



National Policy Support for Integrating Primary Eye Care into Primary Health Care in Nigeria: Identifying Gaps and Advocating for Inclusivity

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Abstract

Background: Nigeria still grapples with a high prevalence of avoidable blindness. A major culpable factor is the inequitable access to comprehensive eye health services, particularly at the primary health care (PHC) level. To effectively and sustainably implement eye care services at the PHC level, there need to be a defined and/or supporting policy framework(s) for the integration of primary eye care (PEC) into primary health care in Nigeria. This article is aimed at highlighting available enabling policies for the integration of PEC into PHC in Nigeria.

Materials and Methods: A review of relevant policy documents was conducted to summarise the different policy documents and their corresponding integration support elements. Eleven (11) policy documents containing relevant elements for the integration of PEC into PHC in Nigeria were identified and the supportive policies were extracted and presented in a tabular fashion.

Findings/Conclusion: Our review highlights that, whereas Nigeria has an enabling policy environment for integrating PEC into PHC, but the current framework is fragmented and lacks policy coherence. There is an urgent need to consolidate existing policy provisions into a unified national framework for PEC integration and to revise the Minimum Standards for Primary Health Care to explicitly include PEC as a core service component. Such policy action would strengthen implementation, promote equity in access to eye care and support progress towards universal health coverage.

Keywords: Primary eye care; primary health care; policy integration; health policy; eye health; Nigeria; universal health coverage.

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DOI: 10.61386/imj.v19i4.1384

Introduction

Nigeria, with a population over 200 million, has a high prevalence of blindness (0.78%).¹ Most (84%) of which are due to avoidable causes.¹ Unfortunately, the vulnerable population including children, women, remote/rural dwellers, and the elderly are the most affected.^{1,2,3}

Access to appropriate eye health care in Nigeria is challenging, with the majority (approximately 70%) of people not having access to eye care. This is largely due to maldistribution of eye health services, given that most eye care services are offered in secondary and tertiary facilities located urban areas and are often too costly for poor rural dwellers to access, thus reducing access by rural populations.^{4,5} This is significant because inequitable access to eye health services is responsible for the majority of blindness and visual impairment.³

To increase access, the World Health Organization (WHO) recommends integrating eye care into primary health care particularly in resource-constrained settings such as Nigeria.⁶ In response, the WHO Africa region recently developed a package for primary eye care.⁶ However, the observed omission of Primary Eye Care (PEC) from the National Primary Health Care Development Agency (NPHCDA) Minimum Standards for PHC in Nigeria, either as a statutory service type or an emerging service type at Primary Health Care (PHC) level,^{7,8} has limited the integration of eye care into PHC in Nigeria. For example, a set of essential health services known as the Ward Minimum Health Care Package (WMHCP) was introduced to be offered at one operational PHC center per ward, covering various health needs, including communicable and non-communicable diseases, essential medications and equipment, and the healthcare workforce for PHC centers.⁹ However, it is worth noting that eye conditions are not included in this basic health service package.

Recently, through the ongoing Presidential Eye Health Initiative, christened Jigi Bola 2.0,¹⁰ as well as some eye health policy documents, the current Federal Government of Nigeria (FGN) is demonstrating renewed political will for eye health in Nigeria. Also, in commemoration of the 2023 World Sight Day, the FGN launched three policy documents: National Eye Health Strategic Development Plan (NEHSDP) 2024-2028, Diabetic Retinopathy (DR) Screening and Management Guidelines and Nigeria Glaucoma Guidelines and Toolkit; geared towards improving vision and eye health in Nigeria.¹¹ This further exemplifies the eye health commitment for the most populous black nation in the world. However, a lot is still yet to be done, as there is the need for a clear roadmap on the

integration of eye health into Nigeria's PHC system. In furtherance of an earlier publication titled: policies for primary eye health care in Nigeria: a case study, dating about five (5) years ago,⁸ we undertook this narrative review to assess existing national policy provisions supporting the integration of PEC into PHC in Nigeria and identified policy gaps requiring attention.

Materials and Methods

Search Strategy and Information Sources

A targeted literature search was conducted in April 2026 across peer-reviewed databases and policy repositories, including: electronic databases PubMed, Google Scholar, and African Journals Online (AJOL); and institutional online repositories: the Federal Ministry of Health and Social Welfare (FMHSW), the National Primary Health Care Development Agency (NPHCDA), the Ophthalmological Society of Nigeria, the National Board for Technical Education, the World Health Organization (WHO Afro), and international eye health organizations (IAPB, CBM).

Search terms were formulated around the core concepts of our research question— [existing Nigerian national health policies and relevant guidelines], [integration of Primary Eye Care (PEC) into Primary Health Care (PHC)], and [sustainable, universal primary eye health coverage in Nigeria]—using the search syntax ("national health policy" OR "guidelines" OR "strategic plan") AND ("primary eye care" OR "eye health") AND ("primary health care" OR "PHC") AND ("universal primary eye health" OR "universal eye health") AND (Nigeria). Additionally, manual citation chasing (scanning reference lists of key retrieved articles) was performed to identify seminal and pivotal works relevant to the scope of this review.

