

STRATEGIC FRAMEWORK FOR THE EXPANSION OF OPTOMETRY IN AFRICA 2017 – 2026

Phase 1: 2017 – 2021



Promoting Sight | Preventing Blindness | Enhancing Life



Mr. Peter Ackland

CEO, International Agency for the Prevention of Blindness

The lack of a trained and competent eye health workforce remains one of the biggest obstacles to our aims of universal eye health and the elimination of avoidable blindness and vision impairment. IAPB has long extolled the virtues of the eye care team and the need to strengthen all professions that make up the eye care team. The release of this strategic framework to strengthen the optometry profession in Africa is most welcome and comes not a moment too soon for the millions of Africans that endure the consequences of unnecessary vision loss.

Prof. Kovin Naidoo

Chair, IAPB Africa and CEO, Brien Holden Vision Institute

The past 10 years have seen a rapid expansion of optometry in Africa. Optometrists are becoming an important part of the African eye health equation especially in the public sector where most of our people are served. This Strategic Framework sets the basis for expanding the pockets of success to a truly African solution. It is a challenge that the IAPB, member agencies and the profession of optometry has to embrace enthusiastically and collaboratively as the future of comprehensive eye health rests with our capacity to build eye care teams with optometry as a critical part of that team.

Dr. Uduak Udom

President, World Council of Optometry

Various INGOs have been involved in optometry training across Africa during the past 17 years, resulting in the expansion of the profession within the region. We have all realised that by building eye care teams and not individual professions we achieve much more. To ensure success in this involvement within the Region, IAPB Africa, AFCO and various INGOs organized a planning workshop in June 2016. The result is this Strategic Framework for the Expansion of Optometry in Africa, 2017-2026. A goal without a plan is just a wish which can fizzle out once the candle is blown out.

Mr. Anguyo Dralega

President, African Council of Optometry

It is about time optometry plays its part and takes its share of responsibility for the provision of eye health services in Africa. INGOs have played their part in promoting and advocating for optometry in Africa and this is commendable. AFCO, through the national associations, needs to drive this agenda for the benefit of our people. As we own this strategic plan, let us give commitment and resources, especially time, to ensure that this document does not just become another plan which gathers dust on bookshelves but rather becomes a tool of transformation of optometry in Africa.

AFCO	AFRICAN COUNCIL OF OPTOMETRY
CPD	CONTINUING PROFESSIONAL DEVELOPMENT
GAP	GLOBAL ACTION PLAN (WHO)
HRH	HUMAN RESOURCES FOR HEALTH
IADb	IAPB AFRICA DATABASE
IAPB	INTERNATIONAL AGENCY FOR THE PREVENTION OF BLINDNESS
INGO	INTERNATIONAL NON-GOVERNMENT ORGANISATION
LRS	LEGAL AND REGULATORY STANDARDS
MSVI	MODERATE TO SEVERE VISUAL IMPAIRMENT
NGO	NON GOVERNMENT ORGANISATION
SDGs	SUSTAINABLE DEVELOPMENT GOALS
URE	UNCORRECTED REFRACTIVE ERROR
UHC	UNIVERSAL HEALTH COVERAGE
VAO	VISION AID OVERSEAS
WCO	WORLD COUNCIL OF OPTOMETRY
WHO	WORLD HEALTH ORGANISATION

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The Strategic Framework

AFCO-IAPB: This Strategic Framework is the result of a unique collaboration between the African Council of Optometry and the International Agency for the Prevention of Blindness in Africa, representing, on the one hand National Optometric Associations and, on the other hand, IAPB member agencies in Africa. Additional support was provided by Regulatory Bodies, the World Council of Optometry and the Optometry Training Institutions.

Vision:

A continent where high quality refractive and eye health services are widely available affordable and accessible.



Mission of AFCO



To facilitate the enhancement and development of eye and vision care by optometrists on the African continent.

Mission of IAPB



To eliminate the main causes of avoidable blindness and visual impairment by bringing together governments and non-governmental agencies to facilitate the planning, development and implementation of sustainable national eye care programmes.

OVERVIEW

Phase 1 (1924-2005): The first school of optometry in Africa was established in South Africa in 1924 but it was not until the 1970s that new schools appeared in South Africa and Nigeria, followed by Tanzania (1979), Ghana (1991) and Ethiopia (2005). Collectively, this first phase of development saw the development of 14 schools of optometry in 5 core countries.

