

Scaling up Human Resources for Eye Health – a case study of public private partnership and institutional development

There is an inextricable link between health, wealth and health systems. Health has an impact on the economy and wealth has a clear impact on health outcomes. Health systems have an impact on both health performance and economy. One of the main limiting factors to strengthening health systems and improving health outcomes is the paucity of trained human resources for health. Africa has about 25% of the global burden of disease but less than 5% of the available global health workforce, while South Asia constitutes close to 28% of the global disease burden but has less than 15% of the global health workforce.

The World Health Assembly in its resolution WHA59.23 made six key recommendations to strengthen human resource development for health:

- Establish mechanisms to mitigate effects of health worker migration (brain flight)
- Promote training in accredited institutions – high quality professionals, community health workers, public health workers and paraprofessionals
- Encourage support by global health partners
- Promote concept of training partnerships – north to south
- Formulate a national comprehensive strategy for the health workforce
- Innovative approaches to teaching and the use of Information Communication Technology

In addition, the Global Health Workforce Alliance in its report, Scaling Up, Saving Lives, identified that the single most important investment needed to improve health outcomes is the production and deployment of a well trained health workforce.

Why does eye health provide important learning?

Today, there are 45 million people who are blind globally, the majority (over 80%) of which is avoidable or preventable. It is estimated that outpatient treatments for eye problems at secondary level (district) hospitals account for almost 25% of all patients examined and treated. At the primary (community) level, about 15%-30% of the population has some eye problem that needs treatment. Most of these can be managed with an effective primary health care service. Trained health personnel are needed to address the burden of eye disease and avoidable blindness. By implementing national programmes to reduce avoidable blindness, there is an estimated overall economic gain of \$102 Billion over 2003 to 2020. This case study provides some regional insights into how public-private partnership between an international organization like Sightsavers with regional and national actors has led to the strengthening of health workforce development for a priority issue like eye health.

Planning for Human Resources for Eye Health

Oftentimes, national health programmes plan for service delivery and improving health outcomes without adequate planning for the recruitment, training and deployment of an appropriate health workforce. This may be due to economic constraints and insufficient needs assessment of the type and quantity of workforce needed, where they will be trained and how they will be deployed and supported in their work. As Ministries of Health develop their 10-year scale up plans for human resources for health, there is significant advantage in extending stakeholder consultation to include non-state actors who invest significantly in human resource development, including that for eye health.

Developing institutions for training

A thorough needs assessment is required to identify need and potential gaps, and also to highlight opportunities that exist to help meet the gaps. For instance, one of the key investments that Sightsavers has made through consortiums in Africa and South Asia is in strengthening existing training institutes and developing new ones, especially in the public sector.

In West Africa, partnering with the West African Health Organisation (WAHO), West African College of Surgeons, Faculty of Medicine of the University of Conakry and other international partners led to a much needed diploma level training for ophthalmologists for both Anglophone and Francophone countries being developed. Sightsavers mobilized additional support from the Sheikh Zayed Foundation to establish the Sheikh Zayed Regional Eye Care Centre (SZRECC) in the government sector in Gambia. Health workers have now been trained from Cameroon, Chad, Gambia, Guinea Bissau, Guinea Conakry, Liberia, Madagascar, Senegal, Sierra Leone, Tanzania and Zambia, demonstrating the dearth of adequate training facilities for relevant health personnel in eye health within Africa.

In East Africa, Sightsavers and other international partners helped establish the Eastern African College of Ophthalmology and the School of Optometry at Mzuzu University. The support to eye health workforce development extends to various universities and training institutions in Kenya, Malawi, Mozambique, Tanzania, Uganda, Zambia and Zimbabwe. As a result of partnership with the Caribbean Council for the Blind, the University of Guyana has approved a 3 level training programme in refraction and optometry.

Similarly, in South Asia, national training centres were strengthened in the sub-continent. For instance, in India, a new masters training programme for optometrists was established at the Lotus College of Optometry, and an expert group was set up which developed training and certification guidelines for ophthalmic technicians for adoption by the Government. In Bangladesh training capacity was enhanced in the non-government sector like the Chittagong Eye Infirmary Training Complex, Islamia Eye Hospital in Dhaka and Jatyo Andha Kallyan in Comilla, and also the government National Institute of Ophthalmology in Dhaka. In Pakistan, a new college of ophthalmology and allied vision sciences was established, and institutes for training various cadres of eye health workers set up in each of the four provinces through collaboration with the provincial governments.

Mobilizing the existing health workforce

The existing health workforce has a key role to play in expanding the coverage of eye health services. This is particularly true of primary health care workers. International organizations including Sightsavers extended support to existing national health programmes such as primary health care in both Africa and South Asia to strengthen the eye health component in the training of primary health care and community health workers. Public Health Midwives in Sri Lanka and Lady Health Workers in Pakistan were also trained in eye health; while in Africa thousands of community health workers were trained in mass drug administration and promotion of eye health and are successfully contributing to the delivery of eye health at the primary care level to millions of people.

Conclusion

Partnerships between state and non-state actors can readily raise the profile of eye health amongst other health priorities, demonstrate cost effectiveness of the approaches that strengthen existing systems and structures, and provide evidence based, scalable and replicable models to Ministries of Health. This collaboration can result in the sustainable production and effective deployment of a well trained eye health workforce based on an investment in human resources for health development and scale-up plans.



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