# Rapporto di ricerca COI Realizzato dall'Ufficio Immigrazione di ARCI nazionale

-aggiornato al 18 dicembre 2022

| CONTESTO | | NOTE |
|---|---|---|
| Paese di origine | Senegal | N/D |
| **QUESITO COI** | | **NOTE** |
| Tematica | Med-coi / Salute | Oftalmologia |
| Formulazione quesito COI | **1. Informazioni sull'accesso alle cure oftalmiche (con particolare attenzione alla disponibilità della chirurgia tesa alla rimozione dello pterigio)** | |

## Disclaimer metodologico

1. Il quesito è stato trattato non tenendo in considerazione analizzando il tema della salute visiva nel suo insieme, non distinguendo in maniera analitica tra servizi di chirurgia e servizi di cura oculistica;

2. Il presente Ufficio resta a disposizione per confrontarsi relativamente alle fonti e ai contenuti citati, oltre che per eventuali approfondimenti rispetto ai quesiti posti e le risultanze emerse

Roma
18 dicembre 2022

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## 1. Informazioni sull'accesso alle cure oftalmiche (con particolare attenzione alla disponibilità della chirurgia tesa alla rimozione dello pterigio)

In Senegal il tema della salute oculare/oftalmica è di primo piano, considerando l'altissimo tasso di cecità e di deficienza visiva diffusa tra la popolazione. In questo senso, risulta un alto tasso di cecità su scala nazionale come conseguenza della cataratta, del glaucoma, e degli errori di rifrazione non corretti[1]:

> "...Au Sénégal, pays signataire de l'initiative *Vision 2020*, le Ministère de la santé et de l'action sociale reconnait que les pathologies responsables de la déficience visuelle sont un problème de santé publique [18]. Toutefois, peu de données sur la prévalence de la déficience visuelle et de la cécité dans le pays sont disponibles, alors que de telles données sont essentielles à la planification et au développement de services de soins oculaires.

1 In questo senso le deficienze sistemiche nei sistemi di salute oculare (controlli di routine, accesso alla misure preventive ecc), risultano fattori fondamentali nella diffusione della cecità: "...*Among the main drivers of the most common eye conditions is late detection due to weak or poorly integrated eye care services. Many people lack access to routine checks that can detect conditions and lead to the delivery of appropriate preventive care or treatment. Yet, vision is the most dominant of the five senses and plays a crucial role in every facet of our lives..*"In Saint-Louis, Senegal, towards sustainable eye care servcies, 2020, available at: https://iris.ca/en/blog-post-detail/-ppfb-in-saint-louis-senegal-towards-sustainable-eye-care-services , accessed on 18 December 2022

> Dans son Programme national de promotion de la santé oculaire, le Ministère de la santé et de l'action sociale du Sénégal estime à 165000 le nombre de Sénégalais atteints de cécité et à 500000 le nombre de Sénégalais atteints de déficience visuelle [18]. Des données issues d'études menées dans d'autres pays d'Afrique subsaharienne estiment la prévalence de la cécité et de la déficience visuelle à 1,2 – 3,4% et à 10,4 – 17,1%, respectivement [6, 15, 19]. Les deux premières causes de la déficience visuelle sévère et de la cécité seraient la cataracte et le glaucome; les erreurs de réfraction non corrigées représentent quant à elles la majeure partie des déficiences visuelles légères et modérées [15]..."[2]

Seguono ulteriori patologie oculo-visuali comuni, tra i quali lo pterigio:

> "...Des analyses statistiques des principales causes de cécité et de déficience visuelle (cataractes, glaucome, erreurs de réfraction), de pathologies oculovisuelles communes (p. ex. ptérygion) ainsi que de la distribution de lunettes ont été effectuées à l'aide du logiciel JASP v 0.10…."[3]

Similmente:

