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Islamic Solidarity Fund for Development



# Mali

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

Elaborated  
with the technical  
support of

 **Sightsavers**

 **LIGHT**  
FOR THE WORLD

# 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 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 Mali



Approximately **700,000 PEOPLE ARE CATARACT BLIND** with 10,000 new cases per year.



**UNCORRECTED REFRACTIVE ERRORS** are likely to be the **MOST PREVALENT EYE CONDITION** in school aged children and can have a huge impact on a child's education, future and quality of life.



**GLAUCOMA** is the **SECOND LEADING CAUSE** of blindness in people aged 30 years and over.



**DIABETIC RETINOPATHY:** there were 143,400 cases of diabetes in Mali in 2017 but with an estimated **70% OF CASES** in Africa **UNDIAGNOSED**, it is likely to be vastly underestimated.

## The Opportunity

Mali is at a crucial juncture regarding when the time is right for meaningful advances to be made in eye health. As a low-income country, Mali faces challenges to achieve universal health coverage.

The National Eye Health Program with support from the Islamic Development Bank (IsDB) and the Islamic Solidarity Fund for Development (ISFD) have developed an Action Plan for eye health to address the most pressing eye health challenges in Mali including: cataracts, uncorrected refractive errors, glaucoma and diabetic retinopathy. This provides Mali with a unique opportunity to ensure that no Malian will lose their eye-sight due

to avoidable causes, especially the most vulnerable. The Action Plan will contribute to addressing some of the key problems affecting the delivery of quality eye care in Mali. These include a high concentration of ophthalmologists in Bamako, and lack of eye health staff in rural areas. There are shortages of basic equipment, and of staff trained in subspecialist areas of glaucoma and diabetic retinopathy. Eye health is not yet integrated into school health programs. The Action Plan will increase the reach of cataract surgical services, pilot school eye health programs and develop referral systems and national specialist centers to deal with glaucoma and diabetic retinopathy. Led by the government, the above interventions will act as a catalyst for change.

# Our goal is crystal clear: to improve and sustain coverage of eye health services in Mali contributing to the achievement of the national goals for eye health.

Up to 53.5% of ophthalmologists are based in the capital Bamako, leaving communities, especially rural ones, with limited access to eye health services. In the Kayes region, there are only two ophthalmologists for over 1.3 million people, less than half the World Health Organization's (WHO)

recommended minimum and in Kidal there are none at all. Based on WHO estimates for prevalence of blindness in Africa, 143,810 people are likely to be blind in Mali. 6 in 8 cases of blindness can be prevented or easily cured – with just the right access to medical prevention or treatment.

## Taking a System-Strengthening Approach

To stimulate a lasting change for individuals and for generations to come, sustainability is at the heart of Mali's Action Plan. We will take a health system strengthening approach; building human resources for eye health, developing infrastructure, providing equipment, and promoting the integration of eye

health within the general health system. This will build the capability of the National Eye Health Program to deliver quality services, helping to ensure long lasting improvements in Mali's eye health sector.

We can best facilitate this approach by focusing on the following 4 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*

## Light and Independence for Mariam

The sight of Mariam Coulibaly, a 38-year-old mother of 4 children, steadily became worse to the point where she could not see to cook and care for her family. She explained: "I was only able to recognise my children from their voices". Moussa, her 15-year-old son, looked after Mariam and took over many of the household tasks when she lost her sight. Mariam heard through the radio that the local hospital was carrying out eye treatment. Helping her overcome her fears, Moussa accompanied her to the hospital where

she was diagnosed with cataracts and had surgery the following week. Mariam describes how she felt after the surgery:

"When they removed the bandages I was able to see everything clearly and it was like I was reborn. I felt that I was living again."

Mariam can now cook for and care for her children herself and has started a small business selling mint and citronella tea, allowing her to become more financially independent.



