



Efforts towards 'Universal Eye Health: implementing Global Action Plan 2014-2019' in Nepal



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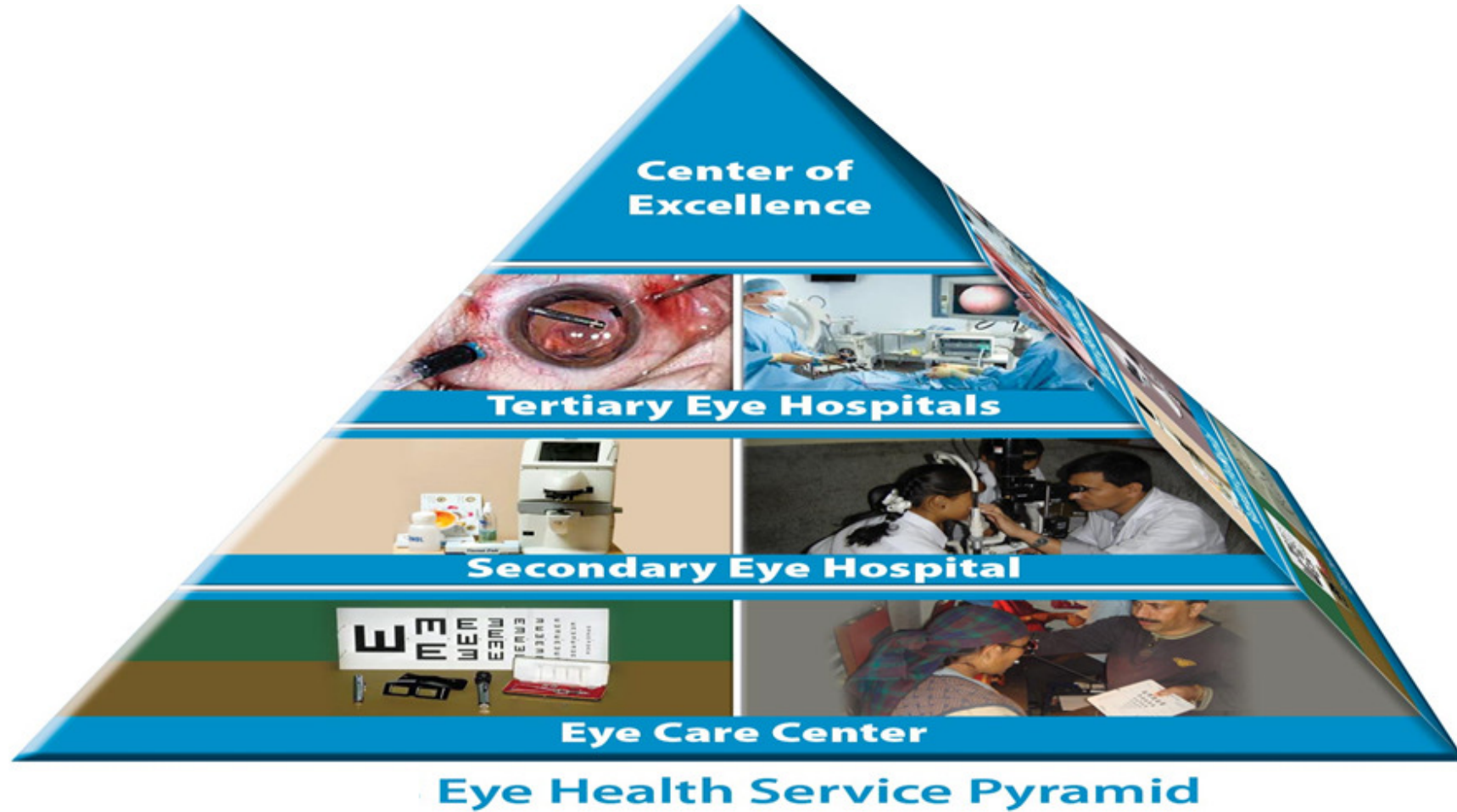
NGO lead (Nepal Netra Jyoti leading)

Disease focused (Cataract)

