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Islamic Solidarity Fund for Development



# Burkina Faso

5-Year Action Plan of the Alliance to Fight  
Avoidable Blindness 2<sup>nd</sup> Generation

Elaborated  
with the technical  
support of

 **LIGHT**  
FOR THE WORLD

# Why is the Need 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 partnerships 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).*



## Some Alarming Eye Health Facts from Burkina Faso



**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 on.



**ONLY 1 IN 4 CATARACT PATIENTS** receive treatment.



**1 IN 10 DIABETIC PATIENTS** suffer from diabetic retinopathy – this is set to 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. Tangible 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 up 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 who are 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 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? In 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 6 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:



*Join an international Alliance to Fight Avoidable Blindness (AFAB)*



*Help Ministries of Health of the poorest countries in Africa build robust eye health systems*



*Enable millions of people to lead an independent life*



*Give people access to locally produced glasses*



*Help in the diagnosis of eyesight problems and stop preventable blindness before it's too late*



*Enable hospitals and clinics gain access to 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*

## Restoring Sights - Renewing Lives

We can see Awa's eyes light up when she talks about her former life in the village. She 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 were providing small incision cataract surgeries to restore people's eyesight. Nervous but with an eager 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.



*With our new Action Plan, we can build up a comprehensive and sustainable eye care system in Burkina Faso. We strive to reach even more people like Awa and help them see again.*

# The Change we Are Seeking

The change we are seeking is reflected in our ambitious five-year AFAB II Action Plan, which addresses these different entry points for change within the following 5 program components:



## COMPONENT 1

Provision of eye care services with a focus on cataract

## COMPONENT 2

Uncorrected Refractive Errors (URE) treatment

## COMPONENT 3

Glaucoma services



The change we are seeking 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 are seeking at **HUMAN RESOURCE DEVELOPMENT LEVEL**

Ophthalmologic trainings are of higher standard 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 are seeking 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 are seeking 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 the optometrist is officially recognized.

Sufficient budget is allocated to ensure the functioning of the glaucoma treatment centers.

**WHAT WE HOPE TO ACHIEVE**

**41,000 CATARACT SURGERIES ARE PERFORMED.**

**10,000 SPECTACLES ARE DISTRIBUTED.**

**AT LEAST 1 SPECIAL UNIT FOR GLAUCOMA TREATMENT IS SET UP AND RUNNING.**



#### COMPONENT 4

##### Diabetic Retinopathy (DR) treatment

Burkinabé people suffering from DR can be treated in their own country.

2 ophthalmologists are trained as DR specialists.

2 specialized DR treatment centers are set up and running with adequate resources.

Sufficient health budget is allocated to ensure the functioning of the DR treatment centers.



#### COMPONENT 5

##### Capacity development as a cross-cutting aspect

- The prevalence of eye health conditions in Burkina Faso is known and up-to-date supporting evidence exists.
- A pro-poor strategy is designed and implemented.
- DPCM is a strong implementation lead in terms of program coordination and monitoring and evaluation.
- The eye health sector receives the necessary resources and attention by the country's public health system.



### We Invest our Experience, Expertise and Resources to

1. *Improve the quality of provided services,*
2. *Build up human resources,*
3. *Provide the necessary supporting infrastructure, and*
4. *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.**

# How we will Deliver the AFAB II Objectives

*To achieve the changes we have planned and increase the impact over time, we have a clear strategy and a clear plan to translate our vision into lived reality.*



## COMPONENT 1

**Provision of comprehensive eye health services with a focus on cataracts**

**EYE HEALTH SERVICES BY HIGHLY QUALIFIED EYE HEALTH SPECIALISTS ARE ACCESSIBLE TO THE POPULATION.**

- 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
- Improvements of 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 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.***

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

**REQUIRED BUDGET: USD 7,638,000.–**



## COMPONENT 2

**Uncorrected Refractive Errors (URE) treatment**

**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 glasses technicians and 8 general ophthalmic technicians
- Advocating for the recognition of the cadre of optometrist in the country's public health system
- Medium to long term measures: set up a national optometry school to reduce training costs and increase the number of eye health specialists in Burkina Faso

