

# NATIONAL EYE CARE

Avoidable blindness is one of the major public-health problems in Bangladesh. According to the last national blindness and low-vision survey, about 7.5 lakh people aged 30 years and above in the country are blind. In addition, blindness also afflicts about 40,000 children. About 5 million people, including children, suffer from refractive errors while 250,000 adults are victims of low vision. It is feared that the number of blind population will go double by the year 2020 if no intervention is initiated immediately. However, it is interesting to note that nearly 80% of these blind people are cataract victims.

Cataract is avoidable or treatable through simple and cost-effective surgical intervention. The other causes of blindness in the country include refractive errors and low vision, corneal diseases, glaucoma, diabetic retinopathy, age related macular degeneration and ocular trauma.

The Government of Bangladesh, being a signatory to the Vision 2020, a global campaign for elimination of avoidable blindness by the year 2020, formulated a national eye-care plan under the leadership of the Bangladesh National Council for the Blind, an apex body under the Ministry of Health and Family Welfare. Development of this plan involved stakeholders across the country, including National and International NGOs working in the country for control of Blindness.

An Operational Plan (OP) under the Health, Population and nutrition Sector development Program 2011-2016 named National Eye Care (2<sup>nd</sup> phase) has been formulated. Three major areas of disease control have been prioritized in the plan. These are cataract surgery, childhood blindness prevention, correction of refractive errors and low vision while recognizing the need for focusing on the sub-specialty services, such as for cornea, retina, glaucoma, etc. as the emerging priorities. The Operational Plan emphasized the need for capacity-building from secondary-care facilities down to the upazila level and primary care to the community level, with effective referral chain from primary to tertiary level of eye care. This will demand

increased government investment in eye-care infrastructure and development of various categories of ophthalmic manpower. The OP further emphasized the need for effective national coordination as well as district-level coordination through establishing national and district coordination committees, bringing all active eye-care providers to work together for the common goal.

Through this OP, a nationwide program has been undertaken for the prevention and control of blindness. Special stress has been given for the control of childhood blindness. As the plan states, the surgical services will be provided through development and modernization of secondary- and tertiary-level hospitals with eye-care infrastructure which includes facility, equipment, and manpower support. The secondary-level hospitals will be the nucleus of all eye-care activities, including surgical services, particularly cataract surgery, in each district. The outcome of this eye-care plan will directly contribute to the people with unnecessary blindness, particularly for the elderly poor, women, and children. The activities will be implemented through a strong GO-NGO-Private partnership and collaboration. A national advisory body for Vision 2020 will steer this whole process. The implementation of this plan will directly support creation of a productive human resource. The stated activities in this OP will help in the development of both demand and supply sides. The patients will get a benefit to avail standard eye-care services affordable and accessible from their nearest location, with provisions of free services for the poor and the disadvantaged (around 30% of the ophthalmic surgical patients, particularly cataract victims). This can be identified through various methods, like VGF/VGD cards, certificate from elected public representatives/local elites/local district-level Vision 2020 committees). On the other hand, from the supply-side, the eye-care personnel at the service- delivery end will be provided adequate training to improve their potentials and skills to maximize the utilization of their services. Stated activities will contribute towards improvement of quality of life.

The key success factors of this OP will depend

on the national-level leadership of the Vision 2020 advisory committee, deployment and retention of eye-care manpower in the district-level hospitals, supply of ophthalmic equipment and supplies, development of eye-care infrastructure at the tertiary, secondary and primary level, establishment of a strong referral chain, mobilization of additional resources, and above all, political commitment of the Government in the form of administrative and financial support.

The objectives of the Operation Plan include: (i) developing/improving eye-care infrastructure at the secondary and primary level; (ii) increasing country-level cataract surgical rate through improving skills of ophthalmologists; (iii) strengthening coordination among GO, NGO and private eye-care providers; (iv) preventing childhood blindness; (v) increasing affordability of eye-care services by the poor patients, particularly the elderly, women, and children through voucher scheme; (vi) increasing awareness of mass people on eye-care; and (vii) supporting low-vision patients.

The strategies are: (i) strengthening advocacy; (ii) development of facilities and technology; (iii) human resource development and management; (iv) reducing the disease burden; (v) improving/expanding coordination and partnership; (vi) developing/strengthening eye-health promotion system; (vii) introducing/strengthening in-built supervision system; (viii) supporting low-vision patients with appropriate devices; (ix) introducing in-built MIS for eye-health; and (x) sustaining voucher scheme.

Following activities were carried out in the year 2011

- Training, deployment, and retaining of eye-care providers
- Procurement, distribution, installation, and maintenance of eye-care equipment
- MSR support to district hospitals for intra-ocular lens (IOL) surgery
- MSR support to outreach eye-camps through district health administration
- Functioning of Vision 2020 district committees
- Observance of World Sight Day 2011, jointly with international NGOs and WHO at the national level and selected district level
- Organizing PSP (Patients Screening Program) for screening of cataract cases.

### **Achievements in the year 2011**

- Eight ophthalmologists from different eye-care service centers have been trained on micro-surgery (SICS)
- Twenty nurses were trained on eye-operation theater and ward management
- Vision 2020 district committees are functioning in 27 (twenty seven) district.
- MSR support were given to district hospitals of Brahmanbaria, Satkhira, Narayanganj, Sariatpur, Madaripur, Bhola, Rajbari, Chandpur, Munshiganj, Netrakona, Pirojpur, Gopalganj, Kishoreganj, Jhalokathi, Gazipur, Jamalpur, Manikganj, Chapainowabganj, Nilphamari, Noakhali, Jhenaidah, Dinajpur, Gaibhanda, Naogaon, Kurigram, Tangail, Bagerhat, Kushtia, Meherpur, Jessore, Cox's Bazar, Narail, Manikganj, Khulna, Mymensingh, Chuadanga
- World Sight Day 2011 was observed in collaboration with international NGOs and WHO
- PSP and free cataract surgery camps were organized at kotalipara of Gopalganj District, Keraniganj of Dhaka & Sreepur of Gazipur District.
- Eye-care equipment was repaired for Sadar Hospitals of Chapainowabganj, Rajbari, Brahmanbaria, Narail and Kishoreganj district
- Eye-care equipment were supplied, installed and made functioning in Kurigram Sadar Hospital, and Rajshahi Lions Eye Hospital.
- Cataract surgical rate for adults increased from 900 in 2004 to 1,172 in 2011 per million
- Cataract surgical rate for children increased from 400 in 2004 to 1,500 in 2011.

### **Future plan of actions**

- Improve cooperation and coordination among eye-care providers
- Introduction/strengthening of primary and secondary facilities to improve quality and expand coverage of eye-care service delivery
- Strengthening behavior change communication to increase awareness on primary eye-care
- Establishing dedicated eye-operation theaters in all district (Sadar) hospitals in phases
- Career-building opportunity for ophthalmologists working in district hospitals and below

- Vision 2020 district committee formation and functioning in all 64 districts in phases
- Introduction and functioning of vouchering scheme for cataract surgery.

**Challenges**

- Shortage of dedicated trained staff for deployment

- Retaining dedicated trained staff at secondary and primary service centers
- Maintaining equipment for regular functioning
- Low priority of eye care at secondary and primary care level
- Healthcare-seeking behavior of people in the community.