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Mozambique

5-Year Action Plan of the Alliance to Fight
Avoidable Blindness 2nd Generation

Elaborated
with the technical
support of



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 Mozambique



ONLY AROUND 3% of all diagnosed cases of glaucoma are operated on.



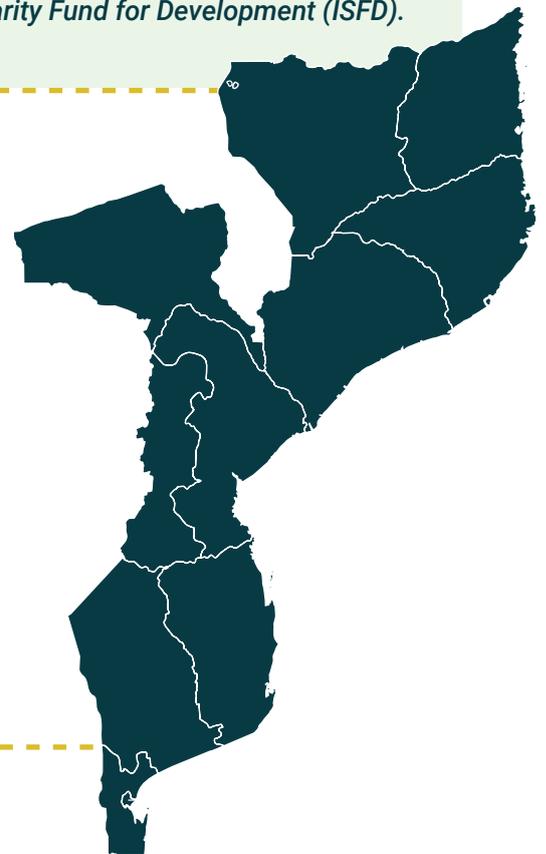
The **CATARACT SURGICAL RATE** is twice as low as Zimbabwe and even **20 TIMES LOWER** than Sri Lanka.



Refractive errors contribute to 64.5% of low vision, but the **USE OF GLASSES IS ALMOST NON-EXISTENT.**



The prevalence of **DIABETES IS GROWING EXPONENTIALLY** in the country.



The Opportunity

The momentum is right. The Mozambican government has set up a National Eye Health Program within their Ministry of Health and is now taking tangible steps to expand access to eye care services throughout the country. However, Mozambique's eye health system is still a little unsteady on its feet, with some of its supporting functions not yet operating to their full potential.

The country is facing major challenges for increasing service coverage to keep pace with population growth and emerging diseases. National training still produces too few eye

health professionals, but they hardly have any sub-specialities. Geographic distribution of existing eye health cadres is still starkly inadequate and none of the optical workshops across the country are, in fact, functioning. As eye health is competing for government funding with other more pressing health issues, there is a chronic shortage of essential eye care medicines, supplies and equipment.

Working together, we can scale up efforts to make the National Eye Health Program a resounding success and be catalysts for far-reaching social change!

Our vision is crystal clear: no Mozambican shall lose their eyesight, if it can be avoided or treated.

Did you know that in Mozambique only 25 ophthalmologists are currently serving a population of almost 30 million people? In a country where roughly 30,000 people are blind and another estimated 1.8 million are mildly or severely visually

impaired, we feel the urge to act now. We have high hopes, as we know that 6 in 8 cases of blindness can be prevented or easily cured – with just the right dose of medical prevention or treatment.

Taking a System-Strengthening Approach

To stimulate a lasting change for individuals and for generations to come, we believe in looking beyond the visible symptoms and expanding our scope to tackle the root causes of the country's fragile eye health system. This is why we have learned to take a

system-strengthening approach: as well as directing our services to individuals, we also build the capacity of the national eye health system. We can best contribute to this by triggering change in 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

A Rich Life Full of Experience

There is a timid smile on Manuel Dollar's face. "I have lived through better and worse moments", he contemplates, "but one experience I could have done without was going blind".