Phase 2 (2005-2015): Following the publication of new data on the burden of Uncorrected Refractive Error in Africa in 2006 and the subsequent signing of the Durban Declaration in 2007, Governments, Professional Bodies and Civil Society collectively responded to further expand access to refractive services in Africa. Between 2008 and 2013 11 new schools of optometry were opened in 9 additional countries.



Phase 3 (2016 – 2026): To a certain extent, the second phase of expansion has leveled out and we now need to consolidate growth to date and prepare for a third wave of expansion over the next 10 years to meet the increasing needs of a growing population, including the developing epidemics of diabetes and myopia. Part of this expansion requires a clear statement of the scopes of practice of all members of the eye health team and this has been addressed by IAPB Africa by developing a set of core competencies for eye health workers, which are now with WHO-Afro for validation.

The Planning Workshop: With this in mind, IAPB Africa and AFCO, with financial support from Brien Holden Vision Institute and Vision Aid Overseas, co-convened a strategic planning workshop in Durban, in June 2016, to plan the way forward. The Workshop was attended by representatives from 17 countries, 19 Training Institutions, 14 professional societies and 4 INGOs.

DIMENSIONS OF THE CHALLENGE

Taken together, Phases 1 and 2 witnessed the dramatic expansion of optometry training opportunities in Africa and the deployment of optometrists across the continent, a fact acknowledged by WHO in Universal Eye Health, 2014-2019 which includes optometrists as one of three key cadres in the second indicator of progress. By the start of the 21st century, AFCO was in place and many new national optometric associations were emerging. Reliable data on the prevalence of URE and presbyopia underpinned the collective response and the workforce is now expanding at around 500 new optometrists every year. There are three significant challenges that need to be addressed in the delivery of this strategy:

1. The Burden of Disease

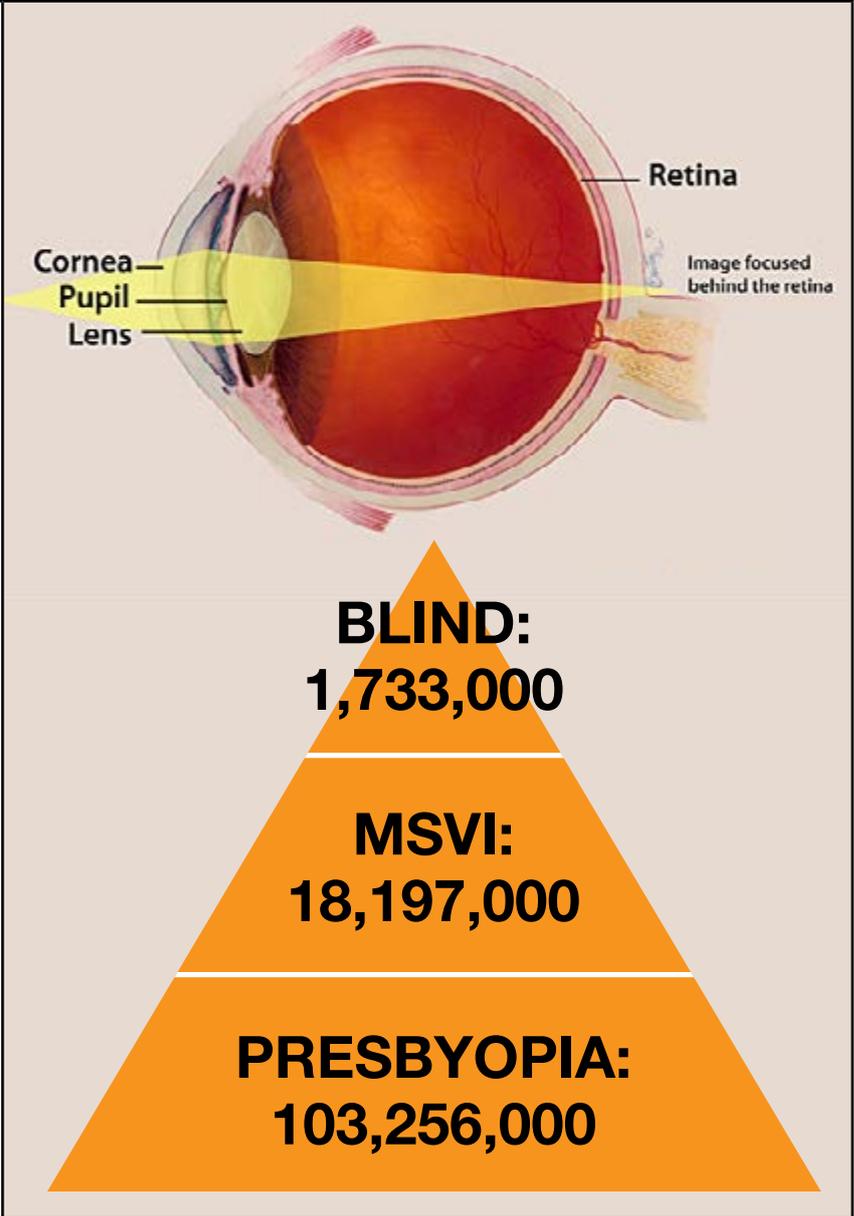
It is now estimated that the population of Sub Saharan Africa will be approximately 1 billion by 2020, rising to over 2 billion by 2050.

