

EYE CARE PROGRAM IN INDONESIA

Farida Sirlan MD., PhD

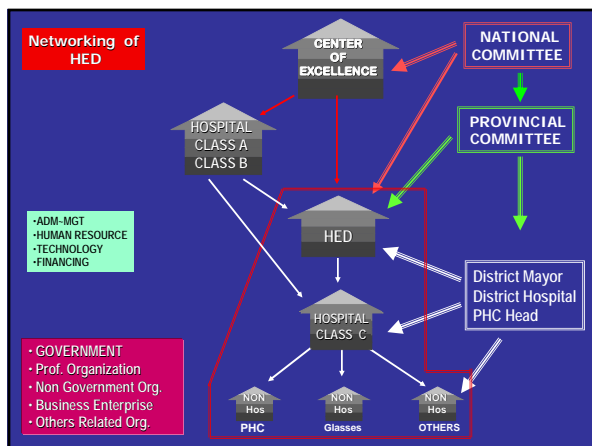
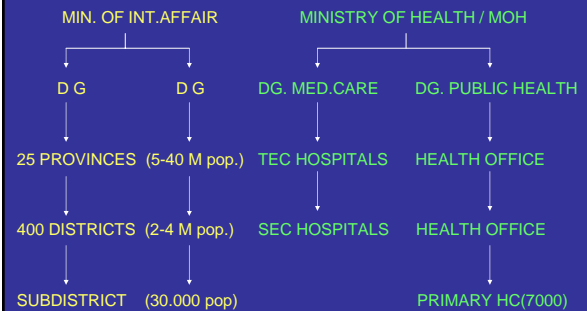
ADVOCACY WORKSHOP, PONDICHERRY,
16-18 OCTOBER 2008



Background

- Indonesia: 240 Million population, 32 provinces, 440 districts
- Geographically difficult
- Decentralization policy, MOH could not control
- Lack of human resources, **1000 eye specialists**
- High and complicated eye problems
- Eye care is not high priority in national health system
- Not yet high political will

HEALTH INFRASTRUCTURE



EYE CARE SERVICES

PRIMARY EYE CARE	SECONDARY EYE CARE	TERTIARY EYE CARE
ADVOCACY PROMOTION TRAINING SCREENING REFERRAL FOLLOW UP	TRAINING SURGERY	MICROSURGERY TRAINING MASS AND OUTREACH SURGERY

Blind and visual impairment

NATIONAL EYE SURVEY 1996

- All age group
- N= 23150
- Blind: 1.5%
- Cataract blind: 52%
- Visual impairment: 1.1% and 1.8%
- Refractive error: 22.1%
- Cataract: 7.3%
- Pterygium: 13.9%
- Child blind: 0.3%

WEST JAVA EYE SURVEY 2006

- 40 years up
- N= 4200
- 3.6%
- 80.6%
- 7.8% and 7.0%
- 58%
- 22.8%
- 19.3%
- -----



PBL National Strategic Planning

- National committee of PBL
- Advocacy and communication
- Partnership
- Infrastructure and eye care management
- Capacity building
- Resources Mobilization

PBL, operational policy

- Part of Healthy Indonesia 2010 and V 2020
- Integrated in national health system
- Oriented to qualified human resources
- Participative, coordinative, affordable
- Cross sector and cross program
- Community based services

GOVERNMENT

- Dissemination information, Vision 2020, MOH
- NATIONAL PBL STRATEGIC PLANNING
- NATIONAL PBL COMMITTEE BOARD
- TRAINING MATERIAL Eye Care Management
- DEVELOP, REVIEW AND REVITALIZED OF EYE INFRASTRUCTURE (Decentralization)
- EMPOWER HEALTHY EYE DISTRICT
- World Sight Day, MOH AND PERDAMI

PERDAMI

(Indonesia Ophthalmologists Association)

- Attended and conducted Vision 2020 Workshop
- Included community ophthalmology curriculum
- Included community ophthalmology division
- Recommended to celebrate WSD to all members
- Involved in national eye health program
- Involved in national PBL strategic planning
- Involved in national PBL committee board
- Awarded member for community work

National Eye program

- Advocacy of PBL strategic plan to 8 provinces
- Develop PBL Committee in 8 provinces
- Develop module training for eye care program
- Develop training for eye care program managers from 8 provinces

To solve the problem?

