



۲



Niger



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





## 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).

۲

 $( \blacklozenge$ 

#### Some Alarming Eye Health Facts from Niger



There are about **495,000 CASES OF BLINDNESS.** 



**THE SURGICAL COVERAGE RATE FOR CATARACTS** was 471 per million inhabitants in 2017.



The prevalence of **REFRACTIVE ERRORS** is **UNKNOWN**.



**2,085 CASES OF GLAUCOMA** were reported in 2018 by ophthalmic services.

76% OF DIABETES CASES ARE UNDIAGNOSED.

#### The Opportunity

In Niger, the strong political commitment to install the first ophthalmological units in district hospitals and to fund cataract surgeries has gained partners' support. The main challenge for Niger is to increase funding in the health sector. In 2014, it was allocated just 5.3% of the state budget whereas 10% is recommended by the World Health Organization (WHO). There is also a need to support the establishment of health

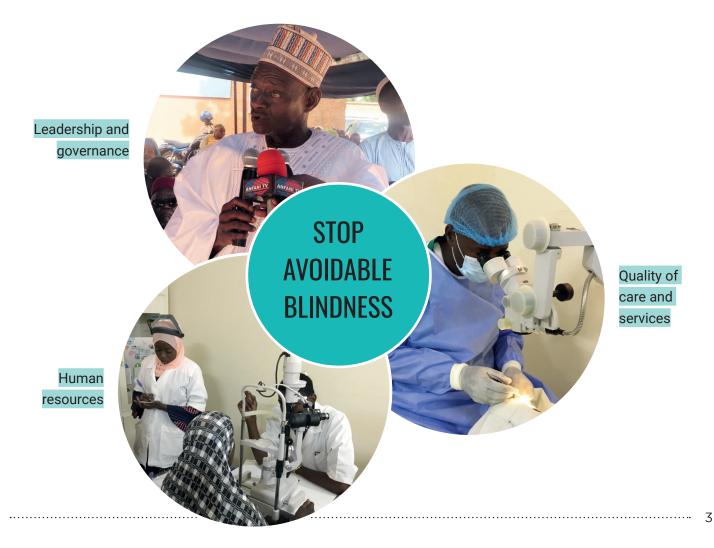
insurance (mutuelles de santé) and strengthen its management to reduce direct payments by households. The mobilization of additional financial resources is needed to bring specialized eye health care closer to the communities, through advanced surgery campaigns, coordination, monitoring and evaluation, and strengthening eye care units. Support from partners should be better structured and developed in a way that can meet these needs.

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

Did you know that in 2019 only 23 ophthalmologists, 100 ophthalmic technicians and 29 optometrists were responsible for providing eye care to 22.5 million Nigeriens? In a country where roughly 495,000 people are blind, we feel the urge to act now. We have high hopes, as we know that 6 in 8 cases of blindness can be prevented or easily cured We could, with good planning and adequate resources, improve the situation and allow access to quality eye care at national level.

#### Taking a System-Strengthening Approach

Niger embraced the shift in approach of the AFAB program towards a system strengthening approach. The objective of Niger's plan is to make specialized eye care accessible to the people of Niger. While continuing to reduce the prevalence of cataract blindness, actions will expand to other preventable eye diseases. In this way, the focus will be on the development and capacity building of local human resources and ensure their sustainability beyond AFAB II through the following 3 pillars:



## With your Contribution you Can:

 $(\mathbf{0})$ 



Join an international Alliance to Fight Avoidable Blindness (AFAB)



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



Give people access to locally produced glasses





Enable millions of people to lead an independent life



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

#### Seeing Again Means Living Again

۲

Mariama Garba is 68 years old and lives in Niamey. She had her right eye operated for a cataract in February 2019. They told her that she would need to be patient for a few months before her left eye could be operated on as well. The more time passed, the more her sight was worsening.

She was full of hope when she learned that there would be a mobile center for cataract surgery. "Now I thank my God that I've been able to get my sight back in both eyes. I can go back to my work and take care of my grandchildren. May God bless you and assist you as well as those who work with you to bring assistance to the most vulnerable like us."



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

.....



## The Change we Are Seeking

۲

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 6 program components:

۲

6 ....

