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صندوق التضامن الإسلامي للتنمية  
Islamic Solidarity Fund for Development



# Togo

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 Togo



**THE CATARACT SURGICAL RATE** is only 40% of the rate in South Africa and 10% of that in Sri Lanka.



**GLAUCOMA** is the **THIRD LEADING CAUSE** of visual impairment.



**DIABETIC RETINOPATHY:** Togo has the **12TH HIGHEST PREVALENCE** of diabetes in Africa, and there were about 90,000 cases of diabetic retinopathy in 2019.



**UNCORRECTED REFRACTIVE ERRORS** is a cause of children **DROPPING OUT OF SCHOOL**, this then impacts on their quality of life and negatively affects their future.



## The Opportunity

This is an ideal time to make a significant difference to eye health in Togo. The Ministry of Health in Togo – through The National Program fight against blindness (PNLC) with technical and financial support from the IsDB and ISFD – has developed an Action Plan for eye health based on the lessons learnt from the past. This provides Togo with the unprecedented opportunity to generate national capacities and strategies and pursue the ideal world in which no one in Togo must face avoidable blindness or visual impairment. This program will make a significant contribution to the development of sustainable eye health services as part of universal health coverage hence improving eye health for Togo's population. The Action Plan for eye health

addresses key challenges that the country faces in providing quality services. These include a lack of qualified professionals, especially ophthalmology subspecialists and optometrists. Eye health competes for government funding against other health priorities for scarce resources. Eye health facilities often lack basic equipment to provide quality services, and the access to crucial eye care medicines and supplies is also a challenge. The Action Plan will also tackle emerging priorities such as glaucoma and diabetic retinopathy through the development of referral centers. Working in partnership with others, we will scale up efforts to make the new Action Plan for eye health an unquestionable success and a catalyst for change.

# Our vision is crystal clear: no one living in Togo suffers from avoidable blindness or visual impairment.

Did you know that in Togo there are only 3.5 ophthalmologists per million people, that is 20 times lower than Latin America. In a country where approximately 57,000 people are blind and 1.7 million

are visually impaired, there is an urgency to act now. We are hopeful, as we know that nearly 75% of the world's blindness can be prevented or easily cured – with just the right medical intervention 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 will take a system-strengthening approach: as well as increasing

services to individuals, we also build the capacity of the national eye health system to provide quality services for years to come. 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*

## Overcoming Barriers - Changing Lives

After being visually impaired for 8 years, Alice Lamboni, a 49-year-old businesswoman and mother of 7 children, heard about the mobile eye clinic through an announcement on the community radio. Alice struggles to support her 7 children with her small business, and this has become increasingly difficult with her worsening vision caused by the presence of a cataract. The problem, Alice explains, is knowing where you can go when you have an eye problem. Even when eye health services are available,

affordability can also be a major barrier to access. Alice's sister accompanied her to the hospital and waited with her before she eventually received her diagnosis of a cataract in both eyes. Alice had surgery on the same day. The next day her bandages were removed, and she could see again. After Alice regained her sight, she told us: "I will now be able to continue supporting my 7 children with my small business. My life has changed for the better!"



*The ability to earn one's own livelihood is important for taking care of the family. With our new Action Plan, we want to reach many more people like Alice (see story) or Alicia (see photo) to get the eye care they need.*

# 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

Capacity building to provide comprehensive eye health care

## COMPONENT 2

Cataract treatment services

## COMPONENT 3

Uncorrected Refractive Errors (URE) treatment and school eye health



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

The number of eye health specialists in Togo is increased and services are provided at different levels of the health system.

Cataract surgeries are made affordable, and qualitative.

Detection and correction of refractive errors in school children is increased.



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

Ophthalmologists and other eye health specialists' skills are strengthened.

Ophthalmologists' surgical skills are strengthened and cataract surgical outcome monitoring is improved.

Teachers are skilled to effectively screen and refer children for refraction.



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

Crucial eye health equipment is available to staff for the provision of services.

Surgical equipment kits and consumables for cataract are available to provide quality eye care.

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



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

Trained eye health staff are posted to fully equipped facilities where they are needed.

Knowledge and understanding of eye health diseases and eye health care is increased among the population.

Parents, children and communities have knowledge and understanding of refractive errors.