- Advocacy
- Human resource development
- Infrastructure development
- Disease intervention
- Partnership



Vision 2020, the right to sight

↓
Developing an action plan
at provincial and district levels

↓
District level, small scale, more
success

Implementation
in
Healthy Eye District Concept

The Goal

To assist the districts to develop
the sustainable model of eye health care
to provide the quality, equity, accessible,
affordable services for community

Strategy

- **Advocacy**
- **Human Resource Development**
- **Partnership**
- **Disease Intervention**

Specific Priority Program

- Cataract blind
- Refractive errors
- Children blindness
- Eye health promotion

Integrated Eye Health Program

- School screening through existing school program
- Children screening through primary health center/ PHC existing program
- Cataract blind screening through community groups and PHC

I SEE

- **I**ntegrated: existing health services
- **S**ustainable: need to be ongoing and long-term
- **E**quitable: available to all sectors
- **E**xcellence: good quality



4 districts, 10 million pop. West Java Province





STAFFS
 36 Eye Specialists
 56 Residency in Training
 150 Nurses
 150 Other Staffs

OUT PATIENTS
 600 Patients / Day

SURGERY
 10,000 Patients / year





Role of Teaching Hospital/TEC

- Training center
- Resource center
- Referral center

Year 2004-2008

- Cicendo Eye Hospital support and supervised 4 districts in West Java to implement *healthy eye districts*
- Bandung (city and district), Subang, and Garut district
- Funded by LCIF, CBM and local budget as counter budget

ADVOCACY

ADVOCACY

- Local Government, Province and District
- Professional and community associations
- University/Medical Faculty
- Health infrastructure (PEC, SEC, TEC)
- Partners, NGOs, Health Insurance
- Other Departments, Education, Internal Affair

Advocacy
to parliament
member
by MOH and IOA



Advocacy
to Mayor Bandung City
National Health Day,
November 14th 2006



The major launched:
- No blind people in
Bandung City
- War to Blind



Human Resource Development

CAPACITY BUILDING Cicendo Eye Hospital to strengthen the role of TEC

- Pediatric ophth.fellows, LVPEI 2002/2005
- Eye care mngmnt. course, LAICO 2002/3
- M.Sc Comm.Ophth., ICEH-PICO 2003/4
- Low vision Training, HONGKONG 2004
- Paramedical, non medical training 2002/4
- Vitreoretina, Glaucoma, Ant segment 2005

2002 - 2007



MANUAL SICS TRAINING,



2004 in Bandung
2008 in Makassar

Every Year by local Faculty





Community Eye Nurse Training, MLOP
2004-2008

Partnership

- ## Partnership
- Local government, local NGOs
 - International NGOs: CBM, HKI, LCIF
 - Several professional associations
 - Ophthalmologists, Optometrists
 - Lens and frame factory
 - Eye medical equipment company, Carl Zeiss



- ## Aims & Objective of the Project
- To eliminate avoidable blindness in children through the establishment of **comprehensive pediatric eye care as a part of the National Health System**

- ## CBM project
- Cataract blind, mass cataract surgeries
 - Children blind, treatment and surgeries
 - HRD: MLOP, cataract surgeon, teachers and cadres training
 - Workshop and seminars for eye care program

Helen Keller International

- Cataract blind
- RACSS, rapid assessment of cataract surgery services
- Vitamin A program
- Refractive error for children
- Eye health survey, West Java 2006
- Diabetic retinopathy, community based survey in progress proposal



Local partners

- Health Insurance
- Local government
- Religion based community, Darut Tauhid
- Social based community, Dharmais, OBI
- others

