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البنك الإسلامي للتنمية  
Islamic Development Bank

معاً لمكافحة الفقر  
REDUCING POVERTY  
**ISFD**  
صندوق التضامن الإسلامي للتنمية  
Islamic Solidarity Fund for Development



# Guinea

5-Year Action Plan of the Alliance to Fight  
Avoidable Blindness 2<sup>nd</sup> Generation

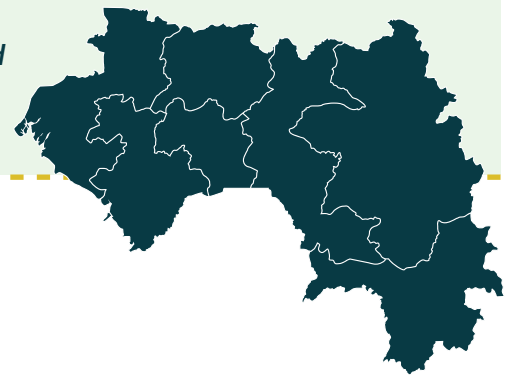
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# Why is the Need so Urgent?

*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 partnerships 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 in more countries. AFAB II is led by the IsDB and the Islamic Solidarity Fund for Development (ISFD).*



## Some Alarming Eye Health Facts from Guinea



**48% OF GUINEANS** suffer from **UNCORRECTED REFRACTIVE ERRORS** with poor access to glasses.



**4% OF ADULTS** aged 40 and above suffer from **GLAUCOMA**.



**62,000 PATIENTS** are waiting for **CATARACT SURGERY**.



**10%** of diabetes patients will develop a **RETINOPATHY**.

## The Opportunity

Over the last decade, Guinea has made tremendous progress towards providing quality eye care to the population. But, the lack of financial resources and the very slow training output flow of eye health human resources impact availability and access to eye care services throughout the country.

Additionally, the steadily population growth, currently at a yearly 2.65%, makes it harder to cope with the needs. Therefore, external effort is necessary to boost health indicators, especially when it comes to eye care.

What the Guinean eye care professionals want is: (1) a better organisation of ocular health with a specific program for the prevention of blindness that is fully integrated to the national health system, (2) more qualified and well-trained eye health human

resources, and (3) the implementation of the newly developed Action Plan 2019-2023 as part of AFAB II, of which the main priorities are:

- filling the gap in knowledge with national surveys;
- training eye health professionals;
- reinforcing eye health structures;
- developing missing national eye care policies;
- improving the quality of eye care service delivery;
- collecting quality data through a solid eye care national data collection system; and
- strengthening ties with all partners.

Working together, we can support Guinea's efforts to boost its national eye care system to serve the entire population.

# Our vision is crystal clear: quality comprehensive eye care for all Guineans is possible.

Did you know that in Guinea, there is only 1 ophthalmologist for 285,000 people, 1 ophthalmic nurse for 207,000 people and 1 optometrist for 3 million people?

However, we could, with good planning and adequate resources, improve the situation and give people access to quality eye care at national level.

## Taking a System-Strengthening Approach

To stimulate a lasting change for individuals and for generations to come, we look beyond the visible symptoms and tackle the root causes of the country's fragile eye health system.

Our aim to develop comprehensive eye care services

is clearly based on a system-strengthening approach: while directing our services to the individuals, we also build the capacity of the national eye health system through the following 5 interdependent and interconnected dimensions:



# With your Contribution you Can:



*Join an international Alliance to Fight Avoidable Blindness (AFAB)*



*Help Ministries of Health in the poorest countries in Africa build robust eye health systems*



*Enable millions of people to lead an independent life*



*Give people access to locally produced glasses*



*Help in the diagnosis of eyesight problems and stop preventable blindness before it's too late*



*Enable hospitals and clinics gain access to 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*



## The Wonderful Gift of Eye Sight

Aged 60, Bachir Kamara lives in Koumban. 9 years ago, the vision in his left eye started to become blurry before going completely dark. Thanks to an ophthalmic outreach organized by the Ministry of Health and funded by the Islamic Development Bank and its partners, a medical team diagnosed a cataract and he underwent sight recovering surgery:

“Losing my left eye impacted my work efficiency as a tailor. My income and my family were affected. I could no longer enjoy the daily reading of my

favorite Sourates with my grandsons as I used to. So, recovering my sight is a wonderful gift and I simply don't have the words to express my gratitude. I am so thankful. My life and that of my family will now improve. Thank you God for making this possible.”

