Case study: A comprehensive approach to eye health workforce development in the South West Region of Cameroon

Dr Joseph Oye, *Country Director: Cameroon*

Joseph Oye/Sightsavers

M Florence Bawa of Fontem satellite eye unit examining a patient in the community during an outreach visit

The South West Region of Cameroon is one of ten regions in the country, and one of two English-speaking regions. It is located in the Gulf of Guinea at the border with Nigeria. The ecology of the region is that of rain forest and mountains, of which Mount Cameroon culminates at 4,100 metres of altitude. The weather is characterised by a long rainy season, which lasts for up to seven months in some divisions. Due to heavy rains and the bad condition of the mostly earth roads, accessibility is a major challenge, with some communities being cut off from the rest of the region for several weeks in the year. The total population of the South West is 1,400,000, most of which is rural and mainly living on farming and fishing.

The South West Comprehensive Eye Health Programme was started in 2001, based on

a Memorandum of Understanding between the Ministry of Public Health and Sightsavers. The project was designed in line with the VISION 2020 strategy. Disease control, human resource development, and infrastructure and technology are the three pillars of the project. At the beginning of the project, there was no national eye health plan and the South West plan was subsequently used as a model in developing a national plan.

At the outset of the project, there was only one obsolete eye unit in the Regional Hospital at Limbe, with no resident eye health specialists. Eye health services in the region were delivered by visiting teams from neighbouring regions. Patients needing eye surgery were referred to the base hospitals of the visiting teams, which involved significant travel and time costs for the patients and their families.

The project unfolded in phases to achieve a comprehensive geographical coverage of the region. The region was divided into three eye health zones namely Limbe, Mamfe and Kumba (Figure1), which were consecutively started over time. Each eye health zone comprises of an eye unit and satellite eye units. A team was trained for each eye health zone, led by an ophthalmologist in the eye unit. The ophthalmologist and the ophthalmic nurses were trained in a synchronised manner so that they were ready to commence eye health activities in their zone at the same time. All the eye health specialists were trained out of the country, as there was no training programme available locally.

The distribution of eye health workers within each eye health zone was based on the distribution of the population and their distance and accessibility to the main eye unit. The ophthalmologist at the main eye unit is assisted by ophthalmic nurses and the satellite eye units also have an ophthalmic nurse. Refractive error and low vision personnel were subsequently trained for each eye health zone. Instrument technicians were also trained in later phases of the programme. Figure 1 shows the distribution of eye health force categories within eye health zones. In addition to specialist eye health workers, primary eye care workers and community members were trained at all levels to include eye health into their activity package.

teams; promotion, prevention, clinical, surgical, refractive, optical and low vision services are delivered both at base and on outreach. The ophthalmologist is in charge of the eye health of the catchment population of the eye health zone, and ophthalmic nurses supervise primary and community eye care workers. In addition to clinical work, the eye health personnel also carry out financial management and health information activities. There is a regional eye care manager who sees to the day-to-day coordination of the programme and reports to the regional delegate for health within the regional health team.

The impact of the eye health workforce training and deployment is mainly characterised by an increased geographical coverage of eye health services that trickles right down to the most remote communities. Services can be accessed at an affordable cost and lesser opportunity cost and are financially sustainable thanks to the a user fee system with provision for services to poorer people. Hospitals have more clients due to the availability of eye health services and the South West Comprehensive Eye Health Programme is a model within the Ministry of Health setting.

However, the programme does face some challenges in its human resources component. Refractive error and low vision personnel are not currently included in the Ministry of Health system and this poses problems with enrolment. We are advocating for this to change and for these positions to be included as a cadre in the MoH. The motivation of staff for the extra work (outreach, financial management, drugs management, health information) is also a challenge to the programme.

Looking forward in terms of the eye health workforce, the programme will be focussing on upgrading the overall skill level of eye health staff in the zone, including sub-specialities such as posterior segment. The Bakassi Penninsula was recently granted back to Cameroon and there is now a need to expand the eye care programme there, alongside other health programmes and services.

The main lesson learnt from the South West Region is that it is possible to set up a sustainable comprehensive VISION 2020 programme within the government setting. The refractive error and low vision services have attracted interest from other regions in Cameroon and the overall model is being promoted for replication by the Ministry of Health and partners.