

GHANA EYE FOUNDATION: THE CONCEPT

Introduction

Sight is treasured by all. Our eyes enable us to see ourselves and others and also to see and appreciate the wonders of nature. Our eyes are considered the windows through which others see into our inner being. To the health provider the eye tells a lot about one's general physical health. A pale inner lining of the lower eyelid, for instance, may suggest anaemia; while yellow coloration of the white of the eye may suggest disease of the liver or the bile system.

Some diseases like diabetes, hypertension and sickle cell may be first diagnosed by an eye health provider because the patient presents to the health provider with a vision problem. Examination of the eyes of these people often shows eye complications resulting from such diseases.

The eye may be affected directly by other diseases and some of these diseases result in blindness if appropriate interventions are not put in place; for example cataract, glaucoma and trachoma. Blindness has untold social and economic effects on the individual, the family and the society at large. We still see children leading blind parents or other relations to beg for alms at the market places and by the road side. Such children tend to lose out on schooling and may end up losing the opportunity of earning a decent living in adulthood. The benefits of having healthy eyes and good sight through provision of eye health and rehabilitation services for the visually disabled are far more cost effective to the individual, the family and the nation than the cost of treating eye diseases or losing sight. The Health sector has in place a national programme for Prevention of Blindness.

What are the causes of avoidable blindness and what is its magnitude in Ghana?

Of the 20 million people living in Ghana it is estimated that 200,000 are blind and that over 600,000 more people are visually impaired. Over 75% of these causes of blindness are avoidable. The causes of avoidable blindness include

Cataract 100,000
Glaucoma 30,000
Trachoma 6,000
Childhood blindness 8,000
Refractive errors and Low vision 10,000
Diabetic and Sickle cell retinopathy 6,000

Cataract

Cataract is the leading cause of blindness. It occurs everywhere and is seen most commonly in older people over age 65 years. It is treatable by operation and optical correction. Every year many more people become blind from cataract in both eyes (estimated to be 20,000 people or 40,000 eyes) and 4,000 others become blind in only one eye (4,000 eyes). This means a total of 44,000 eyes require cataract operation if the country should keep pace with the new cataract blind patients and reduce the rate of blindness due to cataract. Currently the total operations done in Ghana take care of only a quarter of the need (10,000). Extra effort must be made to increase cataract

operations. Thankfully the National Health Insurance Scheme covers cataract surgery for the insured. People must be educated to register with the NHIS.

Strategies to scale up cataract surgical uptake include awareness creation, reaching the cataract blind with the service and encouraging people to register with the national health insurance scheme. Subsidised service may be required for some people either unable to register with the scheme.

There are a number of challenges why uptake of cataract surgery is low and the Foundation will collaborate with other partners in overcoming the challenges. The challenges include:

From the client's perspective:

Lack of knowledge (about the disease and that something can be done), fear of surgery, distance from service centre and cannot afford. The NHIS covers cataract surgery for those registered and it is hoped that majority of people will take advantage of this.

From the perspective of the provider:

Lack of equipment: only 45% of service delivery centres have equipment for biometry to select the exact Intra-ocular Lens power. Again some centres are not performing cataract surgery because they do not have operating microscope even though they have been trained to use it for eye surgery. The perennial lack of consumables (sutures, IOL and viscoelastic) is also a factor for low performance.

Eye health education is needed to improve knowledge about cataract blindness and that it is treatable. People should be encouraged to register with NHIS.

A resource centre to stock consumables, spare bulbs for equipment and even basic diagnostic equipment like ophthalmoscopes for sale to service delivery centres will help to forestall some of the problems with lack of consumables.

Glaucoma

Chronic glaucoma is the commonest type of the glaucomas in Ghana. It causes blindness rather silently. It occurs everywhere but some people are at greater risk of developing chronic glaucoma. It runs in families. It is the second major cause of blindness in Ghana. Early detection of the disease is important in preserving sight. Awareness creation and early detection and treatment with regular follow-up to monitor the progress of the disease are essential in its management.

In order to monitor and follow-up a client with glaucoma certain assessments need to be done. The service provider needs a tonometer and a visual field (VA) assessment equipment at least to assess progress of the disease. Availability of fundus camera to photograph the optic nerve head and monitor damage to the nerve head is also recommended. VA assessment equipment is not available in over 75% of service delivery centres.

The Ghana Eye Foundation will collaborate with the Glaucoma Association of Ghana to educate the general population on glaucoma.

Trachoma

Trachoma is the leading cause of preventable blindness. It is associated with poverty, lack of water and poor personal hygiene and environmental sanitation. It is a focal disease in Ghana and currently a public health problem in focal communities in Northern and Upper West Regions. A control programme is in place and a number of NGOs are working in partnership with the health sector to eliminate blindness due to trachoma and to reduce the infection so that it will no longer be a health problem.

Childhood blindness

The causes of childhood blindness include Nutritional deficiencies especially Vitamin A, measles, infections of the cornea and the use of harmful traditional medicines and injuries. The current high measles immunization coverage has led to a reduction in the number of measles eye complications seen in eye care facilities.

Over 70% of all the causes of blindness in children are preventable. In terms of blind-years childhood blindness contributes significantly to the burden of unnecessary blindness. If nothing is done this burden will double by the year 2020.

