

Blindness in North Africa

A look at the Nadi Al Bassar System and an overview of the state of ocular health in North Africa.

BY AHMED TRABELSI, MD



In this issue, we highlight the fantastic work of Nadi Al Bassar, a not-for-profit organization that has delivered quality eye care in Tunisia and its surrounding countries for approximately 2.5 decades. The physicians at Nadi Al Bassar cooperate with other organizations to improve ocular healthcare in sub-Saharan Africa. The institute has been the recipient of numerous awards, including the Pan Arab African Council of Ophthalmology's (Cairo, Egypt) Shield for Prevention of Blindness, as well as honors from the International Agency for the Prevention of Blindness (Hyderabad, India) and the governments of Libya and Tunisia. I salute Vice President Ahmed Trabelsi, MD, and all the great services he and Nadi Al Bassar are providing in North Africa.

—Geoffrey Tabin, MD, Section Editor

Nadi Al Bassar was conceived in 1981, following the seventh Afro Asian Congress of Ophthalmology, which was held in Tunis. Professor Ridha Mabrouk founded the eye institute with a team of young volunteer ophthalmologists. What began as a small documentary center for ophthalmology and visual science—established mainly for the benefit of residents, ophthalmologists, and medical students—has expanded into an organization that operates at the forefront of blindness prevention in North Africa (Figure 1).

Upon examining the students at the School for the Blind in Tunis in 1982, my colleagues at Nadi Al Bassar and I found that more than 33% of them were not totally blind but partially sighted. This discovery inspired us to establish a low vision clinic in 1983 that offered free consultations,

the first facility of its kind in our region. Many graduates of our low vision program went on to become top students and professionals. With this facility's establishment, the mission of Nadi Al Bassar grew beyond preventing (Figure 2) and treating (Figure 3) eye disease to improving the quality of life for all people with eye diseases.

BACKGROUND AND PROGRAMS

Nadi Al Bassar became one of the first nongovernmental organizations in the region. Our focus has further expanded into developing all the human resources needed to deliver excellent eye care to North Africa. We have worked to improve the training and skills of ophthalmologists and nurses and to educate eye-care-specific social workers. In addition to local seminars and workshops, we



Figure 1. These patients are waiting to go into the OR. The tape on their foreheads indicates the eye that needs surgery.



Figure 2. Dr. Trabelsi performs outpatient screening.



Figure 3. A woman expresses her appreciation by praying for the surgical team.

have arranged scholarships for our most gifted young practitioners to improve their skills in Europe, Japan, and the US. Some of these students have gone on to earn a doctoral degree!

One of our primary efforts is the annual Al Bassar course given in conjunction with Faculty of Medicine at the University of Tunis. For the past 14 years, a top international faculty from Europe, the US, and Japan has joined ophthalmologists from Tunisia, Libya, Algeria, Morocco, and Mauritania for this workshop. We have also hosted four ORBIS missions, which subsequently helped inspire us to begin our own outreach ambulatory surgery and teaching programs. A "Njada [Cry For Help] Team" was formed, and its members have visited Mauritania, Libya, Sudan, Palestine, and Iraq, where they have performed cataract surgery and trained doctors, ophthalmic technicians, and paramedics. We are also developing exchange programs and working in the sub-Saharan West African countries of Senegal, Mali, Chad, Niger, Guinea, Djibouti, and South Africa.

INADEQUATE STATUS QUO OF OPHTHALMIC RESOURCES

The eye care needs in our region are great. The five North African or Maghrebian countries—Libya, Algeria, Morocco, Mauritania, and Tunisia—have a population of about 100 million people. Although no accurate epidemiological data are available, we believe cataract is the major cause of curable blindness in this region. Trachoma has been eradicated from Tunisia, but it is still a major cause of blindness in Mauritania and a problem in Southern Libya, Algeria, and Morocco. Nadi Al Bassar's administrators have been working to improve the institute's infrastructure and management as well as to develop human resources that will help it overcome the common blinding diseases in our region. Much work remains to be done, however. Previously, the World Health Organization (Geneva, Switzerland) suggested that 3,000 cataract

surgeries should be performed per 1 million individuals in Africa.¹ The cataract surgery rate is still only 1,329 in Tunisia, whereas it is a scant 768 in Morocco and even less in Mauritania and our sub-Saharan neighbors.²

Eye care facilities in North Africa are generally poorly managed. Although countries like Tunisia and Morocco are successfully following and implementing the blindness prevention strategies set forth by the World Health Organization and the International Agency for the Prevention of Blindness (Hyderabad, India), others, including Algeria, Libya, and Mauritania, are struggling to meet these goals in the face of political unrest and the absence of sufficient human resources, sustainable infrastructures, and efficient management.

ONGOING EFFORTS

My colleagues and I are working to train needed doctors and support personnel. One of the challenges we face is a low ratio of doctors compared with the size of the population. For example, Niger has approximately nine trained ophthalmologists to treat a population of 10 million people, according to the country's Minister of Health (verbal communication, April 2006). Location is also a factor. Doctors and health workers are mainly concentrated in the urban areas, and much of the population lives in rural areas. Finally, political instability and inadequate foreign aid for eye care hamper development. Despite these obstacles, however, we are making progress.

Nadi Al Bassar highlights the importance of eye care through public awareness campaigns via the local newspapers, radio stations, and television stations as well as children's drawing contests at schools. We are expanding our low vision services and training technicians from neighboring countries and Francophone West Africa. "South to South," our cooperation with other African agencies, is strengthening and reinforcing existing training programs such as the one in Bamako, Mali, through fieldwork and seminars for physicians and paramedics. Finally, we are using our facility to bring doctors from West to North Africa for training. ■

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2. World Health Organization. National Vision 2020 implementation data: Africa, August 2005. Available at: http://www.who.int/pbd/blindness/vision_2020/v2020_data_africa_aug05.pdf. Accessed May 19, 2006.