

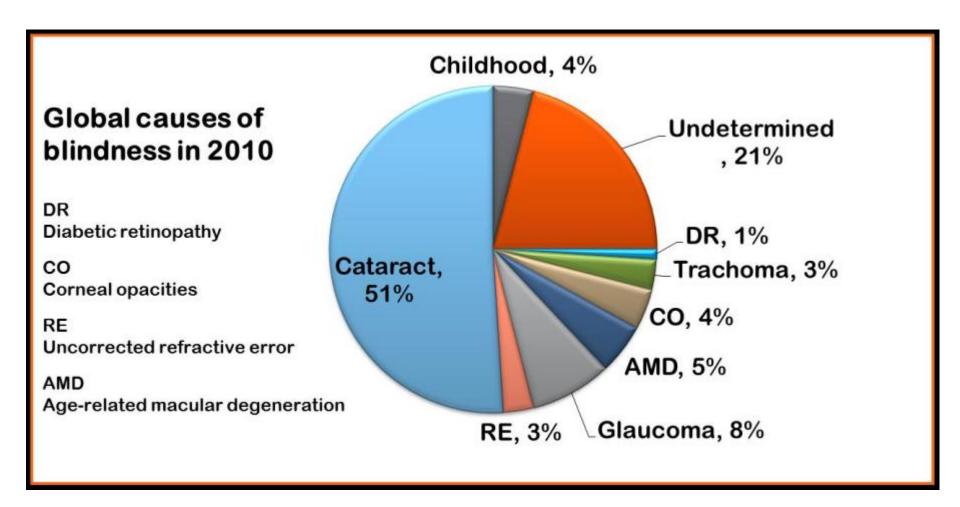
An Overview Combating Cataract

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Cataract: Leading Cause of Blindness Globally

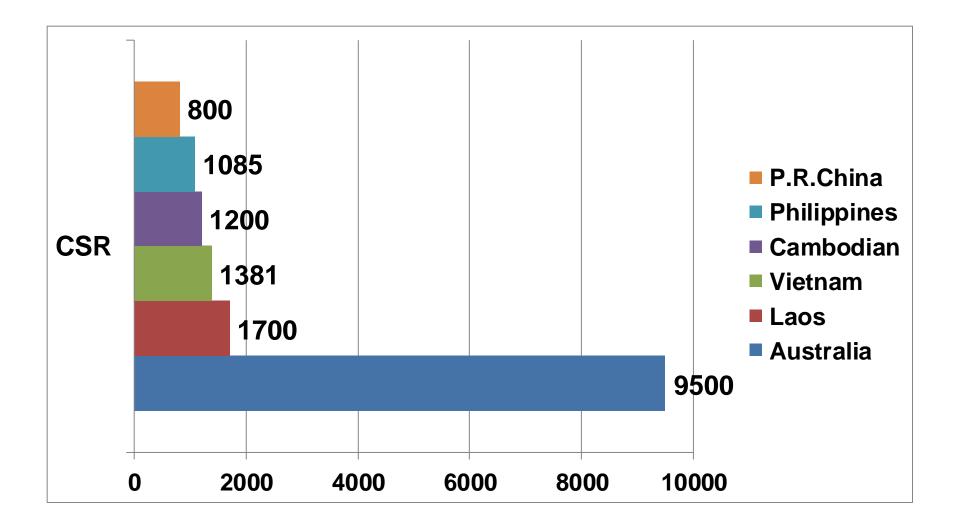






Overview CSR of West-Pacific Region (2009)







Overview CSR and Surgery Cases in China



•Goal by NHFPC: CSR Reach 1300 by 2015.

Year	Cases	CSR
2013	1.208 million	884
2014	1.46 million	1067



Key Barriers in Combating Cataract in China



Low CSR comparing with other countries

Although the economic rate in China is rapidly increaseing, CSR still lower than many counties in west-pacific region. Not to mention developed countries (eg. USA, Canada, Japan) CSR>9000, even India CSR>6000.

Regional disparity in China

In China, CSR differs dramatically among provinces, between west and east China.

High cataract surgery expenses in China

Imported IOL: good quality but high price, usually between 900-8,000RMB.

IOLs made in China: low price but also low rate of usage.



Top & Last 5 Provinces of CSR in China,2014



Top 5 Provinces

Last 5 Provinces

Province (Municipality)	Cases	CSR
Shanghai City	87636	3807
Beijing City	45489	2319
Tibet Region	5492	1829
Tianjin City	22843	1766
Jiangsu Province	121414	1544

Province (Municipality)	Cases	CSR
Guizhou Province	20391	597
Guangxi Province	24389	530
Qinghai Province	2675	475
Jilin Province	12814	467
Xinjiang Region	7191	330





The most important issue

Unbalanced distribution of human resource in ophthalmology

According to statistics in 2012, there are 326 eye hospitals in China. 70% of them locate in urban areas working for 49% urban population, while the rest 51% rural population only can be served by 30% eye care hospitals.

