Current Status and Strategies for Blindness Prevention and Treatment in China (BPT)

Bureau of Medical
Administration and Supervision
HU XIANG
October 13th, 2015

There are 280 million people with visual disability globally, 26 million in China

450 thousand people go blind annually in China, which means:

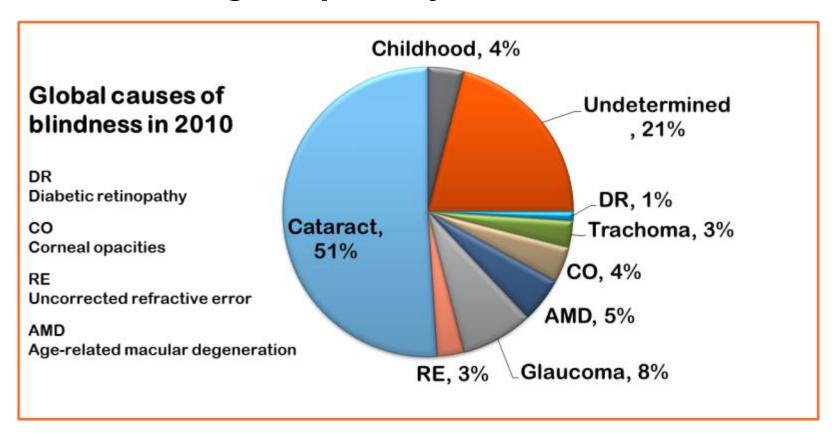
ONE MORE blinded person in EVERY SINGLE MINUTE.



Br J Ophthalmol, 2012, 96, 614-618 《2010 CHINA HEALTH STATISTICS YEARBOOK》

Global Blindness Information

 There are 3.9 million blind globally, with Cataract still being the primary cause of Blindness



Domestic Blindness Information

Epidemiological survey of eye diseases in 9 Chinese Cities/Provinces in 2009

- Cataract is still the first cause of blindness in China.
- Among the victims whose ages are over 50 and eyesight below 0.1, the coverage of Cataract operation is merely 35.7%

VISION 2020, THE RIGHT TO SIGHT

Till 2020 will have to eliminate the evitable blindness caused by Cataract, Trachoma, River Blindness, Childhood Blindness, Low Vision, Ametropia, etc.

Chinese Government made a commitment in 1999 that it will be devoted to achieving this goal in China.

Overall working principle of BPT in China



Develop ophthalmic medical and health services

Complete BPT task

The BPT has been benefited from the rapid development of ophthalmic and health services, and also given these services more honorable social responsibilities and more noble historic mission

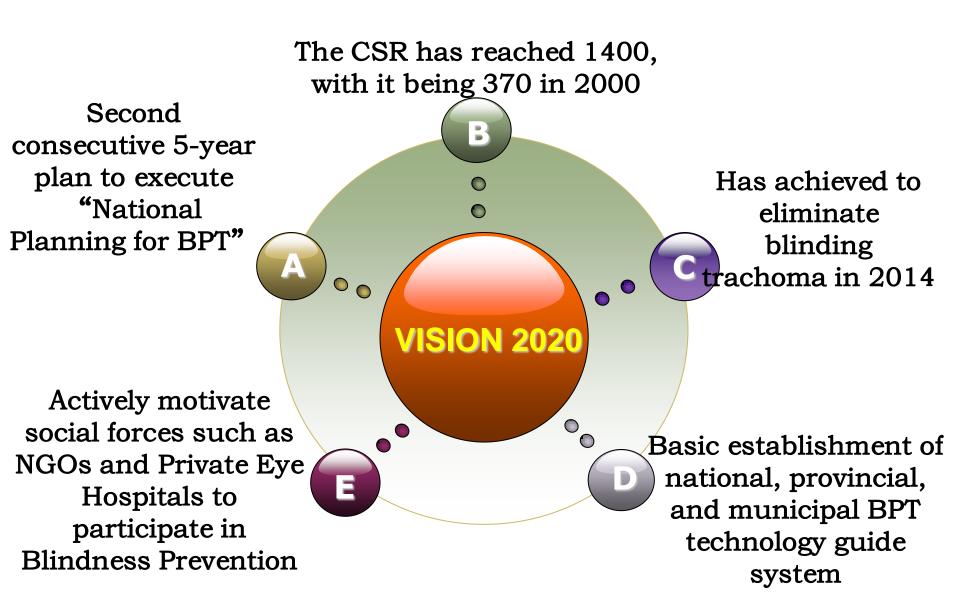
Develop ophthalmic medical and health services

Till 2012 in China we have

- 5606 Ophthalmic medical institutions, in which there are 5280
 Ophthalmology in general hospitals and 326 Ophthalmic Hospitals
- Nearly 80 thousand in the number of beds for Ophthalmology
- 31.4 thousand Ophthalmic Practice (assistant) Doctors
- 80 million people for annual ophthalmic emergency, and 3.09 million people in annual discharge volume

The development of ophthalmic medical and health services has made great contribution in the protection of people's eye health.