Characteristics of Eye Care Program in Nepal

Good Community Participation and perfect public private partnership

Most of the eye institution managing running cost





Situation of Eye Care Services in Nepal after launching of VISION 2020

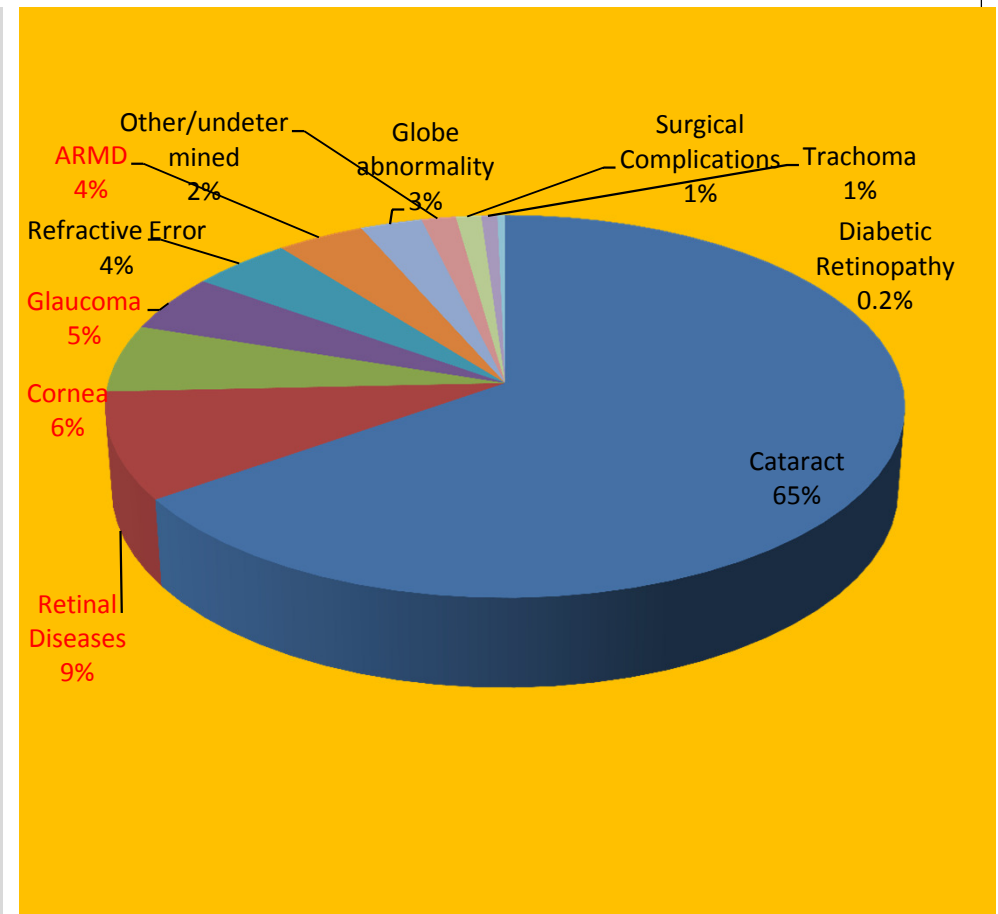
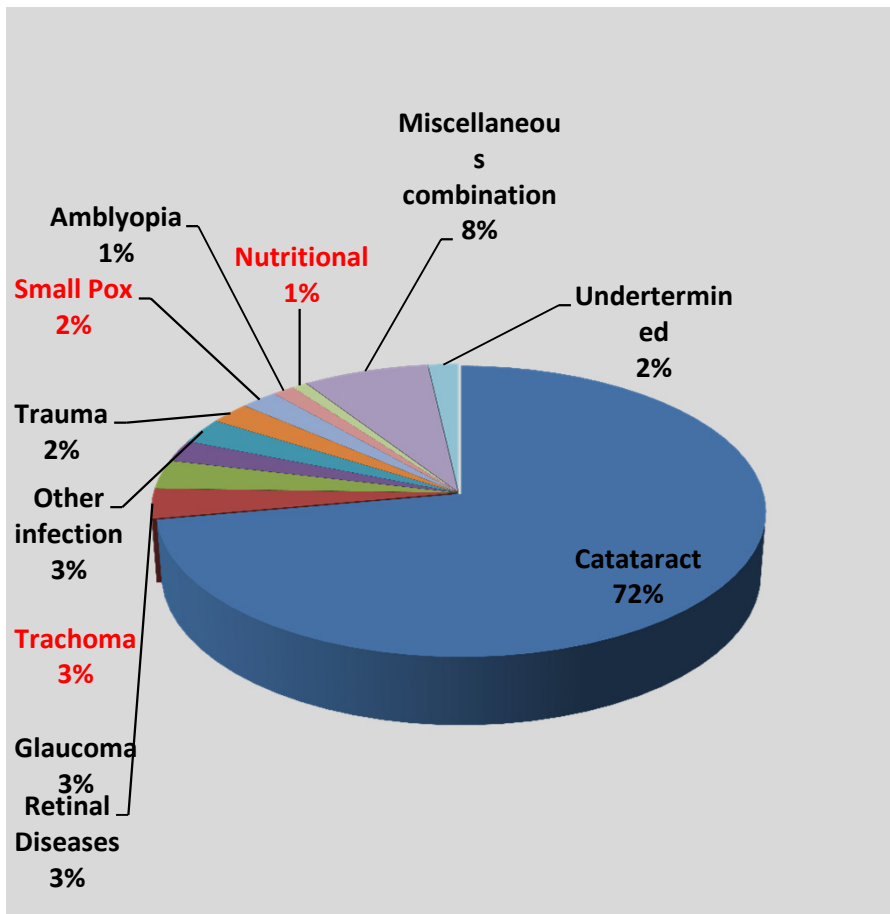
	1971	2000	2013
Eye Hospital	0	17	24
Ophthalmologists	7 (1/1,428,571)	76 (1/263,157)	175 (1/181,818)
Ophthalmic Assistant	0	161	400
Eye Care Centre	0	40	74
CSR	80 (800)	1600 (32,000)	3940 (> 100,000)
Blindness %		0.84	0.35
No of blinds	117,623 (1981)	168,000 (3/60)	120,000 (3/60) 275,000 (6/60)



