

OVER ARCHING ISSUES IN EYE CARE

Nepal

CHALLENGES
&
NEED FOR ADVOCACY



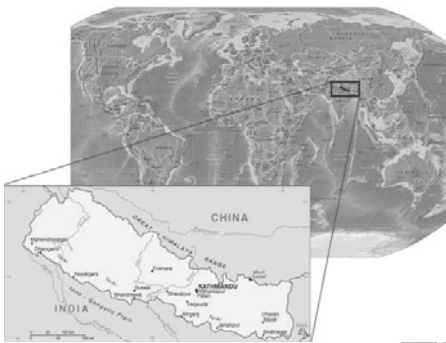
Namaste / Greetings

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- ◆ Eye Care Infrastructure in Nepal
- ◆ Challenges
- ◆ Need for Advocacy

Eye Care Infrastructure in Nepal

NEPAL



Situated in South Asia and land locked between China and India, Nepal is the birth place of Lord Buddha, land of Mt Everest and is home to over 22 million Nepalese.

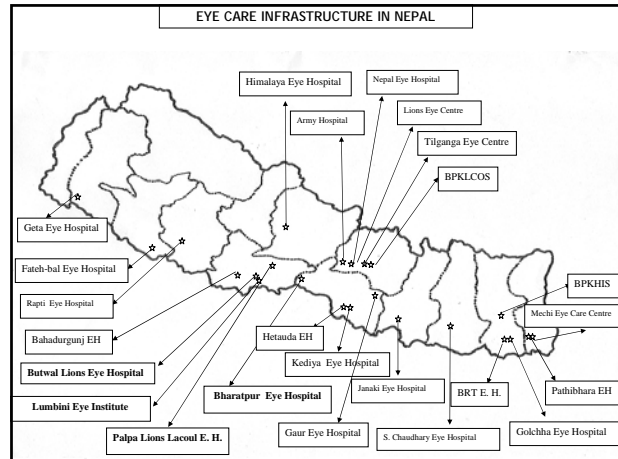
REQUIREMENT FOR ACHIEVING VISION 2020 OBJECTIVES

Sustainable infrastructure & eye care delivery system to serve

- ◆ 22.7 million population with at-birth life expectancy of 60 years
- ◆ Spread over a land area of 143,181 sq. kms
- ◆ 45% of total population live in plains, 45% in the mid hills and 10% in the high hills

CURRENT STATUS

- ◆ No. of eye hospitals in Nepal at present: 24
- ◆ 43 districts have only primary eye care centers (PECCs)
- ◆ 13 districts do not have any eye care facility
- ◆ Hospitals are located mostly in the plains - there are very few hospitals in the hills and high hills (except Kathmandu Valley)
- ◆ Inadequacy of eye care infrastructure in Far-Western Development Region



DISTRIBUTION OF EYE HOSPITALS BY DEVELOPMENT REGION

Development Region	Population	Eye Hospitals	PECCs (district level)	District without any Eye Care facility	Eye Dept. in Private Medical College
Far-Western	2,183,178	1	4	4	0
Mid-Western	2,707,244	2	9	4	1
Western	4,571,013	5	8	4	1
Central	7,988,612	10	11	0	4
Eastern	5,286,890	6	11	1	0
Total Nepal	22,736,937	24	43	13	6

MAIN EYE CARE PROVIDERS IN NEPAL

- ◆ Nepal Netra Jyoti Sangh (NNJS) with the financial and technical support of:
 - ◆ CBM
 - ◆ Swiss Red Cross
 - ◆ Seva Foundation USA, Seva Canada
 - ◆ AOCA Japan
 - ◆ Foundation Eye Care Netherlands
 - ◆ Infill German
 - ◆ Indian Embassy (Subsidy for cataract surgery)
 - ◆ Lions Clubs International
- ◆ Lions Clubs
- ◆ Tilganga with financial and technical support of Fred Hallows Australia.
- ◆ BPKLCOS (supported by the Government of Nepal)

STRENGTHS

- ◆ High level of community participation
- ◆ High quality of eye care services
- ◆ Good support from the INGOs
- ◆ >98% of eye hospitals are managed by the NGOs (of whom 90% by the NNJS)
- ◆ Current CSR is 2600/million population (07/08)

Challenges / Over-arching Issues

in development of sustainable eye care infrastructure in Nepal

CHALLENGES - OVERARCHING ISSUES

- ◆ Political Will & Government Support
- ◆ Exogenous Factors
- ◆ Inequity
 - Gender and child issues
 - Spread of eye hospitals is geographically disproportionate
- ◆ Eye Care Delivery System
 - Human Resource Capacity
 - Challenges faced by high-skilled eye care personnel
 - Supplies & Equipment
 - Referral Network
 - Outreach
 - Quality Issues
 - Research Capacity