> "...According to the estimated made in the Senegal Vision 2020 Plan, there are 420,000 visually impaired people in Senegal, 140,000 of them are blind; and the national blindness prevalence is estimated at 1.4% (7). The estimated prevalence of various eye diseases is shown in Table 6. Cataract is the leading cause of blindness in Senegal affecting an estimated 30,000 people"…"[4]

Considerando la disponibilità e l'accessibilità delle cure oculistiche in Senegal, in uno studio di settore di diversi Paesi sub-shariani (tra cui il Seengal), emerge di come il sistema di salute oculistica del Paese sia generalmente sotto-finanziato, in quanto concernente un ambito di alute considerato non emergenziale.
Coerentemente, dalle fonti non risultano informazioni relative a specifici fondi destinati alla salute oculistica:

> ":..Overall, the resources allocated to eye health by the governments were thought to be very limited, well below the level required to meet population needs [22, 24,25,26,27,28,29]. None of the countries had government allocations specific for eye health. National budgets were allocated to the departments within which the eye care unit was located; regional and district funding was allocated to all health services provided by the facilities. As a result, eye health had to compete with other priority diseases and was often overlooked, as eye conditions were not life threatening and

2 Tousignant B, Brûlé J. Déficience Visuelle et Pathologies Oculaires À Saint-Louis, Sénégal [Visual Impairment and Eye Diseases in St. Louis, Senegal]. Med Trop Sante Int. 2021 Jun 17;1(2):mtsibulletin.2021.112. French. doi: 10.48327/mtsibulletin.2021.112. PMID: 35586591; PMCID: PMC9022752., available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9022752/ , accessed on 18 December 2022

3 Tousignant B, Brûlé J. Déficience Visuelle et Pathologies Oculaires À Saint-Louis, Sénégal [Visual Impairment and Eye Diseases in St. Louis, Senegal]. Med Trop Sante Int. 2021 Jun 17;1(2):mtsibulletin.2021.112. French. doi: 10.48327/mtsibulletin.2021.112. PMID: 35586591; PMCID: PMC9022752., available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9022752/ , accessed on 18 December 2022

4 https://research.sightsavers.org/wp-content/uploads/2018/05/Eye-health-system-assessment-Senegal-2018.pdf

> the resources for eye care were often available through iNGOs and Faith-Based Organizations (FBOs)..."[5] [6]

Più nello specifico, con riguardo alle *policies* nazionali, dallo stesso studio emerge come proprio il Senegal sia tra i pochi Paesi a non aver aggiornato il piano nazionale della salute oculistica:

> "....All eight countries had set up eye health programmes and the majority had up to date national eye health plans, which were in line with the global strategy for universal eye health coverage and cascaded from the broader national health policies. Mali and Senegal were the only countries with expired national eye health plans at the time of the assessment..." [7]

In questo senso, il quadro del sistema di cura oftalmica viene generalmente definito come "insufficiente", a partire dalla scarsa presenza di professionisti specializzati nel Paese:

> ":..In the countryside, clinics (called "case de santé") arealmost devoid of most basic medical equipment and inappropriately trained staff that works over their possibilities. […] Senegal's own government, in its Blindness in Senegal report, has stated the need of a methodic and efficient planningfor the prevention of this disease, based on a stronger effort of political authorities in order to deal with it as a public healthissue.The Ophthalmologic care service is deficient in Senegal, but especially dramatic in Kolda, where the number o professionals with some ophthalmologic knowledge is extremely low as shown Table 1 .."[8]

E la mancanza di farmaci e strumentazioni adeguate che, sebbene formalmente presenti nella programmazione pubblica, risultano infine dipendenti da soggetti terzi e attori internazionali:

> "...In all eight countries, medical products and medicines for eye health were included in the national essential medicine lists and the procurement regulations for the public sector were the same as for other health services.

