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Islamic Development Bank



Mozambique

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

elaborated
with the technical
support of



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).

Some Alarming Eye Health Facts from Mozambique



ONLY AROUND 3% of all diagnosed cases of glaucoma are operated



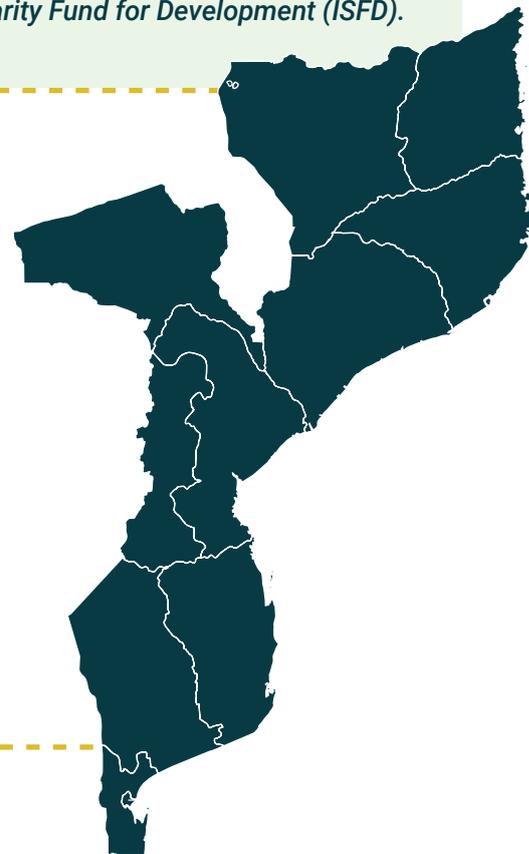
THE CATARACT SURGICAL RATE is twice as low as Zimbabwe and even 20 times lower than Sri Lanka



REFRACTIVE ERRORS contribute to 64.5% of low vision, but the use of spectacles is quasi non-existent



THE PREVALENCE OF DIABETES is growing exponentially in the country



The Opportunity

The momentum is right. The Mozambican government has set up a National Eye Health Program within their Ministry of Health and is now taking concrete steps to expand access to eye care services throughout the country. However, Mozambique's eye health system is still a little unsteady on its feet, with some of its supporting functions not yet operating to their full potential.

The country is facing major challenges for increasing service coverage to keep pace with population growth and emerging diseases. National training still produces too few eye

health professionals and they hardly have any sub-specialities. Geographic distribution of existing eye health cadres is still starkly inadequate and none of the optical workshops across the country are in fact functioning. As eye health is competing for government funding with other more pressing health issues, there is a chronic shortage of essential eye care medicines, supplies and equipment.

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

Our vision is crystal clear:
no Mozambicans shall lose their eyesight,
if it can be avoided or treated.

Did you know that in Mozambique, only 25 ophthalmologists are currently serving a population of almost 30 million people? For a country where roughly 30,000 people are blind and another estimated 1.8 million are mildly or severely visually

impaired, we feel the urge to act now. We have high hopes, as we know that one in eight cases of blindness can be prevented or easily cured – with just the right dose of medical prevention or treatment.

Taking a System-Strengthening Approach

To stimulate a lasting change for individuals and for generations to follow, we believe in looking beyond the visible symptoms and expanding our scope to tackle the root causes of the country's fragile eye health system. This is why we have learned to take a

system-strengthening approach: as well as directing our services to individuals, we also build the capacity of the national eye health system. We can best contribute to this by triggering change in the following four interdependent and interconnected dimensions:



With your Contribution you can



Join an international Alliance to Fight Avoidable Blindness (AFAB)



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



Enable millions of people to lead an independent life



Give access to locally produced spectacles



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

A Rich Life Full of Experience ...

There is a timid smile on Manuel Dollar's face. "I have lived through better and worse moments", he contemplates, "but one experience I could have done without: the fact that I was blind".