		$ \frown  $				
	COMPONENT 1 Cataract care	COMPONENT 2 Uncorrected	COMPONENT 3 Glaucoma services			
		Refractive Errors (URE) treatment		<b></b>		
The change we are seeking at SERVICE <b>PROVISION LEVEL</b>	Patients have access to cataract services through rural surgical outreaches.	School age Nigeriens have access to refractive errors screening.	Nigeriens have access to diagnostic and specialized glaucoma care.	•		
The change we are seeking at HUMAN RESOURCE LEVEL	Surgical capacities of ophthalmologists are strengthened.	Eye health care providers and school teachers join efforts to detect refractive errors.	2 ophthalmologists are trained as glaucoma specialists.			
The change we are seeking for LEADERSHIP, GOVERNANCE AND AWARENESS	The outcome of cataract surgeries is systematically monitored.	Decision makers support provision of refractive services in schools.	A glaucoma reference care unit is adequately set up and funded to ensure it keeps running.			
WHAT WE HOPE TO ACHIEVE.	101,500 CATARACT PATIENTS ARE OPERATED ON.	62,250 GLASSES ARE HANDED OUT TO STUDENTS IN NEED.	ALL CASES OF GLAUCOMA DETECTED ARE TREATED.			

			•	
		<u> </u>		
	COMPONENT 4	COMPONENT 5	COMPONENT 6	
(	Diabetic Rethinopathy (DR) treatment	Leadership and governance	Cross-cutting capacity building	
•	Nigeriens suffering from diabetic retinopathy have access to care in their own country.	Niger eye health sector receives necessary resources and attention from the Government.	Patients are treated by skilled health care providers in adequate equipped space.	
	2 ophthalmologists are trained as diabetic retinopathy specialists.	Local authorities are mobilized for improving awareness about eye health.	Eye health providers are well trained and close to the patients.	
	The diabetic retinopathy reference care unit is adequately set up and funded so that it keeps running.	The evidences supporting decision making about eye health are collected at each level of the public health system.	Maintenance of optical equipment is sustainably ensured by trained and enough personnel.	
	A FUNCTIONAL REFERENCE CARE UNIT FOR DIABETIC RETINOPATHY IS IN PLACE.	A SOUND EYE HEALTH STRATEGY (2020-2024) IS IMPLEMENTED.	MORE VISIBILITY AND AWARENESS ON EYE HEALTH IN THE PUBLIC HEALTH SYSTEM AND IN COMMUNITIES.	

# How we will Deliver the AFAB II Objectives

 $( \blacklozenge$ 

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 Cataract treatment

#### **OUR STRATEGY**

 $( \mathbf{\Phi} )$ 

Eye care services with a focus on cataracts are made accessible to the entire population. The most vulnerable are targeted and rural areas reached using advanced strategy. The approach is adapted to the local context and availability of local qualified eye health personnel.

#### **OUR IMPLEMENTATION APPROACH**

- Organize 91 rural cataract surgeries each year in different settings according to the need
- Organize 1 training session on specific cataract surgery technique for 6 ophthalmologists
- Provide the Eye Health Program with equipment for advanced cataract surgery campaigns
- Provide all 8 regions with advanced cataract surgery campaign equipment
- Conduct an annual surgery quality survey

#### REQUIRED BUDGET: USD 8,958,000.-



COMPONENT 2 Uncorrected Refractive Errors (URE) treatment

#### **OUR STRATEGY**

We aim to organize campaigns in every region of the country for screening primary school children for URE in collaboration with pedagogical teams, who are appropriately trained and equipped. Children in need are referred to nearby ophthalmologic centers to access free glasses or appropriate care as relevant.

#### **OUR IMPLEMENTATION APPROACH**

- Train school teachers, pedagogical counsellors, inspectors on detection of refractive errors
- Test visual acuity of 975,000 primary school children in 5 years
- Correct the eyesight of all children with URE in order to improve academic performance (anticipated distribution of 62,250 pair of glasses)
- · Acquire of the necessary material for refraction
- Correction of ametropia and provision of corrective lenses

#### REQUIRED BUDGET: USD 2,587,000.-

COMPONENT 3 Glaucoma treatment

#### **OUR STRATEGY**

۲

We hope to set up a referral system based on equipped local centers of ophthalmology and the cataract surgical outreaches and create a specialized reference center to manage the detected cases of glaucoma.

#### **OUR IMPLEMENTATION APPROACH**

- Set up a care unit for treating glaucoma at the National Hospital Lamordé including the rehabilitation of the infrastructures and the provision of appropriate equipment
- Strengthen eye health services at all levels of the health system by the provision of appropriate equipment and trainings for the detection of glaucoma cases
- Train 12 ophthalmologists from regional hospitals in glaucoma surgery in Niamey
- Train 2 ophthalmologists as glaucoma specialists to be based in the National Hospital

#### of Lamordé

• Screen for glaucoma in all ophthalmology centers including primary eye care units

#### REQUIRED BUDGET: USD 1,929,000.-

#### COMPONENT 4 Management of Diabetic

Retinopathy (DR)

#### **OUR STRATEGY**

We aim at setting up a functional management unit of DR where all eye care centers can refer patients.

