

Ministry of Health of the People's Republic of China

Notice on Distributing "National Plan for the Prevention and Treatment of Blindness (2012-2015)"

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The Health Departments, Health Bureaus and Disabled Persons' Federations of all provinces, autonomous regions and municipalities directly under the Central Government, and the Health Bureau and Disabled Persons' Federation of Xinjiang Production and Construction Corps:

For the purpose of further and generally pushing forward the prevention and treatment of blindness (PTB) in China, meeting the public demand for eye care services, securing the public health, and achieving the goal of "eliminating avoidable blindness by 2020" in China, we have developed the *National Plan for the Prevention and Treatment of Blindness (2012-2015)*, and hereby distribute it to you for your implementation.

Ministry of Health

China Disabled Persons' Federation

July 27, 2012

National Plan for the Prevention and Treatment of Blindness (2012-2015)

I. Current Situation and Issues

Blindness and visual impairment are major issues of public health, which seriously affect the health and the quality of lives of the public, and add to the burden on both families and the society. In 1999, WHO and IAPB proposed VISION 2020: The Right to Sight, a global initiative to eliminate avoidable blindness caused by cataract, trachoma, onchocerciasis/river blindness, childhood blindness, refractive error and low vision. The Chinese government pledged China's participation in realizing this goal.

In the period of the 11th 5-year Plan, the Chinese government was highly concerned about the Prevention and Treatment of Blindness (PTB). By working out and implementing PTB plans, establishing PTB work systems and carrying out PTB projects, the government gave a

big push for PTB with remarkable results seen. Now in China, systems of administration and technical support for PTB have been formed at the national and provincial (regional/municipal) levels and in some prefecture-level cities. The coverage of cataract surgery is further increased and the construction of grassroots eye health networks and PTB teams is improved through projects including *Free Treatment for Children with Congenital Diseases and Free Surgeries for Poor Cataract Patients in Central and Western China*, *Sight First: China Action (SFCA)*, and *Free Cataract Surgeries for A Million Poor Patients*. Now, 94% of county hospitals are able to provide eye care services and 84% of them are competent for cataract surgery, which lays a firm foundation for China to establish its long-acting PTB mechanism. In addition, the National Eye-care Day campaigns on every June 6 create a good atmosphere for the general public to care and protect their eyes. 2010 saw a national CSR up to 900 and a significantly decreased number of cataract-blind cases.

While significant achievements have been made in the past five years, there are still major challenges. China remains one of the countries with the most blindness and visual impairment cases in the world, and problems still exist such as the insufficient investment, unbalanced distribution of eye care resources, and low quality of eye care services in rural areas, as well as inadequate PTB information systems. In addition, the governments at different levels still need to pay more attention to PTB, and the public need to increase their awareness of PTB. There is still a long way to go to realize the VISION 2020 goals in China.

II. Guidelines and Principles

1. Guidelines

Adhere to the people-oriented principle, and take gradually eliminating avoidable blindness and improving public eye health as both the starting point and ultimate goal of PTB. Taking deepening the reform of the medical and health system as an opportunity and taking eliminating avoidable blindness by 2020 as the goal, facilitating ophthalmic capacity building especially that for county-level general hospitals and building eye care networks with reasonable layout and adequate functions in order to meet public demand for eye care services, according to the requirements presented in *Plan and Implementation Scheme of Deepening the Reform of the Medical and Health Care System in the Period of the Twelfth Five-year Plan* and *Outline of the Twelfth Five-year Plan for People with Disabilities in China*.

2. Principles

Keep the government in the leading position, engage multiple sectors in the cooperation, and encourage the whole society to participate; combine the prevention and treatment of major blindness-causing eye diseases with ophthalmic capacity building especially for grassroots services, generalize appropriate ophthalmic technologies, and establish a long-acting PTB mechanism step by step; clarify objectives according to the national conditions, and put them in effective practice step by step on the basis of the accountability of different levels.