Fatoumata Diallo, 31 years old, also came to a health center with her mom, whom underwent cataract surgery on her right eye. Her son, Ibrahim, could also be treated for conjunctivitis. She is glad eye care services were available.



*With our new Action Plan, we can build up a comprehensive and sustainable eye care system in Guinea. We strive to reach even more people like Bachir and Fatoumata and help them see again.*



# The Change we Are Seeking

The change we are seeking is reflected in our ambitious five-year AFAB II Action Plan, which addresses these different entry points for change within the following 5 program components:



## COMPONENT 1

Provision of eye care services with a focus on cataracts

## COMPONENT 2

Uncorrected Refractive Errors (URE) treatment

## COMPONENT 3

Glaucoma services



The change we are seeking at **SERVICE PROVISION LEVEL**

6,000 free of charge cataract surgeries are performed yearly.

400,000 children are screened by their teachers in Conakry.

Glaucoma case finding is integrated to cataract outreaches.



The change we are seeking at **HUMAN RESOURCE DEVELOPMENT LEVEL**

Surgeons are trained for Small Incision Cataract Surgery (SCIS).

9,350 teachers are trained for URE screening in Conakry.

Eye health agents are trained to screen glaucoma patients.



The change we are seeking at **INFRASTRUCTURE LEVEL**

Eye health centers are equipped according to medical and technical standards.

An eyewear workshop is created and maintained in Conakry.

The opportunity of a glaucoma center is examined thanks to a better knowledge of the disease nationwide.



The change we are seeking for **LEADERSHIP, GOVERNANCE AND AWARENESS**

Missing eye health national guidelines are elaborated.

A team of ophthalmic professionals dedicated to URE in schools is created in Conakry.

Sensitization campaigns are organized for eye health agents and glaucoma patients' families.

**WHAT WE HOPE TO ACHIEVE.**

**30,000 CATARACT SURGERIES ARE PERFORMED.**

**20,000 CHILDREN IN NEED BENEFIT FROM GLASSES.**

**GLAUCOMA CARE SERVICES ARE ACCESSIBLE TO GLAUCOMA PATIENTS.**





#### COMPONENT 4

##### Diabetic Retinopathy (DR) treatment

Screened patients are listed in a national follow-up file for DR.

General practitioners are sensitized to DR as a public health problem.

3 additional lasers are installed in regional hospitals.

As a chronic disease, DR is included in the national universal coverage policy.