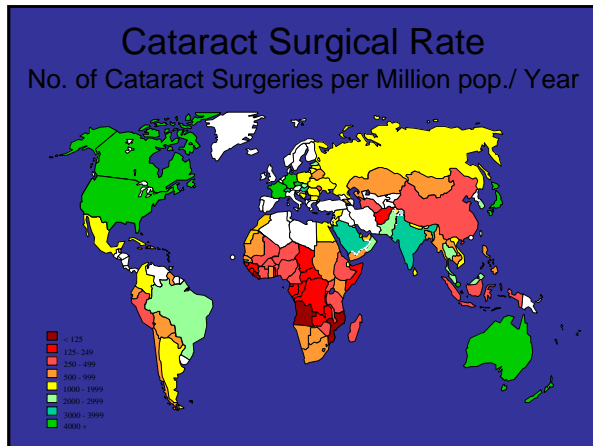
DISEASE INTERVENTION

1. CATARACT BLIND

- Prevalence rate: 0.78 %
- Cataract Surgical Rate: 350 to 500- 750
- Blind Reduction Rate: < 75 % to >75%
- Need community awareness / participation
- Need training for eye care management

Target and Indicator

- (1) Cataract Blind
 - Output: 1‰ population per year
 - Outcome: - 85% with VA > 6/12
 - 90 % with IOL
- Affordable, sustainable, integrated
- Free and cross subsidy for the poor



Targets and Indicators

	Indonesia
Cataract surgical rate	
Current	450
Target rate	2000
IOL rate (%)	
Current	75
Target rate	90
VA target (6/12) or better (%)	>85



Blind reduction rate target and indicators

WHO standard of Visual Outcome

	Good	Borderline	Poor
Available correction	> 80%	< 15%	< 5%
Best correction	90%	5%	5%

Cicendo Eye Hospital of Visual Outcome and BRR (random n=2000/year)

Available correction	Good	Borderline	Poor	BRR
2002-2003	55%	20%	<25%	87.5
2004	58%	31%	11%	93
2005	70%	18%	12%	94
2006	70%	20%	10%	96
2007	75%	18%	7%	96

2. REFRACTIVE ERROR

- Training teachers from elementary school
- Screening by trained teachers
- Providing correction and glasses by team
- Coverage from 12.5% to 25% of school age
- Providing glasses is still a problem

(2) Refractive error

- Output: All elementary student screened
- Outcome: All students have the spectacle needed
- Integrated in the system
- Affordable, sustainable
- Providing affordable spectacle for the poor

Teachers training,
a strategy
to eliminate refractive errors
in children

The Cicendo Eye Hospital, Bandung

conducting courses / workshops
to increase the knowledge
of parents and teachers



to involve the community participation



**TEACHERS TRAINING,
ELEMENTARY SCHOOL**



**PELATIHAN PEMERIKSAAN TAJAM PENGLIHATAN UNTUK GURU SD
DI RS. MATA CICENDO BANDUNG CHRISTOFFEL BLINDEN MISSION
BANDUNG, 16 - 17 OKTOBER 2002**



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BANDUNG, 16 - 17 OKTOBER 2002**



**CORRECTION FOR
REFRACTIVE ERROR**



✓ Teachers trained (2002 - 2004)
funded by CBM

	District / City	Teachers
1	Subang district	150
2	Garut district	205
3	Tasikmalaya district	100
4	Cianjur district	150
5	Bandung district	220
6	Bandung city	200
	TOTAL	1025

✓ Schoolchildren screened (2005)

	Schoolchildren	Bandung	Subang	Garut	Tasikmalaya
1	Screened by teachers	25.000	10.200	19.188	16.594
2	Screened by the team	5000	520	5075	1048
3	With refractive error	1247 (5%)	240 (2,3%)	2768 (14,4%)	306 (1,8%)



3. CHILDREN BLIND

funded by LCIF, CBM, HKI

- . Promotion to community and key person
- . Training for District Team as SEC
- . Surgery at TEC for congenital cataract and glaucoma, squint, tumor, ROP
- . Pediatric team consists of multi-discipline
- . Rapid assessment to find the cause of blind