#### **OUR IMPLEMENTATION APPROACH**

- Train 2 ophthalmologists as DR specialists
- Set up the specialized DR treatment unit in the Hospital of Niamey
- Provide the appropriate equipment to the specialized unit to receive referred patients

#### **REQUIRED BUDGET: USD 319,000.-**

COMPONENT 5 Improved leadership and governance

#### **OUR STRATEGY**

Set the basis for structured and informed decision making of the National Eye Health Program while increasing the need for eye health services via awareness raising among the population.

#### **OUR IMPLEMENTATION APPROACH**

- Develop and implement with all the relevant stakeholders, a new strategic plan for the period 2020-2024
- Develop and implement a communication plan on AFAB II targeted diseases (cataract, uncorrected refractive errors, glaucoma and

diabetic retinopathy) involving local authorities and associations.

- Set up an intersectoral and multidisciplinary committee that will advocate for the Eye Health Program towards the government and other partners
- Conduct a national blindness prevalence survey and strengthen the monitoring and evaluation system, integrating eye health in the existing health monitoring system

#### REQUIRED BUDGET: USD 2,133,000.-



COMPONENT 6 Cross-cutting capacity building

#### **OUR STRATEGY**

To level the shortage and the retirement of qualified eye health personnel, invest on strengthening local curricula as well as rely on external structures to train new human resources and improve coverage for eye care. Capacity building in maintenance of eye health equipment will lay the foundations for the sustainability of the system.

#### **OUR IMPLEMENTATION APPROACH**

- Train 6 medical doctors in ophthalmology in Niamey (4 years)
- Train 6 health officers as licensed ophthalmic technicians in Niamey (3 years)
- Train 9 licensed ophthalmic technicians in functional exploration in Institut d'Ophtalmologie Tropicale de l'Afrique, Bamako (Mali)
- Establish a regional ophthalmology training center in Niamey
- Train 2 agents in eye health equipment maintenance for covering the whole territory

#### **REQUIRED BUDGET: USD 701,000.-**

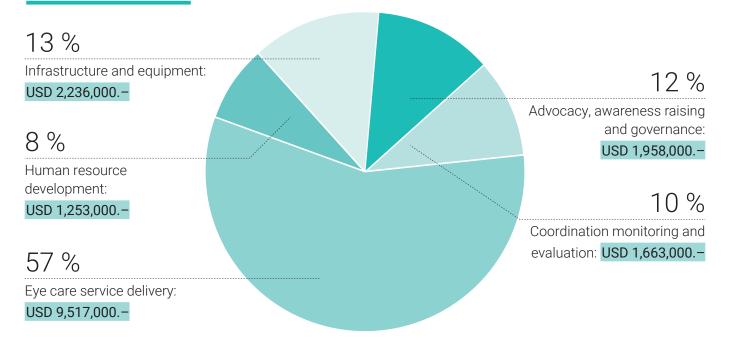
۲

## **Joining Forces**

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

With the Nigerien 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 all the stakeholders of the sanitary pyramid (ie. national, provincial and district levels), while NGOs and community structures complement our efforts.

#### Total Budget Breakdown



 $( \blacklozenge$ 

#### Budget required for Niger: USD 16,627,000.-

#### The Nigerien Government Commits USD 4,307,000.- to Fund:

- Salaries of eye health personnel: USD 3,366,000.-
- Running costs of operating rooms: USD 166,000.-
- Salaries of teachers involved in the detection of refractive errors: USD 775,000.-

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

۲

#### 10 .....

## **Our Wider Impact**

Your support to this Action Plan will directly contribute to the vision that each Nigerien will have access to quality comprehensive eye health services. Furthermore, as part of the second generation of the Alliance to Fight Avoidable Blindness, the leverage is immense. By working together in South-South cooperations, the other 13 AFAB II member countries will also benefit, laying the foundations for strong and sustainable eye healthservices across the African continent. Mrs. Biba Garba, age 67, lives in the neighborhood of Liberté, Niamey. We met her at a mobile surgery unit for cataract treatment organized on the occasion of World Sight Day. "As soon as I heard about the camp, I didn't hesitate for a moment," she confided. "My sight had considerably decreased which bothered me a lot." We found her at her home the day after the surgery; she welcomed us with a great, relieved smile, because she had got her sight back. "I am very thankful to all those who help people like me who don't have the means to access this surgery. When the doctor took off the bandage, he showed me his hands and asked me to verify that I could see well and I answered: "Doctor, it's not necessary to show me your fingers; now I can see you clearly unlike to yesterday when I couldn't see anything."

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



•	•	٠	٠	٠	•	٠	٠	٠	•	٠	٠	٠	•	٠	٠	٠	••



