Universal Eye Health Programme in India

Sarang Samal, PhD,
Founder, Kalinga Eye Hospital,
NYSASDRI, India;
Unite For Sight Partner
The need of Universal Eye Health Programme

- India designed the blindness prevention program in 1976.
- It was the first country to recognize blindness and visual impairment as an important health priority. For a long time, this program had been cataract-centric with little focus on universal eye care system.
- India has performed well in improving the cataract surgical rate (5,136/million population in 2016) and cataract surgical coverage, though it is not uniformly distributed across the country.
- India constituted a high-level expert group on universal health coverage in 2011 with a mandate to developing a framework for providing easily accessible and affordable health care to all defined under the universal health coverage.
Despite constituting the National Health Mission and the existing tier system of health delivery, the universal health coverage in India is grossly inadequate. The reasons include lack of gap analysis and failure to address them, inadequate manpower and unequal distribution of trained people in rural and remote areas, poor quality of care that does not build confidence in the consumers, and lack of firm political will.

Odisha, one of the 29 states of India, has lower eye care indices such as in cataract surgical rate – 3,149/million population in 2016 as against the India average of 5,136/million population. Comprehensive scientifically designed all-age population survey of blindness and visual impairment has never been done in this state.
Conceive of this concept

- Over the years, Kalinga Eye Hospital has identified and developed several community ophthalmology models that effectively reduce blindness in many districts of Odisha state.
- Models such as
  - Multi-stakeholder Approach
    (Community Based Convergence Services)
  - Targeted Population Approach
    (Focused Approach)
- These models are being tested in Dhenkanal, Angul, Khordha and Deogarh districts of Odisha state.
- So it was time to sum up the experience and integrate the same into the government health system with a composite community ophthalmology model namely Universal Eye Health Programme (UEHP)
• Recognizing these facts, the state leadership launched the universal eye health program on World Sight Day, October 12, 2017. Named, Sunetra (Healthy Eyes), the government pledged INR 6,820 million (US$ 100 million approximately) for the program spread over 5 years.

• The bold message was “Eye Care for All by 2022.”
The Goal of UEHP

• To strengthen the efforts in preventing avoidable blindness, provide universal and equitable service, and ensure effective implementation of the program.

• A strong and equitable eye health system is based on three important pillars:
  – Collection of evidence to measure the disease burden and causes,
  – Development of human resource with training in comprehensive eye care, and
  – Provision of comprehensive eye care to all.
Objectives

• Integrating with the Government Health Policy
• Making adequate provisions covering curative, promotive, preventive and rehabilitative measures for major causes of visual impairment and blindness;
• Provide access to everyone irrespective of economic status, ethnicity, gender, place of habitat, and disability status
• Work toward integration of eye health with national health system
• Ensure equity of service such as to not prevent access for the poorest.
• The basis of the program is to reinforce progressive eye care universalism by the following actions: assess the magnitude of blindness by a scientifically designed all-age population-based study, raise skilled manpower by appropriate health personnel training, teach modern eye care techniques and technology to ophthalmologists-in-training and in-practice, digitalize the eye health delivery system for effective monitoring and big data analysis, create an integrated system of primary and secondary eye care, the village vision complex, and proper referral system.

• The program also includes establishing a center to reskill all eye health personnel, a health policy and system research center with special focus on eye health.
Planned Activities

ODESY

• Under this programme it is planned to conduct a population-based study – the Odisha Eye Disease Study (ODESY).

• This study will undertake stratified and systematic sampling from 22,000 households (approximately 80,000 people) spread over 10 districts of the state.

• In addition to measuring the prevalence of blindness and visual impairment, the study will also measure individual and family demographics, health profile, food habit, nutritional status, knowledge–attitude–practice toward eye care, and the barriers/facilitators.

• When completed, the ODESY is expected to provide the most useful and comprehensive database on eye health status of the state.
GAP Analysis

• A gap analysis tool has been developed.
• It has completed analysis of one-third of the districts and is working on other districts of the state.
• Based on the current population of Odisha (population 42 million, 2011 census survey) the state should have 420 vision centers, 84 secondary centers, and 8–9 tertiary centers.
VISION CENTRE
ATHAMALICK, ANGUL
UNIT OF KALINGA EYE HOSPITAL, DHENKANAL
Mob. 9938085347
Supported by:
SCALE PROJECT
Seeing is Believing
Sponsored By:
OPD TIME
11.30 AM TO 12 NOON.
4 PM TO 7 PM.
Planned Activities

**Strengthening HR & Training Centre**

- The Programme has adopted two approaches in eye care human resource development: developing adequate allied eye health personnel, and reskilling the current professionals in the modern tools of care. The existing 200 allied health force (ophthalmic assistants) has been retrained recently.
- The government is introducing allied eye health courses to help ophthalmologists both in the clinic and the operating room.
- At the same time, the programme is building a skilling center for all cadres of eye health professionals, including medical graduates and ophthalmologists-in-training.
Planned Activities

**Electronic Medical Record System**

- The program is preparing a statewide introduction of electronic medical record system as the first step of digital eye health transition.
- While this will be introduced in the public sector, the private sector will be nudged to join the digital transition that will help collect and analyze the big data.
Planned Activities

School Eye Health Programme

• This programme will specifically focus on school eye health by applying most of the school screening methodology employed in the REACH program, the India Childhood Blindness Initiative of one of the renowned I-NGO (Orbis) and the model already tested in Dhenkanal district of Odisha
Indicators to track progress

• Prevalence and causes of visual impairment to understand the scope of the problems, causes and trends;

• The number of eye care personnel, broken down by cadre, in order to understand the human resources available for eye care and trends; and

• Cataract surgical rate and cataract surgical coverage as proxy indicators to monitor eye care provision.
Conclusion

• Universal health coverage applies to eye care as much as it applies to other areas of health care. The ultimate goal of universal eye health is integration of eye health to the general health care system. With growing blurring of the margins between non communicable disease and eye care, it is envisaged that there will be integration of eye health into general health over a period of time.

• Till such time, one needs to put a focused effort for implementation of universal eye health system. The Odisha state in India has announced the political will to do so. Achieving the short-terms goals is as important as laying the foundation for long-term plans. If done well, Odisha could be the model state in India in universal eye health coverage.
Thank you