Integrating eye health in primary health care in Sierra Leone: a mixed methods study

Research summary

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Sightsavers

Introduction

In Sierra Leone, visual impairment and poor eye health remains a major public health concern, with more than one in five over 50s experiencing some level of impairment. Untreated, visual impairment can reduce an individual's quality of life, impeding their ability to participate in all aspects of social, economic and family life. In spite of this heavy burden, Sierra Leone has only six ophthalmologists serving a population of over 8 million.

In line with recommendations from the 2019 World Report on Vision, and commitments to work towards universal health coverage (UHC), the Ministry of Health and Sanitation (MoHS) seeks to extend eye care services to the primary health care level. Primary health care services in Sierra Leone are located throughout the country, provided primarily by staff based in communities and at peripheral health units (PHUs). By training staff to identify, treat and refer eye health problems, it is hoped that the majority of conditions can be prevented or treated close to home, reducing the need for expensive travel to the capital, and reducing the burden of unaddressed visual impairment. Furthermore, as Sierra Leone moves closer to the elimination of onchocerciasis as a public health problem, the need to put in place policies and guidelines to support the management of cases at primary health care facilities is important. Before this can be done, it is important to understand the existing situation with regards to how they are managed.

The primary eye care (PEC) training manual was designed specifically to support the training of primary health care staff on eye care. The WHO Africa region published the manual in 2018 with the aim to provide guidance in the design, implementation and evaluation of training courses, which can build and strengthen the capacity of health personnel to manage eye patients at primary level in health care facilities in the Africa region.

Working with the MoHS to roll out the PEC training manual in Sierra Leone, Sightsavers, with the support of Irish Aid through their Programme Grant 2, were keen to understand:

- How the training could be best delivered
- What support and resources trained primary health care workers required to put their training into practice
- How primary health care workers currently identify and manage onchocerciasis cases

Key findings

The need for eye care and post-elimination onchocerciasis services is high, and primary health workers are motivated to provide these services.

The training was well received and has the potential to improve access to eye care for all people and particularly those in remote locations.

Training of eye health professionals without the accompanying system strengthening is not sufficient to improve access to health care in remote locations. Primary health care workers reported that because of the lack of basic medicines, they had to refer minor cases of eye illnesses, which defeated the purpose of the training.

What does the research tell us?

Perception of the WHO eye care training The training programme and the new knowledge and skills acquired was praised as useful and effective by both the PEC trainees and other eye care stakeholders. The training manual and content was felt to be pitched at the right level and delivered in a clear, simple way focusing on the competencies required at the primary level. Positive points highlighted about the training were:

- Newly trained primary health care workers gained skills to establish good relationships with the local communities and engage them in the conversation about their eye care needs
- When equipment and supplies were available, trained staff felt competent and confident to raise awareness about eye care services and conduct basic eye examinations and treatments
- The system of referral from primary and secondary level was generally well defined. PEC trainees found that the five colour-coded algorithms were simple but robust to guide them on the eye conditions they could treat and those they had to refer.

Governance A number of policies govern primary care services, eye health and neglected tropical diseases (NTDs) in Sierra Leone. However, operational details on how specific services such as eye health can be delivered and resourced at the primary care level are often missing.

Health service delivery The basic package of essential health services provided at PHUs includes preventative and treatment services: awareness raising and sensitisation on the prevention of eye diseases and blindness; recognition, referral and treatment of red eye; recognition of suspected cataract and referral; and preventative and curative management of onchocerciasis cases.

Specialist eye health staff based in districts were assigned to supervise and monitor the performance of trainees through regular visits or combined with other monitoring activities. However, the delivery of such supervision was challenging due to the lack of financing earmarked for facility visits.

One of the key issues identified in this study was that many primary care settings across all study districts were extremely under resourced, lacking basic amenities, consumables and medications. This made putting the newly acquired skills into practice difficult. In addition, this affected the morale of health workers since the delivery of services without the essentials was frustrating.

Medical products While the National Essential Medicines List and the Basic Package of Essential Health Services specified a list of key medicines that should be available for eye care, the majority of these medicines were not available in the primary care facilities surveyed on a regular and sustained basis. No facilities visited in our study had a complete set of all medical supplies or consumables recommended in the PEC manual. The lack of medicines and medical supplies at the primary care level led to situations where simple cases that could be treated in PHUs had to be referred to the district facilities.

Human resources A lack of a permanently salaried health workforce, difficulty with staff commitment and retention, and a reluctance to work in rural remote locations remain a challenge. Participants, however, suggested that the PHU staff may need to be provided with additional incentives to deliver eye care services, although they did not expound on the purpose of such incentives or how they can be integrated within the existing system. Some further research into staff motivation and potential performance-based schemes would be useful.

Primary health care workers highlighted the importance of quality in-service training, which helped them to raise awareness of eye diseases and promote health seeking behaviour in the local communities and reduce their uptake of potentially harmful traditional medicines. However, although they reported being generally happy with in-service training, topics such as eye care, or conducting visual acuity tests, were not normally covered.

Health system financing Participants reported that existing funds provided to support the functioning of primary health units are inadequate to provide the wide spectrum of services required, and adding additional services, such as eye examinations, eye treatments or provision of spectacles without additional funds, has created more pressure on already stretched facilities. Health workers reported having no funds to conduct outreach programmes, and no funds for fuel and maintenance of motorbikes, where they were available.

User fees and high costs of travel to secondary facilities were reported to be an important factor undermining the uptake of PEC services and referrals. There was some evidence that certain groups of patients, including older people who are at highest risk of visual impairment, may be exempt from fees, but there was no information on how such exemptions worked. Universal health coverage implies access to good quality health services, without incurring financial hardship. A better understanding of willingness and ability to pay for eye and other health care services in Sierra Leone would be useful to understand progress towards this dimension of UHC.

Health information systems Data is collected at the health facility level, primarily using paper forms, and passed through the district health management teams where they are summarised and entered into the DHIS2 electronic platform and shared with the national level in a standardised format. Data entry is paper based because most PHUs do not have computers and internet connectivity. The government has plans to move to electronic data capture and intends to significantly improve data collection processes, including procurement of medicines and resource allocation. However, the questions of poor infrastructure (limited number or no computers at the facility level, poor internet connectivity) continues to be a major barrier to this intention and needs to be addressed.

Learn more

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