Inclusion and Exclusion Criteria

• Inclusion Criteria:

- o National health policies, strategic plans, minimum standard documents, and curricula implemented or published in Nigeria.
- o Peer-reviewed articles, commentaries, and case studies explicitly addressing eye care integration, service readiness, or policy execution within the Nigerian PHC tier.
- o Literature focusing on equity, accessibility, and

vulnerable or rural populations (inclusivity).

• **Exclusion Criteria:**

- o Publications focused strictly on tertiary or secondary eye care interventions without a primary care linkage.
- o Duplicate records, opinion pieces lacking empirical or structural policy references, and documents outside the Nigerian context.

Table 1: Supportive national policies on integration of PEC into PHC in Nigeria

Policy document/initiative	Stated integration support
National Eye Health Strategic Plan (2014–2019) ⁸	<ul style="list-style-type: none"> • A policy should be developed that includes eye care as an integral part of Primary Health Care (PHC). • Workers in primary health facilities should undergo training in eye care to identify and manage basic eye conditions.
NPHCDA Minimum standards for PHC in Nigeria (2015) ⁷	<ul style="list-style-type: none"> • Chloramphenicol eye drops and ointment, and chlortetracycline ointment, should be available at health centres • Snellen charts and pen torches should be provided at primary health care centres.
NPHCDA: Integrating PHC Governance in Nigeria: PHC under one roof (2016) ⁸	<ul style="list-style-type: none"> • Primary eye care should be provided to reduce preventable blindness in Nigeria
National Health Policy (2016) ¹²	<ul style="list-style-type: none"> • Eye care should be integrated into existing national health programmes
National Strategic Health Development Plan (2018–2022) ¹³	<ul style="list-style-type: none"> • Eye care should be included as part of the key non-communicable diseases at primary level • The package for newborn health should include erythromycin ointment for ocular prophylaxis at all levels
National Eye Health Policy (2019) ¹⁴	<ul style="list-style-type: none"> • Primary health care workers should be trained to provide appropriate eye health services • structured and standardized referral forms and registers for eye health should be available across primary and secondary health facilities
The National Primary Eye Care Training Manual (2020) ¹⁵	<ul style="list-style-type: none"> • Serves as an important tool for implementation and integration of PEC into Primary Health Care by Nigerian primary health care workers • Describes all the essential steps necessary for PEC, which include the identification of common blinding eye conditions such as cataract, treatment of minor cases such as red eye and lessons on referral of cases that require secondary or tertiary level care with varying degrees of urgency
NBTE* Community Health Curriculum and Course Specifications for National Diploma (2022) ¹⁶	<ul style="list-style-type: none"> • Primary Eye Care listed as a component of PHC • Primary Eye Care listed as a course (CMH 211) with clear course outline described • Snellen charts and pen torches should be provided at demonstration room and also at the demonstration clinic
NBTE* Community Health Curriculum and Course Specifications for Higher National Diploma (2022) ¹⁷	<ul style="list-style-type: none"> • Community Eye Care listed as a course (CMH 424) with clear course outline described • Snellen charts, pen torches and ophthalmoscopes should be provided at demonstration room and also at the demonstration clinic
National Eye Health Strategic Development Plan (2024-2028) ¹⁸	<ul style="list-style-type: none"> • represents the commitment of the Federal Government of Nigeria through the Federal Ministry of Health to the attainment of the highest quality of eye health for its people. • designed to guide the FMOH, subnational governments, partners and all other stakeholders in advocacy, planning, implementation, management, monitoring and evaluation of interventions that address the eye care needs of the people at all levels.
Presidential Eye Health Initiative, Jigi Bola 2.0 (2025-2027) ¹⁰	<ul style="list-style-type: none"> • Demonstrates an integrated model for integrating eye care into primary health systems that delivers results at scale • Primary healthcare workers are trained to provide vision screenings and ready-to-wear reading glasses

*NBTE: National Board for Technical Education

Data Extraction and Synthesis

Retrieved documents were screened by title and abstract/executive summary, followed by a full-text review of eligible policies and articles. Data extracted included document title, publishing agency, year of release, stated supporting element(s) for primary eye care integration into PHC. Content analysis was used to synthesise thematic findings/provisions supporting the integration of PEC into PHC.

Eleven national policy documents and articles containing relevant provisions were identified and reviewed. Policy provisions supporting PEC integration were extracted, synthesised and presented according to their respective integration elements.

Findings

As shown in Table 1, several national policies and articles that provide support for the integration of PEC into PHC were identified. However, these provisions are fragmented across multiple policy documents, with no single policy providing a comprehensive framework for PEC integration. Importantly, PEC is not explicitly included as a service component in the Minimum Standards for Primary Health Care in Nigeria, creating a significant gap between existing policy commitments and the operational standards guiding PHC service delivery.

