OVER ARCHING ISSUES IN EYE CARE

Nepal

CHALLENGES & NEED FOR ADVOCACY

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

**EYE CARE INFRASTRUCTURE IN NEPAL**

HIMALAYA EYE HOSPITAL
RAPT I EYE HOSPITAL
FATEH-BAL EYE HOSPITAL
GETA EYE HOSPITAL
MECHI EYE CARE CENTRE
GOLCHHA EYE HOSPITAL
S. CHAUDHARY EYE HOSPITAL
JANAKI EYE HOSPITAL
KEDIYA EYE HOSPITAL
TILGANGA EYE CENTRE
LIONS EYE CENTRE
NEPAL EYE HOSPITAL
BHARATPUR EYE HOSPITAL
LUMBINI EYE INSTITUTE
GAUR EYE HOSPITAL
BUTIVAL LIONS EYE HOSPITAL
PALPA LIONS LACOL E. H.
BBPCLCOS
PATHIBHARA EH
BPKHIS
BPKHCOS
HETABUDA EH
ARMY HOSPITAL

DISTRIBUTION OF EYE HOSPITALS BY DEVELOPMENT REGION

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

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 Hollows 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
- 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:

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPD 2007-08</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>0-20</td>
<td>14,687</td>
<td>59</td>
</tr>
<tr>
<td>21-40</td>
<td>16,692</td>
<td>45</td>
</tr>
<tr>
<td>41-60</td>
<td>22,381</td>
<td>45</td>
</tr>
<tr>
<td>61-75</td>
<td>14,459</td>
<td>56</td>
</tr>
<tr>
<td>76+</td>
<td>1,863</td>
<td>63</td>
</tr>
<tr>
<td>Total</td>
<td>70,082</td>
<td>50</td>
</tr>
</tbody>
</table>

Surgery 2007-08

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-20</td>
<td>940</td>
<td>66</td>
</tr>
<tr>
<td>21-40</td>
<td>1129</td>
<td>42</td>
</tr>
<tr>
<td>41-60</td>
<td>5768</td>
<td>41</td>
</tr>
<tr>
<td>61-75</td>
<td>5552</td>
<td>55</td>
</tr>
<tr>
<td>76+</td>
<td>716</td>
<td>64</td>
</tr>
<tr>
<td>Total</td>
<td>14,105</td>
<td>48</td>
</tr>
</tbody>
</table>

- 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

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

INEQUITY

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
### EYE CARE DELIVERY SYSTEM

**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

### Supplies & Equipment

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

### 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