Foreword

Eye diseases and vision loss are global health problems that impose significant socio-economic burdens on nations, families and individuals. Direct costs for medical bills from public and personal spending, indirect costs from loss or lower productivity, absenteeism and unpaid care provided by family and friends are some examples. For the individual, blindness is a devastating event that often leads to poverty and a lifetime of despondency, dependency, higher risk of accidents, other chronic diseases and death especially in developing countries where more than 90% of the world's blind reside. Globally, blindness affects 36,000,000 individuals and is projected to increase to 115,000,000 people by 2025. The prevalence of blindness in all ages in Nigeria according to the Nigeria National Blindness and Visual Impairment Survey (2007) is 0.78% (78 people blind in 10,000 people) and over 80% is avoidable.

The absence of a National Eye Health Policy guideline had hitherto made a coordinated approach to reducing avoidable blindness and its impact difficult at all levels. This first edition presents a critical analysis of the existing situation of eye care in Nigeria, identifying areas of strengths and opportunities that can be leveraged upon, weaknesses that can be strengthened and threats that should be addressed. It aims to drive the national Eye Health agenda against the backdrop of regional and international perspectives for the elimination of avoidable blindness by achieving Universal Eye Health, a component of Universal Health Coverage that ensures that eye care covers a wide range of eye disorders, from promotion, preventive, curative to rehabilitative care in an equitable manner to every Nigerian irrespective of age, gender, ethnicity, religion and socio-economic status without being impoverished.

This policy was developed through participation and consensus of relevant stakeholders drawn from across the nation. The process took into consideration the priority areas for eye health in Nigeria, developing policy statements and setting clear guidelines for implementation, monitoring and evaluation.

I assure all Nigerians of government’s commitment to the implementation of this policy and solicit the support all stakeholders in its implementation to ensure the achievement of “Universal Eye Care Services towards Universal Health Coverage in Nigeria”.

A. M. Abdullahi
Permanent Secretary
July, 2019
Acknowledgement

This maiden edition of the National Eye Health Policy was conducted by the Federal Ministry of Health (FMoH) in collaboration with other ministries at the Federal and State levels, agencies, professional organisations, developmental partners, civil society and stakeholders to whom the FMoH would like to extend its profound gratitude. We acknowledge the time, energy and technical expertise that were committed to the timely development of this document.

The ministry appreciates the effort of all members of the technical working group for their enlightened contribution and support at all meetings, where key decisions and recommendations were made towards the planning/facilitation of the stakeholders’ workshop, collation of inputs and the final editing of this policy.

We thank the staff of the National Eye Health Programme FMoH for their hard work, diligence and effective coordination.

In particular, we appreciate Sightsavers for providing technical, financial and logistical support at every stage of the process.

Finally, we appreciate everyone who contributed one way or the other to the successful development of this document.

\[Signature\]

Dr Evelyn Ngige
Director, Department of Public Health
## Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ABC Health</td>
<td>African Business Coalition for Health</td>
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<td>AHO</td>
<td>African Health Observatory</td>
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<td>AI</td>
<td>Artificial Intelligence</td>
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<td>BHCPF</td>
<td>Basic Healthcare Provision Fund</td>
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<td>CBO</td>
<td>Community-Based Organisation</td>
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<td>CHOGM</td>
<td>Commonwealth Heads of Government Meeting</td>
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<td>CPD</td>
<td>Continuous Professional Development</td>
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<td>CSC</td>
<td>Cataract Surgical Coverage</td>
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<td>CSO</td>
<td>Civil Society Organisation</td>
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<td>CSR</td>
<td>Cataract Surgical Rate</td>
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<td>CSR</td>
<td>Corporate Social Responsibility</td>
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<td>DHIS</td>
<td>District Health Information System</td>
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<td>ECSAT</td>
<td>Eye Care Services Assessment Tool</td>
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<td>EHIS</td>
<td>Eye Health Information System</td>
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<td>FCT</td>
<td>Federal Capital Territory</td>
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<td>FTC</td>
<td>Federal Capital Territory Department for Health</td>
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<td>FEC</td>
<td>Federal Executive Council</td>
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<td>FMoH</td>
<td>Federal Ministry of Health</td>
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<td>FRSC</td>
<td>Federal Road Safety Corporation</td>
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<td>GAP</td>
<td>Global Action Plan</td>
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<td>GPZ</td>
<td>Geo-Political Zone</td>
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<td>HIS</td>
<td>Health Information Systems</td>
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<td>HISP</td>
<td>Health Information Systems Programme</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>HMIS</td>
<td>Health Management Information Systems</td>
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<td>HR</td>
<td>Human Resources</td>
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<td>HReH</td>
<td>Human Resources for Eye Health</td>
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<td>IAPB</td>
<td>International Agency for the Prevention of Blindness</td>
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<td>IOL</td>
<td>Intra-Ocular Lens</td>
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<td>IoT</td>
<td>Internet of Things</td>
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<td>LGA</td>
<td>Local Government Area</td>
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<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<td>MDA</td>
<td>Ministry, Department and Agencies</td>
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<td>MEL</td>
<td>Monitoring, Evaluation and Learning</td>
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<td>MOU</td>
<td>Memorandum of Understanding</td>
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<td>MTEF</td>
<td>Medium-term Expenditure Framework</td>
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<td>NCD</td>
<td>Non-Communicable Diseases</td>
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<td>NCH</td>
<td>National Council on Health</td>
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<td>NEHP</td>
<td>National Eye Health Programme</td>
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<td>NEHSP</td>
<td>National Eye Health Strategic Plan</td>
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<td>NGDO</td>
<td>Non-Governmental Development Organisations</td>
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<td>NHA</td>
<td>National Health Act</td>
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<td>NHIS</td>
<td>National Health Insurance Scheme</td>
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<td>NNMIS</td>
<td>National Health Management Information System</td>
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<td>NNP</td>
<td>National Health Policy</td>
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<td>NPHCDA</td>
<td>National Primary Health Care Development Agency</td>
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<td>NSHPD</td>
<td>National Strategic Health Development Plan 2018</td>
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<td>OOPE</td>
<td>Out-of-Pocket Expenditure</td>
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<td>PEC</td>
<td>Primary Eye Care</td>
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<td>PHC</td>
<td>Primary Health Care</td>
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<td>PHCUOR</td>
<td>Primary Health Care under one roof</td>
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<td>ROP</td>
<td>Retinopathy of Prematurity</td>
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<td>SDG</td>
<td>Sustainable Development Goal</td>
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<td>SEHC</td>
<td>State Eye Health Committee</td>
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<td>SMoH</td>
<td>State Ministry of Health</td>
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<td>SSEC</td>
<td>Sokoto State Eye Care Programme</td>
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<td>SSHI</td>
<td>State Social Health Insurance Scheme</td>
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<td>SWOT</td>
<td>Strengths, Weaknesses, Opportunities and Threats</td>
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<td>UEH</td>
<td>Universal Eye Health</td>
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<td>UHC</td>
<td>Universal Health Coverage</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UNCRPD</td>
<td>United Nations Conventions on the Rights of Persons with Disabilities</td>
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<td>VA</td>
<td>Visual Acuity</td>
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<td>VCSHIP</td>
<td>Voluntary Contributor’s Social Health Insurance Programme</td>
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<td>VF</td>
<td>Visual Fields</td>
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<td>WG</td>
<td>Working Group</td>
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<td>WHA</td>
<td>World Health Assembly</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>WHO AFRO</td>
<td>World Health Organization Africa</td>
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<td>WRV</td>
<td>World Report on Vision</td>
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Executive Summary

Background and Rationale for the Policy
Vision is important in the socio-economic development of a people. Nine out of 10 of the world’s 253 million vision-impaired people live in low and middle-income countries. More than half of the blind (56%) are women. In Nigeria, blindness in every 3 out of 4 people blind could be prevented or treated; hence, it is avoidable blindness. The increasing number of people ageing and an increasing population surpass the improvement made in eye health service development. The number of people who are blind or visually impaired is increasing; even though there are highly effective treatments for cataract and refractive errors, the leading causes of vision loss and blindness. These are cost-effective interventions with good economic return on investment, which address major causes of avoidable blindness and vision loss. (See Chapter 2).

The National Eye Health Policy 2019 is Nigeria’s first comprehensive national eye health policy. Scaling up existing eye health care services and developing a sustainable approach for achieving equitable access to quality eye care can strengthen Nigeria’s health system towards Universal Health Coverage.

Vision, Mission and Policy Objectives
Achieving Universal Eye Health, as a component of Universal Health Coverage will enable all people in Nigeria to have optimal eye health care, to be free from avoidable vision loss and blindness; and people with vision loss to develop their full potential in an equitable manner. The National Eye Health Policy provides a framework for collective direction to scale up eye care delivery at all levels of health care service provision; providing an interface for all stakeholders to galvanize action for development in eye care. (See Chapter 3). Towards this, the following are proposed:

- To develop governance framework for best practices and enhance competency-based leadership in integrated eye health encompassing optical, optometric, ophthalmic nursing, medical and surgical ophthalmology and all allied healthcare services related to eye health.
• To ensure equity in provision of eye health care towards achieving Universal Health Coverage.
• To provide access to universal eye care services integrated within the health system and aligned with other health policies/agenda.
• To develop quality systems for improvement of service, care and treatment outcomes for eye care services.
• To adequately strengthen and support healthcare facilities to deliver quality optical, medical and surgical eye care services, low vision services and vision rehabilitation support.
• To develop an optimal eye healthcare pathway through effective referral systems and networks.
• To generate resources for eye health development through eye health financing mechanisms such as direct statutory government budgetary allocations for investments in eye health, health insurance schemes and other risk-pooling initiatives for care provision at the point of service.
• To generate evidence for advocacy, planning, scaling up and improvement of quality eye care services through health information systems, research, development and innovation.
• To engage inter-sectoral collaborations and partnerships to improve eye health, eye care service delivery and provision of vision rehabilitation services.