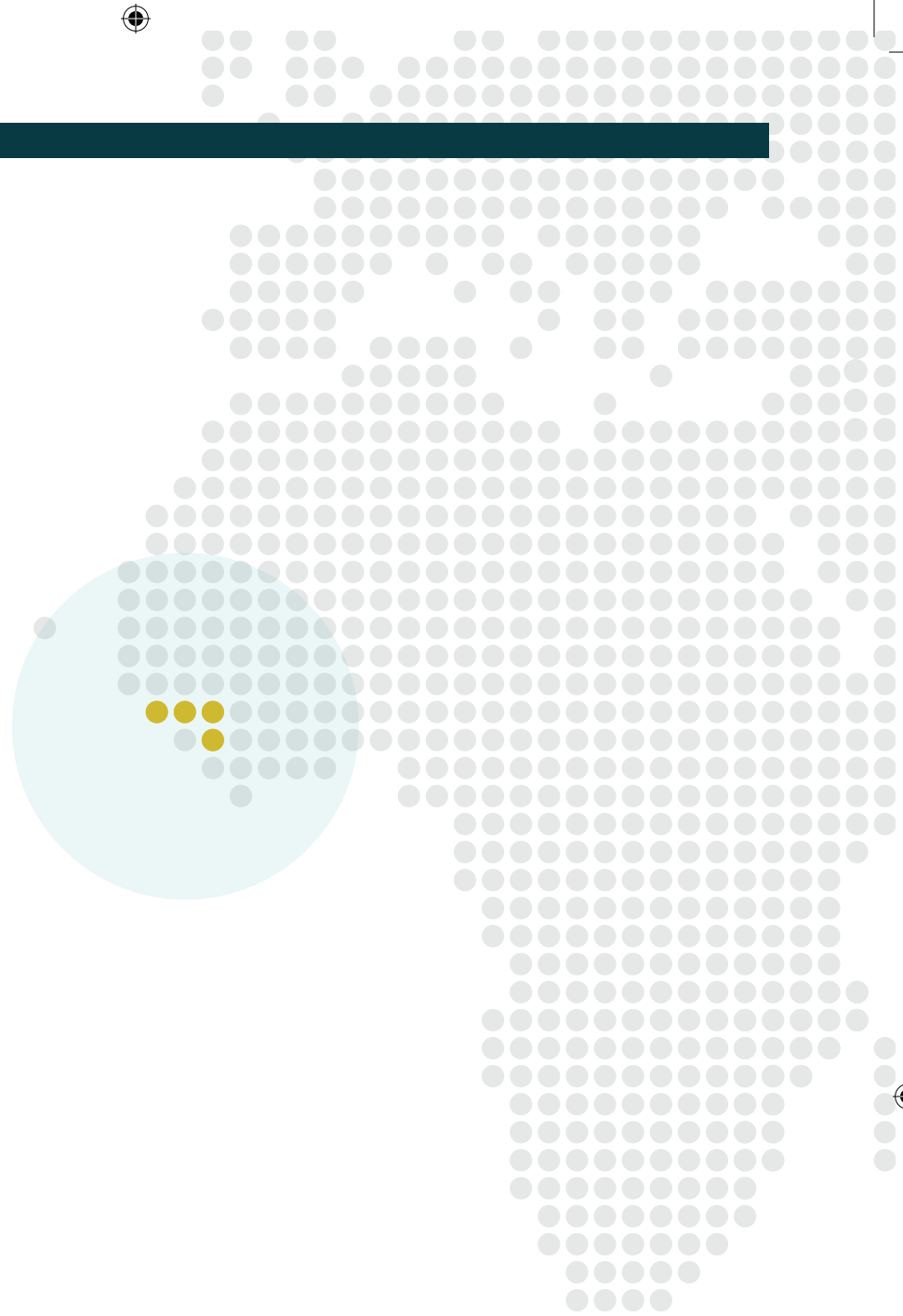
#### COMPONENT 5

##### Cross-cutting capacity building

The eye health team is reinforced by training:

- 10 ophthalmologists
- 30 ophthalmic nurses
- 6 optometrists
- 2 spectacles manufacturers
- 5 maintenance technicians
- 2 public health ophthalmologists
- A center specialized in children's blindness is established.

A national data collection system is developed.



### We Invest our Experience, Expertise and Resources to

1. *Improve the quality of provided services,*
2. *Build up human resources,*
3. *Provide the necessary supporting infrastructure, and*
4. *Foster leadership and governance structures.*

**PATIENTS ARE LISTED AND FOLLOWED-UP THROUGH THE NATIONAL HEALTH SYSTEM.**

**NATIONAL HUMAN RESOURCES ARE ABLE TO PROVIDE COMPREHENSIVE EYE CARE SERVICES.**

# How we will Deliver the AFAB II Objectives

*To achieve the changes we have planned 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 eye care services with a focus on cataracts*

### **30,000 CATARACTS WILL BE REMOVED**

Our aim is to reach an annual cataract surgical rate of 400, while local human resources are trained abroad.

Guineans ophthalmologists will be trained in Small Incision Cataract Surgery (SICS).

Community relays will be trained in order to find and refer patients to the appropriate structures.

Each year, about 6,000 patients will have access to cataract surgery carried out by local and foreign surgeons.

Quality of outcome surgery will be monitored through the BOOST program.

We aim to reach the threshold of 75% of operated cases with an uncorrected visual acuity of 3/10, 30 days post-surgery.

**REQUIRED BUDGET: USD 2,754,000.-**



## COMPONENT 2

*Uncorrected Refractive Errors (URE) treatment*

### **20,000 CHILDREN IN NEED WILL BENEFIT FROM SPECTACLES**

A situational analysis about URE management in Conakry will be undertaken.

400,000 enrolled school children in Conakry will be screened for URE.

240,000 children will benefit from a medical visit at school.

Children with other eye health issues will be referred to an eye health center.

An eyewear workshop will be created and supported in Conakry.

A dedicated URE team will be created and supported in Conakry.

Advocacy campaigns will be organized in order to include visual acuity tests at school.

**REQUIRED BUDGET: USD 1,804,000.-**





### COMPONENT 3 *Glaucoma services*

#### **A NATIONAL ORIENTATION SCHEME IS DEVELOPED, ENABLING GLAUCOMA PATIENTS TO BE CURED THROUGH THE NATIONAL EYE HEALTH SYSTEM**

Screening of glaucoma patients will be integrated with cataract outreaches.

A double diagnosis will be implemented in order to improve the quality of case-finding.

3,000 patients will access affordable surgery.

Advocacy effort for affordable means of treatment and sensitization campaigns will be organized.

