



The policy-practice gap: supporting national VISION 2020 action plans

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An interview with Daniel Etya'ale

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Dr Etya'ale, can you tell us what your work involves?

My job is to help countries in Africa develop and implement their national VISION 2020 action plans. This involves visiting countries and speaking with government and non-government agencies so that a well co-ordinated set of activities can be agreed.

What training did you have to prepare for this work?

Good question! The simple answer is not one, but a series of training and work experiences. In fact, my whole personal and professional life seems to have prepared me for my current job.

After training as an eye specialist, I worked as a director of the largest mission hospital in Cameroon where, over ten years, I developed an eye care service at the community and district hospital levels. I further expanded this work to the Southern Province and also began to advise an international non-governmental organisation (INGO) on its medical work in other parts of Cameroon and neighbouring Central African countries. This increased my interest in public health ophthalmology and led to a one-year training at the International Centre for Eye Health (ICEH) in London where I obtained a Masters in Community Eye Health. After this I was asked to co-ordinate the onchocerciasis control activities of a consortium of 11 INGOs, which meant being based at WHO in Geneva and working closely with national ministries of health and the African Programme for Onchocerciasis Control (APOC) after its creation in 1995. This led to my current appointment as VISION 2020 Co-ordinator for Africa.

Where are you based now and how is your work supported?

I am based in WHO Geneva in the Programme

for the Prevention of Blindness. My work is jointly supported by WHO and a group of NGOs.

When you go to a country for the first time what do you do?

Before going I read as much as I can about the country, its health and its eye care systems, its public health successes (if any) and its major constraints. Then I prepare a summary of the information using a standard database which we have developed at WHO. Afterwards, I prepare a list of the people I would like to meet and some of the key questions needing answers or further clarification. I then contact the national WHO office and arrange my visit through them. Whenever possible I will ask to see the Minister of Health realising that, in most cases, I will only have 10-15 minutes to 'sell' VISION 2020 and seek a broader and more substantial support of the programme by his department.

What do you speak to the Minister of Health about?

Most health ministries in Africa must compete with other ministries to secure funds for health care in the country. Also, most have many competing needs for those limited funds - malaria, HIV/AIDS, TB, immunisation programmes, hospital services, and staff salaries, to mention only a few. Against these 'public health giants', eye care and blindness prevention are hardly a natural winner. In my discussions with the Minister I will therefore try and emphasise the following points:

- the aim of the VISION 2020 programme – why reducing blindness is important, socially, economically, financially and ultimately politically
- what the international community can provide in the way of help
- what is required from the Ministry of Health and its local partners

- the importance of well planned and highly coordinated activities by all stakeholders
- the importance of a committed and highly qualified national co-ordinator or programme manager.

Who are the other people you try to meet?

I try to meet the senior ophthalmologists particularly those who advise the government and those involved in training centres. I will also try to see the country representatives of the international NGOs and any local NGOs or religious authorities involved in eye care. The idea is to meet all those who are involved in policy decisions or planning eye care services to learn what they do and how they do it, and to explain the concept of VISION 2020. If there is still some little time left, I will try to visit a VISION 2020 related project, to see real people (the blind, the visually impaired and those who work very hard, sometimes under harsh circumstances), and to be reminded that it is for them that VISION 2020 has been established. This is a real lifeline for me.

After this first visit what follows?

The first visit allows an understanding of 'where' the country is in terms of eye care and blindness prevention. Do they have a committee? Is there a plan? How recent? Does it address all the VISION 2020 concerns? Has a national co-ordinator been appointed? How well developed are the human resources and infrastructure? What is the estimated cataract surgical rate (a crude but simple and useful indicator of eye care provision)?

The next step will then be a VISION 2020 workshop. This may have several purposes. If there has been little eye care planning so far, the workshop will concentrate on advocacy and the participants will be the influential people involved in decision-making. The aim will be to reassess the need for eye care in the country (magnitude and causes of blindness) and explain the concept, priorities and partners involved in VISION 2020. If the country is already committed to VISION 2020, then the purpose will be to develop a comprehensive national action plan for VISION 2020. Such a workshop will involve Ministry of Health officials from both central and regional levels, eye care professionals, training institutions and NGOs. If there is already a plan then the workshop will aim at district level ophthalmologists, nurses and programme managers and discuss implementation of VISION 2020 at the district level.

What are the outcomes you look for from the workshops?

First of all, agreement on the size of the blindness problem, the priority areas of

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work in the country, and the need to work together to fight the problem. Second, development, acceptance and ownership of an agreed national action plan; and third the clearest definition possible of the roles of the various stakeholders and eye care providers within the country at all levels of programme implementation.

What positive changes have you seen in Africa over the last three years?

First and foremost, a real enthusiasm for VISION 2020 when this has been presented to the ministries of health and eye care professionals – the response so far has been more than we had anticipated. Second, a better understanding of the causes, magnitude and distribution of blindness and available services in each country and within country in each region. We believe that we now have sufficient information for most countries with which to safely plan VISION 2020 programmes and activities. Third, and most encouraging, a coming together of the various parties (governments, NGOs and professional groups) to work together under the mandate of VISION 2020. This move towards closer and more functional partnership in eye care is probably the single most important development over the last three to five years. The problem of blindness is so enormous that no single agency can solve it alone – we must do our utmost to respect each other and work together if we are to reduce the number of people still becoming unnecessarily blind in Africa.

What are the major challenges facing VISION 2020 in Africa in the next three years?

There is still such a big gap between what needs to be done and what is done. Currently we hardly meet 20 per cent of current needs and much of that service provision is largely dependant on NGOs. Also, the use of existing resources – people, equipment, infrastructure and money – is still largely inefficient; and there is definitely a need for new resources, both in terms of finances and human resource development. For reasons of sustainability and despite their limited resources, African governments should be the major eye care service providers in the long-term. Therefore, a challenge for NGOs and other partner agencies is to assist governments in ways that will not only expand and accelerate current activities, but also, and more importantly, lead to the creation of functioning, nationwide and effective eye care services. Eye care has the potential to be financially self-sustaining because, for example, of the need and sale of spectacles for presbyopia and other refractive errors. So the major challenges for the next three years are availability and use of resources, and partnership between governments, WHO, NGOs and other interested parties and the eye care professionals.

For useful resources, please see page 47.