Policy thrusts
There are 10 policy thrusts: Leadership and Governance; Equity; Access - for all levels of primary, secondary and tertiary eye care; Quality systems; Scale up secondary level eye care; Referral system and network; Financing mechanisms; Research, development and innovation; Inter-sectoral collaboration; and Partnerships. Health management information system (HMIS) is priority for monitoring, evaluation and learning (MEL) (See Chapter 4).

Policy framework elements
The National Eye Health Policy 2019 has been developed within the context and in agreement with selected key national and international frameworks relevant to eye health programming in Nigeria. This includes: The 1999 Constitution of the Federal Republic of Nigeria, The National Health Act 2014, The National Health Policy 2016, The second National Strategic Health Development Plan (NSHDP II) 2018-2022, Universal Eye Health (UEH) Global Action Plan (GAP) 2014-2019 and other relevant documents that relate to national and global health and developmental agendas. The National Eye Health Policy 2019 framework elements/orientation addresses the challenges posed by the current situation and it reinforces the strengths while taking advantage of opportunities.

Implementation
The roles and responsibilities have been identified and spelt out for all sectors that will be relevant in the implementation of the National Eye Health Policy 2019 (See Chapter 5). The Federal Ministry of Health through the National Eye Health Programme (NEHP) shall facilitate the nation-wide dissemination of the National Eye Health Policy 2019 through appropriate platforms. All 36 states and the FCT shall be encouraged to adopt and adapt, disseminate and implement the National Eye Health Policy 2019. To facilitate the implementation of these policies, the Federal Ministry of Health through the National Eye Health Programme (NEHP) shall develop a National Eye Health Strategic Plan (NEHSP), in line with the National Eye Health Policy 2019 and the NSHDP II. To achieve Universal Eye
Health, the Federal and State governments and the FCTA are implored to make statutory budget allocations and provide a budget line for eye health investments.

**Monitoring, evaluation and learning (MEL)**

An M&E framework has been included, to track progress in the implementation of the National Eye Health Policy 2019 (See Chapter 6). Progress indicators, collected at the national level, have been specified. Governments at all levels and other stakeholders will be involved in the MEL of the National Eye Health Policy 2019.

**Conclusion**

It is imperative for the Federal, State and Local Governments and FCTA to implement the National Eye Health Policy 2019. Hence, it is expected that all states, the FCTA and LGAs shall adapt the policy to their contexts and develop their corresponding eye health strategic plans for the implementation of the National Eye Health Policy 2019. Eye care service providers will develop/implement specific and relevant practice guidelines and training manuals to optimise quality of care.
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Chapter 1

Introduction

1.1 Background

The value of vision in daily living and growth is enormous; and vision is equally important in the socio-economic development of the people. The perception of vision as one of the sensory capabilities of humans requires the eyes to focus and detect images from ambient light; and work with the brain to generate the perception of an image.

The consequences of visual impairment and blindness in daily life situations are serious as it affects personal care, mobility, work and quality of life. Vision loss in children is associated with increased childhood mortality, underachievement in education and many more years lived with blindness. In adults, vision loss is associated with loss in economic productivity, hindered social interactions, reduced quality of life and reduced life expectancy. The loss of the aesthetic feature of the eyes also affects a person's self-confidence.

There are common blinding eye conditions such as cataract, glaucoma, trachoma, and diabetic retinopathy. Important causes of uniorcular blindness include viral and bacterial infections of the cornea, inflammations inside the eye (uveitis), ocular tumours and injuries. In refractive errors, the eyes do not focus properly, thereby leading to blurred vision. Age-related near-vision impairment
(presbyopia) occurs when the person is unable to perform simple activities such as reading (therefore affects school and office work), sewing, or clipping their children’s nails.

There are many eye conditions, such as stye, bacterial and allergic conjunctivitis, dry eye, and others that are very common and cause significant discomfort leading to misery and loss of productivity. These conditions are among the most common reasons for hospital visits. The health system needs to be prepared to manage them.

The Sustainable Development Goals
Nigeria is one of 195 member states, who at the United Nations General Assembly (New York, 2015), made a promise “to all people everywhere to end poverty in all its forms by 2030 – an agenda for the planet, our common home.” Countries committed to the 17 Sustainable Development Goals (SDGs) and they are expected to achieve these by the year 2030. The SDGs ushered in a new era of development through collaboration and a multidisciplinary mind-set “…to deliver as one, and to leave no-one behind.”

Goal number one of the SDGs is ‘No poverty’ and goal number three is ‘Ensure healthy lives and promote wellbeing for all at all ages’ and target 3.8 is to achieve Universal Health Coverage (UHC).1 Technically, goal number three is achievable in Nigeria. The understanding of the importance of the concept of UHC is fundamental to achieving this goal and it forms the crux of the Nigeria National Health Policy. UHC “for all, at all ages, leaving no-one behind” entails not only equitable access to quality health services but also protection against financial risks in the uptake of such services.2 Not only is good health an affordable investment to save millions of lives, protect livelihoods and strengthen economies.

Universal Eye Health: A Global Action Plan
Nigeria is a member state of the World Health Organization (WHO), and a signatory to the World Health Assembly resolution WHA 66.4 of 2013; “Universal Eye Health: a Global Action Plan (GAP) 2014–2019,” developed in line with UHC. GAP aims at reducing avoidable vision loss as a global public health problem and to secure access to rehabilitation services for the vision impaired; addressed through universal standards of care.3

The Commonwealth Policy Brief
A Sustainable Approach to Control of Avoidable Blindness and Vision Loss 4 was presented at the Commonwealth Health Ministers’ meeting at the WHA70 of 2017. Nigeria is an active and prominent member state of the Commonwealth of Nations. Commonwealth Heads of Government met in the United Kingdom (April 2018) and affirmed the Commonwealth Charter’s values and principles of promoting access to affordable health care, removing wide disparities and unequal living standards. They further committed to take action towards achieving

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access to quality eye care for all.  

The Federal Ministry of Health through its National Eye Health Programme (NEHP), a unit of the Department of Public Health, is responsible for policy formulation, coordination of activities and all matters relating to eye health services including the prevention of blindness and rehabilitation of the blind. The main focus of NEHP are service delivery, human resource development (with appropriate technology and research) with the following country priorities: Gap analysis for eye health delivery (education, promotion, preventive, treatment and rehabilitation), development and implementation of an eye health national plan, development and appropriate distribution of eye health human resources, control of priority eye diseases, strengthening of eye health infrastructure/technology and integration into the general health system.

The National Strategic Health Development Plan 2018 (NSHDP II) in recognition of the foregoing, that the National Health Policy makes promotion and improvement of eye care services its priority in Nigeria. The government intends to achieve this by integrating eye care services into existing national health programmes, building capacity for eye care delivery at all levels, improving public awareness of eye health and strengthening the evidence base for eye health problems and care.

1.2 Rationale
In alignment with the global and national health agenda, the National Eye Health Policy is developed to provide an over-arching and guiding policy document for all eye health care in Nigeria and an interface for all eye care providers and stakeholders within a broader national development plan.

The National Eye Health Policy outlines definite courses of actions towards achieving UHC for eye care. This will, in turn, aim towards elimination of avoidable blindness and visual impairment, reduce the burden of eye diseases in Nigeria and mitigate the social and economic impact.

To achieve this, the National Eye Health Policy focuses on ten main strategic thrusts for eye care: a) leadership and governance; b) equity; c) access; d) enhanced quality; e) scaling up service delivery at the secondary level; f) referral system and network; g) financing mechanisms; h) research, development and innovation; i) inter-sectoral collaboration; and j) partnerships.

These policy components are underpinned by the following enablers (i) health and community systems strengthening and service integration; (ii) coordination and institutional arrangement; (iii) gender, human rights and advocacy; (iv) leadership, ownership and sustainability.

The National Eye Health Strategic Plan (NEHSP) provides the broad framework for the implementation of the National Eye Health Policy.

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Chapter 2

Current Eye Health Situation

2.1 Global context

The burden.

Nine out of 10 of the world’s 253 million vision-impaired people live in low and middle-income countries. More than half of the blind (56%) are women. Blindness in every 3 out of 4 people blind could be prevented or treated; hence, it is avoidable blindness.

A staggering 1.1 billion people aged 35 years plus cannot read fine print or see near objects (presbyopia) simply because they do not have spectacles for correction.4

The increasing number of people ageing and an increasing global population surpass the improvement made in eye health service development; hence the number of people who are blind or visually impaired is increasing.

Cataract continues to be the leading cause of blindness worldwide.\(^9\) Others are glaucoma, trachoma, age-related macular degeneration, diabetic retinopathy, and different conditions of childhood blindness, to name a few.

Affluent lifestyle and dietary changes have influenced the emergence of non-communicable diseases such as diabetes and hypertension with attendant eye complications such as diabetic and hypertensive retinopathies and vascular occlusions.

**Interventions.**

There are highly effective evidence-based interventions for cataract and refractive errors that restore sight in 95% of beneficiaries. Having cataract surgery improves family wealth, productive work and quality of life.\(^{10}\)

Gold standard partnerships have substantially reduced the risk of Onchocerciasis (river blindness) and Trachoma.

Spectacles for low vision and correction of refractive errors are on the Priority Assistive Products List of WHO because they are highly needed to maintain or improve an individual’s functioning and independence.\(^{11}\) There is considerable productivity increase in correcting near-vision impairment (presbyopia) at the community level with high uptake of glasses;\(^{12}\) underscoring the need to provide good quality, affordable spectacles at the primary healthcare level.