**REQUIRED BUDGET: USD 233,000.-**



### COMPONENT 4 *Diabetic Retinopathy (DR) treatment*

#### **A NATIONAL ORIENTATION PLAN IS DEVELOPED, ENABLING AN IMPROVED DIABETES AND DR PATIENTS HANDLING THROUGH THE NATIONAL EYE HEALTH SYSTEM**

The national database of diabetic patients will be developed and maintained.

Guinean general practitioners will refer diabetic patients to ophthalmologists.

3 lasers will be installed in secondary regional hospital so as to improve access to specialized eye care services.

Advocacy effort for the integration of chronic diseases to universal health coverage will be organized.

**REQUIRED BUDGET: USD 426,000.-**



### COMPONENT 5 *Cross-cutting capacity building*

#### **LOCAL EYE HEALTH AGENTS ARE TRAINED AND ABLE TO PROVIDE COMPREHENSIVE EYE CARE SERVICES**

- 12 secondary ophthalmic centers will be created, equipped and staffed.
- 10 new ophthalmologists will be trained.
- 20 new ophthalmic nurses will be trained.
- 6 new optometrists will be trained.
- 5 low vision technicians will be trained.
- 4 technicians for biomedical maintenance are trained.
- 10 glasses technicians will be trained.

Gathering knowledge is key for planning and organisation:

- 4 situational analysis are realized for ophthalmic equipment, URE, diabetes/DR and glaucoma.
- 3 national workshops leading to diseases guidelines or national plans will be organized.
- The national data collection system DHIS2 is simplified in order to collect key eye health indicators.
- Ophthalmologists and their teams will be encouraged and supported in order to publish peer-reviewed journals.

The project committee will act as the national taskforce for eye care.

**REQUIRED BUDGET: USD 2,788,000.-**

# Joining Forces

## WORKING TOGETHER, WE CAN BE CATALYSTS FOR FAR-REACHING SOCIAL CHANGE.

With the Guinean Ministry of Health in the driving seat, we are joining forces to expand coverage and quality of eye health services across the country. Partners include all the stakeholders of the sanitary

pyramid (i.e. national, provincial and district levels), NGOs, the civil society and community structures. Under the leadership of the eye health task force, we will see genuine progress. As the Guineans say: do not be afraid to move slowly, only be afraid to stop. Together, we can move mountains!

### Total Budget Breakdown

3 %

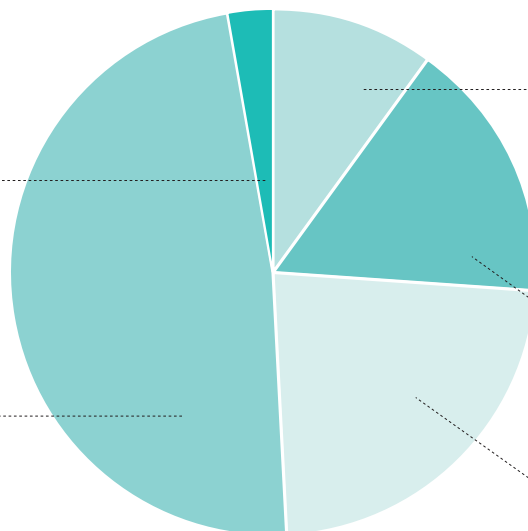
Advocacy, awareness raising and governance:

USD 244,000.-

48 %

Eye care service delivery:

USD 3,876,000.-



10 %

Coordination, monitoring and evaluation:

USD 797,000.-

16 %

Human resource development:

USD 1,253,000.-

23 %

Infrastructure and equipment:

USD 1,835,000.-

Budget required for Guinea: **USD 8,005,000.-**

### The Guinean Government Commits USD 2,755,000,- to Fund:

- Eye health personnel salaries
- Standard medication and consumables used in eye health
- Infrastructures operations and maintenance costs

*It is an ambitious plan. However, the results will not just be eye-opening, they will be life-changing.*



# Our Wider Impact

Your support to this Action Plan will directly contribute to our vision that each Guinean shall have access to comprehensive quality eye health services. We therefore invite you to provide the gift of sight to thousands of people in Guinea helping them see a clear path out of poverty. As part of the larger AFAB II

program spanning across 13 member countries, the leverage of this Action Plan is immense. Promoting South-South partnerships, will lay the foundations of a strengthened and sustainable eye health system available across the African continent.

OUR VISION + YOUR INVESTMENT = **A BRIGHTER FUTURE**



*This is Kadiatou, a 39-year-old woman from Kintinian village in the Kankan region. As a shopkeeper and mother of 3 children, she relies on her sight. Sadly she has conjunctivitis and a cataract. But there is hope, because this is her final examination before receiving surgery at Siguiri hospital.*



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