*With our new Action Plan, we can build up a comprehensive and sustainable eye care system in Mali. We strive to reach even more people like Mariam 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 6 program components:



## COMPONENT 1

Provision of eye care services with a focus on cataracts

## COMPONENT 2

Uncorrected Refractive Errors (URE) treatment and school eye health

## COMPONENT 3

Management of glaucoma across all levels of the health system



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

The number of patients receiving surgery with quality monitoring at all eye health facilities is increased.

Primary school children are screened and treated for uncorrected refractive errors.

An increased number of patients have access to quality services for identification and treatment of glaucoma.



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

Primary health care workers are skilled in primary eye health including counselling for cataract surgery.

Teachers have the skills to effectively screen and refer school children for refraction.

Ophthalmologists have expert skills in the management of glaucoma.



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

Selected health facilities are renovated and equipped to provide efficient and quality eye health services.

Teachers have basic equipment such as visual acuity charts to screen children.

Selected health facilities are equipped to provide quality glaucoma services.



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

The population has greater knowledge and awareness of cataract blindness and of service delivery points.

Awareness about URE is raised in parents, children and community members in the pilot areas.

The population has knowledge and understanding of glaucoma.

**WHAT WE HOPE TO ACHIEVE.**

**12,000 CATARACT SURGERIES ARE PERFORMED.**

**5,000 PAIRS OF GLASSES ARE PROVIDED TO PRIMARY SCHOOL CHILDREN.**

**A WELL-EQUIPPED TERTIARY GLAUCOMA TREATMENT CENTER IS ESTABLISHED AND FULLY FUNCTIONAL.**



**COMPONENT 4**

Management of Diabetic Retinopathy (DR)

**COMPONENT 5**

Health system strengthening at central and regional level

**COMPONENT 6**

Cross cutting capacity development

A national tertiary medical retina center is established.

Patients are treated in well-managed clinical environments.

Facilities in selected districts have well-planned and documented activity plans.

Ophthalmologists and health staff treating diabetes have increased skills in screening, referral and management of DR.

Eye health and allied health staff have excellent management skills.

A human resource development plan is in place.

The national center is well equipped to provide quality services for diabetic retinopathy.

Selected health facilities treat patients in accessible environments.

Quality of service delivery is improved through patient feedback mechanisms.

There is greater knowledge of the eye implications in patients with diabetes.

A National Eye Health Strategic Plan is in place.

Strengthened clinical guidelines and protocols are in place.

**THE COVERAGE OF SERVICES FOR DIABETIC RETINOPATHY AND OTHER MEDICAL RETINAL CONDITIONS IS INCREASED.**

**THE EYE HEALTH PROGRAM EFFECTIVELY AND EFFICIENTLY COORDINATES THE PROVISION OF QUALITY EYE CARE.**

**THE EYE HEALTH CARE DELIVERY SYSTEM AT DISTRICT LEVEL IS EFFICIENT AND EFFECTIVE.**



# 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*

### OUR STRATEGY

The National Eye Health Program will strengthen the management and delivery of cataract surgical services, expanding coverage, affordability and quality to increase the number of new cases treated and reduce the backlog.

### OUR IMPLEMENTATION APPROACH

- National mass communication campaigns on TV, and radio and dissemination of educational materials
- Renovate and equip eye health units
- Enhanced skills training for ophthalmologists in cataract surgery
- Train primary health care workers in primary eye care
- Perform cataract surgery at health facilities
- Use tools to monitor and measure the quality of surgical outcomes and patient experiences

**REQUIRED BUDGET: USD 1,974,000.–**



## COMPONENT 2

*Uncorrected Refractive Errors (URE) treatment and school eye health*

### OUR STRATEGY

The National Eye Health Program will pilot school eye health programs in selected schools and conduct awareness campaigns. With the Ministry of Education, they will develop training manuals and toolkits for teachers who will be trained to screen and refer school children for URE.