The inclusion of primary eye care (PEC) in national eye health programmes has shown remarkable improved access to care and reduction in blindness. For example, in Rwanda, equity in geographical distribution of services and health insurance cover have increased demand for eye care such that it is now the second most common reason for uptake of healthcare.\(^{13}\)

**Cost-effectiveness analysis.**

The WHO/World Bank have included cataract and trichiasis (from trachoma) surgeries within a list of 44 essential surgical procedures as they address substantial needs, are cost-effective and can be feasibly implemented.\(^{14}\)

### 2.2 National context

#### Blindness prevalence

In Nigeria, the blindness prevalence is 0.78% (2007). In people aged 40 years and above, the prevalence of blindness is 4.2%; and many people’s vision could be improved with spectacles. Blindness is associated with increasing age, more than doubling in those aged 60 years plus. The numbers blind vary across the six geo-political zones (GPZ) with the North-West GPZ harbouring the largest proportion at 29% due to the high prevalence and large population.\(^{15}\) Main causes of childhood blindness include cataract, congenital glaucoma, harmful eye medication (traditional and non-traditional) and an interplay between measles and Vitamin A deficiency.\(^{16}\)

**Leadership and Governance**

are the overarching components, which provide a management structure towards achieving UHC. The national, zonal and state eye health committees have been inconsistent and unsupported. Apart from the national coordinator, which is a full-time post, the others are non-salaried voluntary positions with other priority responsibility.

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\(^9\) http://atlas.iapb.org/global-burden-vision-impairment/gbvi-global-cause-estimates/


\(^{14}\) http://atlas.iapb.org/socio-economics/wise-investment/


Blindness and poverty
In Nigeria, blindness in poor households is twice as high as in the general population.\textsuperscript{17} People with glaucoma in poor households are four times more likely to be blind than those in affluent households.\textsuperscript{18} For every 100 poor blind women that needed cataract surgery, 75 remained blind because they could not pay for the surgery. Blindness in Nigeria is a developmental issue and it is associated with poverty within the vicious cycle of socioeconomic deprivation, poor access to eye care services, exposure to risk factors for blindness, reduced economic productivity and poor knowledge of eye diseases.\textsuperscript{19}

In order to control/reduce avoidable blindness, there is a need to improve access to services, with more equity, fairness and justice, particularly among people with disabilities, the poor, the elderly, women and children, in tandem with the SDGs numbers 1 (no poverty), 5 (gender equality) and 10 (reduced inequalities) to achieve UHC.

Vision loss and access to care
Cataract is the leading cause of blindness followed by glaucoma.\textsuperscript{20} There are at least two million adults aged 40 years and above requiring cataract surgery in Nigeria; of which 650,000 are blind in both eyes. The cataract surgical rate (CSR) is the number of cataract surgeries done per million population per year. The national average is low at 317 (last reported in 2015).\textsuperscript{21} Nigeria needs a CSR of about 4000. Cataract surgical coverage (CSC), a monitoring indicator for UHC, is the percentage of people who receive cataract surgery among those who need it to restore their vision. Access to cataract surgery reflects access to healthcare by the elderly. In Nigeria, CSC was dismally low (38%).\textsuperscript{21}

Quality of care
There are some inappropriate care practice issues and socio-cultural beliefs that affect the quality of eye care given in Nigeria. One of such is couching, an unregulated, non-medical eye procedure effecting mechanical displacement of the lens using a sharp object. It is very common in Nigeria (43% of all cataract interventions) and associated with poor outcomes with over 70% of couched eyes being blind (VA<3/60).\textsuperscript{22}

Generally, more concerted regulation needs to be in place to ensure quality systems, which include care outcomes, and performance monitoring.

\begin{footnotesize}
\begin{enumerate}
\item Kyari F, Chandler CI, Martin M, Gilbert CE. So let me find my way, whatever it will cost me, rather than leaving myself in darkness: Experiences of glaucoma in Nigeria. Glob Health Action 2016;9:31886 - http://dx.doi.org/10.3402/gha.v9.31886
\item http://atlas.iapb.org/global-action-plan/gap-indicators/
\end{enumerate}
\end{footnotesize}
**Service delivery**

Eye care delivery is largely facility-based with most surgeries performed in tertiary centres with outreach cataract surgical services. Few secondary centres have adequately equipped eye care units and even fewer primary healthcare centres (PHC) provide eye care services. The human resources for eye health (HReH) are mainly within urban centres. It has been recommended that incentives be applied to change this existing state of HReH distribution.

**Cataract surgery**

In the past two decades, the active change in cataract surgical procedures towards use of intra-ocular lens (IOL) implant is associated with better vision outcomes. In the Sokoto State Eye Care Programme (SSECP)\(^{23}\) between 2005 and 2016, there was a doubling in CSR, a seven times increase in CSC (<3/60), and a decrease in cataract blindness. The SSECP had its fulcrum at the secondary level State hospitals, developing human resource capacity and infrastructural strengthening. However, despite these gains, there remains a backlog of un-operated cataracts, with three out of 10 of these having blinding cataracts. There is need to change the strategy of care to reflect current realities. The teaching hospitals are essential and have propelled eye care to what it is today. However, to scale up eye care service delivery towards achieving UHC, secondary level facilities need to be positioned and supported to be more efficient.

The spectrum of eye care provision should include eye health promotion, prevention and treatment services, case-finding systems and referral/feedback pathways; and vision rehabilitation support. It will be ideal to develop a secondary healthcare facility, which cares for approximately one-million-population, as a service delivery centre with a life course perspective to be the hub of the eye health delivery system that ensures access by all, especially in States with large populations.

**Financing care**

A key element of UHC is that the patient does not suffer catastrophic financial hardship. But, there are gaps in financing mechanisms for eye care in Nigeria with a heavy dependence on donor funding. The out-of-pocket expenditure (OOPE) for healthcare is about 73% (2016), whereas WHO recommends less than 30% for OOPE.\(^{24}\) OOPE, a direct payment by the user (user fee) at the point of service, is the least appropriate method of health care financing. It restricts care as only those who have liquid funds can afford it.

The National Health Insurance Scheme (NHIS) has a poor coverage of about 5% of the Nigerian population, who are predominantly employees of the Federal Government under its formal sector social health insurance programme. This covers only the primary enrollee, spouse and four young dependants of the primary enrollee as direct beneficiaries. Additional children and elderly dependants such as parents of the primary enrollee are considered as extra and may be covered, but only with payment of additional contribution per extra dependant up to a maximum of four extra dependants. Whereas, majority of those at risk of blinding eye diseases in need of eye care are

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the elderly and children. The NHIS voluntary contributor’s social health insurance programme (VCSHIP) is an alternative scheme, which can be accessed by the elderly and pensioners through voluntary regular contribution. The NHIS schemes inadequately covers for optical, eye medical and surgical care.

The State Social Health Insurance Scheme (SSHIS) Bill has been passed into law by at least two-thirds of the State governments in Nigeria; and operational guidelines are in place. A few States already have enrollees accessing care.

Health information system

Evidence-based research is transformative to practice and care delivery. Data enhance monitoring and evaluation for improvement in service sectors. But currently in Nigeria, there are no eye care service data being collected in a regular, systematic and consistent manner across all levels of care. Thus, there is a need for accurate data collection, regulation and monitoring mechanisms for improvement of eye health data with appropriate use of resources.

There are important interfaces for inter-sectoral collaboration and policies to improve eye health and eye care service delivery. For example, school health to incorporate eye health to enhance the child’s learning and education; road safety agencies to ensure vision tests; water and sanitation measures to improve prevention of infectious eye diseases such as trachoma. Likewise, linkages with global goals outside health will have a positive trend towards achieving some of the SDGs, addressing the broader development agenda.

2.3 Summarised SWOT analysis for the Eye Health System In Nigeria

The strengths, weaknesses, opportunities and threats of the eye health system were determined during the brainstorming session at the first meeting of stakeholders for the eye health policy development and amended in subsequent drafts reviews.
### STRENGTHS

- Strong political will
- Inclusion of eye health in national health plans and strategic documents – NHA 2014, NHP 2016, NSHDP II 2018
- Availability of NEHP and NEHSP (2018–2022)
- Use of eye care services assessment tools (ECSAT; 2016) to set priorities for workforce planning, interventions etc.
- There are highly effective treatments available for major diseases – cataract surgery, spectacles correction of refractive errors including presbyopia, these restore sight in 95% of affected individuals
- Ongoing efforts could eliminate blinding trachoma as a problem of public health significance
- Availability of key stakeholders and international partners
- Availability of physical structures of secondary health care facilities in all States and the FCT
- Availability of regulatory bodies for eye health professional groups
- Availability of training institutions for various cadres of healthcare workers

### WEAKNESSES

- Few healthcare facilities equipped for basic eye care services
- Inadequate number and distribution of human resources for eye health service delivery - both in quantity and mix of competencies and roles.
- Unattractive conditions of service and professional career paths resulting in inability to retain manpower
- Inadequately defined human resource structure with clear competencies, roles and responsibilities for eye health at all levels but particularly at the primary level.
- Gap in training and retraining HR for PEC
- Insufficient practical and surgical training capacity at eye health training institutions
- Large unmet need for cataract and refractive error services
- Poor referral services
- Expensive, unreliable and difficult purchase lines for medicines and equipment
- Inadequate funding/investments in eye care; with reliance on donor funding
- Inadequate information dissemination and knowledge management systems
- Poor research structures
## OPPORTUNITIES

- Nigeria is signatory to resolutions on global health and developmental agendas – SDGs and UHC, Commonwealth CHOGM, Vision2020, UEH and GAP, and the UN Conventions on the Rights of Persons with Disabilities (UNCRPD)
- Leverage on available funding and financing mechanisms – BHCPF, PHCUOR, S/NHIS, African Business Coalition for Health (ABCHealth)
- Willingness of donors, corporate and civil organizations to support eye health interventions as their CSR
- The 3-year Membership in ophthalmology can facilitate wider deployment of ophthalmologists
- Availability of WHO guiding documents such as The core competencies for the eye health workforce in the WHO Africa region (2019); Catalogue of key eye health indicators in the Africa region (2017)
- WHO WRV and the package of eye care interventions and country support toolkit for major causes of vision loss and blindness

## THREATS

- Proliferation of quacks
- Readily available, unregulated and cheap traditional healers with poor outcomes (couching)
- Attrition of adequately trained healthcare personnel
- Socio-cultural and religious practices that affect timely health-seeking behaviour
- Economic poverty and deprivation
- The culture of ‘free’ outreach eye camps becoming a permanent strategy.
NATIONAL EYE HEALTH POLICY

UNIVERSAL EYE CARE SERVICES

TOWARDS UNIVERSAL HEALTH COVERAGE

FEDERAL MINISTRY OF HEALTH, NIGERIA - 2019

[Image of children being examined for eye health]
Chapter 3

Vision, Mission, Values, Goal and Objectives

3.1 Vision
Achieving Universal Eye Health (UEH) as a component of Universal Health Coverage (UHC) such that all people in Nigeria have optimal eye health care, are free from avoidable vision loss and blindness; and people with vision loss are able to develop their full potential in an equitable manner.