(3) Children blindness

- Output: - Screening children age group
- Outcome: - Decrease children blind
 - Interdisciplinary collaboration
 - Partnership with NGOs
- In the system, affordable, sustainable

Elimination of Avoidable Childhood Blindness Program Cicendo Eye Hospital 2004 - 2008

promotion activity by CEH



Children Drawing Contest 2004



Free Eye Examination 2004



Childhood Blindness Training 2005



To strengthen PEC

- Increase the awareness and knowledge about preventive aspects of childhood eye diseases among the health staff in all Health Centers
- Increase the basic knowledge in identifying the common eye diseases and treat/refer to GP's, nurses, teachers, voluntary workers

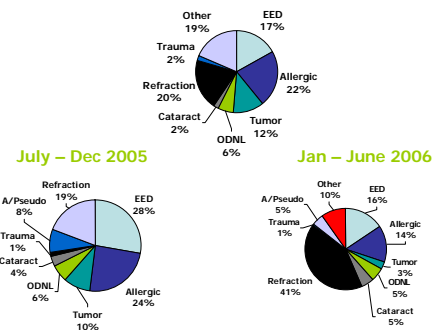
To strengthen SEC/TEC

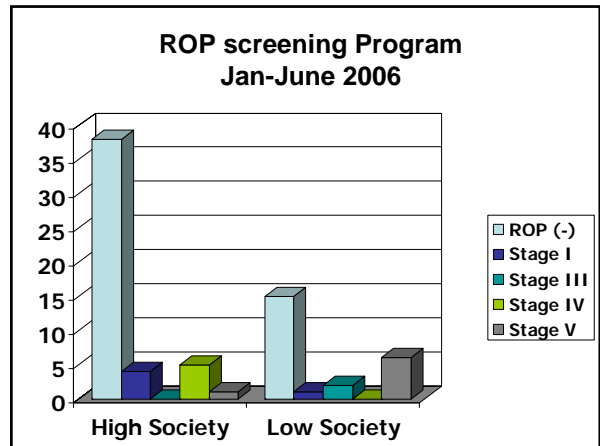
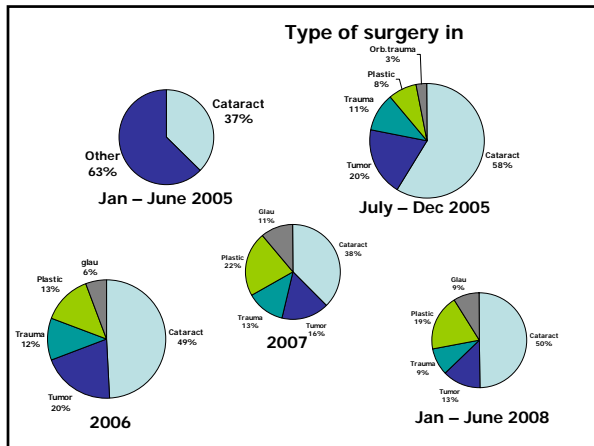
- Increase the awareness, skill, and knowledge of the health personnel
- Provide the required equipment
- Train appropriate personnel in the diagnosis and management of the priority problems identified for cataract, glaucoma and ROP

One Day Seminar Prevention of Childhood Blindness 2006



Cicendo Eye Hospital Diseases pattern OPD in Jan – June 2005





Eye Health Promotion

- Community eye health problem
- Community awareness and demand
- Training and seminars for community
- Modules, brochures, leaflet, flyer