POLITICAL WILL & GOVERNMENT SUPPORT

- ◆ Focus required on life-threatening diseases causes low priority in government policy for other diseases
- ◆ Lack of clear eye care policy of the government (mission, vision, plan, program objectives and targets)
- ◆ Minimal financial support from the government to eye care institutions except BPKLOS
- ◆ No duty exemption for import of equipment and instruments
- ◆ No back-to-back subsidy for enabling free / subsidized cataract surgeries among economically weak / deprived group / minority ethnic groups

EXOGENOUS FACTORS

- ◆ Political Instability
- ◆ Frequent bandhs and road blocks cause disruption in supply chain logistics and adherence to schedule in community outreach programs
- ◆ Qualitative factors in the business environment

INEQUITY

GENDER RELATED:

OPD 2007-08	Male		Female		Surgery 2007-08	Male		Female	
	#	%	#	%		#	%	#	%
0 - 20	14,687	59	10,403	41	0 - 20	940	66	479	34
21 - 40	16,692	45	20,253	55	21 - 40	1129	42	1549	58
41 - 60	22,381	45	27,479	55	41 - 60	5768	41	8227	59
61 - 75	14,459	56	11,332	44	61 - 75	5552	55	4567	45
>76	1,863	63	1,076	37	>76	716	64	403	36
Total	70,082	50	70,543	50	Total	14,105	48	15225	52

- ◆ Working population age-group (21 - 60 years):
Women access eye care more than men
- ◆ Dependent population age group (0-20 & 61+ years):
Women access eye care lesser than men

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INEQUITY

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CHILD RELATED:

- ◆ Lesser access to eye care due to problems being less identifiable during early years and ignorance amongst the general public

GEOGRAPHIC:

- ◆ 70% eye hospitals for 45% population and 30% eye hospitals for 55% population
- ◆ No eye care facilities in 13 hilly districts
- ◆ Mid-hilly regions suffer from lack of INGO support
- ◆ Only minimal eye care facilities are available in the Far-Western & Mid-Western development regions

EYE CARE DELIVERY SYSTEM

- ◆ Human Resource Capacity
 - Most ophthalmologists are based in the Kathmandu Valley or in big cities
 - Some eye hospitals depend upon ophthalmologists from foreign countries
 - Retention of ophthalmologists in rural areas
 - Difficult to meet requirements of ophthalmologists
 - LEI is the only hospital in Nepal outside Kathmandu Valley offering specialized ophthalmology services

Total # of ophthalmologists in Nepal*	136	
Less: 33 ophthalmologists focusing on other than clinical services in eye care	103	
Total # of Ophthalmologists working in Kathmandu Valley	56	54%
Total # of Ophthalmologists working outside Kathmandu Valley	47	46%
Out of 47, 16 are in LEI		34%

* Foreign ophthalmologists working in Nepal are not included

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EYE CARE DELIVERY SYSTEM

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◆ Challenges faced by high-skilled personnel

- Knowledge transfer is slower as ophthalmologists are geographically cut-off from Kathmandu Valley;
- lower scope for networking with specialists;
- career development is not on par with those working in the Kathmandu Valley

◆ Supplies & Equipment

- Supply chain logistics required to comply with legal provisions
- Equipment maintenance / servicing by specialists

EYE CARE DELIVERY SYSTEM

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- ◆ Referral network - Sensitizing other health professionals and voluntary organizations on critical eye care aspects is yet to reach critical mass
- ◆ Outreach programs - Greater focus is required on eye screening, disease surveillance and monitoring access to eye care amongst vulnerable population
- ◆ Quality Issues - quality and performance in non-clinical areas have not been benchmarked against accepted international standards
- ◆ Research Capacity - Development of eye care research capacity to provide high-quality health status information for advocacy, policy-making, program planning and performance benchmarking

Need for Advocacy

targeting Government and General Public

NEED FOR ADVOCACY- GOVERNMENT

- ◆ Sensitizing the Government regarding various policy issues and eye health status
- ◆ Development of clear policy & closer monitoring of eye health status
- ◆ Funding
- ◆ Support for development of research capacity
- ◆ Closer integration with Health Department / co-ordination with other departments / information sharing with government agencies

NEED FOR ADVOCACY - PUBLIC

- ◆ Sensitizing / awareness creation of both policy and eye health issues
- ◆ Local community participation for increased outreach activities & disease surveillance
- ◆ Change in consumer behavior - increased priority for eye care in household consumption