Manuel never had a lot of money. To make ends meet, the father of 11 earns his living selling groceries at the outskirts of a small Mozambican town. At the age of 60 his ailment starts: he falls ill with cataract, causing blurry, dim vision that gets worse over time. He continues to sell groceries at first as the customers help him count the rice and vegetables. As his eyesight continues to worsen, however, he sadly needs to shut down his business.

One day a neighbour tells him about an eye clinic where quite a few people, so he is told, have recovered their sight. Soon he embarks on a journey to the hospital, with mixed feelings and unsure of what the outcome will be. Hours later he receives the dreadful diagnosis: cataracts in both eyes! He gets surgery the same day and when he removes the bandage the next day he is able to see again! Still with a blurry vision, it might take a few more days for his eyes to readapt to the bright sunlight again.

"I can count the vegetables again and return to my grocery shop, I've been given my life back", he cheerfully rejoices, and sets out for home.



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

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 six program components:



COMPONENT 1
Provision of eye care services with a focus on cataract

COMPONENT 2
Human resource development for comprehensive eye care

COMPONENT 3
Uncorrected Refractive Errors and school eye health



The change we seek at **SERVICE PROVISION LEVEL**

All persons with eye problems can access eye care services at primary, secondary and tertiary eye care levels

Additional human resources provide services to the population of Mozambique

All school children are pre-screened and examined and those diagnosed with refractive errors receive spectacles



The change we seek at **HUMAN RESOURCE DEVELOPMENT LEVEL**

Ophthalmologists with strengthened surgical skills, improved cataract surgical outcome monitoring

Increased numbers of eye health cadres at different levels working in the public health system

School teachers know how to pre-screen their pupils and school eye health teams are built up



The change we seek at **INFRASTRUCTURE LEVEL**

Adequate space, equipment, consumables and medicines available

All cadres have the necessary equipment and instruments to perform well

Teachers have VA charts and can rely on a functional supply system for custom-made spectacles



The change we seek for **LEADERSHIP, GOVERNANCE AND AWARENESS**

Patients are treated accordingly by public health providers

Health decision makers understand the importance of investing in human resources for eye health

Health decision makers understand the importance of refractive services

OUR ENVISAGED RETURNS UNTIL 2023

16,000 CATARACT SURGERIES ARE PERFORMED BY THE YEAR 2023

60 ADDITIONAL EYE HEALTH PROFESSIONALS WORK ON PRIMARY, SECONDARY AND TERTIARY LEVEL

4,200 SPECTACLES ARE HANDED OUT TO SCHOOL CHILDREN



COMPONENT 4
Glaucoma services

COMPONENT 5
Diabetic Retinopathy (DR) treatment

COMPONENT 6
Advocacy and awareness raising

Patients are screened for glaucoma and those who need treatment receive it

Patients are screened for DR and treated

Glaucoma subspecialist trained and eye health cadres trained in glaucoma diagnosis, counselling, basic treatment and referral

DR subspecialist trained and eye health cadres trained in DR diagnosis and referral

Specialized equipment, consumables and medicine for glaucoma are in place and adequately stored

Specialized equipment, consumables and medicine for DR are in place and adequately stored

World Glaucoma Week as a vehicle for intensive glaucoma campaigning

Awareness raising on diabetes and DR

Visibility and awareness at health system and community level and the National Eye Health Program strengthened by the new National Vision 2020 Plan (2020-2024)

1 CENTRE SPECIALIZED IN GLAUCOMA TREATMENT IS SET UP AND FUNCTIONAL

1 CENTRE SPECIALIZED IN DR TREATMENT IS SET UP AND FUNCTIONAL

MORE EYE HEALTH AWARENESS AND ACTIVITIES FOR BLINDNESS PREVENTION



How we will Deliver the AFAB II Objectives

To sustain the triggered changes 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 quality services
(focus on cataract surgery)*

OUR STRATEGY

Joining forces with the Mozambican National Eye Health Program to expand coverage and quality of eye health services across the country.