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5 Bechange, S., Jolley, E., Virendrakumar, B. et al. Strengths and weaknesses of eye care services in sub-Saharan Africa: a meta-synthesis of eye health system assessments. BMC Health Serv Res 20, 381 (2020). https://doi.org/10.1186/s12913-020-05279-2, available at: https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-020-05279-2#citeas , accessed on 18 December 2022

6 Sul punto, similmente: "*...Stakeholders explained that the funds allocated by the government and generated by health facilities at the district level were managed by the local health committees, who were responsible for providing drugs and consumables to health facilities, including eye health units. Local committees also supported sensitisation activities for eye health. District eye care units or public health facilities generated enough resources for their own operations. However, the principle of unicity of the funds prohibits the exclusive or priority allocation of these resources to the eye health unit. It is an arbitration that decides the destination of the resources available and this takes more into account health emergencies (general surgery, emergency service, maternity, etc...*"*https://research.sightsavers.org/wp-content/uploads/2018/05/Eye-health-system-assessment-Senegal-2018.pdf* , accessed on 18 December 2022

7 Bechange, S., Jolley, E., Virendrakumar, B. et al. Strengths and weaknesses of eye care services in sub-Saharan Africa: a meta-synthesis of eye health system assessments. BMC Health Serv Res 20, 381 (2020). https://doi.org/10.1186/s12913-020-05279-2, available at: https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-020-05279-2#citeas , accessed on 18 December 2022

8 Tele-Ophthalmology Eye-Health system deployment in Kolda, Senegal, available at; https://www.academia.edu/1986642/Tele_Ophthalmology_Eye_Health_system_deployment_in_Kolda_Senegal

> However, the resources available to the government were enough to cover only a fraction of supplies needed and international donors and iNGOs were reported to provide essential equipment and consumables to selected facilities and regions. It was also reported that there were no specific budget allocations for eye equip ment and medicines, and they tended to be given lower priority in the public procurement systems.
> The availability of medicines and functionality of equipment in the facilities surveyed in the assessments varied with some facilities having functional procurement and maintenance systems and others reporting them to be erratic. Many eye care staff were reported to be operating with no more than the basic instruments and stock-outs of essential medicines were common in most settings. The lack of proper equipment and medicines impacted negatively on staff morale and ability to keep practical skills up to date..”[9]

A titolo di esempio si possono citare le statistiche (2016) relative alla presenza di oftalmologi in Senegal, e la loro mancata diffusione su scala nazionale (a fronte di una consistente concentrazione degli stessi a Dakar):

> “...Le Sénégal dispose de 63 ophtalmologues : Les 53 concentrés à Dakar
>
> Au Sénégal, il y a 63 ophtalmologistes. Notre pays est dans les normes établies par l’Oms. Il a un ophtalmologiste pour 210 mille habitants alors que l’Oms recommande un ophtalmologiste pour 250 mille habitants. Le problème demeure dans la répartition de ces ophtalmologistes, car sur les 63 spécialistes, les 53 résident à Dakar. Le reste du pays se partage les 10 autres. On n’a pas encore des statistiques nationales fiables pour pouvoir connaître la prévalence sur le glaucome. ..”[10]

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Considerando la sostenibilità economica relativa all’accesso alle cure oftalmiche, sebbene la salute visiva sia formalmente inclusa negli schemi assistenziali nazionali dei Paesi analizzati, non è tuttavia chiaro la effettività degli stessi. In questo senso, il ricorso a finanziamenti esterni (o personali), è infatti considerato sostanzialmente strutturale nell’accesso alle cure:

> “...Inclusion of eye care in the national health insurance schemes was reported in seven countries but there was little information on how effective these schemes were. A common view was that the schemes covered only a small proportion of the population, largely civil servants or those in formal employment, and many eye care services were not included in the package. As a result, external sources and user fees were often perceived as themain sources of funding for eye care, although not all countries allowed charging user fees within the goverment facilities …”[11]

