

Sub-Theme Symposium: 2030 in Sight: The Future of Global Eye Health

To integrate eye health in wider health care systems as part of universal health coverage

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INTRODUCTION

2030 IN SIGHT is a sector strategy which aims to ensure that by 2030, no one experiences preventable sight loss, and everyone can achieve their full potential.¹ To ensure that eye care and rehabilitation services are accessible, inclusive, and affordable to everyone, everywhere, whenever they are needed (Figure 1), and people understand the importance of caring for their own eye health and demand access to services, free from the weight of any social stigma. Integration helps the eye health sector to advance the direct and indirect sustainable development goals (SDGs) to which it is related, creating a fair, prosperous and sustainable world.² Apart from (Universal Health Coverage (UHC), no poverty, zero hunger, gender equality, decent work and economic growth, climate action, partnerships for the

goals, The (National Eye Health Programme (NEHP) brings together the WHO World Report on Vision, the WHA resolutions, the Lancet Global Health Commission on Global Eye Health and the Landmark UN resolution, Vision for Everyone and The Nigerian constitution, national regulations, policies, plans and data to achieve this specific sector strategy for all Nigerians.

National Framework for Eye Care

The following underpin the National Framework for Eye Care

- The Constitution of the Federal Republic of Nigeria 1999: This affirms the national philosophy of social justice and guarantees the fundamental right of every citizen to life, free from discrimination. It devolves healthcare to the 3 tiers of government, a vehicle for the delivery of UHC.
- The National Health Act 2014: This is the legislative framework for the development and management of the health system, setting standards for health services.
- The National Health Policy (NHP) 2016: This policy directs progress in improving the performance of the health system with Primary health care (PHC) as the bedrock and providing financial risk protection, especially for the poor and vulnerable.
- The National Strategic Health Development Plan II: This operationalises the NHP, providing a roadmap to the national government and sub-national



Figure 1: *Delivery of affordable eye care services to everyone, everywhere, whenever they are needed*

entities on national health priorities towards the attainment of health and health-related SDGs.

- The National Blindness and Vision Impairment Survey 2005-07
- National Eye Health Policy
- National Health Strategic Development Plan
- All National Eye Health Guidelines

All national eye health documents build on so much work that has been done internationally and nationally, to whom the NEHP and indeed the Federal Ministry of Health and Social Welfare (FMOH & SW) and the nation owe a debt of gratitude. The NEHP stands on the shoulders of many giants, teachers and colleagues and the continued support of the Ophthalmological Society of Nigeria (OSN) in the past and even now. We are encouraged by the promise of OSN's continued support in the future.

How the NEHP is working to **INTEGRATE** Eye Health within the wider sector and the Nigerian Strategy.

The NEHP is developing and strengthening local and international partnerships to work more effectively, efficiently, and collaboratively and to raise the profile of eye health through advocacy within and outside the sector with equity as the underlying consideration. The NEHP aims to achieve this by:

- Increasing political will at all levels
- Improving population and systems awareness (Public and Private, local and International).
- Striving to reduce the funding gap through grants and collaboration.

Sector Strategies

Inclusion of Eye Health in Universal Health Coverage

Eye health is part of the National Health Policy, strategic plan and has its own budget line with a modest increment over the years. Eye Health Policy Documents are in place. The National Eye Health Programme is also part of global conversations to integrate national perspectives and experiences into the global

agenda and targets, and share context-specific insights and challenges. The NEHP was represented at the WHO World Health Assembly earlier this year, at the International Agency for the Prevention of Blindness (IAPB conference) in Mexico and will join industry leaders in New York at the UN General Assembly.

Integrated Patient-Centred Eye Care

This involves people-centred policies, plans, interventions, and services organized according to the health needs and expectations of people throughout the life course, rather than based on diseases. This approach consciously adopts individuals' perspectives as participants and beneficiaries of eye care services and empowers them to play an active role in their own eye health.

Integrated: managed and delivered to assure a continuum of promotive, preventive, treatment, and rehabilitative interventions for the full spectrum of eye conditions. This is also coordinated across the various levels and sites (where people live and work) of care within and beyond the health sector.

Life course approach: focusing on not only a full spectrum of eye health diseases but from the cradle to the grave recognizing that we need to do more; the problem is growing from a change in population dynamics and ageing due to improved life expectancy and the possibility of the increase of other chronic eye diseases due to lifestyle changes. Some activities aimed towards this include:

- School Eye Health
- Integration of Primary Eye Health into Primary Health Care
- Guideline development: Diabetic Retinopathy and Glaucoma
- Ongoing process of integrating Eye health data into the DHIS 2
- Plans to develop vision screening and ocular eye examination

Workforce Training

Leadership and governance: for competency-based leadership: via international and local short and long courses, e.g. International Centre for Eye Health (ICEH) and the Global Health Leadership Programme at Harvard. National

coordination workshops for subnational leaders in eye care, partners and pharmaceuticals.