Communication, Information, and Education

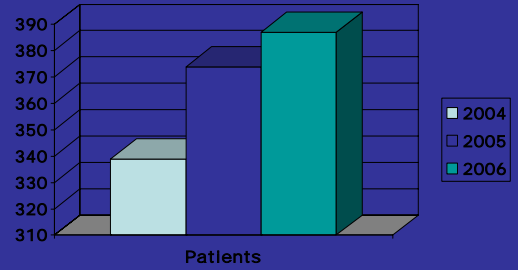
LOW VISION

- Just started at Cicendo Eye Hospital
- Facilitated and funded by WHO/LCIF/CBM
- Training human resources
- Collaborating with school for blind

examination

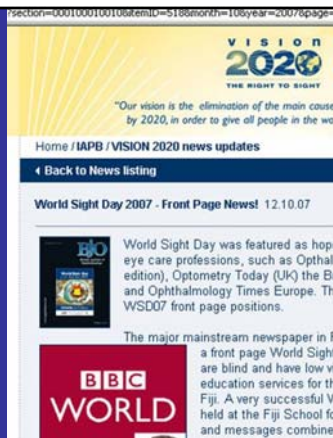
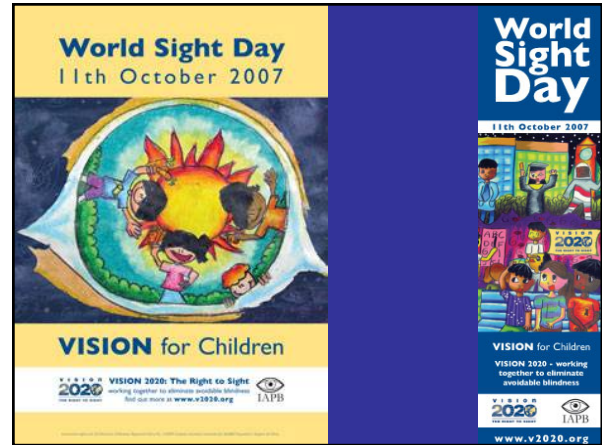


LV Patients (adult & children)



Training & seminar

- Seminar for community in 2004
- Seminar for Refractionists 2005
- Seminar for teachers, in 2005
- Continuing and refreshing lecture, 2005 - 2006 by Karin van Dijk



VISION 2020 PERSPECTIVE, INDONESIA

VISION 2020 LAUNCH

- LAUNCHED BY VICE PRESIDENT, JAKARTA, FEBRUARY 2000
- FACILITATED BY WHO SEARO, DELHI
- ATTENDED BY SOUTH EAST ASIAN COUNTRIES PARTICIPANTS
- FOLLOWED BY WORKSHOP TO DISSEMINATE INFORMATION FOR KEY PERSONS, DECISION MAKERS, PROFESSIONALS AND MEDIA
- ELECTRONIC MEDIA PROVIDED THE NEWS and Ministry of Health talked on TV



Cicendo Eye Hospital



VISION 2020, WORKSHOP

- Jakarta, June 2000
- Jakarta, June 2001
- Bandung, June 2002
- Jogjakarta, June 2003
- Bali, June 2004
- Bandung, November 2005
- Batam island, June 2006
- Bandung, October 2008

Professional Association, developed

- Standard eye services at all levels
- Standard guideline of services
- Role and responsibility
- Community ophthalmology curriculum for residency training program

Outreach services by Perdami

- Advocacy
- Mass Cataract surgery
- Partnership with local government, media and TV

What is solution for Indonesia?

- Small scale program
- High committed person in charge (full time)
- Selected conducive districts/provinces
- Strict monitoring and evaluation

SUMMARY

- **VISION 2020 PROGRAM HAS BEEN DONE**
- **POLITICAL WILL HAS BEEN INCREASED**
- **PROFESSIONAL WILL HAS BEEN IMPROVED**
(BUT STILL NOT ENOUGH)
- **GOOD PARTNERSHIP AND COLLABORATION**
- **BETTER COMMUNITY AWARENESS AND PARTICIPATION** (IN CERTAIN AREAS)

RECOMMENDATION

1. **NEED MORE GOVERNMENT ROLE**
2. **NEED MORE ASSISTANCE IN SURVEY, PROMOTION, AND TRAINING**
3. **NEED ALSO SPONSORSHIP FOR CAPACITY BUILDING**
4. **FACILITATED COLLABORATING WITH OTHER INSTITUTES**
5. **FACILITATED PRIORITY PROGRAM**