Discussion

Whereas Nigeria has several supportive national policies on integration of PEC into PHC, they are scattered across different policy documents. However, it is obvious that the National Eye Health Policy (2019),¹⁴ the National Primary Eye Care Training Manual (2019),¹⁵ NBTE Community Health Curricula (2022)^{16,17} and the Presidential Eye Health Initiative, Jigi Bola 2.0 (2025-2027)¹⁰ provides substantive policy

and political priority for integrating PEC into PHC. Evidently, the policy framework for the inclusion of eye health into the NPHCDA Minimum standards for PHC in Nigeria is clearly existent.

The obvious inclusion of PEC in the NBTE Community Health Curricula (2022) for both the National Diploma (ND) and the Higher National Diploma (HND)^{16,17} clearly expresses the understanding that PEC is a service component of PHC in Nigeria. This suggests that the omission of PEC in the NPHCDA Minimum standards for PHC in Nigeria (2015)⁷ was rather not intentional but reflects that this policy document requires updating to include PEC as a service type at PHC level in Nigeria. Furthermore, the listing of ophthalmologic drugs in the NPHCDA Minimum standards for PHC in Nigeria without capturing PEC as a service component is a dichotomy that needs to be addressed. It is likely that the NPHCDA may not have noticed this lacuna. However, it is extremely necessary to immediately address this gap, because over the years eye health keep suffering exclusion in strategic PHC interventions in Nigeria. For example, eye health is not included in the policy document, National Guidelines for the Development of Primary Health Care System in Nigeria, developed by the NPHCDA, (the central decision-making body for PHC), which lists ten components of PHC such as maternal and child, oral and mental health.¹⁹ If left unattended to, the priority area of the National Eye Health Policy (2019),¹⁴ which is the provision of access to equitable eye care including at the primary level, shall remain a mirage.

Currently, the PHC information system does not collect data on eye conditions, as they are not listed as one of the indicators at PHC level.²⁰ Eye health data would be a valuable way of recording and reporting eye health needs in the community, for context-specific planning to appropriately address local eye health needs. The National PEC training manual which was endorsed by the Honorable Minister of Health, as an important tool towards implementation and integration of PEC into Primary Health Care in Nigeria,¹⁵ provides some valuable PHC information system tools such as the PEC record card, Eye health referral form, and Eye health facility feedback form, which can be enlisted into the NPHCDA Minimum standards for PHC in

Nigeria document.

The Basic Health Care Provision Fund (BHCPF), which distributes the 45% allocated to the NPHCDA for PHC facility operations to 20% for essential drugs, consumables, and vaccines, 15% for infrastructural development and transportation, and 10% for PHC human resource development,⁹ provides an opportunity to quickly narrow the large PEC gap in Nigeria. A deliberate budgetary provision for PEC essential drugs and consumables, equipment such as Snellen's visual acuity chart, pen torches and ophthalmoscopes, and training or refresher courses for PHC workers, is non-negotiable towards the integration of PEC into the PHC.

This paper therefore serves as an advocacy piece to layer NEHSDP (2024-2028) Objective 2: Strategy 10: Integrate eye care services into PHC (with its listed broad activities).

Integrate eye care services into PHC	Advocate for the establishment of PEC in PHC
	Advocate for the establishment of minimum package of eye care in PHC
	Advocate for the inclusion of the minimum package for eye care in the basket of service of all health insurance schemes and BHCPF
	Advocate for the recognition of various HReH where they exist as primary eye care providers at PHC level
	Facilitate the development and circularization of Federal Government policy on the integration of eye care into primary health care
	Engage subnational government on the incentives for eye care workers in rural communities
	Develop a PPP model where possible for ECWs to deliver eye care service in PHC facilities

Extract from Page 30 of NEHSDP (2024-2024)¹⁸

Conclusion

Nigeria has an enabling policy environment for integrating PEC into PHC, but the current framework is fragmented and lacks policy coherence. There is an urgent need to consolidate existing policy provisions into a unified national framework for PEC integration and to revise the Minimum Standards for Primary Health Care to explicitly include PEC as a core service component. Such policy action would strengthen implementation, promote equity in access to eye care and support progress towards universal health coverage.

Recommendations

1. Just as "Oral health" and "Mental health", the NPHCDA should clearly include "Eye Health"

in the Minimum Standards for PHC in Nigeria, as a distinct service component of PHC; particularly as PEC is evidently a cost-effective approach in achieving several SDGs (SDGs 1, 2, 4, 5, 8, 10 & 11).

2. The National Eye, Ear and Sensory Functions Health Programme (NESHP) and other stakeholders should facilitate the provision of a defined, coherent and unified Government policy for PEC in Nigeria.
3. Considering the longstanding exclusion of PEC as a statutory service component of PHC, the NPHCDA, relying on the BHCPF, should fund a catch-up growth for PEC within Nigeria's PHC system.

Funding: No financial and sponsorship support

Competing interest: There are no conflicts of interest.

Ethical approval: Not applicable.

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