The diagram to the left projects the total burden of URE and presbyopia in SSA for a total estimated population of 1 billion in 2020.

It is now estimated that myopia affects 6%-10% of the SSA population and high myopia 1%-1.5%. By 2050, these numbers are predicted to reach 27%-28% and 4%-10% respectively.

With increasing myopia and high myopia, the prevalence of URE and permanent blindness due to related causes are likely to increase.

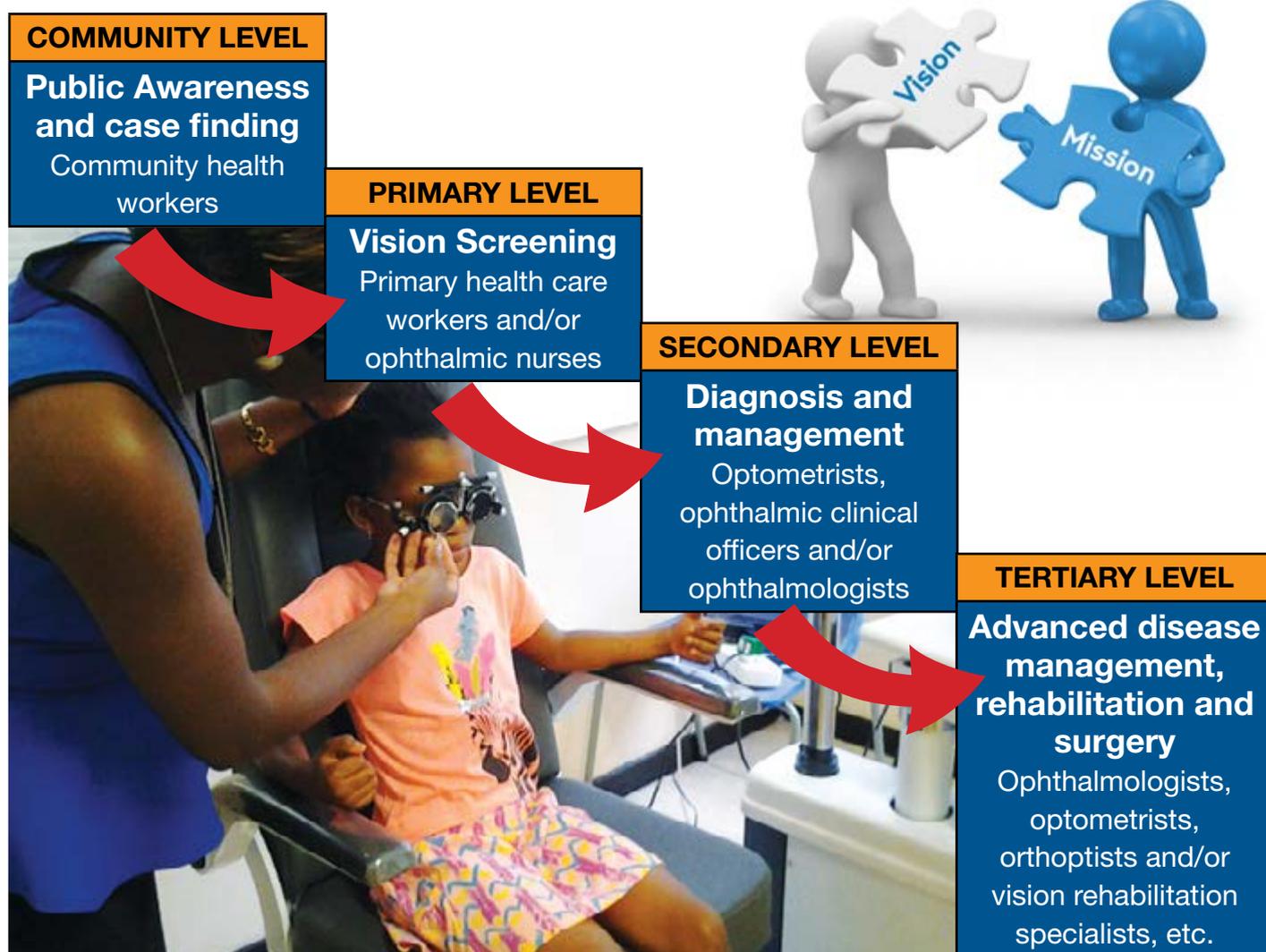
When we apply these prevalences to the typical district planning unit of 1 million people, we can anticipate approximately 123,000 people per million with URE and presbyopia.