Cause of Blindness

1981

2012





Findings of Mid Term Review of VISION 2020

- **Integration:** Eye care in Nepal not an integral part of health care.
- **Coordination:** As NGO leading the eye care service, Modality of partnership not well defined and no proper coordinated resulting in duplication of services
- **Sustainability:** Most eye care programs are geared toward financial sustainability, some time seen as not given adequate attention for service expansion universal access



Findings contd.

- **Inequity:** Access to eye care by women is relatively low in some area, inadequate HR, not adequate access of marginalized and poor people.
- **Excellence:** Eye Hospitals are very well developed but still need to work further to achieve WHO recommended standard of visual outcome as at present ranges between 50-74%



Findings contd.

- **The eye care service has taken reasonable pace after launching of Vision 2020, in terms of HR development, infrastructure development and service expansion.**
- **The eye care services have been proved as successful model Public Private Partnership programme**



Lesson Learned from the past

- **Integration of PEC into PHC from non government sector alone is not so successful.**
- **As eye Care become more disease focused, rehabilitation part not got adequate attentions.**
- **Service driven by outputs and quantity so Quality assurance system not well established**
- **Not adequate attention and resource mobilization towards the eye health research .**
- **Government participation in eye care very limited**
- **Apex Body for Eye Health within Ministry of Health and Population not active enough.**



What have we done so far to implement GAP

- **Orientation to Ministry people including the Minister of Health about the objectives of GAP 2014-2019 as advocacy for integration of eye health and increased contribution of the state**
- **Orientation on the objectives of GAP to all the eye hospitals and volunteers involved in eye care program through regional level workshops**
- **National Eye Health Policy is in the process of revision in line to GAP goals and objectives**
- **GAP's goal and objectives are included in organizational strategy**
- **Started Strategic Human Resource Planning**



Universal eye health: a global action plan 2014-2019

Objectives 1 :Evidence generated and used to advocate for increased political and financial commitment of Member States for eye health

- **Past Efforts**: 1981 Blindness Survey/ RAAB Survey 2011
- **Future Action**:
 - RAAB in 2018
 - Diabetic Retinopathy survey ongoing
 - cost effectiveness analysis of eye health program
 - Strengthening IHMIS and connect with government information system.



Objective 2

- National policies, plans and programmes for universal eye health developed and/or strengthened and implemented in line with WHO's framework for action for strengthening health systems to improve health outcomes

Past efforts: National Strategic Plan 2002-2019

Future program:

- National Eye Health Policy and Action Plan from 2014-2019
- Advocating for inclusion of primary eye care into primary healthcare
- Strengthening Apex Body for Eye Health Secretariat
- Retention policy to be developed for skilled HR in eye care



Objective 3

- Multisectoral engagement and effective partnerships for improved eye health strengthened

Past Efforts: Good participation in community level, has engaged other stakeholders like Department of Water Supply, Department of Education in trachoma control

Future Action:

- Advocacy will be done to participate other stakeholders like Ministry of Finance, Ministry of Education, Municipalities in blindness prevention program.
- Establish partnership with neighboring states of India for trachoma control.



Cross Cutting Principles and approaches

- Government of Nepal has introduced free health service up to Primary health care centers to be gradually upgraded to district hospitals and higher level health facilities. **Most eye care services have to be paid for mostly through out of pocket expenses. Hence advocacy has been done to Government of Nepal to purchase the service.**



Cross Cutting Principles and approaches: Continued

- Nepal is moving towards approach of social protection in health sector with right based approach in basic health care as exemplified by Maternity Incentive Scheme, Free Essential health care etc.
- Empowerment of people with blindness and visual impairment: **Vocational training, New Constitution**



National targets & disease burden based on WHO report for 2020

Parameters	Figures for 2020 (GAP)
Ophthalmologists	423 (1/50,000)
OAs	865 (1/25,000)
PECC	465 (50,000)
CSR	6,000 (200,000)
Blindness %	0.2



Thank you