

Tackling Blindness in India-Have We Done Enough?

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National Programme for Control of Blindness [NPCB].

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Abstract: Strabismus is a challenging field of Ophthalmology. A good amount of progress has been made in understanding the pathogenesis of various types of strabismus and surgical techniques are being continuously modified to incorporate the new information. All efforts are directed to the attainment of the ultimate goal of binocularity and stereopsis. Recognition of the importance of early correction of infantile esotropias, the interaction of genes and environment, measuring distant stereo-acuity in intermittent divergent squints to check for deterioration of control, are recent applications. Topical anaesthesia is increasingly being used to allow early titration of adjustable sutures. Newer kinds of bioadhesives are being tried out and non-absorbable help improve surgical outcome. Different kinds of weakening procedures on the inferior and superior oblique muscle are now known to give desired results. The Congenital cranial disinnervation disorders (CCDDs) is a group of disorders resulting from aberrant innervation of the ocular and facial musculature, including Duane syndrome, congenital fibrosis of the extraocular muscles (CFEOM), Möbius syndrome etc. Surgical management in Duane's has now progressed beyond limiting co-contraction, to improving abduction, by transposition of vertical recti as is true for Abducens nerve palsies. Oculomotor nerve palsies are being tackled with periosteal anchoring of the globe and lateral rectus. An improved, but still inadequate understanding of nystagmus, helps improve head posture in most cases. Mention is also made of some ongoing studies designed to address issues of public health importance in the context of strabismus and amblyopia.

INTRODUCTION

It has been more than thirty years since the inception of National Programme for Control of Blindness in 1976 which has resulted in remarkable gains and successes in our country. This has been made possible due to clarity of programme goals & strategies, effective management at central, state & district level, good coordination amongst different stakeholders and functional public private partnership in spite of various other constraints. The NPCB in XIth five-year plan [2007-12] period is able to sustain itself entirely with the domestic budget without depending on financial support from any international organization/agency. Despite overall development and improved socioeconomic condition in the last three decades, there are emerging eye health issues such as Glaucoma, Diabetic Retinopathy, Trauma, Macular Degeneration besides cataract, Corneal blindness and childhood blindness etc., which are being adequately dealt in the programme. Coincidentally, this year also marks the 30th anniversary of Primary Health Care [PHC] approach advocated by WHO. Country is proud to produce large number of proficient retina super-specialists. The focus of NPCB is not only to provide high quality surgeries but also to ensure basic eye care is made available & accessible to general masses in tribal, rural semi-urban and other under/un-served areas.

CATARACT VS OTHER EYE DISEASES

National Programme for Control of Blindness is one of the successful programme of Government of India both in-terms of physical & financial performance and outcome. Having achieved substantial quantitative gains, increased emphasis is given to quality issues, disease management other than Cataract like Diabetic Retinopathy [DR], Glaucoma, Corneal blindness, Retinopathy of Prematurity [ROP], Squint, Low Vision and consolidations of programme gains. Diabetes is rising and so are the projections for Diabetic Retinopathy [DR]. **Eye donation and Eye Banking:** Corneal disease is a public health problem but in nearly half of the instances, it can be prevented or treated. Management requires a multi dimensional approach.

However the critical component is natural donor material, the collection of which is low even in metros, big cities and towns which have large unmet need inspite of availability of services, facilities & infrastructure. To achieve the national goal of reduction of corneal blindness, which is doable, there has to be functional, effective and efficient linkages between eye banks, eye surgeons, health personnel, patients, their family members and general community. Innovative multi-medial strategies are being implemented to mobilize patients to hospitals with increased financial and skilled manpower allocation under Eleventh Five Year Plan period.

PHYSICAL PROGRESS

National Programme for Control of Blindness [NPCB] has made a commendable progress in terms of Cataract Surgical Rate and the momentum thus generated would continue in future also. In the year 2008-09, country performed nearly 5.8 million cataract surgeries with 94% intra-ocular lens [IOL] implantation. Refractive errors are other important cause of vision impairment and are being addressed effectively through institutional and outreach activities. School Eye Screening is an important strategy where in eyes of children studying in schools are screened for vision impairment and glasses distributed free of cost to students from poor socio-economic strata. Corneal blindness is being addressed through eye banking activities and a new thrust has been given for eye donation and corneal transplantation.