2. The Optometry Workforce

There is no definitive, single source for the total number of practicing optometrists in Africa but best estimates, derived from a range of sources, indicate a current workforce of approximately 8,500, with an estimated 7,000 working in Nigeria and South Africa. We must also note the significant percentage of optometrists working in private practice. While this Strategic Framework has a clear focus on expanding public sector provision, we must also take into account the important role of the private sector and recent innovations around social entrepreneurship and franchising. The distribution figures also conceal several other realities such as a disturbing imbalance between service provision in Anglophone and Francophone /Lusophone African countries and a significant imbalance between urban and rural services. The second major dimension of the optometry workforce challenge concerns the role to be played by optometrists in the larger eye health team, an issue alluded to in the introductory comments of the IAPB, WCO and AFCO. The diagram below illustrates how optometrists are a key part of any eye health team.

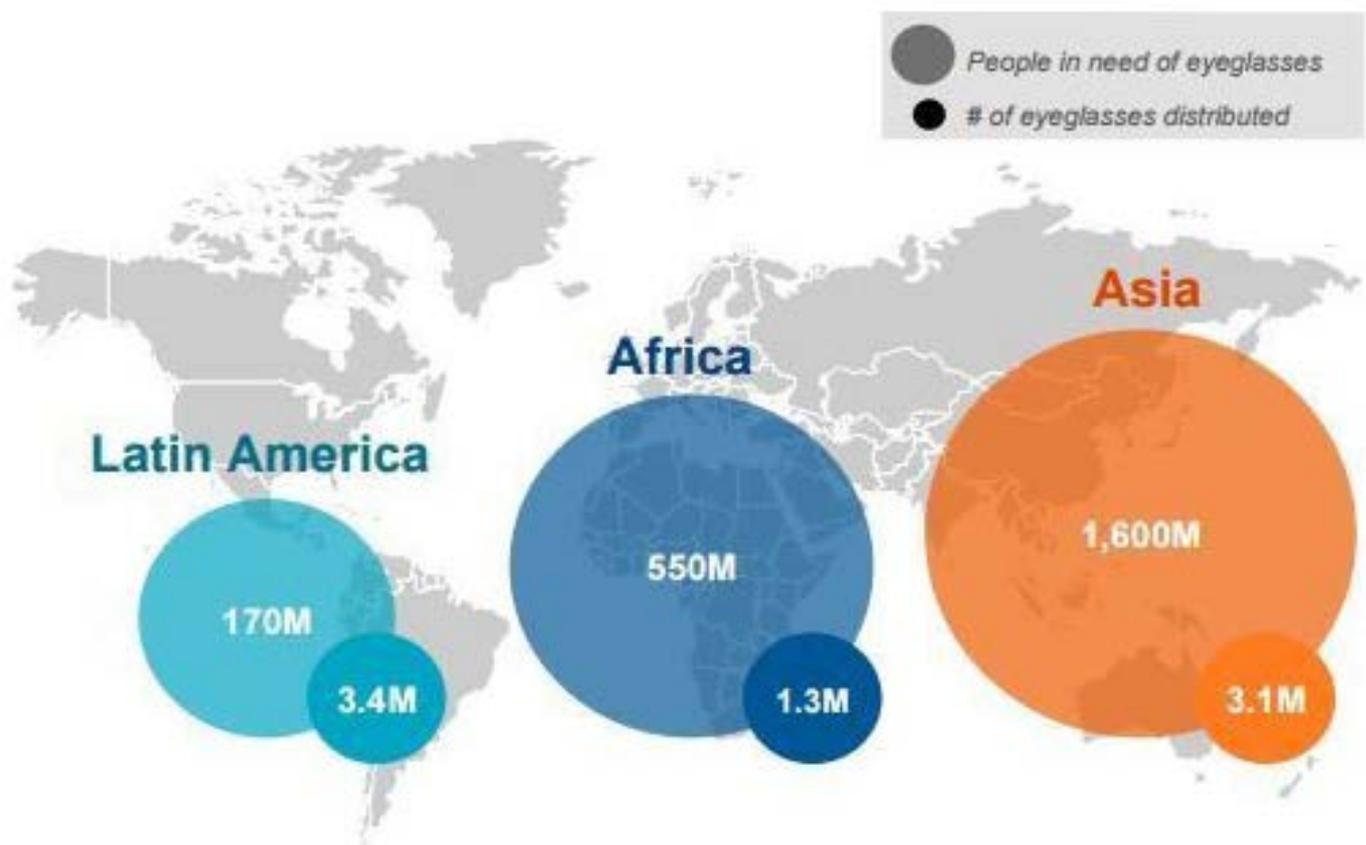
Figure 1: One example of how members of a refractive error team could work together.