***The necessary products and technologies are in place to ensure adequate treatment of URE.***

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

**REQUIRED BUDGET: USD 6,206,000.–**



**COMPONENT 3**  
*Glaucoma services*

**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.***

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

**REQUIRED BUDGET: USD 1,219,000.–**



**COMPONENT 4**  
*Diabetic Retinopathy (DR) treatment*

**DR TREATMENTS ARE PERFORMED BY HIGHLY QUALIFIED EYE HEALTH SPECIALISTS.**

- Training of at least 2 DR specialists (medical and vitreoretinal surgery)

***The necessary products and technologies are in place to ensure adequate DR treatment.***

- Setting up 2 DR units in Ouagadougou and Bobo Dioulasso and provision of all necessary equipment and consumables

**REQUIRED BUDGET: USD 1,511,000.–**



**COMPONENT 5**  
*Cross-cutting capacity development*

**THE RESEARCH RESULTS ON EYE HEALTH ARE CAPITALIZED ON.**

- Carrying out 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.***

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

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

- Setting up a technical eye health committee and advocacy for a public eye health communication plan
- Implementing a community-based communication campaign on eye health

***All eye health activities are effectively monitored and evaluated.***

- Technical field support and implementation of a mid-term and final evaluation
- Developing a 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.***

- Supporting staff at the Directorate for the Prevention and Treatment of Non-Communicable Diseases
- Providing office equipment and supplies to the Directorate

**REQUIRED BUDGET: USD 1,856,000.–**

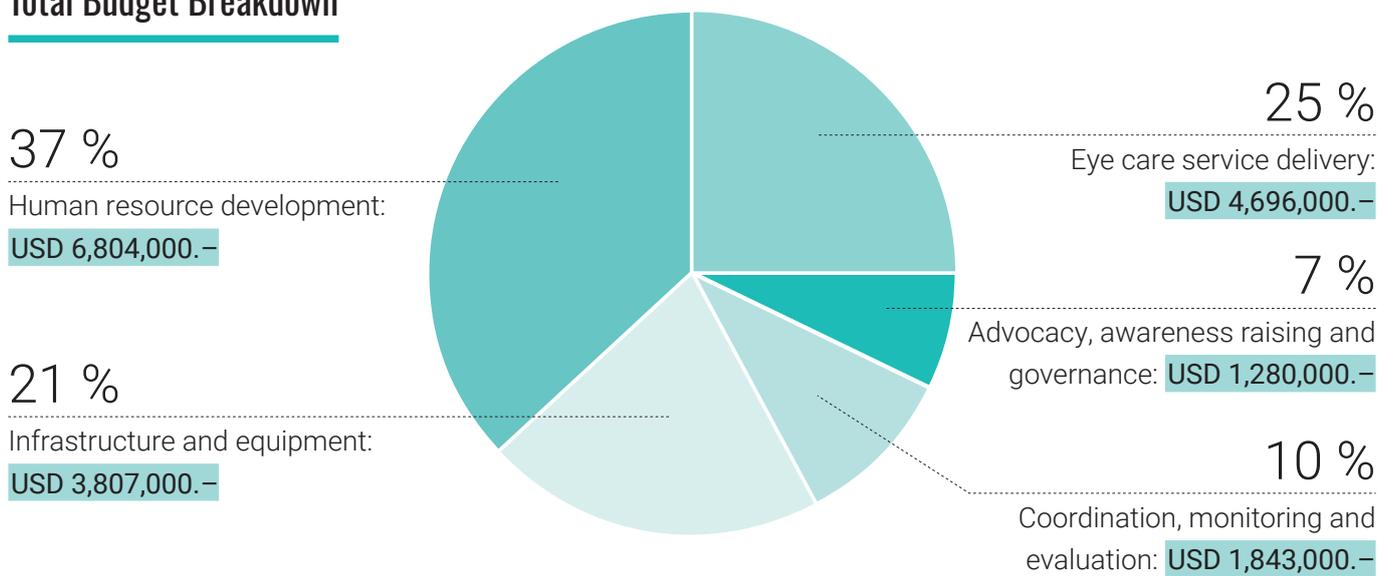
# Joining Forces

## 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.

### Total Budget Breakdown



Budget required for Burkina Faso: **USD 18,430,000.-**

### The Burkinabé Government Commits USD 4,500,000.- to Fund:

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

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

# 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 South-South partnerships, we will lay the foundations for strong and sustainable eye health services across the African continent.

OUR VISION + YOUR INVESTMENT = **A BRIGHTER FUTURE**



*Kouka, 66 years old, was almost completely blind from a cataract. He saved money for a busdrive to the clinic, where he finally received surgery. Now, he is able to support his family again.*



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