OUR IMPLEMENTATION APPROACH

- Training of ophthalmologists in improved surgical skills by national senior ophthalmologists
- Insert ophthalmologists, nurse and ophthalmic technicians in surgical teams and workflow training regarding surgeries (incl. outreaches)
- Use of biometry and adequate monitoring and documentation of surgical outcome
- Mobile screenings and surgical outreaches by skilled provincial surgical teams
- Annual needs assessment and timely procurement of equipment and consumables
- Annual needs assessment and timely procurement of medicines (based on standards of the International Agency for the Prevention of Blindness)
- Ensure availability of adequate transport for regular surgical campaigns

REQUIRED BUDGET: USD 3,175,000.–



COMPONENT 2

*Human resource development
for comprehensive eye care*

OUR STRATEGY

Massively strengthen several levels of personnel involved in comprehensive eye health, focusing on mid-level cadres and general ophthalmologists as knowledge brokers.

OUR IMPLEMENTATION APPROACH

- Construction or rehabilitation of a dedicated operating theatre for ophthalmology at the Central Hospital Maputo in its function as the main national teaching hospital and place of residency training
- Training of mid-level personnel (like: ophthalmic technicians) as the backbone for decentralized eye care services (incl. new training curriculum to train ophthalmic technicians from scratch)
- Training of specialists and subspecialists of ophthalmology (incl. international ophthalmology post-graduate training and residency training at Central Hospital Maputo)
- Continuous on-the-job capacity building and uptake of new techniques (incl. short-term trainings abroad)

REQUIRED BUDGET: USD 1,900,000.–



COMPONENT 3

Uncorrected Refractive Errors (URE) and school eye health

OUR STRATEGY

Involvement of private partners to provide quality optical services sustainably within the public structures and design of a national strategy for school eye health as a guiding framework for action.

OUR IMPLEMENTATION APPROACH

- Training of different cadres: school teacher training in pre-screening for eye problems among pupils, training of primary eye care cadres (esp. optometrists) in refracting children
- Set-up of a referral system for consultation of children in of children in eye health units
- Set-up of a pilot spectacles distribution system to correct their refractive errors
- Set-up of a spectacles distribution system for adults to correct their refractive errors
- Technical and financial support for the national strategy design

REQUIRED BUDGET: USD 320,000.–



COMPONENT 4

Glaucoma services

OUR STRATEGY

Comprehensive strategy to build up diagnostic and surgical skills, functioning counselling, referral mechanisms and awareness among the at-risk group of glaucoma.

OUR IMPLEMENTATION APPROACH

- Subspeciality training of ophthalmologists and their supporting medical teams
- Set-up of one glaucoma centre with trained medical personnel, diagnostic equipment and specialized treatment
- Improve glaucoma management and treatment (i.e. diagnosis, referral, counselling and follow up).

REQUIRED BUDGET: USD 275,000.–



COMPONENT 5

Diabetic Retinopathy (DR) treatment

OUR STRATEGY

Set the path to make specialized treatment of Diabetic Rethinopathy (DR) possible in strong collaboration with the medical sector of diabetes.

OUR IMPLEMENTATION APPROACH

- Training and certification of at least one DR subspecialist
- Establishment of DR national guidelines in line with international standards
- Capacity building of eye health staff based on these guidelines
- Set-up of one DR centre with trained medical personnel, diagnostic equipment and specialized treatment

REQUIRED BUDGET: USD 245,000.–



COMPONENT 6

Advocacy and awareness raising

OUR STRATEGY

Comprehensive campaigning and advocacy tools.

OUR IMPLEMENTATION APPROACH

- Design of an information and sensitization campaign using a wide range of channels
- National and local celebration of the 'World Sight Day'
- Evaluation of policies and strategic plans as a basis for the new Vision 2020 Plan