3. Coverage

Given our vision of achieving universal eye health coverage in line with global priorities it is vital that we establish a reliable baseline against which progress can be measured. We recognize that a multisectoral approach is necessary both in the development of optometry as well as in the expansion of refractive services. Our strategy is to develop all sectors that optometry functions in viz. public, private, NGO, social enterprises and social franchises. This will ensure that all our people are reached. Given the current lack of resources in the public sector it is critical that we also mobilize the other sectors so that the public sector can eventually focus on the most disadvantaged.

Figure 2: Eyeglass Need vs Distribution in Latin America, Africa and Asia (2015, in millions).

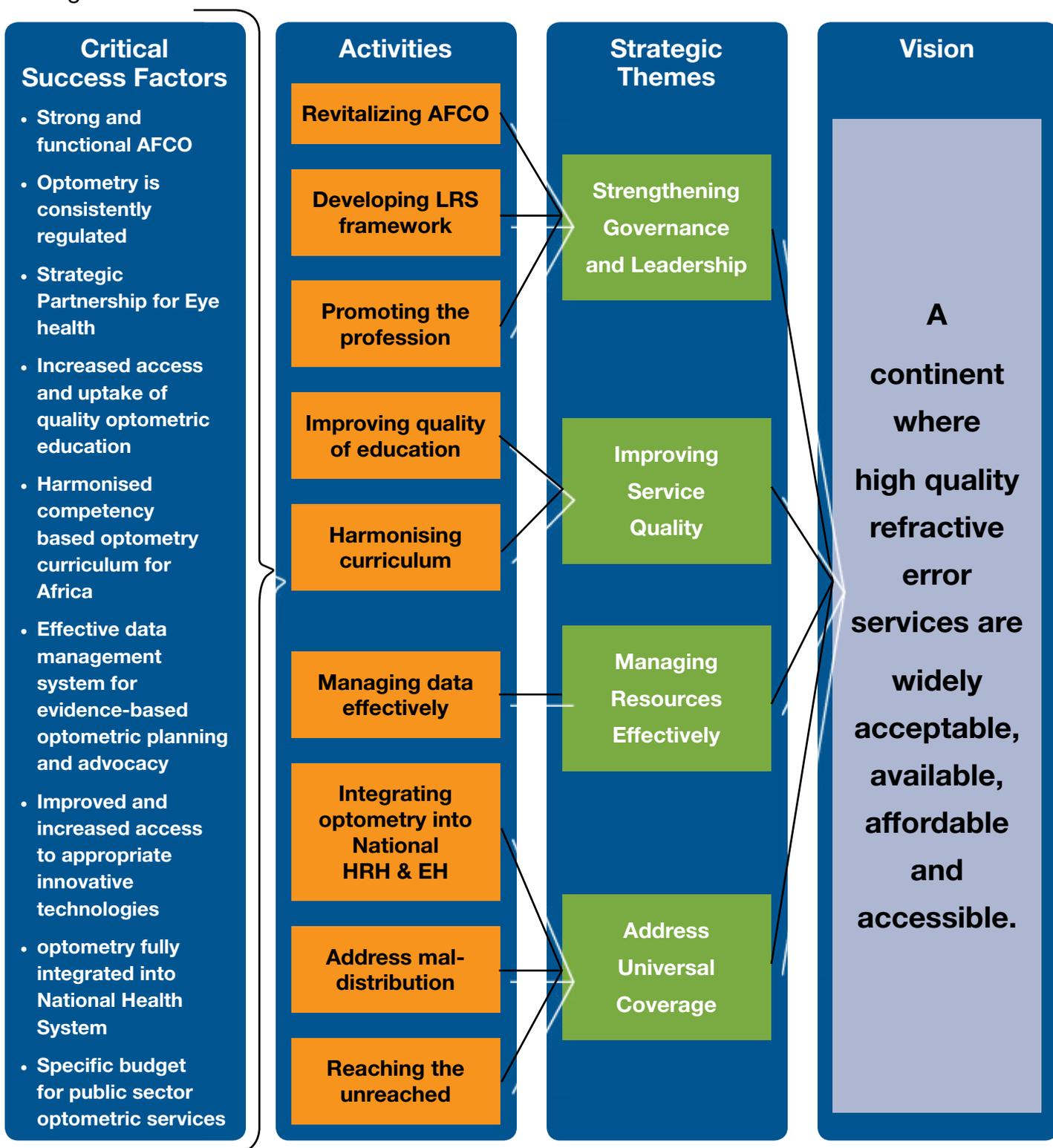


At a more operational level, there is a need for further engagement to ensure that concepts such as social enterprise and social franchise are defined for an African context. These concepts will have to articulate beyond optometry and should involve other cadres such as ophthalmology and dispensing opticians as well as other civil society organisations. IAPB will facilitate appropriate discourse that can then feed into the operational strategy of optometry development in Africa. Specific country contexts and alliances will to a great extent determine how these opportunities are taken forward.

Five key indicators are particularly relevant to our baseline assessment of coverage. 1. The number of optometrists by country. 2. The distribution of optometrists within countries 3. The number of Vision Centres by country. 4. The Public-Private split by country and 5. Strategic partnerships by country.

THE STRATEGIC FRAMEWORK

The strategic framework, illustrated below, was developed during the Strategic Planning Workshop, co-convened by AFCO and IAPB in Durban, South Africa, in June 2016. Following the planning workshop, a small drafting committee was established to develop appropriate indicators for the 4 strategic themes.



THEME 1: Strengthening Governance and Leadership