Cataract operation skills need to be improved

There are 31,400 registered ophthalmologists in China, however, each of them only operated 46 cataract cases in 2014.



Less information for Indicators for Cataract Surgery



- CSR (Cataract Surgical Rate): Number of cataract surgeries done per year per 1 million public sector dependent population. CSR is widely used in China by National Health and Family Planning Commission of PRC.(NHFPC)
- CSC (Cataract Surgical Coverage): CSC is a reliable indicator for availability of health services in many countries, especially to the elderly.
 Influential new report published in June 2015 co-authored by the WHO and the World Bank identifies a small set of indicators to track and monitor Universal Health Coverage. IAPB's recommendation Cataract Surgical Coverage among the thirteen health intervention indicators listed.IAPB strongly recommends CSC data as one viable indicator for health service coverage, as it is supported by data over time and geographies.



Current Improvements in Combating Cataract



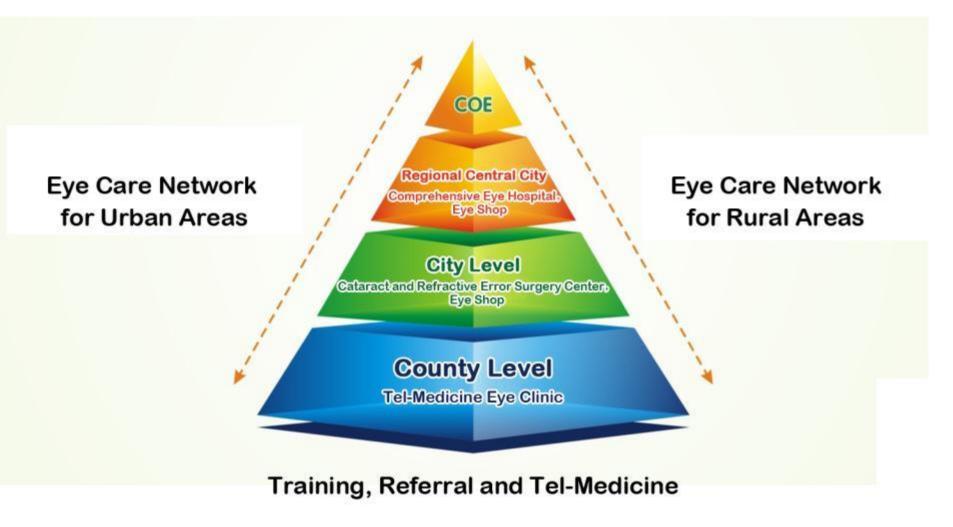
1. Improve the medical service in primary levels.

- In September 2015, Chinese government encourage to set up a three-level model in medical care.
- "Sight First China Action III" program supported by NHFPC, Lions Club, to set up a pilot three-level model for the prevention of blindness in Liaoning province since 2012.