### OUR IMPLEMENTATION APPROACH

- Design and disseminate an information, education and communication campaign on URE
- Train teachers in visual screening and referral
- Produce training manuals and reporting tools
- Screen children for eye problems and provide them with free glasses

**REQUIRED BUDGET: USD 593,000.–**



## COMPONENT 3

*Strengthening the management of glaucoma at all levels of the health system*

### OUR STRATEGY

Our comprehensive approach to addressing glaucoma will build on the diagnostic and surgical skills of eye health specialists, strengthen the

management of glaucoma at health facility level and raise public awareness to improve case identification.

**OUR IMPLEMENTATION APPROACH**

- Train ophthalmologists to be subspecialists in glaucoma
- Train general ophthalmologists in basic glaucoma management
- Renovate and equip a national referral center for glaucoma services
- Establish a robust referral system
- Design and roll out an information, education and communication campaign on glaucoma

**REQUIRED BUDGET: USD 1,323,000.–**



**COMPONENT 4**  
*Strengthening the management of Diabetic Retinopathy*

**OUR STRATEGY**

To lay the foundations for quality services that effectively and efficiently identify and treat diabetic retinopathy within the at risk population group.

**OUR IMPLEMENTATION APPROACH**

- Train subspecialists in the management of DR
- Establish a well-equipped tertiary DR center in Bamako
- Train secondary level health staff in DR diagnosis and management
- Develop a screening protocol for diabetic patients
- Design and roll out an information, education and communication campaign on DR

**REQUIRED BUDGET: USD 937,000.–**



**COMPONENT 5**  
*Strengthening the health system at central and regional level*

**OUR STRATEGY**

The aim is to strengthen the leadership and coordination of the eye health program, including strengthening the policy and institutional frameworks and systems.

**OUR IMPLEMENTATION APPROACH**

- Validate the draft National Eye Health Plan
- Establish new structures: national and regional eye health committees
- Train National Eye Health Program staff in management
- Develop harmonized protocol documents for the diagnosis and management of glaucoma and DR
- Strengthen the management and information system for the systematic collection eye health data
- Provide technical support to improve the quality of services, and ensure an inclusive approach to ensure vulnerable groups are included
- Develop a road map to promote sustainable services and improve access for vulnerable groups including people with disabilities
- Undertake a mid-term evaluation and final assessment of the Action Plan

**REQUIRED BUDGET: USD 541,000.–**



**COMPONENT 6**  
*Cross-cutting training and staffing measures development*

**OUR STRATEGY**

We aim to strengthen the health system to provide effective quality services that meet the need of the patients.

**OUR IMPLEMENTATION APPROACH**

- Review and update clinical guidelines and protocols
- Regular monitoring on issues such as the quality of cataract surgical outcomes
- Test patient feedback mechanisms
- Improve qualified personnel by ensuring newly trained staff are posted to facilities with adequate resources