3.2 Mission
To provide a framework for collective direction to scale up eye care delivery at all levels of health care service provision; providing an interface for all stakeholders to galvanise action for development in eye care.

3.3 Social Values and Guiding Principles
In alignment with the National Health Policy and global health agenda, the National Eye Health Policy is underpinned by the following social values and guiding principles:
Policy implementation would focus on improving access to quality and affordable care without barriers; with complementary social services and physical/environmental adaptations for the blind and vision impaired. It encourages people leading on and participating in taking responsibility for their own eye health.

This policy incorporates and institutionalises global best practices at all times based on evidence derived from documented research.

It ensures national spread and coverage across geopolitical regions, rural/urban coverage of eye health services, gender equity and providing the minimum standard of care package for eye health services to all. Recognising equity for access by people living with disabilities, the poor, the elderly, women and children.

It domesticates eye health services, programmes and education to the people’s culture using acceptable expressions, standards of behaviour and thought; discarding/discouraging the harmful, as it relates to eye health in Nigeria.

It involves private and public health and non-health sectors as they impact on eye health and its determinants in the planning, implementation, monitoring and evaluation of eye health programmes.

It facilitates a long-term social contract between multiple parties for the provision of public asset and service, in which every party bears significant risk and management responsibilities as it relates to eye health programmes in Nigeria.
3.4 Goal
To develop a sustainable approach for promoting healthy eyes and good vision for all and achieving access to quality eye care; towards the elimination of avoidable blindness and vision loss.

3.5 Objectives
1. To develop governance framework for best practices and enhance competency-based leadership in integrated eye health encompassing optical, optometric, ophthalmic nursing, medical and surgical ophthalmology and all allied healthcare services related to eye health.
2. To ensure equity in provision of eye health care towards achieving Universal Health Coverage.
3. To provide access to universal eye care services integrated within the health system and aligned with other health policies/agenda.
4. To develop quality systems for improvement of service, care and treatment outcomes for eye care services.
5. To adequately strengthen and support healthcare facilities to deliver quality optical, medical and surgical eye care services, low vision services and vision rehabilitation support.
6. To develop an optimal eye healthcare pathway through effective referral systems and networks.
7. To generate resources for eye health development through eye health financing mechanisms such as direct statutory government budgetary allocations for investments in eye health, health insurance schemes and other risk-pooling initiatives for care provision at the point of service.
8. To generate evidence for advocacy, planning, scaling up and improvement of quality eye care services through health information systems, research, development and innovation.
9. To engage inter-sectoral collaborations and partnerships to improve eye health, eye care service delivery and provision of vision rehabilitation services.

3.6 Scope of policy
The National Eye Health Policy covers, but not limited to:
1. Persons of all ages. Eye care is important to everyone and everybody will need some form of eye health care at some point. It should be accessible to all, including people with disabilities, the poor, the elderly, women and children.
2. All persons with vision loss:
   - Persons with mild, moderate or severe vision impairment
   - Persons with blindness
   - Persons requiring vision rehabilitation and inclusive services
3. Eye care physicians, allied eye health workers and other general health workers and specialists.
4. All public and private providers and stakeholders in the provision of eye health services in Nigeria.
5. Engagement with/of all non-health sectors and stakeholders whose actions and activities impact on eye health.

3.7 Policy development process
The development process for the National Eye Health Policy 2019 was initiated by the Federal Ministry of Health (FMoH) with identification and engagement of stakeholders; through a consensus-building process. A Working Group (WG) was constituted; comprising officials of the FMoH and its agencies, representatives of development partners, the private health sector, Civil Society Organisations (CSOs), the regulatory bodies, State Ministries of Health (SMoH) and Department for Health of FCT (FCTDH) and the academia. The WG agreed on the structure and the process of developing the National Eye Health Policy; and facilitated its development.

At a stakeholders meeting in Abuja, an initial brainstorming session had a central role of determining priorities and challenges. Thereafter, the vision, mission and objectives of the National Eye Health Policy were developed. Further WG sessions produced the thematic areas, guiding principles and M&E framework using the collated meeting presentations and outputs as main guides.
The editorial team with input from the advisory group developed the first draft, which was subjected to wider consultations and stakeholder reviews. Further inputs were collated, reviewed and incorporated in the second draft. The second draft was subjected to review and input by all the SMoH and the FCTDH. The third draft was produced by collation of reviews and edits of SMoH and FCTDH. Next was validation of the draft policy document by the FMoH with States and other key stakeholders.

Validation of the final National Eye Health Policy 2019 document is at the National Council on Health (NCH) meeting, which is the highest decision-making body for health. Following its validation, the National Eye Health Policy is presented for approval at the Federal Executive Council (FEC) meeting. Launching and dissemination of the approved National Eye Health Policy follows.
Chapter 4

Policy Framework Elements and Orientation

The National Eye Health Policy has been developed within the context and in agreement with selected key national and international frameworks relevant to eye health programming in Nigeria. This includes:

- The 1999 Constitution of the Federal Republic of Nigeria, which affirms the national philosophy of social justice and guarantees the fundamental right of every citizen to life and to freedom from discrimination. The constitution recognises a three-tier level of governance.
- The National Health Act 2014, a major legislative framework, which effectively articulates the regulation, development and management of a national health system and set standards for rendering health services in the federation; and for related matters in Nigeria.
The National Health Policy 2016, which provides the direction necessary to support the achievement of significant progress in improving the performance of the Nigerian health system. It emphasizes on strengthening primary health care as the bedrock of the national health system, and provision of financial risk protection to all Nigerians, particularly the poor and most vulnerable groups.

The second National Strategic Health Development Plan (NSHDP II) 2018-2022 provides the health sector with a medium term roadmap to move the country towards the accomplishment of National Health Policy goals and objectives. NSHDP II guides national and subnational governments on the health sector priorities. It recognizes and identifies key actions that other sectors should collaborate with, or jointly implement with the health sector in order to address the social determinants of health in the pursuit of health-related sustainable development goals (SDGs).

Universal Eye Health (UEH) Global Action Plan (GAP) 2014-2019 builds on resolutions of WHA56.26 on elimination of avoidable blindness and WHA62.1 and WHA59.25 on prevention of avoidable blindness and visual impairment. It is in alignment with goal number three: ‘Ensure healthy lives and promote wellbeing for all at all ages’ and target 3.8 is to achieve Universal Health Coverage (UHC). UEH-GAP is towards achieving UHC. It provides the global framework with emphasis on universal access and equity, human rights, evidence-based practice, a life course approach, and empowerment of people with visual impairment. It is structured to address the global trend towards an increasing incidence of chronic eye diseases related to ageing.

4.0 Priority areas of the National Eye Health Policy

The National Eye Health Policy framework elements/orientation addresses the challenges posed by the current situation and it reinforces the strengths while taking advantage of opportunities. Thus, the following are the priority areas for the National Eye Health Policy:

1. Leadership and Governance
2. Equity
3. Access – for all levels of primary, secondary and tertiary eye care
4. Quality systems
5. Health facility strengthening
6. Referral system and network
7. Financing mechanisms
8. Research, development and innovation
9. Inter-sectoral collaboration
10. Partnerships

Health management information system (HMIS) is also a priority area of development for monitoring, evaluation and learning (MEL).
Figure 1. The conceptual framework for the population-based, people-centred policy thrusts of the Nigeria National Eye Health Policy.
4.1 Leadership and Governance
i. Rationale
A strengthened health system requires leadership and governance to deliver improved care. Good management and governance structures are required for prospective monitoring and evaluation can improve services. Development of this National Eye Health Policy is a key step, which in itself is an evidence of strong leadership and governance. It provides an over-arching and guiding policy document for all eye health care in Nigeria and an interface for all eye care providers and stakeholders in eye care; and in conjunction with the NHSDP II, the NEHP sets priorities for disease control, human resources and health information systems.

ii. Objective
• To develop governance framework for best practices and enhance competency-based leadership in eye health.

iii. Policy Statements
The Government shall:
1. Put in place governance and leadership strategy framework.
2. Enable a regulatory and legal environment that is responsive to the needs of the people.
3. Outline competencies, roles and responsibilities of the various eye care providers, including partnerships and collaborations on how eye care providers relate, and their non-governmental activities and training programmes.
4. Create the leadership/management structure for the NEHP to make Zonal and States coordinators, Local Government Desk Officers more responsive and fully involved.
5. Outline the composition, qualifications and roles of members of the State Eye Health Committees.
6. Ensure competency-based management and coordinator positions with appropriate level of ophthalmic training, expertise and experience.
7. Facilitate management training programmes and certifications for supervisors on eye health.
8. Address general public issues according to the relevant government policy and agenda (Health in all and all in Health).

4.2 Equity
i. Rationale
People with disabilities, the poor, the elderly, women and children have less access to eye care and are at higher risk of avoidable blindness and vision loss. Towards achieving Universal Health Coverage (UHC), we need to ensure access to affordable and quality eye care services by all and at all levels of care. To promote fairness, eye care equity must be deliberately and consciously addressed.

ii. Objective
• To ensure equity in the provision of quality, standard and culturally sensitive eye health services in all geopolitical zones in the country.

iii. Policy Statements
The Government shall:
1. Provide eye health services according to needs to ensure access to quality eye care services.
2. Recognise the reality of traditional, informal, spiritual and religious service provision, including the street vendor; and determine strategies to strengthen/collaborate with the good, ignore the harmless and eliminate the harmful.
3. Address geographic, gender, cultural, population and financial equity
4. Address equity of access by persons living with disabilities, the poor, the elderly, women and children.
5. Ensure fairness in service provision and distribution.
6. Standardise eye medical and surgical treatment for all regardless of the ability to pay.
7. Ensure the provision of eye care for sight-threatening injuries and eye conditions requiring urgent care regardless of ability to pay.