Remarkable Achievements of BPT



National Planning for BPT

全国防育和眼保健七五规划

【卫生部、国家教委、中国残联关于下发《1991~2000年全国防盲

和初级眼保健工作规划》的通知】

为加强助育的宏观管理和业务 基础上、特制订本计划、该计划部门 从事批科卫生保健工作,发展助育《现将《1991~2000 年全国防育和初级郑

卫医发〔1992〕第1号 各省、自治区、直辖市计划单列市卫生 会, 卫生部直属单位;

情况参照执行。

七五期河、各省、自市区、直北 三磺医疗卫生助治同中、在此基础上

二、阴盲主原任务

一、除官會与且經

1.利订斯卫生保证计划。

(1) 人力计划(人员进界)

A.每年或30年全国办1期全国:府已宣布支持世界卫生组织实现这一目 标的重要组成部分。

B.特尔或指尔多省办 1 期值压1

(2) 卫生保健提升能力计划

B.原官人力、物力、耐力的调制

C.宣传教育工作。

(3) 坚生學检测服疾防治知识

2. 松陽斯卫生保健计划

人员。

(2) 通过か延。有目的收集目

(3) 葡萄防富宣传中。普及新这些都为进一步实现防盲和初级眼保健

(4) 建定有效的转位制度。

3.WEIGH

1991~2000 年全国防宙

The Issue

"2000年人人享有卫生保健"是世界]

根据 1987 年全国残疾人抽样调查, 通过办证、提马县茨宣照和发生的盲人有 6826 人。 平均盲率为 0.43%。 随着人口总数的增加和人口老龄化, 新

C. 長毎年単か 4-6 河景開港単20262 名(1990年), 平均毎 6 万人口中身 盲治盲任务是十分艰巨的。

我国幅员辽阔。各地自然环境和经济 A尚書机构的問題、智慧、思》差别也很大。大部分省、自治区、直辖 治区盲率高于 0.60%。

> 致盲原因前 4 位的为白内障(41,06%) 光眼(8.80%),这是当前眼病防治工作的 人群, 其中 35.7%为男性, 64.3%为女性

我国政府十分重视防盲治盲工作。50 立全国防盲指导组,初步建立了由上而 它国际组织的协助下,多次举办眼病流 (1) 賴斯約爾亞保健教材。華累了一定的适合于中国国情的防盲工作 先进县标准。中国残疾人联合会成立以 复工作。经国务院批准实施的《中国残损 定: 五年内为50万白内绿患者施行复印

目前存在的主要问题是:

我国的跟科医师多数集中在大地 国约有三分之一以上的县医院(有的省、 科医生, 又无眼科仪器设备。

眼病是各地普遍存在的疾病之 不够重视,也未纳入初级卫生保健工作



If urgent action is This is unaccepta view

VISION

GLOBAL

Cost-effective into

There are 45 mi serious visual imp

卫医发(2006)

The Problem The resources ava developing country lack of trained e

facilities and patie The Solution VISION 2020

blindness preven awareness, mobi programmes with from being blind

各省、自治区、直辖市卫生厅局、残功 戏联:

为进一步推进我国防官治官工作

关于印发《全国防盲治盲规划》

Launched in Geneva on 18th Fe unprecedented global partnership The partnership involves the Wor Agency for the Prevention of Bli the Prevention of Blindness, Ch ORBIS International, Inc., and ! organisations, philanthropic inst national governments.

