance of resource mobilization. More Burkinabé people seek medical help for their eye conditions.	The cadre of optometrist is officially recognized.	Sufficient health budget is allocated to ensure the functioning of the glaucoma treatment centers.	
OUR ENVISAGED RETURNS UNTIL 2023	41,000 CATARACT SURGERIES ARE PERFORMED	10,000 SPECTACLES ARE DISTRIBUTED	AT LEAST 1 SPECIAL UNIT FOR GLAUCOMA TREATMENT IS SET UP AND RUNNING	

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	COMPONENT 4	COMPONENT 5	
	Diabetic Retinopathy (DR) treatment	Capacity development as a cross-cutting aspect	
	Burkinabé people suffering from DR can be treated in their own country.	ifering from DR can treated in their own untry.of eye health conditions in Burkina Faso is known and there exists up-to-date supporting evidence.phthalmologists trained as DR ecialists.• A pro-poor strategy is designed and implemented.pecialized DR atment centers are up and running h adequate sources.• DPCM is a strong implementation lead in terms of program 	
	2 ophthalmologists are trained as DR specialists.		
	2 specialized DR treatment centers are set up and running with adequate resources.		We Invest our Experience, Expertise and Resources to
	Sufficient health budget is allocated to ensure the functioning of the DR treatment centers.		 improve our service provision quality, build up human resources, provide the necessary supporting infrastructure, and foster leadership and governance structures.
	AT LEAST 1 SPECIAL UNIT FOR DIABETIC RETINOPATHY TREATMENT IS SET UP AND RUNNING	ALL EYE HEALTH ACTIVITIES ARE BETTER COORDINATED AND CAPITALIZED ON	

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How we will Deliver the AFAB II Objectives

To meet our targets and increase the impact over time, we have a clear plan to translate our vision into lived reality.



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COMPONENT 1

Comprehensive eye health (emphasis on cataract)

Eye health services by highly qualified eye health specialists are accessible to the population (emphasis on cataract)

- Annual mobile mass screenings and surgical cataract campaigns covering all 13 regions
- Training of at least 6 additional ophthalmologists during a 4-year ophthalmology diploma course in Ouagadougou
- Physical adjustment to improve training facilities, e.g. installation of a new wet lab, use of telemedicine, and the set up of a competence lab for ophthalmologic technician students
- Training of at least 10 ophthalmologists in Manual Small Incision Cataract Surgery (SICS)
- Training of ophthalmologists in pediatric eye health services
- Training of at least 30 additional ophthalmic technicians at the National Public Health School

The necessary products and technology are in place to ensure adequate eye health treatment (emphasis on cataract)

- Inventory taking of all existing equipment and consumables to assess the needs and priorities for investment
- Provision of adequate workspace for ophthalmology: new building construction for 6 regional hospital centers and 30 medical centers with surgical units
- Supply of consumables and equipment to ensure adequate eye care for all
- Logistical support to ensure mobile outreaches (e.g. vehicle provision)
- Training of Trainers (ToT) for adequate equipment and supply operation & maintenance

REQUIRED BUDGET: USD 7,300,000,-



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COMPONENT 2

Uncorrected refractive errors (URE)

Uncorrected refractive errors are treated by highly qualified eye health specialists.

- Annual mobile mass screenings for URE detection covering all 13 regions
- Training of at least 6 optometrists, 16 ophthalmic technicians specialized in refractometry, 30 spectacle technicians and 8 general ophthalmic technicians until 2023 (possibly at IOTA in Mali or MICEI in Cameroon)
- Advocacy initiatives for the recognition of the cadre of optometrist in the country's public health system
- Medium- to long-term measures: set up of a national optometry school to reduce training costs and increase the number of eye health specialists in Burkina Faso

The necessary products and technology are in place to ensure adequate treatment of uncorrected refractive errors.

