



Guiding Principles for Eye Health Service Delivery during and after COVID-19

IAPB COVID-19 Taskforce

Preamble

The COVID-19 pandemic and its aftermath is presenting unique and unprecedented challenges to eye care delivery. The principles in this document have been developed to help guide eye health service providers in responding to these challenges.

The COVID-19 situation in any location tends to change rapidly as infection rates fluctuate, research and understanding develop, and control strategies are changed. It is critical that eye care providers **stay updated** and change practice appropriately, with prompt responses often required.

Contingency plans should be in prepared in advance to help effect these rapid responses. Clear, appropriate and inclusive **communication is critical** at all levels, whether this involves patients, staff, visitors or the wider community. Clear communication will help avoid confusion and needless distress, reduce infection transmission and reduce blindness by facilitating treatment reaching those who need it. This taskforce echoes the [WHO perspective](#) of “**leave no-one behind**” including non-urgent care and people with disabilities.

1. Eye care remains essential during COVID-19 and beyond

Provision of eye care needs to be continued

Eye care providers should continue their important work including restoring sight, preventing blindness and caring for those with other eye and vision disorders. Continuing to make eye care an integral part of universal health coverage, according to the [WHO World report on vision](#), remains an important priority. The strategies put forward for integrated people-centred eye care in this WHO report continue to remain highly relevant during COVID-19.



The backlog of care needs to be addressed

COVID-19 and the subsequent disruption to normal services as resulted in a large backlog of patients requiring assessment and treatment, with many patients likely having suffered avoidable vision loss and other morbidity. Eye care providers need to consider innovative adaptations to practice to catch up on this backlog and avoid the situation deteriorating even more.

Sustainability challenges

The long-term sustainability of eye care delivery is potentially threatened by austerity measures, other economic impacts of COVID-19 and fewer patients attending for eye care leading to direct loss of income. Strategic plans need to be developed to address financial pressures which may include looking at how services can be run more efficiently and cost-effectively. Strategies such as the inclusion of eye care in national health strategic plans and coordinating services within and across sectors may also be helpful ([WHO World report on vision](#)). Donors of eye care projects should consider how to sustainably continue supporting worthwhile projects.

2. Protect patients, staff and visitors

Importance of robust and relevant guidelines

Guidelines need to be laid out and kept updated which will help keep patients, staff and visitors safe. These include infection control policies, such as protocols for managing suspected/confirmed SARS-CoV-2 in staff and patients, contact tracing and disinfection of work areas. Different elements of eye care delivery also require specific guidelines for the COVID-19 situation, such as undertaking cataract surgery, community outreach activities and delivering subspecialty ophthalmic care. Risk readiness and contingency planning for a changeable situation is important, such as preparing inventories and planning for adequate stock supplies.

See [key resources compiled by members of the IAPB COVID-19 Taskforce](#).

Training and development investment

New systems and ways of working need to be invested in to help maintain eye care delivery. In particular, the use of digital platforms and remote consultations are likely to play a key role in allowing patients to receive care when face to face consultations are not possible. Support should



also be made available for [mental health](#) issues which staff are likely to suffer from during and after COVID-19.

3. Consider vulnerable groups

People who are **blind or vision impaired** are likely to find it even more difficult to access services during COVID-19 and should be given careful consideration. For example, communication needs to be accessible and consideration also needs to be given for those with **mental health problems** or other **disabilities** who may find it difficult to access eye care. Other vulnerable groups that may be **difficult to reach** and need consideration when planning service delivery include those who with poor access to communication (for example, those who are illiterate) or in geographical locations difficult to access (for example, by being remote or somewhere affected by conflict).

4. Maintain a person-centered approach

Patients should be involved in decisions about their care and encouraged and empowered to take responsibility for their eye health. Eye health care providers should listen to the concerns, desires and wishes of patients with a **compassionate and empathetic** approach and try to be flexible with decisions about care. In a similar manner, the concerns, needs and challenges of **staff** should be listened and responded to when decisions are made about eye care delivery.

5. Share innovations & best practice

Eye health care providers are encouraged to have a **collaborative approach** in the interests of patient care. This includes sharing good ideas, examples of best practice, innovations and research which can benefit patients and service delivery. IAPB is hosting a [resource centre](#) to help facilitate this flow of ideas and knowledge.