4.3 Access

i. Rationale

There is an opportunity to leverage on the revitalised primary health care (PHC) and the WHO AFRO Primary Eye Care (PEC) package\(^\text{25}\) to implement equitable and accessible PEC towards achieving UHC. Almost all the ingredients are in place for a successful integration of PEC into PHC: a renewed global focus on PHC; national PHC reforms e.g. PHC under one roof (PHCUOR) and pro-poor financing mechanisms such as the basic healthcare provision fund (BHCPF), and a tailor-made package for PEC in sub-Saharan Africa.\(^\text{26}\)

Leveraging on school health with integration of eye health using the “Standard School Eye Health Guidelines for low and middle-income countries”\(^\text{27}\) will enhance access by children to early screening and referral of eye diseases.

Health promotion is the process of enabling people to have control over their health and to improve it. Improvement of community-centred health awareness and education on eye diseases will enable people to take more responsibility for their eye health.

The current service delivery at the secondary level facilities needs to be scaled up to address the challenges of increasing numbers of people with avoidable blindness and vision loss and the staggering numbers of those affected by non-blinding eye conditions; and in line with the Commonwealth’s Heads of Government resolution “to take action towards achieving access to quality eye care for all.”\(^\text{28}\)

Tertiary level facilities must provide leadership by lending support to all other levels of care. Infrastructural development and technology must be adequate to facilitate subspecialty medical and surgical services, training and research.

ii. Objective

To provide universal access to optical, medical and surgical eye care services, low vision services and vision rehabilitation support; integrated within the health system at every level of service delivery; and aligned with other health policies/agendas.

iii. Policy Statements

The Government shall:

1. Facilitate people-centred services to promote:
   - Quality eye health services at the home environment/community level through the frontline primary healthcare facility, to the secondary and tertiary levels of delivery of care, which everyone can access at any time, without barriers.
   - The early identification and treatment of eye diseases in people with physical and other sensory disabilities and mental health challenges in order to eliminate the additional burden of any potentially avoidable vision loss and blindness.
   - The life course approach recognising and

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\(^{25}\) [https://www.afro.who.int/sites/default/files/2018-06/WEB-2835-OMS-Afro-PrimaryEyeCaretrainingmanual-20180406.pdf](https://www.afro.who.int/sites/default/files/2018-06/WEB-2835-OMS-Afro-PrimaryEyeCaretrainingmanual-20180406.pdf)


providing eye care through the person’s stages of living.

- The whole person approach in treatment of eye diseases, recognising that patients with eye conditions also have other diseases that need to be treated. These are co-morbidity or multi-organ conditions such as malaria, hypertension, diabetes mellitus, ebola, HIV, etc.
- Public health education with the appropriate key messages.
- Patients associations in order to strengthen vulnerable groups through shared experience and resources; and reciprocal support.

2. Ensure the training of frontline PHC workers, key informants and school eye health personnel to recognise and refer childhood eye diseases and causes of vision loss; within the total provision of child healthcare package (of neonatal examination, immunisation, growth monitoring, etc).

3. Support the inclusion of non-communicable chronic eye diseases such as diabetic retinopathy and glaucoma in national programmes for non-communicable diseases (NCDs).

4. Encourage the implementation of the 2-way referral and feedback system.

5. Support the development and provision of low vision and vision rehabilitation services for people who are blind or vision impaired from irreversible causes.

4.4 Quality Systems

i. Rationale
Quality systems are crosscutting in ensuring equity, patient safety and dignity and desired treatment outcomes. Quality systems include quality of services, quality of care and treatment outcomes. It is essential that the appropriate competent provider using appropriate technology deliver eye health services to meet quality criteria.

Quality systems will enhance professionalism, teamwork and a harmonious working relationship among eye care workers. It is important that eye care professionals abide by their regulations and guidelines and work within their professional competencies, skills and boundaries and defined roles/responsibilities. For example, frontline and primary care optometrists can identify glaucoma suspects, but refer for definitive diagnosis and commencement of appropriate treatment; thereafter, they can be engaged in shared care and follow-up management of the patient. Improved quality of care may improve patients’ hospital experience and follow-up rates.

ii. Objective
To develop quality systems for improvement of service, care and treatment outcomes for optical, medical and surgical eye care services; and low vision services and vision rehabilitation support.

iii. Policy Statements
The Government shall:
1. Ensure that eye health professional societies and their training agencies abide by their professional mandates and work/train within their competencies.
2. Develop frameworks for enforcing regulation and monitoring, within the competencies and mandates of the professions that will govern and improve the quality of care and ensure patients safety.
3. Harmonize treatment guidelines using best practice as standard to produce national guidelines for different eye problems.
4. Ensure regulatory and control mechanisms over the conduct of outreach surgical and screening eye camps (by local and visiting groups) so as to ensure patient safety and proper follow up.
5. Coordinate the development of preferred practice (treatment) guidelines for selected eye conditions e.g. for cataract, diabetic retinopathy, glaucoma, childhood cataract, congenital glaucoma, etc; according to global best practices.
6. Put in place regulatory mechanisms that will ensure that only appropriately trained personnel with adequate infrastructure and appropriate technology perform eye surgery.
7. Enlighten the public and protect public safety by enacting regulations and/or legislations that ban
evidence-based dangerous practices such as couching and harmful traditional practices.

8. Build public/patient engagement strategies around socio-cultural and religious issues in order to enhance community ownership and participation in eye health promotion.

9. Promote regular eye exam at specific milestones – at birth, post-neonatal, preschool and during the school age through the integration of eye health into the school health services. Examinations occurring every 5 years until aged 40 years, then every 2 years until aged 60 years, thereafter yearly, unless otherwise advised. These regular eye examinations including investigations should be comprehensive and institutional in relevant areas. For example, eye examination of school children in schools, eye examination for licence to drive at the point of driving test or licence renewal, and at certification for operating heavy equipment.

10. Establish effective referral systems and networks (see Chapter 6)

11. Ensure that State Governments domesticate this policy.

4.5 Health facility strengthening

i. Rationale
PEC is the eye health component of primary health care and consists of promotive, preventive (basic examination of the visual system and screening of asymptomatic eye diseases) and curative services for common eye conditions. It serves as an important link between community health workers and the next level of care.

To implement PEC health workers should receive adequate training to deliver eye health promotion through health education, identify, treat common eye diseases and refer promptly as indicated.

Primary health facilities should be properly equipped, have access to basic consumables for eye care and be adequately supervised.

It is pertinent that facilities for secondary level of care are positioned to bring the right service and human resources closer to the people for better access; and with sufficient independence and systems to function sustainably. To improve treatment options and outcomes and provide follow-up services, institutions will need to be strengthened with equipment and training in surgical skills, laser procedures and providing care within the context of eye care teams.

There is an opportunity to leverage on the distribution of secondary health care facilities so that at least one per million-population is scaled up for eye care service delivery. To some extent, Lagos, Ogun, Kaduna, Kwara, Sokoto and Zamfara States have demonstrated the viability and affordability of provision of eye care at the secondary level, with some partnerships and non-governmental support.

There is also an opportunity to leverage on the proposed WHO package of eye care interventions and country support toolkit. Although this is not a complete solution, it will help address services. A good starting point would be to tackle blinding cataracts and uncorrected refractive errors including near-vision impairment (presbyopia).

Integrated tertiary eye care is central to the sustainability of comprehensive eye care services by supporting all other levels of care. Tertiary institutions require infrastructure and technology for research, to deliver advanced and complex optical, medical and surgical interventions, to train

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comprehensive eye health teams (especially specialists) and respond to priority eye health issues.

ii. Objectives
To adequately strengthen and support healthcare facilities to deliver comprehensive eye care services including eye health promotion, optical, medical, surgical and follow-up services, low vision services and vision rehabilitation support.

To strengthen and support the engagement and training of human resources for eye health (HReH).

To strengthen and support the acquisition of appropriate equipment and technology for eye health.

iii. Policy Statements
The Government shall:
1. Facilitate the standardisation and equipping of one secondary level State hospital per million-population, for eye care services delivery; including high output, high quality cataract surgical service. With the aim of a good geographical spread and an equitable service population ratio. This is the recommended eye care service delivery model with established referral and feedback care pathways.

2. Establish an optical service at each secondary level State hospital.

3. Develop HReH strategic plan for competency-based, essential professional training and engagement, duties and distribution, and scheme of service according to relevant healthcare delivery levels and geographical distribution; and streamline with national human resources for health strategic plan to enable:
   - The development of integrated eye health teams and healthcare managers with adequate capacity and competencies to manage cataract, glaucoma, diabetic retinopathy and common eye diseases.
   - Enforcement of regulation on professional boundaries with clearly defined and documented work areas, competencies, roles and responsibilities for the different cadres/members of the eye care team.
   - Task-shifting, task-sharing and multi-tasking roles should be clearly stated where appropriate.
   - Provision of more posts in all secondary level government hospitals for ophthalmologists, optometrists, ophthalmic nurses, opticians and other allied eye health personnel with continuous professional development (CPDs) and incentives to work outside the main cities.
   - Provision of designated posts for low vision service practitioners and vision rehabilitation officers in the scheme of service, with clearly defined paths for career progression and growth.
   - Inter-professional harmony and avenues for discussions towards practical collaborations and teamwork.

4. Ensure that all secondary level government hospitals

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33 Nigeria is one of the countries participating in the global process of social, economic and environmentally friendly sustainable procurement.
have the above-mentioned cadres of clinical and non-clinical eye health providers, to meet the needs and improve access to eye care.

5. Ensure the use of best practice guidelines, in primary, secondary and tertiary eye health facilities, for the leading eye diseases and causes of vision loss.