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9 Bechange, S., Jolley, E., Virendrakumar, B. et al. Strengths and weaknesses of eye care services in sub-Saharan Africa: a meta-synthesis of eye health system assessments. BMC Health Serv Res 20, 381 (2020). https://doi.org/10.1186/s12913-020-05279-2, available at: https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-020-05279-2#citeas , accessed on 18 December 2022

10 NewsDakar, Santé oculaire : Le Sénégal néglige ses yeux, 2016, available at: http://news.adakar.com/h/80583.html , accessed on 18 December 2022

11 Bechange, S., Jolley, E., Virendrakumar, B. et al. Strengths and weaknesses of eye care services in sub-Saharan Africa: a meta-synthesis of eye health system assessments. BMC Health Serv Res 20, 381 (2020). https://doi.org/10.1186/s12913-020-05279-2, available at: https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-020-05279-2#citeas , accessed on 18 December 2022

Più nel dettaglio, per una comprensione maggiormente empirica, alcune fonti stimano come in Senegal si stima la copertura assicurativa mutualistica[12] può arrivare a coprire fino a un terzo dei costi di una operazione di cataratta presso una struttura pubblica:

> "...Health insurance was also thought to be an important source of funding of eye health services,[…] Study participants explained that the national community-based health insurance, 'mutual', covered approximately one third of the costs of cataract surgery for those insured. These funds were usually used to support costs of surgery in the public facilities.."[13]

Lasciando ampio margine alla copertura finanziaria individuale (cosiddetti "out of pocket payments"), tanto per l'accesso alla cura in se, tanto per quanto concerne i servizi eventuali post-operatori:

> "...Study stakeholders described the system of internally generated funds based on out of pocket expenditures by patients. […] Some stakeholders estimated that in some hospitals out of pocket expenditures constituted 16% – 17% of the total hospital revenue while the global statistics suggests that user fees constitute around 36.9% of the total health expenditure in Senegal.
>
> Study informants said that the price of cataract consultations and surgery charged to patients varied by location and type of health facility. The costs of surgery were reported to be highest in the capital and in private facilities. For instance, eye units in Kaolack, Louga and Kebeme reported the costs of surgery between 35,000 CFA and 50,000 CFA (around 60 -86 USD using 2015 exchange rate of 0.00171), while those in Dakar reported the costs of 100,000 – 150,000 CFA (172 - 258 USD using 2015 exchange rate of 0.00171) per surgery (table 10). Some stakeholders added that the costs of cataract surgery did not include post-operative services, for example refraction. Figure 18 shows a price list displayed in the eye health unit in Nioro district.
> The cost associated with consultations also varied by facility type and location of service delivery. For example, costs per consultation in regional hospitals was around 3,000 CFA (5 USD using 2016 exchange rate 0.001681) while eye units in district health centres charged around 1,000 CFA (1.7 USD)..."[14]

Considerando i casi di indigenza, tuttavia, è doveroso segnalare come in Senegal esista altresì una previsione, basata su una metodologia di "caso per caso" (attraverso il coinvolgimento dei servizi sociali), per garantire una serie di interventi chirurgici a costo zero per pazienti indigenti:

12 Ci si riferisce a una forma assicurativa di forma residuale, tesa a coprire il bisogno dei cittadini non rientranti nella forme di assicurazione obbligatoria (assicurazione sanitaria per i dipendenti pivati/assicurazione sanitaria per i dipendenti pubblic), coinvolgendo prevalentemente i lavoratori informali e i residenti delle zone rurali, anche se coprendone circa il 66% nel 2017 : *"...the Community Based Health Insurance (CBHI) scheme otherwise known as "Mutual" was established in 1990 and intended to provide financial risk protection for informal sector workers and residents in the rural areas. This scheme provides insurance for the largest Senegalese population who are not eligible for the mandatory health insurance schemes and aims to cover 66% of the eligible population by 2017…"Sightsavers, Eye Health SystemsAssessment (EHSA) in Senegal, July 2018, available at: https://research.sightsavers.org/wp-content/uploads/2018/05/Eye-health-system-assessment-Senegal-2018.pdf* , accessed on 18 December 2022