III. Objectives

The following are objectives to be achieved by the end of 2015.

(I) Completing PTB networks

1. Further complete PTB networks at the national, provincial and municipal levels, and further improve the capability of services.
2. Make 90% or more of county-level general hospitals in China to have eye departments or to have EENT (eyes, ears, nose and throat) departments, and make 85% of them competent for cataract surgery.
3. Form PTB patterns that are suitable to China's national conditions, and enable grassroots medical institutions to conduct preliminary screening and timely referral for major blindness-causing eye diseases.

(II) Developing human resources for PTB personnel

Establish standardized training systems for national-level and provincial-level PTB administrators and professionals, and enable all provincial-level PTB administrators to receive the standard training.

(III) Prevention and treatment of major blindness-causing eye diseases

1. Continue the prevention and treatment of cataract to increase the national CSR up to 1300 by the end of 2015. Create 600 cataract barrier-free counties (districts) in China.
2. Eliminate blinding trachoma across the country.
3. Medical institutions generally pay attention to the early detection and treatment of glaucoma and diabetic retinopathy. Promote health education to further improve the public awareness on the prevention and treatment of the two eye diseases.
4. Further improve the awareness of ROP prevention and treatment among health workers, and reduce the incidence of ROP.
5. Implement the *National Standard for Basic Public Health Services (2011)*, and introduce visual acuity test in the health record management for urban and rural residents, 0-6 years old children and senior citizens.

(IV) Low vision rehabilitation

Establish low-vision rehabilitation centers at provincial-level rehabilitation institutions for disabled persons, provide free typoscopes for 500,000 low-vision patients, and provide training for 200,000 parents of low-vision children.

IV. Main Tasks

(I) Further establishing and completing PTB networks

1. Include PTB in national-level and provincial-level health work plans and work plans for disabled persons, make overall arrangements, strengthen leadership, and increase investment.

2. Facilitate the capacity building of national, provincial and municipal Blindness Prevention Technical Support Groups. Give full play to their role in organizing and managing local PTB-related activities and in providing technical support to these activities. Let them help the health administrators to carry out activities including grassroots ophthalmic technical support, training for related workers and information collection. The health administrators should conduct performance review on the work of these groups.
3. Strengthen the ophthalmological capacity building of county-level general hospitals, enabling them to play their role as technical support centers for grassroots PTB. Encourage the ophthalmology departments at Class III hospitals and Eye Hospitals in urban areas to establish close cooperation with their counterparts at county-level general hospitals so that the former can provide technical support and training for the latter to enable them to be competent for diagnosis, treatment and emergent management of common eye diseases, and to introduce the double-way referral system.
4. Pilot urban-rural PTB networks as a probe for the way to establish an urban-rural networking pattern for the prevention and treatment of eye diseases that is suitable to China's national conditions. This will be a pattern based on county-level hospitals but driven by the high-quality ophthalmic resources at major urban hospitals.
5. Encourage all social sectors (and stakeholders) to take active parts in PTB. Establish a cooperative mechanism with the government in the lead. Encourage social forces such as NGOs and private eye hospitals to participate in PTB. Further optimize policies. Make overall arrangements and better coordination. Integrate all PTB resources at different levels and make the best use of these resources.

(II) Developing human resources for PTB personnel

1. Form national-level and provincial-level expert teams for PTB training. Work out training syllabi and curriculum for PTB administrators and grassroots PTB workers. Explore a way to establish national-level or regional-level training centers.
2. The Ministry of Health organizes standard training for all provincial-level PTB administrators. And, all provinces, regions and cities provide training for relevant workers at the municipal, county and grassroots levels in order to improve the competence of PTB administrators at different levels.
3. Make full use of the strengths and advantages of ophthalmological societies and associations for better development and training of ophthalmologists at county-level general hospitals and grassroots health workers, enable them with appropriate technologies for the prevention and treatment of common eye diseases.