6. Facilitate the CPD on eye health care for medical officers in secondary healthcare facilities.

7. Facilitate the standardization and equipping of all tertiary eye care centres to provide specialized eye care.

8. Provide supportive supervision of competency based tasks to PHC’s.

   • Collaborate to develop a framework for sustainable procurement, facilitating bulk purchase and supply of affordable quality eye medicines and consumables, and cutting edge diagnostic and surgical equipment with maintenance contracts.

   • Standardise a list of basic eye care equipment required for primary and secondary healthcare facilities.

9. Provide an enabling environment and incentives for in-country production of eye medicines, consumables and equipment.

4.6 Referral System and Network

i. Rationale
Poor Referral remains a major pitfall in attaining quality eye care especially at primary and secondary healthcare levels. With an effective referral system put in place and carefully monitored, the optimal care at each level will be obtainable. It is also important to have a network of health facilities where quality eye care is provided.

ii. Objective
To ensure an effective referral system and network is developed for eye health care within and without health facilities including private health facilities.

iii. Policy Statement
The Government shall:
1. Establish effective integrated referral systems across all levels of care.
2. Establish a system of mapping whereby a particular secondary level hospital can serve as a referral centre for named and numbered primary healthcare centres.
in that district/area; such as the Hub-and-Spoke model.

3. Develop and publish a comprehensive eye care provider directory that will facilitate coordinated referrals for eye care.

4. Ensure availability of referral forms and registers for eye health across primary and secondary health facilities.

### 4.7 Financing Mechanisms

#### i. Rationale
No one should receive suboptimal care or no care at all because they cannot afford treatment. Strategies for financing eye care services need to be developed and evaluated, especially for avoidable blindness (a needless blindness) and surgical eye care services for all children. Financing mechanisms should be explored, with priorities based on opportunities and abilities.

#### ii. Objective
To facilitate eye health financing mechanisms such as direct statutory government budgetary allocations for investments in eye health, health insurance schemes and other risk-pooling initiatives, partnerships in health care, Corporate Social Responsibility (CSR) contributions and developmental impact bonds for care provision at the point of service.

#### iii. Policy Statements
The Government shall:

1. Ensure eye health care is affordable to her citizens and protect all from financial hardship as a result of seeking care for eye health.

2. Facilitate inclusion in the basic package of the State Social Health Insurance Scheme (SSHIS), all eye health related treatment and procedures e.g. cataract surgery, glaucoma care, diabetic retinopathy screening, etc. for the primary enrollee as well as beneficiaries, which include a spouse, their four children under the age of 18 years and four elderly parents/dependants.

3. Ensure that health insurance coverage continues after retirement (to be embedded within the contributory pension scheme) for all major blinding eye diseases.

4. Facilitate for inclusion, eye health financing into the BHCPF; with a basic package of care for the major causes of avoidable blindness and vision loss.

5. Ensure adequate budgetary allocation for eye health at all levels of government.

6. Enable service providers to consider uptake of opportunities for social enterprise, cross-subsidy and value-based healthcare as financing mechanisms; and other risk-pooling and community-based health insurance schemes for service uptake.

### 4.8 Research, Development and Innovation

#### i. Rationale
Translation of research findings is transformational to development of systems. Clinical, operational and health system research needs to be embedded in care delivery models to determine optimal ways to improve access and acceptance of affordable and effective treatment. Operational research will determine ways to improve patients’ hospital experiences and follow-up rates. Health systems research will enable means to promote follow-up of patients with chronic eye diseases in secondary level care, or shared-care plans within the community. Implementation research will link research and practice to accelerate the development and delivery of public health approaches. Local and international collaborations will strengthen research focus, broaden research base and expertise, and enhance eye health technological innovations.

#### ii. Objective
To promote continuous generation and use of nationally driven, high quality, scientifically credible, and ethically sound evidence to improve the understanding of eye health and to guide eye health-related policy, practice and interventions.

To encourage participation and inclusion of eye health in collaborative research with other sectors nationally and globally.

To facilitate research support from international, National (Nigerian Institute of Medical Research) and state agencies,
iii. **Policy Statements**
The Government shall:

1. Encourage and promote biomedical, basic, social and operational research in current and emerging areas of eye health and related interventions.

2. Enable and promote collaborative, multi-sectoral and multi-disciplinary research with national research programmes and institutions.

3. Ensure the availability of adequate resources for developing research systems and funding the coordination and implementation of eye health research activities.

4. Support the documentation, archiving of past and on-going eye health related research and dissemination of findings in audience-matched formats.

5. Develop a research agenda for eye health, documenting its research priorities, and widely disseminating such to all stakeholders.

6. Promote the accessibility of national survey dataset in an ethical manner to researchers such that further analyses could be undertaken and at the same time ensure the confidentiality with regards to the individual research participants.

7. Facilitate the use of cutting edge information technology and machine learning models i.e. artificial intelligence (AI), internet of things (IoT), big data etc. in analysing and modelling of disease progression, treatment outcomes and risk factors for some blinding eye diseases.

### 4.9 Inter-sectoral collaboration

**i. Rationale**
Sight restoration will enable beneficiaries to participate fully in the society with an impact on social protection and prosperity (SDG 1 – **no poverty**), growth in labour and economic productivity (SDG 8 – **decent work and economic growth**), good quality, independent and decent life for the elderly and vulnerable (SDG 10 – **reduced inequalities**), while promoting effective inclusive institutions (SDG 16 – **peace, justice and strong institutions**). Access to inclusive education for the vision impaired and blind improves their opportunities for a fulfilled productive life and enables their success (SDG 4 – **quality education**).

Applying inter-sectoral linkages to improve eye service delivery is important with education for school eye health programmes; eye health promotion in occupational health; road safety and traffic regulations; etc.

**ii. Objective**
To engender inter-sectoral collaborations in order to improve eye health promotion, early case finding of blinding eye diseases, eye care service delivery and provision of vision rehabilitation services.

**iii. Policy Statements**
The Government shall:

1. Facilitate complementary policies, social welfare services, inclusive educational and occupational development, accessibility and environmental/physical adaptations for the blind and vision impaired.

2. Engage with relevant policies, MDAs and organisations to ensure adequate safety regulations regarding eye health in the workplace, and adequate vision standards and regulation for persons operating potentially dangerous machinery.

3. Implement road safety regulations through appropriate agencies (e.g. Federal Road Safety Corporation; FRSC) and legislation such that persons licensed to drive must meet the minimum eyesight...
standard for driving. This includes a VA of at least 6/15 measured on the Snellen's chart using both eyes (with glasses or contact lenses if necessary); and an adequate horizontal field of vision (of at least 140 degrees if using both eyes). For drivers of commercial vehicles or lorries, the recommended minimum is VA of 6/9 in the best eye and at least 6/60 in the worse eye and a horizontal visual field of 180 degrees. Thus, persons applying for a driver’s license should have their vision tested.

4. Facilitate the implementation of occupational eye health guidelines in industrial situations; e.g. use of protective goggles and helmets.

5. Facilitate empowerment of women and address barriers in order to promote equal access to eye care by women.

6. Implement the integration of child eye health into neonatal services, maternal and child health programmes, immunization services and childhood disease control.

7. Implement eye health promotion, vision screening, early detection and treatment of eye conditions in children through the school health programme, and for adults through regular screening programmes within the health package of employees.

8. Implement the integration, promotion, early detection and treatment of eye diseases along with primary care physicians in the management of systemic conditions such as Diabetes, Mellitus, Hypertension and other conditions.

4.10 Partnerships

i. Rationale
Collaboration in all spheres is a means of strengthening partnerships in order to achieve goals (SDG 17 – partnerships for goals).

Strengthening existing partnerships and developing new partnerships and institutional links will enhance the continued development of strategies and services to improve equitable access and provision of quality eye care. A successful public-private partnership with active screening and financing mechanisms has demonstrated improved provision of eye care in tackling the burden of blindness in Ogun State.\(^\text{34}\)

ii. Objective
To develop and maintain partnerships and networks in order to improve eye health promotion, eye care service delivery and support of vision rehabilitation services.

iii. Policy Statements
The Government shall:

1. Facilitate the reinforcement of existing partnerships with global, regional and sub-regional health organisations, NGDOs, and CSOs.

2. Facilitate and regulate community participation for eye health promotion.

3. Enable development of public-private partnerships to reduce the financial dependence on NGDOs for eye care, and benefit from economies of scale.

4. Reinforce global advocacy partnerships, for example with the International Agency for the Prevention of Blindness (IAPB), to promote eye health and mobilise support.

5. Facilitate development of networks and links programmes with local and international academic and health institutions for shared learning and best practice experiences.

Refer https://www.iso20400.org

PRIORITIZED AREAS OF THE NATIONAL EYE HEALTH POLICY

- Leadership and Governance
- Equity
- Access
- Quality Systems
- Health Facility Strengthening
The National Eye Health Policy framework elements/orientation addresses the challenges posed by the current situation and it reinforces the strengths while taking advantage of opportunities. Thus, the following are the priority areas for the National Eye Health Policy:
NATIONAL EYE HEALTH POLICY

UNIVERSAL EYE CARE SERVICES

TOWARDS UNIVERSAL HEALTH COVERAGE

FEDERAL MINISTRY OF HEALTH, NIGERIA - 2019
Chapter 5

Implementation Framework

5.1 General Requirements

Dissemination of the Policy
1. The Federal Ministry of Health through the National Eye Health Programme (NEHP) shall facilitate the nation-wide dissemination of the National Eye Health Policy 2019 through appropriate platforms.

State-level and local government adaptation
1. All 36 states and the FCT shall be encouraged to adapt, disseminate and implement the National Eye Health Policy 2019.
2. State governments shall be supported to constitute/strengthen the State Eye Health Committees (SEHC) to facilitate the implementation of the National Eye Health Policy 2019 at all levels.
3. Each of the 36 states and the FCT shall have a SEHP coordinator and a desk officer at each local government area (LGA).
4. The FMOH through the NEHP coordinator shall coordinate the implementation of the National Eye Health Policy 2019 in tandem with the zonal coordinators, the SEHP coordinators and the LGA desk officers.
5. The necessary memoranda of understanding (MOUs) for the implementation of the National Eye Health Policy 2019 shall be coordinated by the Federal Ministry of Health through the NEHP coordinator.
Eye Health Policy 2019 at all levels shall be signed at the NCH to support the establishment or revival of the relevant offices; and the reconstitution/endorsement of the SEHC.