While AFCO remains the lead agency in optometry in Africa, governance and leadership in optometry can also be provided by a number of different stakeholders, including government, schools of optometry and civil society. It is essential that they collaborate closely in giving direction to the future of the profession in Africa.

- 1.1 Revitalising AFCO is one of the key challenges facing optometry in Africa, given its pivotal role in linking individual optometrists and national optometry associations with the global governing body.
- 1.2 AFCO (and its national associations and affiliates) as well as individual members must play a central role in promoting the contribution of the profession to eye health services in a continent where it is not always firmly anchored in the public sector nor widely appreciated as a key component of comprehensive eye health.
- 1.3 AFCO has a key role to play in promoting the Legislative, Regulatory and Standards (LRS) Framework across the Region, working with national regulatory bodies and CPD providers.

1. INDICATOR	2017	2021	2026
1.1 Functioning AFCO Secretariat	Yes	Sustained	Sustained
1.2 AFCO Business Plan	Yes	Sustained	Sustained
1.3 Active Member Associations	Yes	Sustained	Sustained
1.4 Advocacy promoting public sector optometry		10 countries	20 countries
1.5 AFCO has facilitated LRS in		5 countries	15 countries
1.6 Joint annual meetings of key stakeholders		5 countries	10 countries



THEME 2: Improving the Quality of Services

An emphasis on quality is one of the key components of health care in the 21st century. A renewed focus on quality must permeate all aspects of optometry in Africa, with a particular focus on providing quality education and quality services.

- 2.1 Improve the quality of optometry education through.
- Faculty development, ensuring that all teaching staff achieve minimum standard qualifications
 - Improve the quality of education
 - Improve teaching facilities and resources
 - Introduce sub-specialty optometry services
- 2.2 Harmonizing the curriculum across the region.
- The introduction of a harmonized, competency-based curriculum, reflecting Africa’s specific needs.
 - The introduction of core sub-specialties to enhance the competencies of faculty and students.