Refractive errors and low vision

Refractive and low vision services are not well developed in Ghana. Over 85% of optometrists have their practice in the urban centres and therefore their services are not available to many rural dwellers. The Foundation will be particularly concerned with refractive errors in school-aged children and will advocate for the development of such services to reach all those who need it. It should not be necessary for any child to struggle in school to learn with an uncorrected refractive error.

It is important to create awareness about the causes of eye diseases and blindness and what can be done to prevent those causes that are preventable and treat those that are treatable. Those who become irreversibly blind require rehabilitation.

In Ghana eye health financing remains a big problem. There is never sufficient funding for equipment, consumables, supplies or research. As a result eye care service provision centres periodically run out of consumables and supplies. Often personnel are trained and deployed to newly created centres without installation of the full complement of the basic diagnostic and surgical sets. This invariably results in frustration of the personnel and the country ends up losing the benefit of their service to brain-drain. Ghana needs to maximise the benefits it can derive from all its human resource developed.

Global Initiatives and Regional Development Programmes also direct attention to improving development of poor nations. They also recognise that creating wealth depends largely on the health of a nation's people. The Millennium Development Goals target eradication of extreme poverty and hunger; achievement of universal primary education; promotion of gender equality and empowerment; reduction of childhood mortality; improvement in maternal health; combating HIV / AIDS, Malaria and other diseases; ensuring environmental sustainability and development of global partnership for development.

NEPAD identifies in Africa the weak health systems and services, the magnitude of disease that outstrips control programmes; the fact that people are not empowered to

improve their own health; widespread poverty, marginalisation and displacement as a result of wars and conflicts. Resources for health above all are insufficient. NEPAD has a number of propositions to deal with the poor health situation. Among these are empowerment of the people to improve their own health and integration into existing community structures, scaling up disease control, multi-sectoral approach and mobilisation of sufficient resources.

Why a Ghana Eye Foundation (GEF)?

Eye care in Ghana is currently largely institution-based and is run by specialists in big cities and towns. Eye care services are thus only readily available to the about 60% of the people. When people get an eye problem they seek help that is readily available this may be a medication recommended by a friend, or they may go to a chemist, a health worker who lives close by or a traditional healer. If there is no improvement they may go to a health facility or they may be referred to an eye specialist. This intervention often comes too late for some people at a great expense of the affected individual, the family and the health facility.

To reduce eye diseases and blindness, an integrated approach to link all levels of care is required. It is necessary to provide the information, knowledge and skills at all levels of care and to as many people as possible to ensure that most people and health workers take responsibility for ensuring normal eye health. Eye health encompasses healthy eyes through health promotion, preventive and protective activities; identification, diagnosis and treatment of eye diseases and rehabilitation of the blind

To provide an integrated, sustainable, equitable and quality eye health service to all residents in Ghana, it is necessary to mobilise the needed resources – human, material and financial – to treat eye diseases, to eliminate avoidable blindness and to provide rehabilitation for the blind. This requires a partnership that involves civil society, corporate organizations and NGOs working in concert with Government and health workers for a Ghana Free of Avoidable Blindness. The Ghana Eye Foundation sets out to work in partnership with Government and other agencies to achieve the aim of VISION 2020: THE RIGHT TO SIGHT.

Vision of the Foundation






A Ghana Free of Avoidable Blindness

Mission of the Foundation

To create awareness and mobilise resources to support the provision of a sustainable, equitable and quality eye health service by well-trained and appropriately motivated personnel to all residents in Ghana.

The Brand name for the Foundation is “**SIGHT FOR GHANA**”

The Foundation will undertake the following strategies

-  Increase advocacy for eye health
-  Create awareness creation
-  Mobilisation of resources
-  Support service provision and Operational Research
-  Monitoring and evaluation on eye health and prevention of blindness

Fund raising

Ambassador(s) for Prevention of Blindness have been identified. Ambassadors will help the GEF Task Team to raise funds for blindness prevention activities.

Service delivery

The Foundation will encourage eye teams that are willing to undertake outreach services so that eye health is provided in underserved communities. This will help bridge inequity gap in eye health service delivery.

Human resource development and deployment

Human resource for eye care is a big challenge. The number of eye care providers is small compared to the service need. To address the human resource gap there is the need to train and deploy more eye care workers. The Foundation should support government in doing this. The Foundation envisages that each district will have an appropriately trained eye care provider. Eye health promotion needs strengthening.

Sub-specialisation to provide such services as vitreo-retinal surgery, corneal graft, oculoplastic surgery and glaucoma will reduce the number of people travelling abroad for specialist care and this will also make such service available to people who otherwise would not have had access to these service.

Continued Professional Education and support for eye care providers to attend conferences either within or outside the country will be very much appreciated. None of the categories of eye care service providers are able to afford the cost of these important educational conferences/seminars.

Upgrade equipment

Most service delivery centres are unable to perform to maximum capacity because they lack the necessary equipment. Others have obsolete equipment that will need to be replaced.

Monitoring and Evaluation

Activities of the Foundation will be monitored regularly and evaluated at periodic intervals.

The Ghana Eye Foundation (GEF) is purely a local initiative and not replacing what already exists for eye health service delivery. The Foundation recognises and appreciates the contribution by the many partners in eye health delivery. It seeks to complement and strengthen the established partnership needed to work towards the elimination of avoidable blindness in Ghana. Each member of the family, the community and the country at large has a right to sight. Join **GEF: SIGHT FOR GHANA** in fighting avoidable blindness in our country.