**REQUIRED BUDGET: USD 282,000.–**

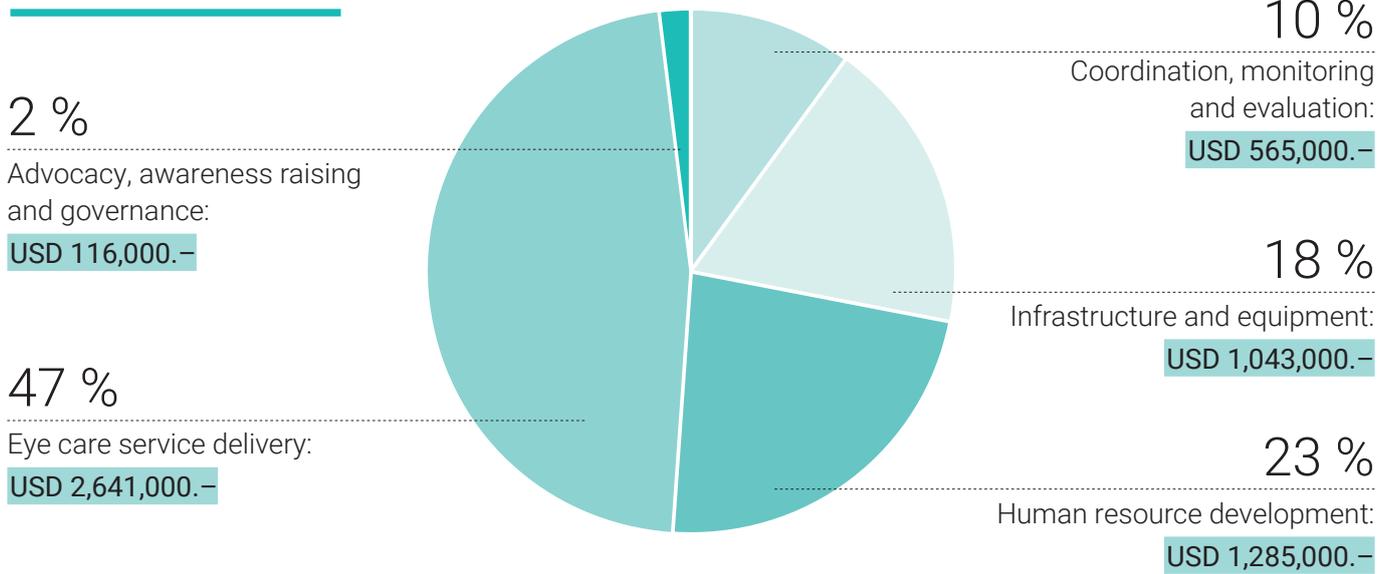
# Joining Forces

## WE CANNOT ACHIEVE THIS ALONE AND WE STRONGLY BELIEVE IN PARTNERSHIPS.

With the Malian Government in the lead, we are joining forces to expand coverage and quality of eye health services throughout the country. Partners include national ministries, the National Eye Health

Program, non-governmental organizations and community structures – all working together to effectively deliver change. Multidisciplinary teams from the National Coordinating Committee will lead the program and will be made up of key stakeholders from sectors related to the prevention of blindness in Mali.

### Total Budget Breakdown



Budget required for Mali: **USD 5,650,000.-**

### The Malian Government Commits USD 1,900,000.- to Fund:

- Eye Health personnel salaries and per diems
- Allied health personnel working in eye health salaries and per diems
- Operational costs of eye care services
- National Eye Health Program operating and logistical 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 the objective that no person in Mali will lose their sight due to an avoidable or treatable disease. In addition, as part of the second generation of the Alliance to Fight Avoidable Blindness, the advantage is immense. Through stimulating South-South partnerships, the other 13 AFAB II member countries will also benefit, laying the foundations for strong and sustainable eye health services across the African continent.

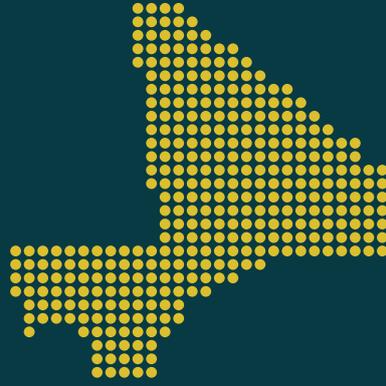
Doussouba Keita, a 48-year-old widow with 5 children, became severely visually impaired, unable to recognise who came to the door, and was earning less and less from her small business because she

gave people the wrong change. Doussouba travelled to Bamako with the help of her children where she was diagnosed with cataracts. Fortunately, one of Doussouba's neighbours told her that the local hospital was carrying out surgery and she was able to have treatment there rather than travel again to Bamako. Doussouba describes how the surgery changed her life:

"The biggest improvement has been [giving the correct] change – I'm no longer losing money but earning it. And before everything was pretty much done by my daughter. Now I am independent, I can prepare my own vegetables and deal with customers myself."

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





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