Three-Level Model for the Prevention of Blindness







Three County-level Hospital Cooperated with He Eye Hospital

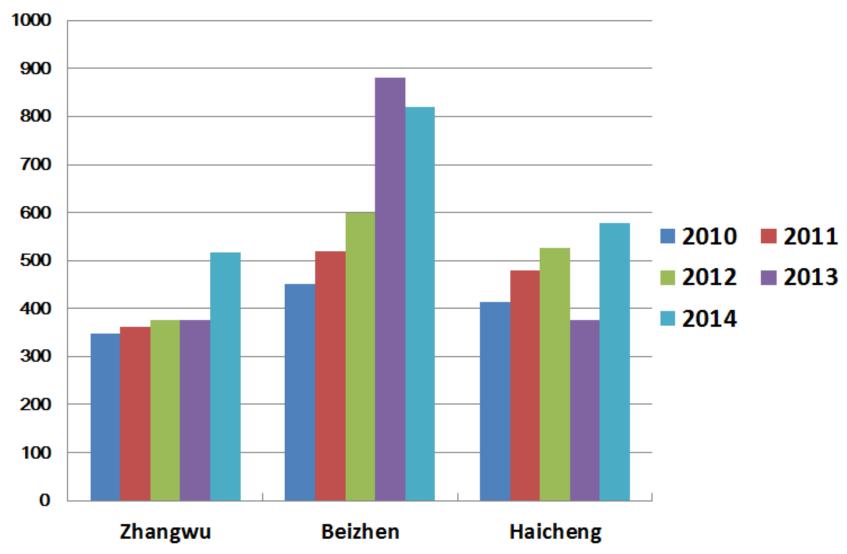






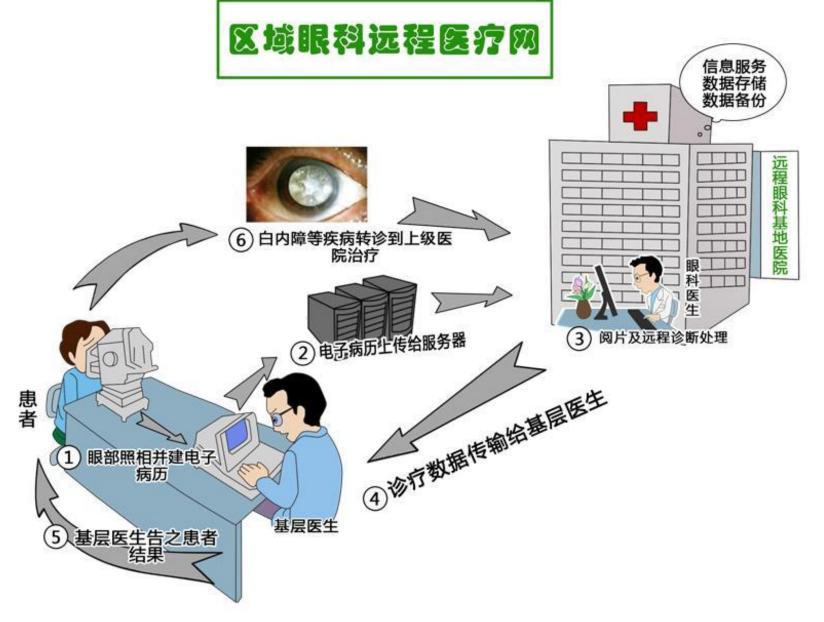


















(RMB/Case)	Tele-medicine Screening	Traditional Screening
Medical Equipment and Supplies	5.54	4.6
Human Resource Expenses	1.73	5.3
Costs of Cataract Patient and Accopanied Person	13.35	81
Total	20.62	90.7





2. Government keep on encouraging introducing nongovernmental capital into medical industry

- In 2010, National Development and Reform Commission and Ministry of Health published a document about encourageing nongovernmental capital into medical industry.
- 83% eye hospitals in China are non-government hospitals.
- Chinese government orgnize NGO coordinating meetings regualarly to formulate a work pattern of "Leading by the government, participating by all parties".





3 HR Provide Training for PBL Team Building

- National Training Base for the Prevention of Blindness by National Health and Family Planning Commission of PRC in 2012, in He University Eye Hospital.
- Other training programs conducted by ORBIS International, Fred Hollows Foundation, etc.











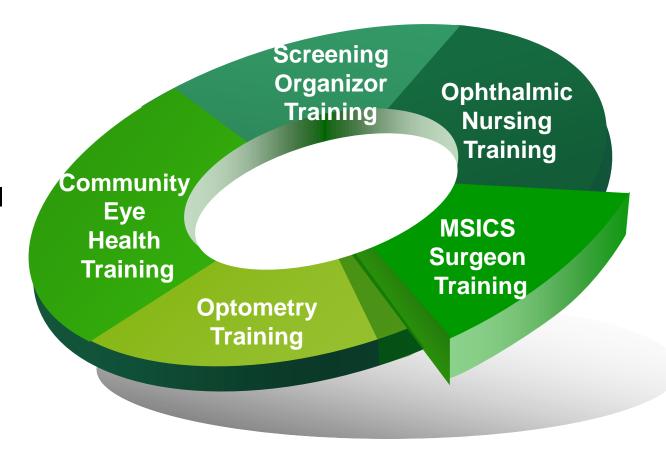




Team Training for Cataract

Problems:

- No patient
- No clinical nurse
- No quality control
- No staff for measuring IOL







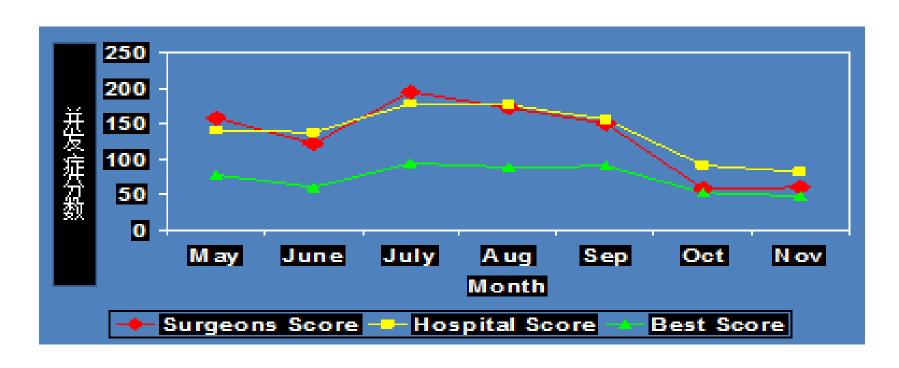


Training Content	Number of Trainee
Community Eye Health Training	28,000
MSICS Surgeon Training	100
Ophthalmic Nursing Training	200
Optometry Training	1500
Low Vision Training	300
PBL Program Training	400



Quality Control in SICS Surgeon Training











4 Conduct national HR investigation and epidemiological investigation in ophthalmology

 National-wide investigations are under operation by National Health and Family Planning Commission. The NHFPC plans to evaluate opthalmic service in provincial, municipal and county levels in two years.







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