

Strategic Plan of Action on Eye Health-Nepal

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Situation analysis 1970s

Only 7 Ophthalmologists providing eye care service through eye departments of four major hospitals of the country

No Ophthalmic Paramedical
No eye care service was available west of Pokhara

Government had no priority in eye health



Service scenario in 70s

- › Total eye surgery
800 cases per year including 2 to 3 Eye Camps per year
1 to 2 Operating session per week allotted for eye surgery at government hospitals made waiting period for surgery: over 1 year in most hospitals
Limited beds were occupied mostly by Panophthalmitis (long occupancy) following injury

Service scenario contd.

As a result there was an increasing trend of Nepali blind people compelled to travel India (Sitapur Eye Hospital) for Cataract Surgery



Milestones on Eye Care Services

- 1980:** Establishment of HMG/WHO, Prevention and Controll of Blindness project
- 1981 :** National Blindness Survey
 - - 0.84% population were blind in both eyes
 - 92% of blind persons were residing in rural area
 - Nearly 2/3rd of blind persons were women

Milestones.....

- 1981 -** Mid level ophthalmic assistant training program
- 1982- 2009:** 20 Eye Hospitals
- 1987-** M.D. Ophthalmology (IOM)
- 1997 -** Government 2nd long term health plan Identified eye health in 9th position in essential health care priority.

Milestones....

6th October 1999:

Apex Body for eye health at MoH

19 November 1999:

Vision 2020 launched in Nepal during ophthalmic Conference of SAARC countries

Milestones.....

4-6 August 2001 and 19-21 September 2001 :

"National Plan of Action" prepared after two intensive workshops.

2006-2009 Nepal Health Sector Program - Implementation Plan- I: Eye health not included

2010-2013 NHSP-IP -II being worked out

Strategic National Plan of action (2002-2019)

Ⓜ Reduction of disease burden

- Cataract
- Trachoma
- Childhood blindness
- Refractive error and low vision
- Other emerging causes of blindness

Ⓜ Strengthening human resources

Ⓜ Developing infrastructure and technology

Ⓜ Strengthening Coordination

Nepal Blindness Survey (NBS 1980-81)

- › 0.84 % Bilaterally blind
- › 1.7 % Blind in one eye
- › 1.85 % Low vision
- › 80 % of the blindness are avoidable



• > 90 % of these blind live in rural areas

• Blindness and low vision is considered as significant public health problem in the country

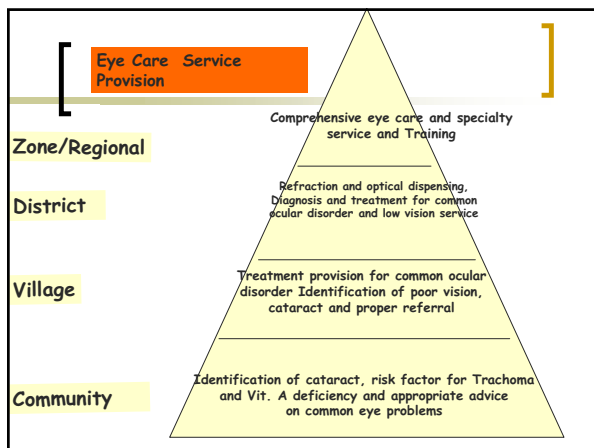
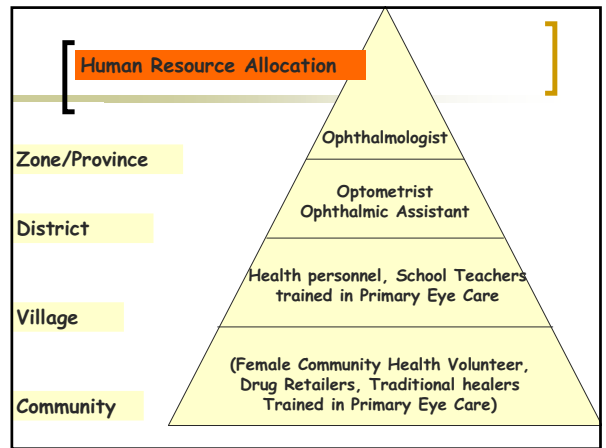
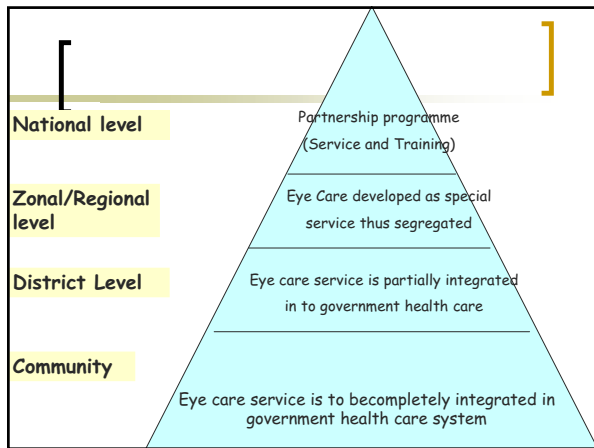
Source: NBS1981 report