2. INDICATORS	2021	2026
2.1 Faculty with post-graduate education in Optometry schools	50%	100%
2.2 Competency based, harmonized curriculum	10 countries	20 countries
2.3 Sub-specialty training introduced in optometry schools	5 countries	10 countries



THEME 3: Advancing Universal Coverage

Universal health coverage (UHC) has become the cornerstone of many new health and development initiatives including the WHO Universal Eye Health Global Action Plan 2014-2019, the WHO Global HRH Strategy and the Sustainable Development Goals (SDGs).

- 3.1 A critical challenge over the next 10 years will be to address the issue of mal-distribution, within and between countries. Expanding access to refractive error services will require us to expand public sector provision across Francophone Africa and into rural and underserved areas.
- 3.2 It is now widely agreed that one way to achieve this is to integrate the planning of the optometry workforce into existing national HRH strategies and (eye) health plans.
- 3.3 AFCO, and the national associations, must play a key role in advocating for expanded public sector services while acknowledging that NGO (social enterprises or social franchises) also need to play a role in service delivery.
- 3.4 A viable private sector is important to meet the needs of those with resources and social franchise strategies offer the opportunity to support entrepreneurship and affordability in underserved areas.

3. INDICATOR	2021	2026
3.1 Expanded public sector provision in Francophone Africa	5 countries	21 countries
3.2 Optometry planning integrated into national plans	10 countries	15 countries
3.3 More public sector service and social franchise delivery units	+100	+200
3.4 An expanded private sector		



THEME 4: Managing Resources Efficiently

Mobilising resources, whether financial, human, technical or political, remains a critical and central challenge for the further expansion of optometry in Africa. All stakeholders (and not only civil society) have a role to play in mobilising the necessary resources. Governments in particular must be lobbied to allocate increased resources for eye health in general and optometry in particular given the massive burden of disease and the increasing ‘fiscal space’ for health investments.

Building on the pioneering work of the current schools of optometry in Africa and the substantial support provided by civil society, a solid platform of evidence of needs, demand and data now exists. The challenge is to manage current and future resources in an effective and efficient manner. This will require improved research, data collection and data management for decision making.

- 4.1 The IAPB Africa database (IADb) provides a central, national repository for a range of refractive error indicators. More can be added to ensure that all key stakeholders have access to the information they need to take timely and reliable decisions. The success of the IADb and other optometry repositories and databases depends on the willingness of all stakeholders to share data on a regular basis.

4. INDICATOR	2021	2026
4.1 IADb in place and populated	10 countries	25 countries
4.2 Reliable and timely data available	10 countries	25 countries



SUMMARY OF INDICATORS

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MONITORING AND EVALUATION: Given that neither AFCO nor IAPB are implementing agencies and the success of the strategy will be grounded in the combined efforts of other key stakeholders, we will monitor the success of this strategy from a 2016 baseline, by undertaking regular updates of the initial situation analysis. An evaluation should be undertaken in 2020 to ensure the overall strategy remains relevant and on track.



ROLES AND RESPONSIBILITIES

Both AFCO and IAPB promote a collaborative approach to the further expansion of optometry in Africa, working to engage member states, member agencies, professional bodies and training institutions in developing new approaches which can reinforce individual strengths and lever additional resources. We believe that success in this endeavour can only be brought about by the active involvement of all stakeholders at the national level.

1. Member States

- We encourage Governments to recognize the unique role played by optometry in eye health in Africa
- We urge Governments to recognize the profession and support all efforts to expand quality services

2. Member Agencies

- We urge member agencies of IAPB to align their programme approaches with this strategic framework
- We encourage member agencies to plan new programmes in a collaborative and coordinated fashion

3. Professional Bodies

- We urge individual optometrists to support national associations and AFCO
- We urge national associations to become an integral part of national eye care planning and to constantly engage government and the private sector in formulating strategies.

4. Training Institutions

- We encourage Schools of Optometry to support faculty development programs
- We urge Schools of Optometry to advertise widely to attract applicants from countries lacking training capacity
- We encourage Schools of Optometry to work towards harmonizing curricula and sharing of resources

5. IAPB Africa

- We commit to supporting this Strategic Framework, in partnership with AFCO, and to encourage member agencies to add their support to emerging national strategies and operational plans.

6. NEXT STEPS

1. Launch of this Strategic Framework as an outcome of the workshop.
2. Further consultation with key stakeholders to develop an operational plan.
3. Implementation of the plan by key stakeholders in two phases.





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