Tackling the Burden of Cataract Blindness in Africa.

How can Europe Help?

B. G. K. Ajayi MD

Eleta Eye Institute, Ibadan, Nigeria
Disclosure Statement of Financial Interest

I, Benedictus G. K. Ajayi DO NOT have a financial interest/arrangement or affiliation with one or more organizations which could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.
What is the magnitude of the burden of cataract blindness in Africa?

- 60% of the world's blind live in sub-Saharan Africa, China, and India.
- About 50% of blindness in the developing world is caused by cataract.
- I will talk briefly about Nigeria because if we can tackle the burden of cataract blindness in Nigeria, we can tackle it in the whole of Africa.
What is the magnitude of cataract blindness in Nigeria?

Nigerian National Survey of Blindness

- Over 1,000,000 adults are blind
- 3,000,000 are visually impaired (total over 4,000,000)
- Cataract is the single commonest cause of blindness
- About 500,000 adults are in immediate need of cataract surgery
- Almost half of all cataract procedures were performed by herbalists often with poor results.
What are the Challenges?

In 1965

- Population about 35 million, less than 25% urban dwellers and 75% rural.
- The inadequate manpower at all levels. About 30 ophthalmologists in 8 cities.

In 2011

- Population about 150 million, about 40% urban dwellers and 60% rural.
- Inadequate manpower still subsists. About 330 ophthalmologists, all in the big cities.
- 40% are in Lagos or near Lagos.
### Challenges (contd.)

#### In 1965
- Inadequate number of eye care facilities
- Inadequate manpower
- Mal-distribution of ophthalmologists
- Poor access to facilities
- Poor infrastructure – mainly roads, equipment and electricity
- Couching very popular

#### In 2011
- Eye care facilities 10 times more but epileptic
- Inadequate manpower
- Mal-distribution of ophthalmologists still
- Poor access to facilities
- Poor infrastructure – water and electricity worse; more equipment but not used
- 50% of cataracts couched
The Challenges of Manpower

The most daunting is ophthalmologists

- About 330 but all in the big cities. 40% are in Lagos or a radius of 200km away
- Remaining distributed within other major cities.
- Potential to train more exists but lack of political will that should translate to funding
- 35 accredited training centres in the country. All but one belong to the government.
- Total output of ophthalmologists per year is about 15. Nearly all are absorbed by the new training centres.
- About 120 candidates seeking residency training positions only about 35 secure training position per year.
Challenges of manpower - ophthalmologists

- Residency training is unduly long - minimum 5yrs.
- The surgical output per centre averages about 250 cataracts per year.
- All the training centres contribute less than 15,000 cataract operations per year.
- The low volume can neither sustain the skills of the trainers nor allow the training of residents at an International level.
- The no of cataract surgery performed per million of population per year (CSR) is less than 500 as in most of Africa.
- There is low demand for cataract surgery.
Reasons for low demand for cataract surgery

• Fear of surgery
• Fear of hospitals – hospitals are impersonal and unpredictable
• High cost of surgery
• Poor visual results
• Incessant strikes
• Inconsistency of services (off and on)
Tackling the cataract challenge

- In order to tackle the burden of cataract blindness in Africa we must apply the principles of Primary Health Care to Primary Eye Care if we are to make any impact.
- The absence of a functioning Primary Eye Care is shown by the overwhelming evidence of THE ANCIENT PRACTICE OF COUCHING OF CATARACTS and harvests of between 100 and 500 completely white cataracts during outreach campaign activities.
- We must tackle both the challenge of quantity (CSR of 3000) and quality (with IOL).
- We must train not just ophthalmologists but the entire eye care team as close as possible to the environment they will work.
Tackling the cataract challenge

International Council of Ophthalmology (ICO) to the rescue

• To tackle the burden of cataract blindness we need to have a CSR of 3000 per million of population.
• Rate can only be achieved if there is good quality cataract surgery
• Reasonable cost,
• Close to where people live.
ICO TO THE RESCUE

• ICO has commenced the development of a public/private initiative to increase eye care services and training in the South West region of Nigeria.

• The hospitals are to serve as a model not only for the country, but also for the Sub-Saharan Africa.
ICO to the rescue – model for sub-saharan Africa

The hospitals are:

• The University College Hospital, Ibadan. (Public Hospital) collaborating with a group of 4 Catholic Eye Hospitals.

1. Eleta Eye Institute, Ibadan
2. St. Mary’s Catholic Eye Hospital, Ago-Iwoye;
3. Akef Maghraby Eye Clinic, Eruwa and
4. Atupa Eye Clinic, Our Lady hospital, Iseyin.
ICO to the rescue – model for sub-Saharan Africa

The four hospitals work towards the attainment of the project objectives which are:

• Annual cataract surgical volume of 15,000.

• A comprehensive training of ophthalmologists and other eye care workers, with the correct attitude to work, compassion for the poor and skills to be able to cope with the high volume cataract surgery needed to tackle the burden of cataract blindness in Africa.

• A model for public/private partnership in eye care in sub-Saharan Africa and become a formidable partner in the quest for achieving the objectives of VISION 2020 – The Right to Sight.
How can Europe help?

Priority number ONE is SUPPORT for the TRAINING of Ophthalmologists.
Help needed for the training of Ophthalmologists

• We have adequate numbers of medical graduates
• About 120 sat for the primary of the National Medical College in April 2011. Not more than 35 could be employed within the year.
• Residency Training Programme too long the way it is structured it cannot be completed in less than 5yrs.
• Products CANNOT cope with the challenges of high volume and are limited in skills.
• Training must be done as near as possible to the community they will serve.
• We have no problem with the training of other cadres of workers.
We need help for sub-specialty training

• Lack of sub-specialists and subspecialty equipment is denying comprehensive, in-depth education to residents which prevent training at an International level.

• No one must be trained in any subspecialty without the necessary provision being made for appropriate equipment to work with after the training.
We Need Assistance to Keep Pace with Development

Poverty is not pervasive. A small number can afford the best. Must make conscious effort to attend to their needs for three major reasons.

1. They command influence and are the policy makers. Attending to their needs help to make them the see and understand the plight of the poor.

2. We can generate needed income to sustain the programme for the poor by attending to them.

3. We can prevent capital flight.

4. We can prevent high level manpower flight by providing job satisfaction for those who would like to work within the system using the latest technologies.
We need assistance for Training of Technicians

We have knowledgeable graduates who can be trained to help maintain our equipment and Instruments.
Conclusion

The goal of tackling the burden of cataract blindness in Africa cannot be met simply by distributing drugs and improving local sanitation as in trachoma and onchocerciasis.

It requires the training of local practitioners to tackle both the quality and the quantity of cataract surgery.

Africa needs that assistance from Europe and all.
THANK YOU

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