**Strategic plans**
1. The Federal Ministry of Health through the NEHP shall develop a National Eye Health Strategic Plan (NEHSP), in line with the National Eye Health Policy 2019 and the NSHDP II.
2. Annual and mid-term reviews of the implementation of the NEHSP shall be undertaken by NEHP and relevant stakeholders.
3. Flow of information, data collection, feedback and review should be a two-way flow between the NEHP coordinator, the Zonal coordinators, the SEHP coordinators and the LGA desk officers in collaboration with the NHMIS programme of the FMOH.

**Medium-term Expenditure Framework (MTEF)**
1. The NEHP will facilitate for inclusion all eye health issues into the Federal Ministry of Health's proposal during her regular engagement with the Federal Ministry of Finance and Federal Ministry of Budget and National Planning on the development of the MTEF (and other alternative medium-term instruments).

**Operational plans**
1. The NEHP and State Eye Health Committees (SEHCs) shall develop annual operational plans, based on the NEHSP developed.

**Policy implementation review**
1. The National Eye Health Policy 2019 shall be due for a quadrennial review (every four years) in line with global best practices and trends in eye health services provision globally, led by the NEHP.

### 5.2 Stakeholders' Roles and Responsibilities (Institutional Framework)

**Office of the President of the Federal Republic of Nigeria**
The Office of the President of the Federal Republic of Nigeria shall:
- Ensure that all public sector Ministries, Departments and Agencies (MDAs) and the private sector faithfully implement the provisions of the National Eye Health Policy.
- Support the involvement of all sectors and leverage
commitment of local stakeholders and development partners.

**Federal Executive Council**
The Federal Executive Council shall:
- Take the lead in entrenching and mainstreaming of eye health in all sectors.

**The Office of the State Governor**
The Office of the State Governor shall:
- Ensure that all public sector Ministries, Departments and Agencies (MDAs) of the State Government and the private sector faithfully implement the provisions of the National Eye Health Policy in areas specified for the State.
- Mobilise adequate funding and support for the State level implementation of the National Eye Health Policy.
- Support the involvement of all sectors and leverage commitment of local stakeholders and development partners.

**National and State Assemblies**
Given its powers to enact laws, make appropriations and provide oversight for execution, the Legislatures at national, state and local councils shall:
- Provide overall legislative and political support for legal and institutional reforms and enact appropriate laws to facilitate the implementation of the National Eye Health Policy 2019.
- Review laws related to eye health and ensure that required resources are appropriated and released by all tiers of government for eye health programmes.
- Ratify and domesticate all international instruments for empowerment of vulnerable and disadvantaged persons including women, children and visually impaired persons.
- Provide leadership and mobilise support for Eye Health activities within legislatures and their constituencies at all levels and support CBO in their communities.
- Promote policy dialogue and lead advocacy to reduce stigma and eradicate discrimination against persons with severe eye impairment/blindness and other disabilities.

**The office of the Local Government Chairman**
The Office of the Local Government Chairman shall:
- Ensure that all public sector MDAs and private sector sign and faithfully implement provisions of the National Eye Health Policy relevant areas.
- Mobilise adequate funding and support for LGA level implementation.
- Support the involvement of all sectors and leverage commitment of local stakeholders and development partners.

**The Office of the Honourable Minister of Health**
The Office of the Honourable Minister of Health shall:
- Ensure the careful implementation of the National Eye Health Policy
- Ensure that all States and LGAs adopt and adapt the National Eye Health Policy within their respective contexts
- Ensure that the private sector and community groups participate fully in decision making and implementation of the National Eye Health Policy
- Ensure s specific budget line for eye health in Nigeria
- Ensure improved evidence-based planning, budgeting, resourcing and effective (efficient and equitable) use of health resources to achieve the goals and objectives of the National Eye Health Policy
- Ensure that the National Eye Health Policy implements and enforces the key provisions of the National Health Act (2014) and other relevant health legislations.

**National Council on Health**
The National Council on Health shall:
- Ensure the speedy passage of the National Eye Health Policy 2019
- Be responsible for offering advice to the Federal Government of Nigeria, through the Minister of Health, on matters relating to the development of national guidelines on eye health and the implementation of the National Eye Health Policy at both state and national levels
- Ensure that all the goals and objectives of the National Eye Health Policy 2019 are implemented across the country
**National Eye Health Programme (NEHP)**
On behalf of the Federal Ministry of Health, the NEHP shall:
- Ensure national dissemination of the National Eye Health Policy 2019 and other related instruments, through appropriate platforms
- Take leadership in the coordination of the provision of eye health services in Nigeria
- Facilitate needs assessment of eye care services
- Facilitate the development of the eye health policy, eye health national plans, and other strategic documents
- Facilitate the development of annual operational plans
- Advocate for timely release and disbursement of allocated or appropriated funds for eye health
- Ensure that appropriate budget expenditure reporting and budget tracking mechanisms are put in place at all levels to track the use of resources for eye health
- Facilitate the development, distribution and provision of appropriate and adequate human resources for eye health
- Lead in the control of eye diseases, and strengthening of eye health infrastructure
- Facilitate the inclusion of relevant eye health elements in the NHMIS tools for patient records, registers and summary reports
- Facilitate the inclusion of eye health indicators into the DHIS2 and AHO
- Facilitate the reinforcement of existing partnerships and development of new ones at international, national and local levels.

**Federal Ministry of Finance**
The Federal Ministry of Finance shall:
- Release of budgeted funds as well as accountable and transparent utilisation of funds released to line ministries and other government agencies for eye health interventions.
- Ensure that government meets its financial obligations towards execution of bilateral and multilateral support for the provision of eye health services.

**Federal Ministry of Budget and National Planning**
The Federal Ministry of Budget and National Planning shall:
- Ensure the yearly increase of resource allocation to the Federal Ministry of Health for the full implementation of the National Eye Health Policy.
- Ensure effective and transparent reporting relationship between development partners and Federal Ministry of Health on the one hand, benefiting states and other community stakeholders on the other hand.

**National Health Insurance Scheme**
The National Health Insurance Scheme shall
- Take the lead in ensuring effective coverage and that every Nigerian is enrolled and participates in a prepayment/health insurance scheme.
- Facilitate the inclusion of appropriate eye health interventions and medicines within the basic national insurance cover.

**State Social Health Insurance Scheme**
The State Social Health Insurance Scheme shall:
- Ensure that every State citizen is covered by a prepayment/health insurance scheme, which will
enable universal access to optical, medical and surgical eye care.

- Facilitate the inclusion of appropriate eye health interventions and medicines within the basic state insurance package of services.

**Primary Health Care Development Agency**

Primary Health Care Development Agencies shall:

- Mobilise domestic and external resources for the development and integration of primary eye care into primary health care in the country
- Support capacity building for primary health care, through orientation and continuing health education programmes especially eye health service provision across all levels of primary healthcare providers.

**State Eye Health Committee (SEHC)**

The State Eye Health Committees shall:

- On behalf of the State Ministry of Health, mirror the roles and responsibilities of the NEHP at the States level.
- Incorporate the appropriate members of the eye health professional societies and their training and/or regulatory agencies.

**Traditional Rulers**

Traditional Rulers shall:

- Provide leadership to eliminate negative traditional practices that increase the vulnerability of persons to visual impairment e.g. couching.
- Support eye health programmes in their community and advocate reduction of social exclusion of persons with visual impairment/blindness.
- Facilitate inclusion and participation in community dialogues and action on eye health.

**International Development Partners**

International Development Partners shall:

- Support the coordinator of the National Eye Health Programme (NEHP) and strengthen capacity of governments at all levels to effectively implement the National Eye Health Policy 2019.
- Strengthen local and international resource mobilisation and build technical and institutional capacity to sustain effective and efficient eye health programme.
- Ensure that their contributions are within and aligned with the National Eye Health Policy/ strategic plan.
- Collaborate with FMoH through the NEHP to ensure equitable coverage and access to eye health services.

**Private Sector**

The Private Sector shall:

- Contribute to the provision of eye health service delivery within the national eye health policy framework in compliance with national standards and guidelines.
- Invest in healthcare especially eye health services as a form of corporate social responsibility (CSR).
- At all times comply with the provisions of the National Eye Health Policy.

**Civil Society Organisations (CSOs)**

Civil Society Organisations shall:

- Act as an instrument for ensuring accountability and monitoring of eye health service provisions.
- Create demand for eye health services and mobilise communities in the achievement of eye health goals.
- Contribute to strengthening eye health services delivery.

**Media**

The Media shall:

- Support demand creation for eye health services.
- Support eye health promotion and awareness creation for health care.

**Visually impaired Persons**

All visually impaired persons shall:

- Have access to equitable comprehensive eye health services to include disease prevention, eye screening, treatment, low vision and rehabilitation services.
- Be free from discrimination and social exclusion.
- Have equitable access to economic and development opportunities, including education and employment, and rights to participate in national development initiatives.
• Enforce their rights to participate in the design, implementation and evaluation of eye health related policies and programmes.
• Be protected from catastrophic health expenditure due to eye health service utilisation.

5.3 Legal Framework
The legal framework is essential for the successful implementation of the National Eye Health Policy 2019. Therefore:
1. The National Eye Health Policy shall be oriented to implement the provisions of the National Health Act 2014 and other relevant legislation.
2. Provision shall be made to revise, update and enact relevant new eye health legislations within and outside the broader frameworks of other health agendas/legislation.
3. States shall be supported to enact relevant laws to provide a legal framework for the provision of eye health within State health systems, in line with the National Health Act 2014, including the various State Primary Health Care Development Agency Bills and State Health Insurance Laws.

