

September 24- 26, 2009, Madurai, India

Government Sector Experience in Eye Care in Bangladesh

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Bangladesh Blindness Situation

- Over 750,000 persons among 30+ yrs blind, of them 650,000 due to Cataract (79.6%)
- 150,000 new cases of cataract every year
- Over 6 million need vision correction
- About 414,000 (includes 273,000 adult and 141,000 child) LV cases – existing service facility covers only 3% of the need
- Approx. 40,000 children blind – one-third due to cataract - 1000 new cases every year
- 89% of cataract surgeries are provided by NGO & private sectors
- 90% of the doctors & their helpers live in towns & cities (56% live in Dhaka division)
- Current CSR is 1,100

Main Obstacles and Issues in Eye Care in Bangladesh

- Inadequate awareness among the potential beneficiaries;
- Barriers in uptake of eye care services;
- Underutilization of Existing Facilities;
- Lack of adequate Primary Eye Care;
- Inadequate Government-Non Government and Private Partnership;
- Lack of effective *coordination mechanism at national & local level*;

Eye services in government sector

- NIO&H, BSMMU and 17 medical colleges have ophthalmology department but in-patient service uptake is inadequate
- 64 district hospitals have the post of Senior consultant for eye care service delivery
- 50 upazila hospitals have the post of junior consultant for eye care service delivery
- District hospitals act as secondary referral centre and linked with upazila and below through existing PHC structures

Eye services in government sector

- Strong primary health care infrastructure covers remote areas of Bangladesh through Upazilla health center and union sub-centers. Health care workers are deployed to work at the domiciliary level

Eye services in government sector

- To promote access to primary health care including eye health for the poor government has established community clinics :1 for 6000 population at the village level
- Poor and ultra poor has access to eye care services in different level in government sector.

Causes of low uptake in government sector.

Manpower management

- Non retention of trained manpower .
- Under utilization of existing manpower.
- Lacking of some cadres like counselor, ophthalmic manager which are needed for delivering comprehensive eye care.
- Non existence of Biomedical Engineers- resulting in poor maintenance of equipments

Manpower management

- Mal distribution of human resources across the country
 - 80% of the patients live in rural areas.
 - 80% of the doctors live in urban areas.
- All ophthalmologists are not performing surgeries
- Absence of skill MLOP/Nurses in district hospitals
- Junior consultants on eye care are yet to be posted in all upazilas

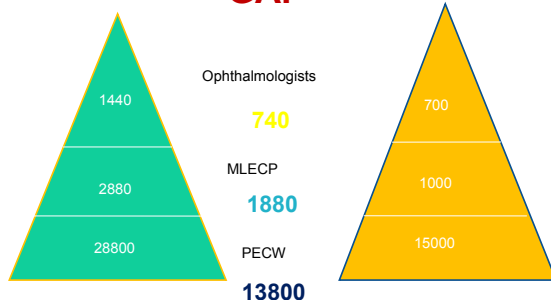
Training

- No structured course curriculum for training of MLOPs in Government sector.
- The nurses and ophthalmic assistants/paramedics are trained on the job.
- Provision of refreshers training and CME is needed for sustainable eye care delivery.
- At present there is inadequate training program for the ophthalmologists, nurses and supporting staffs.

Vision 2020 Requirement

GAP

2009



Service delivery

- Long waiting time for patients seeking Hospital admission due to existing complicated unit system.
- Auxiliary services (pathology, microbiology, ocular investigations, etc) are inadequate and unplanned, hindering optimum service delivery at service centers.
- Long hospital stay increasing the unit cost and decreasing the surgical output.

Service delivery

- All the district hospital's ophthalmologists are not staying in remotest districts
- No dedicated eye OT and inadequate eye beds in district hospitals
- Inadequate follow up system.
- Absence of dispensing of Post operative spectacles .
- Inadequate MSR in government hospitals
- IOL and other consumables are not in MSR. Patient has to purchase the package
- Effective implementation of Clinical Protocol is still a challenge

Funding

- Sources
 - GOB (Governments own resource)
 - RPA (Reimbursable Project Aid) from IDA/WB
 - DPA (Direct Project Aid) expenditure in foreign currency by Govt. and expenditure in foreign as well as local currency by development partners like WHO/ INGOs. [Source IDA/WB/WHO/INGOs]
- Complex, time consuming and cumbersome fund allocation, release and utilization - results in delay in project implementation.

Achievements in 2006-09

- Vision 2020 National Committee formed and functioning
- Vision 2020 District committee formed and functioning in 16 (Sixteen) District.
- Fifty(50) Ophthalmologists from different district have been trained on micro surgery (SICS).
- Sixty (60) nurses trained on eye OT and ward management

Achievements in 2006-09

- Five thousand (5000) primary health care workers have been trained on primary eye care.
- Eye Care equipment procured, distributed and installed in different service centers.
- TV spots and Radio spools developed and disseminated to increase awareness on Blindness prevention.

Achievements in 2006-09

- MSR support provided to District hospitals having cataract surgical teams.
- Vouchering scheme for IOL (Cash support to poor patients) surgery in District of Manikganj introduced & sustained.
- Development of Paediatric Ophthalmology dept. at Mymensingh and Sylhet Medical College Hospital.
- Improvement of Physical facilities of Eye OT in 14 District Hospitals.

Achievements in 2006-09

- Primary eye care model upazila (Keraniganj) developed and functioning.
- Printing of 3000 copies of treatment protocol.
- Printing of 5000 copies of training module for PHC workers.
- Editing & reprinting of 3000 copies of National Eye Care Plan.

Achievements in 2006-09



- **Development, Sharing & introduction of monthly & annual reporting format for strengthening of MIS eye health.**
- **Cataract Surgical Rate (CSR) increased from 957 (2005) to 1146 in 2009 (population 140 million).**
- **Observance of World Sight Day 2006, 2007, 2008**