11th PLAN FINANCIAL OUTLAY

With the approval of INR 1250 crores and implementation of Eleventh plan [2007-12], programme has taken a lead in addressing other issues of blindness in a comprehensive manner. These include Diabetic Retinopathy, Glaucoma, Childhood blindness, Low Vision and ocular injuries in a mission mode through successful Public Private Partnership. The endeavor of the programme is to eliminate all causes of avoidable blindness and to reach a sustainable level where-in-all people have access to appropriate eye care service. Tele-ophthalmology, a new information technology tool has been

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introduced under the programme for reaching the underserved population in rural & tribal areas. The results are very encouraging and being scaled up in a phase manner. The programme has been fully integrated under National Rural Health Mission [NRHM] to enhance the reach and coverage including utilization of services of community link worker like Accredited Social Health Activist [ASHA] and Anganwadi workers.

NEW INITIATIVES UNDER THE PROGRAMME

Other new initiatives include funding for construction of eye wards and dedicate eye OT especially in NE States and Hilly/ underdeveloped states and appointment of eye surgeons, eye donation counselors and para-medical ophthalmic assistants [PMOA] especially for the new or districts where there are none. The recurring expenditure of such workforce will be borne by Government of India till the term of eleventh plan period and thereafter it would be taken up by respective State/UTs. Funding for provision of latest equipment and instruments for establishing & strengthening eye care services in government institutions i.e. vision centre at primary health centre [PHC], community health centre [CHC] through district hospital and medical colleges. Regional Institutes of Ophthalmology [RIO] and selective medical colleges are being developed into centres

of excellence for providing pediatric ophthalmology / retina units / low vision units.

Non-governmental sector providing free services to needy population are being supported through recurring and non-recurring grant as per the approved schemes. Capacity building of health personnel is another important strategy for improving their skills and updating them on issues relevant to the programme for delivery of eye care services. Government of India [GOI] coordinates the in-service of eye surgeons working in public sector and provides funding to States/ UTs for other health care staff including medical officers. Paramedical and community link workers. Advocacy and social mobilization including Information, Education & Communication [IEC] activities have made a impetus in improving community awareness.

CONCLUSION

Funds utilization is an indicator for planned activities being under taken and during last five years utilization has been to the tune of nearly 100% of the allocation. National Programme for Control of Blindness [NPCB], Government of India through States/UTs and all other stakeholders and partners are consistently moving forward in advancement of comprehensive eye care services and hopefully would be able to bring the level of blindness in the country from current status of 1.0% to 0.3% by the year 2020.

Tackling Blindness in India: Have We Done Enough?

(II)

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Abstract: India was one of the first countries, even prior to the World Health Organization to have a focal National Programme for Control of Blindness (NPCB). This came into existence in 1976. This followed the long tradition and commitment of the leaders in the eye care to the community needs. During the last three and a half decades NPCB established strong public private partnership, gathered necessary evidence through a series of surveys and launched a focal programme in mid 90s for the control of blindness due to cataract which then accounted for 80% of all blindness. This focal effort financed by a World Bank Loan helped in strengthening the infrastructure of secondary and tertiary eye care services both in the government and voluntary sectors. A decentralized structure with greater autonomy at State and District level emerged and this enhanced the effectiveness of the programme. All this led to laying a strong foundation to take on the future challenges and for what needs to be done in the years to come. The future challenges include building infrastructure and service delivery process to deal with conditions other than cataract for which is being adequately addressed in many parts of the country. The challenge will be to reach the marginalized populations who are often the poor, uneducated and living in rural areas. Considering that roughly one in four Indians will be in need of eye care, there will have to be a greater emphasis on human resource development and establishing primary eye care services. Since it is the access, availability and competence of the eye care team which will drive universal coverage and comprehensive delivery of eye care services. The achievements thus far have already earned India an iconic position in eye care amongst the developing countries. Addressing the future challenges successfully will not only help us to maintain this status but more importantly make sure eye care reaches everyone in need of it.

INTRODUCTION

India is a country over a billion populations with tremendous diversity in all conceivable factors such as economic, population density, religion, culture, literacy, geographic access, etc. As a result there will always be issues relating to equity and coverage of eye care. Thus the answer would be “yes”, we have done enough in some instances and “no” in other instances as there is still a lot to be done.

WHAT HAS BEEN DONE?

India has a long tradition of community orientation in eye care probably brought in originally by foreign missionary

ophthalmologists like Dr. Rambo and Dr. Fredrik Kugelberg which was subsequently institutionalized by equally committed and compassionate Indian Ophthalmologists like Dr. M.P Mehrey and Dr. Mathura Das. This tradition of compassion and community orientation with a special focus on the poor translated into a National Programme for Control of Blindness in the year 1976. India was one of the very first countries to do this even before the World Health Organization created a division for blindness and eye care.

Rapid strides in eye care happened during the last 15 years with the advent of Intraocular Lens and with the Government of India taking the bold step of borrowing from the World Bank a sum of US\$ 118

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