REQUIRED BUDGET: USD 165,000.–

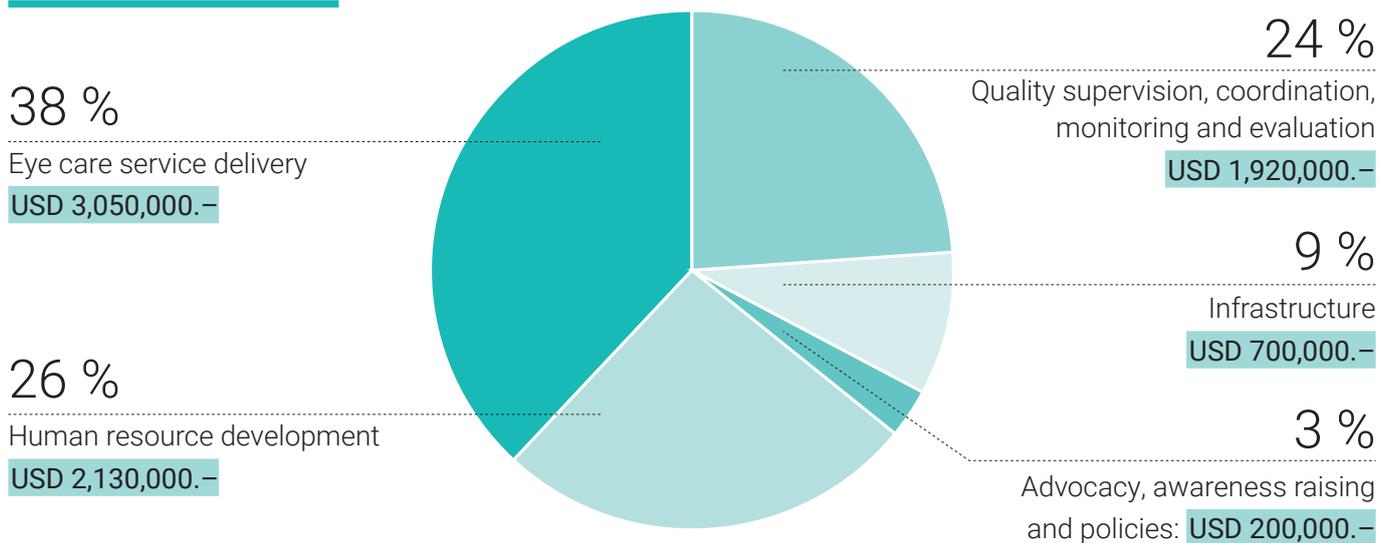
Joining Forces

WE CANNOT ACHIEVE THIS ALONE AND STRONGLY BELIEVE IN TEAMWORK.

With the Mozambican government in the driving seat, we are joining forces to expand coverage and quality of eye health services across the country. Our partners include national ministries, non-governmental organizations and community

structures – all of which influence the same changes we are seeking. We are especially proud of our National Technical Committee as our captain to steer the ship towards our envisaged goals. The Committee includes stakeholders from all Mozambican key sectors related to the prevention of blindness:

Total Budget Breakdown



Budget required for Mozambique until 2023: **USD 8,000,000.-**

The Mozambican Government is Committed to Contribute to the Action Plan by Covering the Costs of:

- Eye health personnel salaries
- Eye health personnel perdiems
- Allied health personnel working in eye health salaries & perdiems
- Standard medications and consumables purchased by the Ministry of Health and used by eye health sector
- Infrastructures & maintenance costs

A Wider Impact

Your support to this Action Plan will directly contribute to the objective that no Mozambican shall lose their eye sight due to an avoidable or treatable condition. Furthermore, as part of the Second Generation of the Alliance to Fight Avoidable

Blindness, the leverage is immense. Through stimulating South-South cooperations, it will, as well, benefit the other 12 AFAB II member-countries to lay the foundations for strong and sustainable eye health services across the African continent.



Essita Samuel, 60 years old, was completely blind from cataract. During a mobile outreach campaign she received surgery and is now able to support her children and grandchildren again.



IMPRESSUM: The Islamic Development Bank · Kingdom of Saudi Arabia
8111 King Khalid St. - Al Nuzlah Al Yamania Dist. · Unit No. 1 Jeddah 22332-2444
Tel: +966-12-6361400 · Fax: +966-12-6366871 · E-Mail : afab@isdb.org · Website: www.isdb.org
Photos: LIGHT FOR THE WORLD · Ulrich Eigner · Gregor Kuntscher
Graphic Design: DER ROTE FADEN grafikdesign