**WHAT WE HOPE TO ACHIEVE.**

**13 NEW PROFESSIONALS AND 200 STAFF WITH INCREASED SKILLS ARE WORKING AT ALL LEVELS OF THE EYE HEALTH SYSTEM.**

**OVER 19,700 CATARACT SURGERIES ARE PERFORMED.**

**6,000 PAIRS OF GLASSES ARE PROVIDED TO SCHOOL AGED CHILDREN.**



#### COMPONENT 4

Management of glaucoma and Diabetic Retinopathy (DR)

#### COMPONENT 5

Institutional framework and coordination of eye health actions

The number of patients with glaucoma and DR accessing treatment and services have increased.

Quality of care is improved through continuous monitoring and supervision.

Eye health specialists have expert skills in the management of glaucoma and DR.

National Eye Health Program staff have excellent skills in project planning, monitoring and evaluation.

Selected health facilities are renovated and equipped to provide quality treatment services for glaucoma and DR across all levels.

The National Eye Health Program plans ongoing improvements in infrastructure and maintenance of equipment.

The population has knowledge and understanding of DR and glaucoma.

A National Eye Health Policy is in place providing strategic direction for the country.

**REFERRAL CENTERS FOR GLAUCOMA AND ANOTHER FOR DIABETIC RETINOPATHY ARE ESTABLISHED AND FULLY FUNCTIONAL.**

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

### 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.*

# 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

*Developing and building the capacity of eye health human resources to provide comprehensive eye health care*

### OUR STRATEGY

Strengthening human resources at all levels is one of the key strategies to improve access to quality eye care, focusing on mid-level cadre and upskilling ophthalmologists in glaucoma and Diabetic Retinopathy (DR) subspecialties. We will also ensure staff have access to the right equipment to deliver quality services.

### OUR IMPLEMENTATION APPROACH

- Training of mid-level personnel and primary eye care cadres (including senior ophthalmologists/ophthalmic technicians, optometrists and optical technicians) as the backbone for decentralized eye care services
- Training of new ophthalmologists
- Training of ophthalmic technicians in diagnosis and management of glaucoma and DR
- Training of technicians in ophthalmic equipment maintenance
- Reopening of the training school for senior ophthalmology technicians
- Upgrading the infrastructure and equipment at teaching hospitals in Lomé that run the Diploma in Ophthalmology
- Providing equipment to eye health facilities across all levels of the system

**REQUIRED BUDGET: USD 2,791,000.–**



## COMPONENT 2

*Reduced prevalence of cataract blindness*

### OUR STRATEGY

The National Eye Health Program will expand coverage and quality of cataract surgical services, across the country, treating new cases at the same time as reducing the cataract backlog. The strategy will be two fold delivering services at low cost in facilities, as well as carrying out outreaches in hard-to-reach areas.

### OUR IMPLEMENTATION APPROACH

- Design of an information and sensitization campaign on cataract blindness and availability of services
- Training of ophthalmologists in small incision surgery and cataract surgery
- Training of allied staff to provide assistance for surgery
- Performing low cost cataract surgery at health facilities and mobile outreach camps for remote populations
- Renovating and equip eye units and optical units to provide basic eye care services at primary level
- Establishing a supply chain/structure and providing equipment and consumables to eye health centres for the diagnosis and management of cataracts

**REQUIRED BUDGET: USD 1,573,000.–**



### COMPONENT 3

#### *Support for refractive errors*

#### OUR STRATEGY

The National Eye Health Program will establish pilot school eye health programs, training teachers to carry out screening of children for refractive errors and referral to optometrists for refraction.

#### OUR IMPLEMENTATION APPROACH

- Designing and launching information, education and communication activities to encourage people to use refractive error services
- Training teachers in visual screening and referral
- Producing training manuals and reporting tools to improve the quality of training and reporting
- Screening children for eye problems and provide them with free glasses
- Providing low cost glasses to adults who have been identified as having a refractive error during the awareness raising campaign

**REQUIRED BUDGET: USD 215,000.-**



### COMPONENT 4

#### *Improved management of glaucoma and Diabetic Retinopathy (DR)*

#### OUR STRATEGY

With an initial focus on Lomé and the surrounding area, we aim to establish a national referral center, for glaucoma and DR, train mid-level cadre in the management of the diseases and create effective referral mechanisms ensuring access to quality services at the appropriate level. In both cases, this includes public awareness through media and community outreach to improve case identification and encourage treatment demand.