Manuel never had a lot of money. To make ends meet, the father of 11 earns his living selling groceries at the outskirts of a small Mozambican town. His problems started at the age of 60, he fell ill with a cataract, causing blurry, dim vision that got worse over time. He continued to sell groceries at first as the customers helped him count the rice and vegetables. As his eyesight continued to worsen, however, he sadly had to shut down his business.

One day, a neighbour told him about an eye clinic where quite a few people, so he was told, have recovered their sight. Soon, he set off on a journey to the hospital, with mixed feelings and unsure of what the outcome will be. Hours later, he received the dreadful diagnosis: cataracts in both eyes! He got surgery the same day and when he was able to remove the bandage the next day, he could see again! Although his vision was initially still blurry, as it would take a few more days for his eyes to readapt to the bright sunlight again.

"I can count the vegetables again and return to my grocery shop, I've been given my life back", he cheerfully rejoices, and sets out for home.



With our new Action Plan, we can build up a comprehensive and sustainable eye care system in Mozambique. We strive to reach even more people like Manuel 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

Human resource development for comprehensive eye care



COMPONENT 3

Uncorrected Refractive Errors (URE) treatment and school eye health



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

Anyone with eye problems can access eye care services at primary, secondary and tertiary levels.

Additional human resources provide services to the population of Mozambique.

All school children are pre-screened and examined and those diagnosed with refractive errors receive glasses.



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

Ophthalmologists have strengthened surgical skills. Cataract surgical outcome monitoring is improved.

The numbers of eye health cadres is increased at different levels working in the public health system.

School teachers know how to pre-screen their pupils and school eye health teams are built up.



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

Adequate space, equipment, consumables and medicines are available.

All cadres have the necessary equipment and instruments to perform well.

Teachers have visual acuity charts and can rely on a functional supply system for custom-made glasses.



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

Patients are treated accordingly by public health providers.

Health decision makers understand the importance of investing in human resources for eye health.

Health decision makers understand the importance of refractive services.

WHAT WE HOPE TO ACHIEVE.

16,000 CATARACT SURGERIES ARE PERFORMED.

60 ADDITIONAL EYE HEALTH PROFESSIONALS WORK ON PRIMARY, SECONDARY AND TERTIARY LEVEL.

4,200 SPECTACLES ARE HANDED OUT TO SCHOOL CHILDREN.



COMPONENT 4

Glaucoma services

COMPONENT 5

Diabetic Retinopathy (DR) treatment

COMPONENT 6

Advocacy and awareness raising

Patients are screened for glaucoma and those who need treatment receive it.

Patients are screened for DR and treated.

Glaucoma subspecialists and eye health cadres are trained in glaucoma diagnosis, counselling, basic treatment and referral.

DR subspecialist are trained and eye health cadres are trained in DR diagnosis and referral.

Specialized equipment, consumables and medicine for glaucoma are in place and adequately stored.

Specialized equipment, consumables and medicine for DR are in place and adequately stored.

World Glaucoma Week as a vehicle for intensive glaucoma campaigning.

The population's awareness on diabetes and DR is raised.

Visibility and awareness at health system and community level and the National Eye Health Program are strengthened by the new National Plan (2020-2024).

1 CENTER SPECIALIZED IN GLAUCOMA TREATMENT IS SET UP AND FUNCTIONAL.

1 CENTER SPECIALIZED IN DR TREATMENT IS SET UP AND FUNCTIONAL.

MORE EYE HEALTH AWARENESS AND ACTIVITIES FOR BLINDNESS PREVENTION.

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

*Providing quality services
(with a focus on cataract surgery)*

OUR STRATEGY

Our aim is to join forces with the Mozambican National Eye Health Program to expand coverage and quality of eye health services across the country.