- Advocacy for the set-up/strengthening of a fully equipped optical workshop and design of a spectacles distribution system jointly with the ophthalmic centers
- Provision of necessary equipment and consumables for all trained beneficiaries (optometrists, ophthalmic technicians)
- Provision of 10,000 spectacles for adults and children at public eye health centers

REQUIRED BUDGET: USD 5,900,000,-

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Glaucoma surgeries are performed by highly qualified eye health specialists

- Training of 10 ophthalmologists in proper surgical interventions for glaucoma
- Training of 2 glaucoma subspecialists
- Training of 20 general ophthalmic staff (e.g. ophthalmic technicians, anesthetists, etc.)

The necessary products and technology are in place to ensure adequate glaucoma treatment.

• Set-up of 2 glaucoma units and provision of all necessary equipment and consumables

REQUIRED BUDGET: USD 1,200,000,-



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COMPONENT 4 Diabetic retinopathy (DR)

Diabetic retinopathy treatments are performed by highly qualified eye health specialists.

• Training of at least 2 diabetic retinopathy specialists (medical and vitreoretinal surgery)

The necessary products and technology are in place to ensure adequate diabetic retinopathy treatment.

 Set-up of 2 diabetic retinopathy units in Ouagadougou and Bobo Dioulasso and provision of all necessary equipment and consumables

REQUIRED BUDGET: USD 1,500,000,-



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COMPONENT 5 Capacity development (cross-cutting aspect)

The research results on eye health are capitalized on.

- Conduction of Rapid Assessments of Avoidable Blindness (RAABs) in 3 regions to support eye health planning
- Systematic data collection support via the use of the 'District Health Information Software 2' (DHIS2)

Eye health costs are subsidized by the government.

- Support of a pro-poor strategy and action plan by the Directorate for the Prevention and Treatment of Non-Communicable Diseases and other partners
- Advocacy for resource mobilization to ensure effective implementation of the action plan

Eye health is a priority sector within the public health program.

- Set-up of a Technical Eye Health Committee and advocacy for a public eye health communication plan
- Implementation of a community-based communication campaign on eye health

Effective monitoring and evaluation of all eye health activities.

- Technical field support and implementation of a mid-term and final evaluation
- Development of the new Strategic Plan to Fight Avoidable Blindness 2021-2026
- Supervision and oversight by the National Center for the Elimination of Avoidable Blindness in all 13 regions

All eye health interventions are better coordinated.

- Human resource strengthening at the Directorate for the Prevention and Treatment of Non-Communicable Diseases
- Provision of office equipment and supplies at the Directorate

REQUIRED BUDGET: USD 6,400,000,-

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Joining Forces

WORKING TOGETHER, WE CAN BE CATALYSTS FOR FAR-REACHING SOCIAL CHANGE.

With the Burkinabé government in the driving seat, we are joining forces to expand coverage and quality of eye health services across the country. Our main partners include the national and regional health directorates as well as the primary health facilities at district level, while NGOs and community structures complement our efforts. We are especially proud of our Technical Eye Health Committee as our captain to steer this program towards our envisaged goals. The Committee includes stakeholders from all Burkinabé key sectors related to the prevention of blindness.



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- Eye health personnel per diem
- Salaries & per diems of allied eye health personnel
- Standard medication and consumables used in eye health
- Infrastructure, operation & maintenance costs

It is an ambitious plan. But the results will not just be eye-opening, they will be life-changing.

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Our Wider Impact

Your support to this Action Plan will directly contribute to our vision that each Burkinabé shall have access to comprehensive quality eye health services. We therefore invite you to provide the gift of sight to thousands of people in Burkina Faso helping them see a clear path out of poverty. As part of the larger AFAB II program spanning across 13 member countries, the leverage of this Action Plan is immense. Through promoting a South-South partnership we will lay the foundations for strong and sustainable eye health services across the African continent.

OUR VISION + YOUR INVESTMENT = A BRIGHTER FUTURE







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