#### OUR IMPLEMENTATION APPROACH

- Training of subspecialists in the management of glaucoma and DR
- Designing and launching an information, education

- and communication campaign on glaucoma and DR
- Renovating and equip a referral center for DR and glaucoma services
- Training secondary level health staff on the diagnosis and management of glaucoma and DR
- Establishing a telemedicine system for data exchange and expertise in glaucoma and DR

**REQUIRED BUDGET: USD 200,000.-**



### COMPONENT 5

#### *Improving the institutional framework and coordinating eye health actions*

#### OUR STRATEGY

We aim to strengthen the policy and institutional framework, the health management information system and the capacity of the coordinating staff of the National Eye Health Program to ensure they have the guidance and tools to effectively deliver the Action Plan.

#### OUR IMPLEMENTATION APPROACH

- Developing a National Eye Health Policy that is aligned with the National Health Strategy and the education sector
- Training National Eye Health Program staff in project management and coordinate the implementation of the Action Plan
- Logistic support including vehicles, motorbikes, transportation, tools and materials
- Developing harmonized protocols for the diagnosis and management of refractive errors, glaucoma and DR
- Developing a robust management and information system and tools to facilitate quality data collection and reporting at all levels
- Providing technical support to improve the quality of service delivery, and ensure an inclusive approach so that no-one is excluded from accessing services
- Undertaking a mid-term evaluation and final assessment of the Action Plan

**REQUIRED BUDGET: USD 868,000.-**

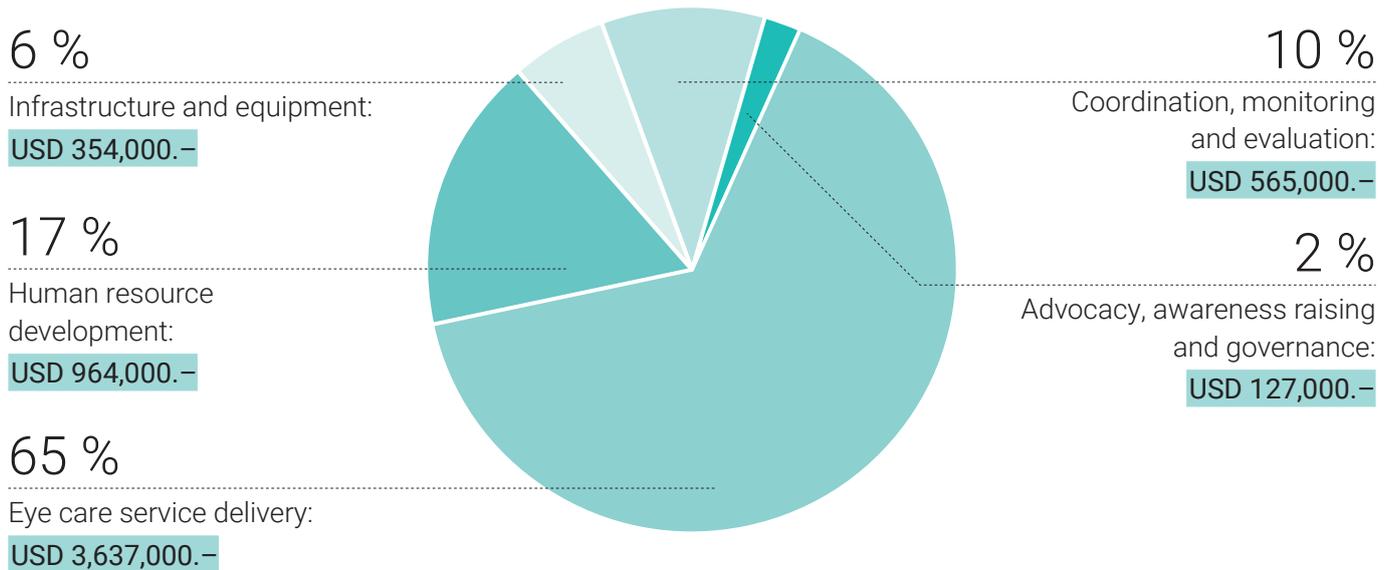
# Joining Forces

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

With the Government of Togo 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. The program will be lead by a multidisciplinary National Coordinating Committee made up of key stakeholders in sectors related to the prevention of blindness in Togo.