Service Delivery

1. Training of Primary Health Care Workers to build and strengthen the ability of health personnel to manage eye patients at primary-level health facilities (PEC) in Nigeria. For Preservice training, the national training manual has also been included in the curriculum of community health care officers. Empowering PHC workers with knowledge and skills aims to address eye health worker shortages, increase eye care services in rural areas where about 70% of Nigerians live and create clear referral pathways to specialised care when needed.
2. Two Training and sensitization workshops have been organized by the NEHP for health workers based on the Diabetic Retinopathy (DR) screening and management guideline; one in northern Nigeria and the other in the south. The guideline is a paradigm shift towards a nationally effective framework with a cohesive, cost-effective, comprehensive, and patient-centred approach, critical to making the needed impact by increasing the opportunity for prevention and prompt treatment at early stages. These guidelines recommend strategies to strengthen leadership and clinical governance, protocols that standardise care and define care pathways, including strengthening referral mechanisms, financing and sustainability, and research to improve service delivery and patient outcomes in the long run.
3. Training has also been conducted on the Nigeria Glaucoma Guidelines and Toolkit for ophthalmologists from 36 states and the FCT. They are expected to step down the training to other healthcare workers in their states. This guideline outlines collective action, based on an integrated patient-focused model to tackle glaucoma, a chronic but treatable condition which requires lifelong treatment and follow-up. This document aligns strictly with evidence-based

practices to define general courses of management, including diagnosis, risk assessment for progression and protocols and models of care/referrals for the Nigerian patient. These guidelines provide clinical and programmatic guidance for glaucoma services which ensure the highest possible outcomes for the Nigerian patient.

Embracing Technology and Research

By leveraging technology and research, Nigeria can overcome some of the significant barriers to eye care access by improving service policy making and service delivery and connecting patients, especially the underserved, to care. Technology can reduce costs associated with transportation, infrastructure, and personnel. Improved patient engagement and empowering patients to take a more active role in their eye care will improve outcomes. Specific technological interventions for the future include:

1. *Telemedicine*: Remote consultations can reach rural areas, reducing geographical barriers. Access to specialist care: Telemedicine can connect patients with specialist eye care professionals, regardless of location. Mobile health (mHealth) apps: Apps can educate patients, provide basic eye care information, and ease appointment scheduling. Peek Vision – provision of programme design, training on use of the Peek software and data intelligence platform for school eye health, community programmes that connect schools and households with PHCs and optometry and hospital referrals. This has been shown to increase impact 16-fold.
2. *Artificial Intelligence (AI)-powered diagnosis and monitoring*: AI can aid screening and diagnosis of eye conditions, increasing accuracy and speed in Diabetic retinopathy (DR) and refractive error services and School Eye Health Programmes. Technology can also enable remote monitoring of patients with chronic eye conditions.
3. *Virtual reality (VR) training*: VR can enhance surgical training for eye care

professionals, improving skills and knowledge. E-learning platforms can provide eye care education and training for professionals and patients. E-learning platforms can be particularly useful for refresher training of Primary Health Workers in Primary Eye Care.

4. *Electronic health records (EHRs)*: Digital records can streamline patient data, facilitating efficient care. Data analysis and research: Technology can help data collection, analysis, and research to improve eye care services, providing prompt and exact data for policy making. Recently, the FMOH launched the Digital in Health Initiative to rebuild and reposition the digital health environment to include Data gathering; Data repository; Data servicing and Service regulation. The platform so created would be such that data can be easily validated. The NEHP is also in talks with Peek Vision for the use of its technology in service delivery and eye health population surveys. We have addressed concerns of data protection, and PEEK are fulfilling country legal requirements. We hope to pilot its use in the Joint vision and hearing screening and provision of Assistive Technology (AT) devices intervention, enabled by the \$5 million grant to Nigeria from ATscale. A National Eye Health Research committee is in place and has had its first meeting where national

priorities for eye health research were determined, its first research proposal has also been developed and submitted to the National Health Research and Ethics Committee and there are plans to convene another meeting soon to address country considerations for technology in eye health.

CONCLUSION

By integrating eye health into the wider health and health-related sectors, we can ensure eye health is part of universal health coverage, creating a more cohesive, effective, and patient-centered healthcare system, which will ensure that no Nigerian experiences preventable sight loss, and everyone can achieve their full potential in an equitable manner.

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