CAPACITY DEVELOPMENT IN MANAGEMENT OF SOUTH-SOUTH & TRIANGULAR COOPERATION PROJECT
2nd SESSION

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Case study

“Fight against avoidable blindness”

A case of innovative Tunisian SSC experience to share
The situation

» 285 Mio people are visually impaired

⇒ 26,3 % in Africa
⇒ 23 % in MENA
⇒ 24% in Latin America

» 90% are in the developing countries
39 Mio of them are blind
   ➞ 15 % in africa
   ➞ 5 % latin america
   ➞ 20% mena region Asia

80% can be avoided
82% of them have more than 50 years
200.000 are children
Cataract is the leading cause of blindness in the world.

In Tunisia, the fight against Cataract and prevention of avoidable blindness begun in the early 80s, with the support of:

- A NGO called « Nadi Al Bassar » (NAB): literally the sight club.
- The tunisian Government
Nadi al bassar is an NGO dedicated to the prevention of blindness.

Founded in Oct. 1980 by a group of volunteer Tunisian ophthalmologists who decided to launch a series of treatment campaigns to fight against cataract in Tunisia at the beginning, and later in some African countries with high prevalence of glaucoma, trachoma and cataract.

First campaigns in Tunisia begun in 1980 with 2000 surgeries each year.
This conclusive experience had been exported to some African countries with a first campaign in Niger in 2003.
Some performances achieved (2003-2012)

- 12,538 patients restored the sight
- 32,443 specialized medical consultation performed
- Hundreds of eye care personnel ophthalmologists and technicians trained
- 500 surgeries organized weekly
- 1000 to 1500 consultations weekly
But the needs were still huge:

- Lack of ophthalmologists
- Shortage of medical equipment,
- Hospitals equipped to manage no more than 10 surgeries weekly.

NAB made an alliance since 2003 with

- Donors (IsDB, BADEA)
- Ministries of Health of IsDB member countries
- NGOs involved in eye care
Main objectives of these campaigns
1- To reduce prevalence of the disease

offering high quality and free Medical eye care
(consultations, vision therapy...)

[Images of medical facilities and personnel]
2- Improve access to eye-care

- identifying affected population
- Reaching most vulnerable persons
- Covering « out of the way » areas
3- reinforce the exchange of technology and enhance capacity building

- offering medical and ophthalmic equipment taking account of the local needs and context (mobile eye clinics and services)

- organizing capacity reinforcement projects for local personnel (hands on training for local ophtalmologists and training sessions in Tunisia or in the beneficiary country)

- organizing workshops on the use of equipments
The challenges:

1- human resources
   (reinforcing NAB surgical team with more public health ophthalmologists)

2- Capacity building to ensure the sustainability of the idea.
The Main impacts of this experience:

- Thousands of people restored the sight
- Capacity reinforcement and training for local professionals (eye care ophthalmologists and technicians)
- High quality and free Medical eye care (ophthalmic consultations, vision therapy, ophthalmic equipment granted)
The Main lessons

1. Campaigns are necessary but not sufficient.
2. Necessity of Capacity-building of local professionals to ensure the sustainability of the experience.
3. Additional resources must be ensured.
4. Public-private partnership must be strengthened.
5- These achievements wouldn’t have been possible without human support from “Nadi Al Bassar” medical team but also a generous contribution of donors.
Weakness

However, despite the benefits of the triangular cooperation for such projects, mainly ensuring the sustainability of these projects, it is also important to take into account the risk of a misappropriation of the initiative by financial partners.
Thank you