5.4 Funding
Funding responsibilities shall be as follows:
1. The State and local governments shall make statutory budget allocations and budget line for eye health investments.
2. State and local governments shall leverage on the SSHIS and the BHCPF for the provision of eye health services.
3. The Federal government shall allocate and release adequate resources towards the implementation of the National/State Eye Health Policy.
4. The Federal Ministry of Health through the NEHP, NPHCDA, NHIS and other relevant agencies shall allocate and release adequate resources from her statutory budget and other fund pooling systems for the provision of eye health services.
5. Other stakeholders and social partners shall also mobilise additional funds and technical assistance from development and/or implementing partners in ensuring the implementation of the National Eye Health Policy 2019.
6. For sustainability, accountability and transparency, the private sector and other corporate organisations shall be encouraged to include in their CSR agenda provision of eye health. They will be encouraged to develop an eye health intervention plan from the national eye health strategy, institute and manage a funding mechanism for provision of eye health services.
7. There shall be timely release and disbursement of allocated or appropriated funds for eye health.
8. Eye health funds expenditure reporting and tracking mechanisms shall be established and incorporated into other health spending tracking systems at all levels.
Chapter 6

Monitoring and Evaluation

6.1 Monitoring and Evaluation Framework

i. Rationale
The National Eye Health Policy will be operationalised and implemented through the development of National Eye Health Strategic Plan (NEHSP I), 2019-2024 and Annual Operational Plans drawn up by the FMoH through NEHP and all relevant stakeholders.

ii. Objective
To establish and maintain a robust reporting pathway that will ensure that all eye health related data from all interventions are as captured in the eye health strategic and operational plans.

iii. Policy statement
The Government shall:
1. Develop a comprehensive monitoring and evaluation plan to track implementation based on the objectives and targets set out in the National Eye Health Policy 2019 and the NEHSP I.
2. Facilitate monthly collation and report of routine service data at facility and state levels through the NHMIS on DHIS.
3. Set up a comprehensive national eye health dashboard to show monthly progress towards results.
4. Facilitate quarterly M&E activities to be undertaken by the NEHP, SEHCs and focal persons in the LGA’s based on the set goals, objectives and targets of the NEHSP I.
6.2 Progress Indicators

Progress indicators were selected by a group of stakeholders of eye healthcare providers based on relevance using the WHO Catalogue of key eye health indicators (2017) and the African Health Observatory.

These indicators are grouped into 3 broad categories:

- Indicators for trends in the magnitude and causes of visual impairment;
- Indicators to monitor development and implementation of integrated national eye health policies, plans, programmes and eye-care services in line with WHO’s framework for action on strengthening health systems to improve health outcome; and
- Indicators to address multi-sectoral engagement and effective partnerships to strengthen eye health.

1. **Indicators for trends in the magnitude and causes of visual impairment (5)**

   1. Prevalence of vision impairment in Nigeria;
   2. Prevalence of blindness in Nigeria;
   3. Prevalence of vision impairment, including blindness, in Nigeria due to:
      - Cataract
      - Diabetic Retinopathy
      - Glaucoma
      - Uncorrected Refractive Errors
      - Paediatric eye diseases
      - Blinding trachoma
   4. Number of Local Government Areas (LGAs) in Nigeria where blinding trachoma is a public health problem;
   5. Number of Onchocerciasis endemic communities in Nigeria identified and stratified.

2. **Indicators to monitor development and implementation of integrated national eye health policies, plans, programmes and eye-care services in line with WHO’s framework for action for strengthening health systems (25)**

   Human Resources for Eye Health (2)
   Human resources have to be certified by national institutions based on government-approved certification criteria.

   1. Number of ophthalmologists active in Nigeria;
   2. Number of Allied Eye Health Professionals (ophthalmic nurses, optometrists, orthoptists, opticians, ophthalmic and optometric technicians, etc.) in Nigeria.

   **Service Delivery (15)**

   3. Number of secondary healthcare facilities providing cataract surgery services, including private institutions.
   4. Number of cataract surgeries performed in the previous year;
   5. Cataract surgical rate at national level (number of cataract surgeries performed per million population per year);
   6. Cataract surgical coverage at national level (proportion of people with unilateral or bilateral cataract who underwent surgery in the period of review);
   7. Number of cataract operated people with visual acuity better than 6/18 in the operated eye in the previous year;
   8. Number of public health facilities in Nigeria that dispense spectacles (glasses) for managing refractive errors;
   9. Number of centres offering paediatric ophthalmology services in Nigeria;
   10. Number of centres providing laser treatment for diabetic retinopathy;
   11. Proportion of ophthalmologists in Nigeria performing glaucoma surgery;
   12. In Trachoma endemic region, proportion of endemic communities covered by the SAFE strategy;
   13. In Onchocerciasis endemic areas, geographic ivermectin coverage of total area;
   14. In Onchocerciasis endemic areas, therapeutic ivermectin coverage rate of total population at high risk of Onchocerciasis;
2.15. Proportion of Primary Health Care programmes with Primary Eye Care;
2.16. Existence of Eye Health in the national programme for Community Health Workers;
2.17. Number of patient consultations for eye diseases in Nigeria per year.

Health Financing (2)
2.18. Proportion of out-of-pocket expenditure for eye healthcare in Nigeria;
2.19. Number of eye healthcare obtained through health insurance coverage (private, national/state health insurance schemes)

Consumables and Technology (1)
2.20. Number of eye care drugs included in the essential medicines list;

Leadership and Governance (5)
2.21. Existence of a national coordinator for Eye Health;
2.22. Existence of a Nigeria National Eye Health plan endorsed by the Federal Ministry of Health (FMoH);

2.23. If yes, Implementation status of the National Eye Health plan;
2.24. Integration of eye health in accessing the BHCPF;
2.25. Observance of World Sight Day with recognition from the FMoH or other governmental institutions.

3. Indicators to address multi-sectoral engagement and effective partnerships to strengthen eye health (2)
3.1. Number of partners and alliances supporting eye care in Nigeria, including private sector, States and Local Governments, traditional rulers, philanthropists, etc;
3.2. Compliance of the National Eye Health Plan with the current Nigeria National Strategic Health Development Plan (NHSDP).

6.3 Health Management Information Systems (HMIS)
i. Rationale
Nigeria has a current national HMIS policy (2014) and a HMIS strategic plan (2014-2018) which is being updated, and ensures evidence-based decision-making for healthcare improvement, and uses an electronic system for aggregating routine facility and/or community service data. The District Health Information System 2 (DHIS2) is used in more than 60 countries around the world, including Nigeria. DHIS is an open source software platform for reporting, analysis and dissemination of data for all health programmes, developed by the Health Information Systems Programme (HISP). There is a WHO AFRO Catalogue of eye health indicators for capturing and routine monitoring that needs to provide evidence for initiatives to improve service delivery and patient outcomes. There is a list of eye health indicators for inclusion in the National Health Management Information System (NHMIS).

ii. Objectives
• To integrate the eye health information system (EHIS)
with the national HIS and captured in the DHIS2 and the African Health Observatory (AHO).

- To document, collate, report, monitor and evaluate all eye health data in all facilities.
- To facilitate and generate time-relevant and scientific information for advocacy, policy influencing, decision-making and clinical operations.

iii. Policy Statements
The Government shall:

1. Ensure that NHMIS tools for patient records, registers and summary reports have the relevant eye health data elements included.

2. Facilitate the development of an appropriate EHIS to include: communication, information flow and eye health indicators.

3. Ensure that all relevant documentation materials are available at each clinical encounter, including clinical notes and results of special investigations.

4. Enable routine recording, by all eye care providers, with the use of NHMIS tools at the primary level of care and deployment of electronic medical record systems, where possible, at the secondary and tertiary levels of care.

5. Facilitate for inclusion into the national HIS and DHIS2, all relevant eye health indicators.

6. Ensure documentation and registry for major causes of avoidable blindness (e.g. cataract surgeries done, glaucoma patients, people with diabetes for diabetic retinopathy screening) and major potentially blinding eye conditions such as retinopathy of prematurity (ROP); and surveillance of rare serious eye conditions (e.g. congenital glaucoma, retinoblastoma, retinitis pigmentosa, etc.) to monitor trends and enhance adequate planning.

7. Facilitate the use of eye health data and information for advocacy, planning, evidence-based decision-making and public engagement.

6.4 Data Management and Feedback
- Monitoring and evaluation of the progress of policy implementation shall require data collection, collation and analysis on equity, access, scale up secondary level eye care, financing mechanisms, health information systems, research and development, quality systems and leadership and governance. The required data will be acquired through special surveys, analysis of the implementation of the annual operation plans and/or the acquisition of routine data from DHIS2.

- The National Eye Health Policy implementation progress reports shall be generated and disseminated through periodic reports, policy briefs, annual review meetings etc.
Chapter 7

Policy Implementation Milestones

The National Eye Health Policy is a realistic policy streamlined with the strategy, the resources and the use of resources. It addresses the socio-economic burden of needless avoidable blindness and vision loss. Linked to SDG goal 3, underpinned by UHC, - No diseases should be excluded and no group of people should be excluded from healthcare. Universal Eye Health (UEH) is a key component towards achieving Universal Health Coverage (UHC); in alignment with the National Health Policy 2016. Therefore, there is a need to set policy implementation targets that will serve as milestones for the policy implementation. The following targets provide an opportunity for the NEHP to measure performance of the policy; and will therefore, be tracked:
All stakeholders applaud the effort of government in providing eye care services to the populace and further commit to supporting the FMoH in implementing these policies towards achieving UHC.”
Annexes

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<td>Samuel Omoi</td>
<td>CBM International</td>
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<tr>
<td>Angela Uyah</td>
<td>CBM International</td>
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<tr>
<td>Elisha Agagak</td>
<td>Health and Nutrition Development Society</td>
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Secretariat

<table>
<thead>
<tr>
<th>Name</th>
<th>Position/Role</th>
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</thead>
<tbody>
<tr>
<td>Mrs. Olufisayo Olaniyi</td>
<td>National Eye Health Programme, Federal Ministry of Health</td>
</tr>
<tr>
<td>Ms. Eno Udongo</td>
<td>Administrative Officer, Sightsavers</td>
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<tr>
<td>Ms. Barbara Marok</td>
<td>Sightsavers</td>
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</tbody>
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