VISION 2020's mission is:

"to eliminate the main causes of b the millions of needlessly blind, t

In recognition of the fact that 10 unless joint global action is taken

Signature

Name

Zhang Wenk

戋疾人联合会

卫医政发[2012]52 号

关于印发全国防盲治盲规划 (2012-2015 年)的通知

各省、自治区、直辖市卫生厅局、残联,新疆生产建设民团卫生局、

为进一步全面推动我国防盲治盲工作,满足人民群众眼保健 服务要求,保障人民群众身体健康,在我国实现"2020年前消险可 避免盲"的目标,我们组织制定了(全国防盲治盲规划(2012-2015 年)》。现印发给你们,请遵照执行。





(信息公开形式:主动公开)

Current Problems

China is still one of the countries with the largest blinded population

There are currently 6 million blinded people domestically, taking up 2/3 of the total blinded population in western Pacific area. About 60% of blinded people are caused by Cataract

The Ophthalmic medical resources are insufficient and poorly distributed

In the national survey of ophthalmic medical resources in 2008, 44% of the ophthalmic medical institutions in China are located in eastern area, with 60% of ophthalmic doctors being in medium/big cities. By 2012, there has been 325 ophthalmic hospitals nationally, 70% of which are in urban area.

Current Problems

 Low coverage for Cataract recovery surgery and huge deficit between regions.

By the latest statistics by WHO

is

In Developed Countries (USA, Canada, and Japan) CSR>9000;

In Developing Countries CSR>3000, In India CSR>6000 In 46 countries located in the south of Sahara Desert, CSR between 1200 and 4300

The average national CSR in 2014 is 1400, with Shanghai urban area being 6000 and XinJiang being 330. It has been huge regional deficit.

The expertise of ophthalmic doctors is still to be desired

We have reached the rate of 1.15 Ophthalmic Doctor/50 thousand population, reaching the goal by the WHO "1 Ophthalmic Doctor/50 thousand population" in 2020 in advance.

However, there is a quite amount of ophthalmic doctors in China who cannot give a Cataract surgery independently, and the overall service level needs to be elevated.

Opportunities

- The continuation of the revolution of Medical and health system and the start of the comprehensive reform of county hospitals will keep reinforcing the service elevation for county hospitals, including Ophthalmology.
- The government will continue encourage and conduct social capital for medical institutions, pushing for a quick development of health services. 83% of Ophthalmic Hospitals are non-public.
- Associations such as Chinese Medical Association Ophthalmology Branch emphasize more on BPT.
- The new National Blindness Prevention Technology Guiding Group has completed its adjustment. (This group was originally formed in 1984 for almost 30 years)

Recent Main Working Principles

- Strengthen eye disease comprehensive service capabilities in basic levels.
 - > 70% of Chinese population is residents in county level, meaning the suburban and rural areas are still the main field for BPT, and county hospitals are still the main force.
- The evaluation for National BPT Plan (2012-2015)
- The formulation of National BPT Plan for the next
 5 years
- The launching of National Survey of Ophthalmic Capability Resources and Eye Disease Epidemiology

BPT Working Principles of the thirteenth Five-Year Period

- **▶**The continuity for BPT
- The compliance with current goals of health and birth control and deepening health reforming
- ➤In compliance with international institutions, demonstrating global strategic goals and action plan calls proposed by WHO and IAPB
- Stay honest and practical with macro overview and detailed working goals. Make it practical and able to be assessed.
- For primary blinding eye diseases and domestic situations, we take different prevention methods and approaches.

BPT Working Principles of the thirteenth Five-Year Period

Guiding Ideologies

- 1. Adhere to the principle of people-oriented. Make everyone have elementary eye care, eliminating evitable blindness gradually;
- 2. Absorb eye care service into medical health service system for better development;
- 3. Strengthen the capability of ophthalmic services in county-level general hospitals, and elevate the coverage, accessibility, fairness, and effectiveness of eye care services.

Working Principles

- 1. Adhere to the principles of government conducting, cooperating by multiple departments, and participating by entire society;
- 2. Combine the prevention of primary blinding eye diseases and the strengthening of basic-level ophthalmic service capabilities;
- 3. Clarify working goals and main responsibility for all levels;

- ◆Blindness by Cataract is treatable but uneasy to prevent, and the group will grow with the aging of population. The demand shall be fulfilled by elevating overall ophthalmic service capabilities;
- ◆Ametropic is relevant to the eye health of a large population of youth and correction should be executed scientifically;
- ◆The emphasis of diabetic retinopathy is prevention and the task should be moved forward to basic-level institutions and Endocrinology, making the sugar network able to be discovered as early as possible and referred;
- ◆Blinding by trachoma has been eliminated in China. The emphasis in the next 5 years will be the monitoring and propaganda, and the prevention from its backstriking.

The BPT is still a hard mission and a long journey

#