OUR IMPLEMENTATION APPROACH

- Training of ophthalmologists in improved surgical skills by national senior ophthalmologists
- Adding ophthalmologists, nurse and ophthalmic technicians to surgical teams and workflow training regarding surgeries (including outreaches)
- Use of biometry and adequate monitoring and documentation of surgical outcome
- Mobile screenings and surgical outreaches by skilled provincial surgical teams
- Annual needs assessment and timely procurement of equipment and consumables
- Annual needs assessment and timely procurement of medicines (based on standards of the International Agency for the Prevention of Blindness)
- Ensure availability of adequate transport for regular surgical campaigns

REQUIRED BUDGET: USD 3,524,000.–



COMPONENT 2

*Human resource development
for comprehensive eye care*

OUR STRATEGY

We plan to massively strengthen several levels of personnel involved in comprehensive eye health, focusing on mid-level cadres and general ophthalmologists as knowledge brokers.

OUR IMPLEMENTATION APPROACH

- Construction or rehabilitation of a dedicated operating theatre for ophthalmology at the Central Hospital Maputo, strengthening its function as the main national teaching hospital and place of residency training
- Training of mid-level personnel (such as: ophthalmic technicians) as the backbone for decentralized eye care services (including new training curriculum to train ophthalmic technicians from scratch)
- Training of specialists and subspecialists of ophthalmology (including international ophthalmology post-graduate training and residency training at Central Hospital Maputo)
- Continuous on-the-job capacity building and learning new techniques (including short-term training courses abroad)

REQUIRED BUDGET: USD 2,098,000.–



COMPONENT 3

Uncorrected Refractive Errors (URE) and school eye health

OUR STRATEGY

We want to involve private partners to provide quality optical services sustainably within the public structures and design of a national strategy for school eye health as a guiding framework for action.

OUR IMPLEMENTATION APPROACH

- Training of different cadres: school teacher training in pre-screening for eye problems among pupils, training of primary eye care cadres (especially optometrists) in refracting children
- Set-up of a referral system for consultation of children in eye health units
- Set-up of a pilot glasses distribution system to correct children's refractive errors
- Set-up of a glasses distribution system for adults to correct their refractive errors
- Technical and financial support for the national strategy design

REQUIRED BUDGET: USD 356,000.-



COMPONENT 4

Glaucoma services

OUR STRATEGY

Comprehensive strategy to build up diagnostic and surgical skills, functioning counselling, referral mechanisms and awareness among the at-risk group of glaucoma.

OUR IMPLEMENTATION APPROACH

- Subspeciality training of ophthalmologists and their supporting medical teams
- Set-up of one glaucoma center with trained medical personnel, diagnostic equipment and specialized treatment
- Improve glaucoma management and treatment (i.e. diagnosis, referral, counselling and follow up)

REQUIRED BUDGET: USD 301,000.-



COMPONENT 5

Diabetic Retinopathy (DR) treatment

OUR STRATEGY

We aim to pave the way to make specialized treatment of DR possible in strong collaboration with the medical sector of diabetes.

OUR IMPLEMENTATION APPROACH

- Training and certification of at least 1 DR subspecialist
- Establishment of DR national guidelines in line with international standards
- Capacity building of eye health staff based on these guidelines
- Set-up of one DR center with trained medical personnel, diagnostic equipment and specialized treatment

REQUIRED BUDGET: USD 272,000.-



COMPONENT 6

Advocacy and awareness raising

OUR STRATEGY

Comprehensive campaigning and advocacy tools.

OUR IMPLEMENTATION APPROACH

- Design of an information and sensitization campaign using a wide range of channels
- National and local celebrations of the 'World Sight Day'
- Evaluation of policies and strategic plans as a basis for the new Vision 2020 Plan