13 Sightsavers, Eye Health SystemsAssessment (EHSA) in Senegal, July 2018, available at: https://research.sightsavers.org/wp-content/uploads/2018/05/Eye-health-system-assessment-Senegal-2018.pdf , accessed on 18 December 2022

14 ibidem

> ":..in Senegal, participants mentioned that the government supported user-fee exemptions through a system managed by the social service department at each hospital, who set a criterion for providing subsidies and assessed patients for eligibility. ..."[15]

In questo senso, si possono infatti citare alcuni piani di assistenza gratuita per alcue categorie di vulnerabili. A titolo esemplificativo, si può citare il piano di assistenza sanitaria "Sesame"[16], rivolto agli anziani indigenti e ai bambini sotto i cinque anni non coperti da assicurazione sanitaria pubblica o privata. Tuttavia, si noti, anche in questo contesto le fonti danno conto di problematiche relative alla disponibilità finanziaria personale, attraverso il meccanismo dei rimborsi (a sua volta messo a rischio dalla gestione dei singoli ospedali che, indebitati, impongono un anticipo sulla operazione):

> "...Finally, by jeopardising the functioning of health facilities, reimbursement delays hinder the smooth delivery of health services to the elderly through the Plan SESAME. A physician and a potential user of Plan SESAME gave example of the "survival" strategies adopted by health facilities to deal with those delays: The structures are indebted but those responsible for these structures find survival strategies {…} people act sparingly, meaning that out of 10 patients, they take two for Plan SESAME. Or, another strategy, because I carried out a survey at the national level, is that people make appointment very late in time. {…} or another strategy, you are asked a third party payer, meaning that if the scan was to cost 5000, you are asked 2000 francs and the other part is charged to Plan SESAME. (Physician)..."[17]

A titolo esemplificativo, considerando un intervento chirurgico oculistico coperto dal programma SESAME, le fonti riferiscono di spese sostenute dal paziente per 20.000 franchi:

> "...Currently for example, for eye surgery {…} you go hospital Principal, they say ok we can operate you with Plan SESAME but you will have to pay 20 000 francs. So they tell you, we operate, the surgery costs 200 000, they ask me to give 20 000 francs, I rush to give them and I take the surgery. Plan SESAME is still on but hospitals cheat. The day they will have to make the invoice the hospital charge 200 000 francs and will not say that the patient gave 20 000. (Civil society)..."[18]

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15 Bechange, S., Jolley, E., Virendrakumar, B. et al. Strengths and weaknesses of eye care services in sub-Saharan Africa: a meta-synthesis of eye health system assessments. BMC Health Serv Res 20, 381 (2020). https://doi.org/10.1186/s12913-020-05279-2, available at: https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-020-05279-2#citeas , accessed on 18 December 2022

16 "*….in 2006 the government established a national free health care programme called "Plan Sesame for seniors". This programme provides free health care to the population aged 60 years and over and is funded by the central government budget. The programme covers about 450,000 elderly people, who are not covered by government or private retirement insurance scheme ...*"Sightsavers, Eye Health SystemsAssessment (EHSA) in Senegal, July 2018, available at: https://research.sightsavers.org/wp-content/uploads/2018/05/Eye-health-system-assessment-Senegal-2018.pdf , accessed on 18 December 2022

17 EHESP, Master of Public Health, 2012 , Health financing mechanisms and Equity: A case study on Plan SESAME in Senegal, available at: https://documentation.ehesp.fr/memoires/2012/mph/nauleau.pdf , accessed on 18 December 2022

18 ibidem

Alla luce di quanto dedotto, considerando le limitazioni strutturali del sistema di salute nazionale, secondo le fonti internazionali la "chiave" del sistema di finanziamento della salute oculistica in Senegal risiederebbe quindi nei finanziamene dei partner privati internazionali:

> ":..All stakeholders agreed that international partners were the key source of funding of eye health activities. The key donors mentioned were USAID and WHO, while Sightsavers, HKI, PAODES, RTI and FERRERA were named as the leading iNGO partners in eye health. It was pointed out that the partners' support to eye health activities was provided in different ways. Some organisations supported specific health activities directly making their contribution more measurable and transparent; others supported indirectly, through contributions towards salaries, consumables and transportation costs, which were often more difficult to estimate. .."[19]

In questo senso può essere utile notare come un gran numero di interventi oculistici (rimozioni di cateratte, di pterigio ecc), siano eseguite dalle organizzazioni non governative, nell'ambito di campagne di volta in volta lanciate nel Paese o in singole località.
A titolo esemplificativo, a partite dal 2011:

> "...This mission was organized in Senegal by the Peace Corps with close cooperation with Oumar Tall Kane, the the ophthalmic technician from the Department of Ophthalmology, Regional Hospital, Bakel, Senegal. We did a cataract mission in Bakel in 2007 with the help of the Peace Corps and Dr Kane, and have been planning to return there since.
> From the US, five members of the nonprofit organization "Right to Sight and Health" participated: John Jefferies, RN, two students, Dezso Simon and Daniel Simon, and two ophthalmologists, Donald Macdonald MD and Judith Simon MD.
> Bakel is a small town with 15 000 inhabitants, and a regional center for health care. It is the only hospital in several hours drive in each direction. The hospital director, Dr Balde warmly welcomed our group and assured an excellent working environment..."[20]

O più recentemente, nel 2020:

> "...Nour El-Ayoun camp Senegal 2020
> Date : 15 , Jan , 2020
> Place Phase 1: (Dakar)Balato Health Center in Dakar
> […]
> 707 cataract with phaco
> 509 cataract by surgery
> 35 pterygium removal surgeries..."[21]

Ancora:

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19 Sightsavers, Eye Health SystemsAssessment (EHSA) in Senegal, July 2018, available at: https://research.sightsavers.org/wp-content/uploads/2018/05/Eye-health-system-assessment-Senegal-2018.pdf , accessed on 18 December 2022

20 Right to sight and health, Mission ophthalmology report 2011 Bakel, Senegal, available at: https://righttosightandhealth.org/mission-ophthalmology-report-2011-bakel-senegal/ , accessed on 18 December 2022

21 Eye of the world team, Nour El-Ayoun camp Senegal 2020, available at: https://www.eyeworldteam.com/works.php?id=12 , accessed on 18 December 2022

"...Noor Dubai Foundation has benefited more than 4,000 people suffering from cataract and other visual impairment through its mobile camp in Senegal, which took place from December 17 – 22.

This is in line with the objectives of the Noor Dubai Foundation of providing treatment to preventable forms of blindness, preventing the spread of diseases that cause blindness and educating the public about the causes of blindness and how to prevent them..."[22]

E infine:

":..Recently, at the beginning of October 2022, the Direct Aid Office in the State of Senegal organized two eye camps from donations and dear friends and friends of aid in the "Your Aid is Nour" campaign, 29 Ramadan 2022 AD. The first camp ended in Kolda on October 7, 2022, with 1,532 surgeries beginning, and the second camp was carried out in Dakar, with a total of 1,735 surgeries, in partnership with the Eye of the World team.
Recently, at the beginning of October 2022, the Direct Aid Office in Senegal organized two camps for eyes from the donations of our valued partners and friends in the campaign "Your Aid is Nour 29 Ramadan 2022 AD". The first camp ended in Kolda on October 7, 2022, with 1,532 surgeries, and the second camp was carried out in Dakar, with a total of 1,735 surgeries, in partnership with the Eye of the World team..."[23]

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