Developing human resources for eye health: the Nigeria experience

Sunday Isiyaku, *Country Director: Nigeria*
Safiya Sanda, *Programme Manager: Nigeria*
Elizabeth Elhassan, *Regional Director: West Africa – West*
Dr Hannah Faal, *Programme Development Advisor*
Dr Kolawole Ogundimu, *Head of Programme Development: West Africa – East*

Three year old Ambali Yusuf, who has bilateral congenital cataract, being examined at Sobi Specialiast Hospital, Kwara State, Nigeria.

Background

Nigeria, with a population of about 150 million people, is the most populated country in Africa. The results of the National Blindness and Visual Impairment Survey conducted from 2005 - 2007 puts the prevalence of blindness and visual impairment at 4.2% for people 40 years and above, and 0.78% in people of all ages. Because of the size and structure of the country, eye care programmes are developed at state levels.

The Nigeria VISION 2020 strategic plan (2007 – 2011) indicates that there are over 400 ophthalmologists in the country, which exceeds the VISION 2020 ratio of one ophthalmologist to a population of 500,000. The problem is that the majority of ophthalmologists are in tertiary institutions, with their emphasis on teaching, and in private practice. Few states have state-employed ophthalmologists and it is at this secondary level where service delivery is crucial.

Sightsavers supports four eye care programmes in Nigeria, in partnership with four state governments (Cross River, Kaduna, Kwara and Sokoto). These states, with a population of over 15 million, have poor indices for human

resource development and infrastructure and technology; the critical factor being the lack of of human resources for eye care.

Process

A participatory strategic planning method was used to develop VISION 2020 plans for the four states. As part of the process, stakeholders identified gaps in the eye health workforce in these states. The lack of human resources, particularly ophthalmologists and ophthalmic nurses, was identified as a major constraint in the delivery of eye care services. This is because it takes time to train eye care workers. Also, in the few areas where the workforce was available, the infrastructure and technology to provide services were non existent, leading to underutilisation and misdistribution of eye health workers to other areas of need.

In 2004, Kwara and Cross River States each had one state-employed ophthalmologist, while Sokoto had none compared to the 30 needed for the population of all four states. This was way below the VISION 2020 recommended eye care personnel to population ratio for sub Saharan African (ophthalmologist – 1:500,000 people and ophthalmic nurses – 1:400,000 people). The ophthalmologists were also not providing full time service delivery because they were involved in administration within the Ministries of Health. Similarly, there were 127 ophthalmic nurses compared to the 150 required. In addition, most of these nurses were not providing eye care services because of a lack of eye units and basic equipment and instruments to work with. Consequently, they were deployed to other health units, such as maternal and child health and general nursing services. This was a de-motivating factor for most of the staff.

In the past, Sightsavers had relied on state governments to train or recruit eye care personnel, particularly ophthalmologists and ophthalmic nurses. In spite of the large number of ophthalmologists in the country, recruitment was difficult to achieve because remuneration at the state level is poor in comparison to the tertiary institutions or to private practice. Encouraging doctors to train in ophthalmology was equally difficult, due to poor knowledge of eye health, the lack of available opportunities, and a lack of infrastructure and technology for the delivery of services post-training. The establishment of an eye care programme therefore encouraged doctors and nurses to avail themselves for training as eye health workers.

Approach

As one of WHO's six building blocks for effective health systems[1], a well-performing health workforce that is responsive, fair and efficient is essential in order to achieve the best health outcomes possible, given available resources and circumstances. The lack of of human resources for eye care service delivery was identified by stakeholders as a major obstacle during the development of state level VISION 2020 plans in Nigeria. This therefore became a key strategic objective if the programmes were to attain their overall purpose.

To address this, one of the main objectives of the state level VISION 2020 plans was to support the training of eye care personnel in line with VISION 2020 requirements.