REQUIRED BUDGET: USD 184,000.-

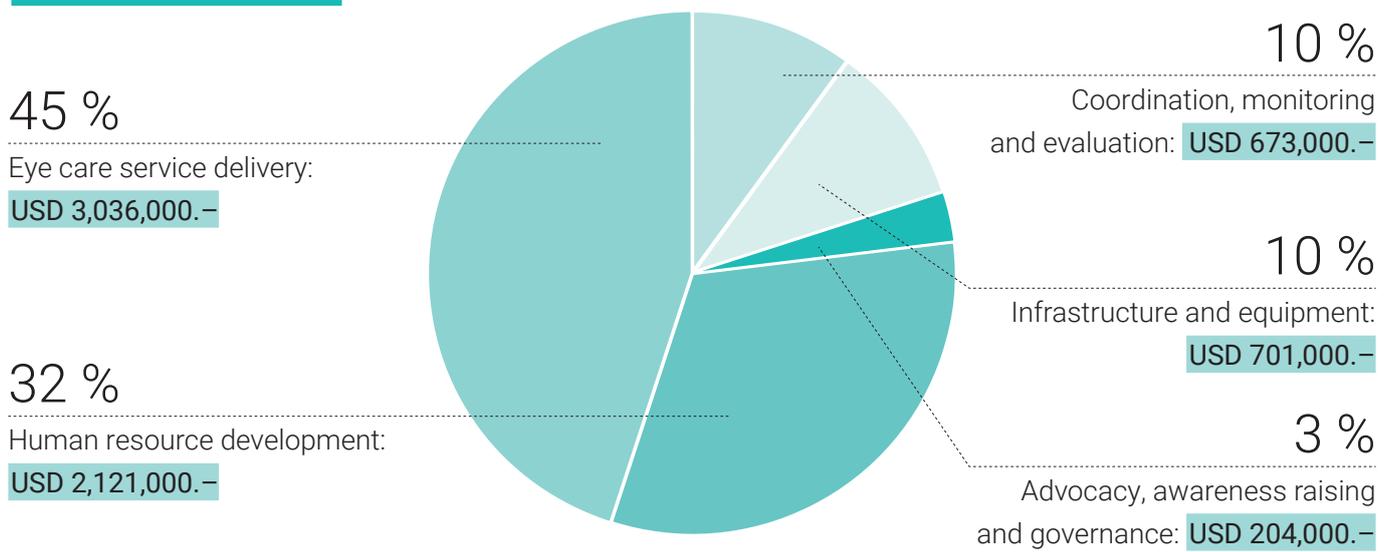
Joining Forces

WE CANNOT ACHIEVE THIS ALONE AND STRONGLY BELIEVE IN TEAMWORK.

With the Mozambican Government in the driving seat, we are joining forces to expand coverage and quality of eye health services across the country. Our partners include national ministries,

non-governmental organizations and community structures – all of which influence the same changes we are seeking. We are especially proud of our National Technical Committee as our captain to steer the ship towards our envisaged goals. The Committee includes stakeholders from all Mozambican key sectors related to the prevention of blindness.

Total Budget Breakdown



Budget required for Mozambique: **USD 6,735,000.-**

The Mozambican Government Commits at least USD 6,150,000.- to Fund:

- Eye health personnel salaries: USD 6,150,000.-
- Eye health personnel perdiems *
- Allied health personnel working in eye health salaries & perdiems *
- Standard medications and consumables purchased by the Ministry of Health and used by eye health sector *
- Infrastructures & maintenance costs *

** amounts not available due to decentral budgeting*

Our Wider Impact

Your support to this Action Plan will directly contribute to the objective that no Mozambican will lose their eye sight due to an avoidable or treatable condition. Furthermore, as part of the second generation of the Alliance to Fight Avoidable

Blindness, the leverage is immense. By working together in South-South cooperations, it will, as well, benefit the other 13 AFAB II member-countries to lay the foundations for strong and sustainable eye health services across the African continent.

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



Essita, 60 years old, was completely blind from a cataract. During a mobile outreach campaign, she received surgery and is now able to support her children and grandchildren again.



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8111 King Khalid St. - Al Nuzlah Al Yamania Dist. · Unit No. 1 Jeddah 22332-2444
Tel: +966-12-6361400 · Fax: +966-12-6366871 · E-mail: afab@isdb.org · Website: www.isdb.org
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