Realization

- › Government service network is not capable enough to tackle this huge magnitude and burden of blindness in the country.
- › Thus support from NGO were solicited to participate in combat against the blindness

Geographical sector wide planning



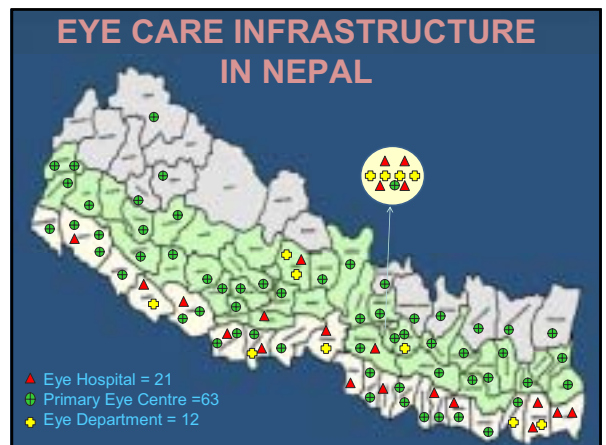


Existing situation of Eye care Infra Structure and Human Resource in the country

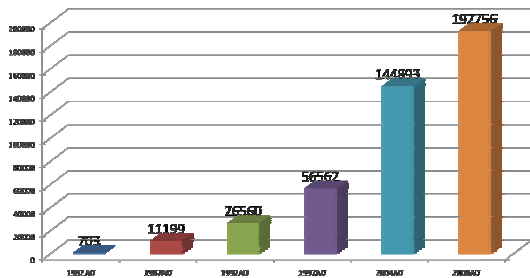
Eye Care Service infrastructure and human resource	1981	1996	2000	2005	2008
Ophthalmologists	7	71	89	116	136
Optometrists	0	0	0	20	26
Ophthalmic Assistants	0	200	250	300	350
Eye Hospitals	1	14	16	17	21
PEC Centre	0	24	28	47	63

Service Providers

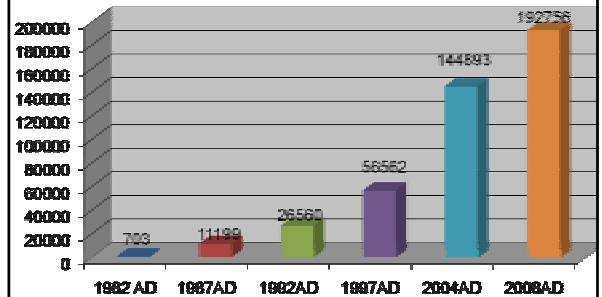
Government	Academic Institutions	NGO
Eye Departments	Public- BPKLCOS BPKIHS NAMS etc	National- NNJS Tilganga Red Cross Lions Clubs
National trachoma program	Private- NMC/KMC/KIST/Manipal/ Dhulikhel/Nepalgunj/ Janakpur/Birgunj/Bharatpur Nobel etc	International- LCIF Rotary Clubs etc
National Vitamin A program		



Achievement: Service delivery, OPD Service



Achievement: Service delivery, Surgical service



After 28 years of experience in eye care.....!!

- > Expansion of infrastructure
- > Expansion of human resources
- > Local production-IOL
- > Functional eye bank

Service Delivery: Disease Control (Annual)

Disease	Target set	Actual *	Percentage
Cataract (CSR) 2008	2800	2407	86%
Refractive errors (Spectacles delivered)		9000	
Diabetic Retinopathy (Patients identified & Treated)	N/A	Minimal	Not Achieved
Paediatric Eye Care (No of children treated)	N/A	Approx 15% of total OPD	
Others			

*If exact figure are not available, please provide estimates or subjective assessment like (achieved, not achieved, Moderately achieved)

Human Resources (Ophthalmologists/MLEP*/Manager) Target Year:

Category	Target	Current Status	Annual Capacity
Ophthalmologists	400	136	16
MLEPs	1500	315	50 - 60
Manager	40-50	4	

* MLEP includes ophthalmic assistants, optometrists, opticians

Human Resources (Ophthalmologists/MLEP*/Manager)

- > Distribution for HR
 - Kathmandu 55%
 - Terai 40%
 - Hills 5%
- > Reasons for low distribution in specific area
 - Lack of Eye Hospital/Infrastructure
 - Unwillingness
 - Less opportunity

Human resource contd.

- › Ophthalmologist
 - Training capacity (annual output) 15 to 20 per year
 - 50 to 60 Ophthalmic Assistant
 - No as such indigenous training programme for Hospital manager

Infrastructure Target Year:

Category	Target	Current Status
Primary		63
Secondary		13
Tertiary		8

Major challenges faced during implementation/achieving the targets

- › National economy
- › Security situation of country
- › High influx of Indian patients
- › Poor outreach program
- › Poor transport/communication
- › Political commitment – less than desired
- › In adequate and misdistribution of professionals
- › Apex body - Responsibility

Conclusion

- › Eye Care Service expanded and able to create extensive eye care network in the country
- › Capacity has increased
- › However there is no rational distribution of service
- › No effective quality assurance and monitoring system in place
- › State presence in eye care need to be further increased