The West African College of Surgeons trains ophthalmologists at diplomate level for service delivery at secondary facilities. This training lasts for 18 months with an additional six month internship. The programmes opted for this training as it promised them a quick return compared to the fellowship training. The latter could take as long as five years and would result in no ophthalmologists being available to deliver services during the entire first phase of the programme. Doctors were therefore nominated by each of the state governments and trained as diplomates. To ensure retention of staff, the states nominated indigenous doctors who were bonded to ensure that they came back and remained in the programme after their training.

There are five institutions offering an ophthalmic nursing programme in Nigeria and two of the states (Kaduna and Kwara) had a good number of trained ophthalmic nurses. However, many of these nurses were either no longer practicing or were maldistributed, with most of them refusing to be deployed to rural areas. The programmes therefore decided to train ophthalmic nurses, but place an emphasis on nurses from local government areas (districts) and the aim of having qualified ophthalmic staff nearest to the underserved populations for service delivery.

An important aspect was the need to link the training to the partners' strategic human


Jenny Matthews/Sightsavers

A patient being examined as part of the Kwara State

in order to strengthen the general workforce and promote integration and sustainability of eye care amidst other competing health needs of the population.

In addition, it was advocated that the various Ministries of Health should recruit ophthalmologists for their states. This resulted in the recruitment of two ophthalmologists in Kaduna and one in Sokoto States. The necessary motivation and incentives for eye care staff were provided.

Outcome

A total of 26 ophthalmologists (up from only two in 2004) and 60 ophthalmic nurses were trained in batches from 2004 – 2008 in the four states. Service delivery increased, with eye surgeries increasing from 6,487 in 2004 to 24,713 in 2008, giving a 300% increase in just five years. Cataract surgeries increased from 2,629 in 2004 to 9,136 in 2008.

Way forward

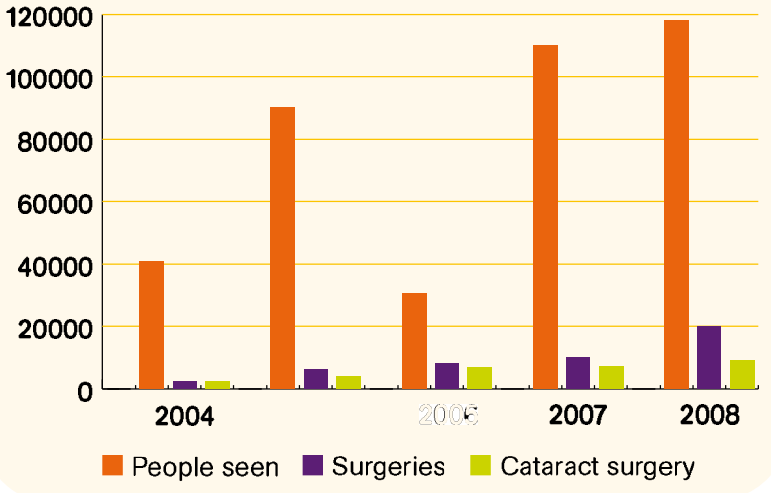
The programmes plan to continue training eye care workers to meet the recommended VISION 2020 requirement for sub Saharan Africa; namely, one ophthalmologist to a population of 400,000 people and one ophthalmic nurse to a population of 100,000 people. The target is to attain this by 2013 for all the states.

The continuous success of these programmes in terms of service delivery will to a large extent depend on the provision of quality eye health services at the community level. Future efforts will therefore focus on the training of integrated eye care workers and primary health care workers to improve community eye health, recruitment and referral of patients for service delivery.

Conclusion:

Development of the health workforce is the key to effective and high quality service delivery. The significant improvement in the number of people who have had their sight restored as a result of an increased eye care workforce in Nigeria is a testament to this. It must also be added that this was achieved through good advocacy, programme management and committed leadership of the programmes.

Total number of people seen and Surgeries performed from the four states from 2004-2008



1 http://www.who.int/healthsystems/strategy/everybodys_business.pdf