### Total Budget Breakdown



Budget required for Togo: **USD 5,647,000.-**

### The Government of Togo Commits at least USD 568.000.- 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
- PNLC operating and logistical costs

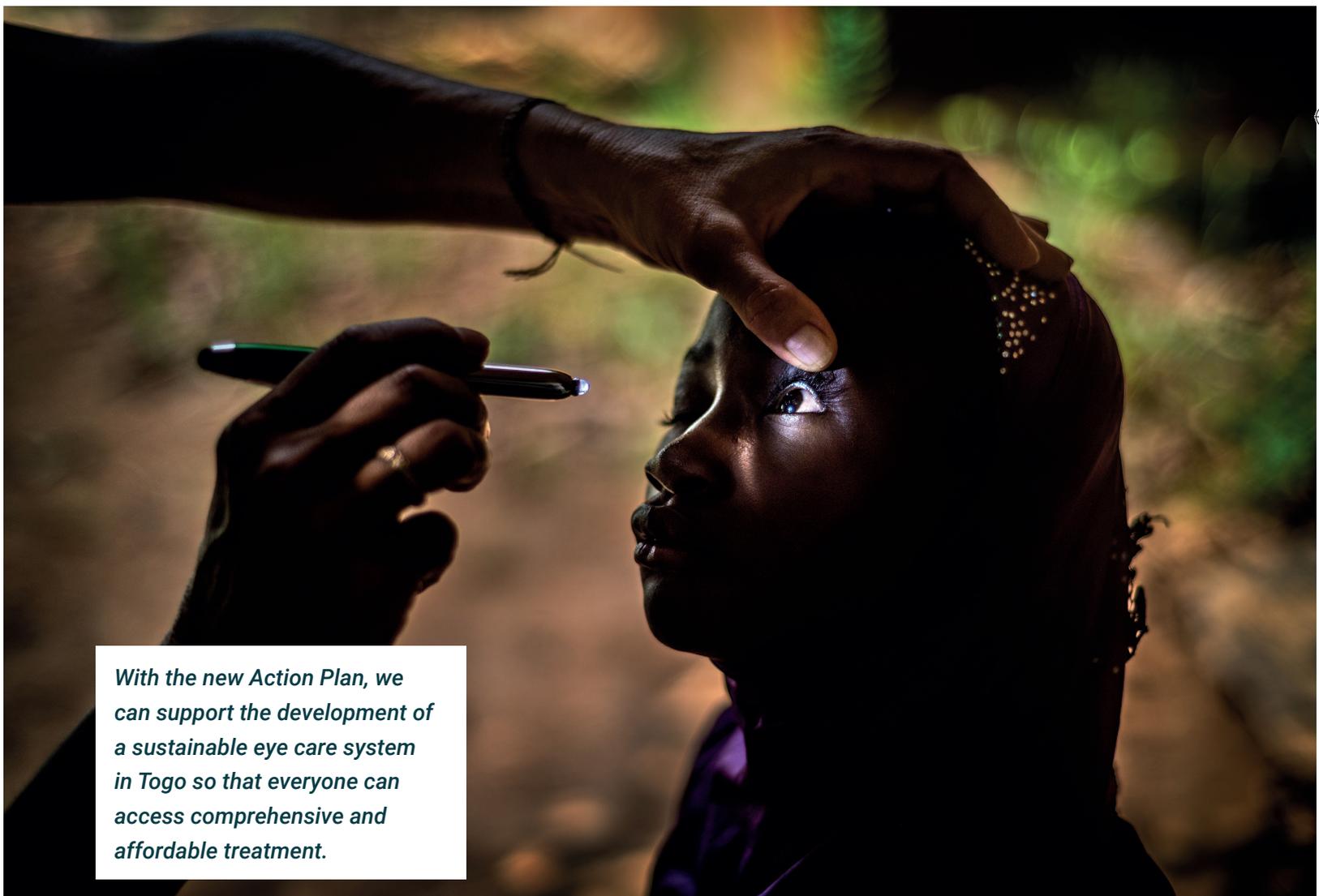
*It is an ambitious plan. However, the results will not just be eye-opening, they will be life-changing.*

# Our Wider Impact

Your support to this Action Plan will directly contribute to the vision that no person in Togo will lose their 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. 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.

People such as 54-year-old Yendoutien Lare will get the chance to access eye health services. Yendoutien was severely visually impaired from cataracts for nearly 18 months, preventing her from trading at the local market, her main source of income. 24 hours after having surgery, she got her vision back. Yendoutien was grateful to have her livelihood back: "I will be able to resume my place at the neighbourhood market where I traded. I advocate for low surgery costs, for all who cannot afford surgery otherwise."

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



*With the new Action Plan, we can support the development of a sustainable eye care system in Togo so that everyone can access comprehensive and affordable treatment.*



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