(III) Prevention and treatment of major blindness-causing eye diseases

1. Continue cataract surgeries for poor patients, eliminate new cataract-blind cases, and further increase China's CSR. Improve quality of cataract surgery by

establishing quality evaluation systems and post-operation follow-up systems. Further strengthening the cataract surgery information reporting system.

2. Continue the *Sight First: China Action Phase III Project*, and make efforts to eliminate blinding trachoma in China by the end of 2015.
3. Provide training to eye care professionals and other relevant medical staffs to improve their competence of early detection and early treatment of diabetic retinopathy and glaucoma. Provide health education on diabetic retinopathy and glaucoma, and give a big push for early detection and early treatment of the two diseases.
4. Further implement *Guidelines for the Oxygen Therapy for Premature Infants and the Prevention and Treatment of ROP*. Provide training on ROP prevention and treatment for health workers including ophthalmologists, gynecologists, obstetricians, pediatricians and other relevant medical professionals. Provide early detection and early treatment for high-risk child patients.
5. Township clinics, village health stations and community health centers should well implement the *National Standard for Basic Public Health Services (2011)*, and introduce visual acuity test in the health record management for urban and rural residents, 0-6 years old children and senior citizens, and should keep records of the test results as required.

(IV) Low vision rehabilitation

1. Establish low-vision rehabilitation centers at all provincial-level rehabilitation institutions for disabled persons, and facilitate service capacity building for these centers.
2. Provide low vision training to ophthalmic professionals to improve their competence on low-vision screening and diagnosis. Ophthalmic institutions should cooperate with low-vision rehabilitation centers to provide technical and other support to them so as to improve the quality of rehabilitation service for low-vision patients.
3. Provide training to typoscope optometrists, introduce the "one-to-one" work mode for fitting typoscopes.
4. Establish a typoscope manufacture-supply-service network in order to improve the quality of lives of low-vision patients.
5. Organize academic workshops on low-vision rehabilitation, popularize the knowledge on this subject, and encourage all social sectors to participate in relevant activities.

(V) PTB health education and awareness raising

Mobilize all social sectors to carry out education on eye care and eye disease control, use various media including TV, radio, newspaper, magazine and internet to provide eye

care knowledge to different groups of people in ways that are pleasing and easy-to-accept to them and are suitable to their characteristics. Make use of health promotion days including the National Eye-care Day, World Sight Day and World Glaucoma Week to disseminate knowledge on eye diseases and to form a good atmosphere where the whole society support and participate in PTB.

(VI) Work out guidelines for the prevention and treatment of common blindness-causing eye diseases which is suitable for grassroots situations.

(VII) Further improving the cataract surgery information reporting system

Strengthen database construction for the Cataract Surgery Information Reporting System, further improve reporting systems in ophthalmic institutions, and make sure each cataract surgery will be reported.

V. Supporting Measures

(I) Improve collaboration and optimize policies

Health administrations and disabled persons' federations at different levels should be fully aware of the importance and social attribute of PTB, should collaborate closely with relevant departments to work out PTB-enabling policies and measures, and should try to find a way to establish a long-acting PTB mechanism. In addition, should make more efforts to disseminate PTB knowledge so as to create a social environment where the whole society support and participate in PTB.

(II) Use local successful cases to lead local PTB and focus on implementation

Health administrations and disabled persons' federations at different levels should work out their local PTB plans according to this *National Plan for the Prevention and Treatment of Blindness (2012-2015) (National PTB Plan)* and taking their local conditions into account. They should try their best to find out and summarize best practice and successful experiences that fit with the local conditions and replicate these experiences to systematically bring the local PTB up to the requirements presented in this *National PTB Plan* step by step.

(III) Management by objectives and regular review and evaluation system

It is the responsibility of the Ministry of Health to work out indicators and methods to evaluate how well this National PTB Plan is implemented. The MOH is also to supervise and evaluate local implementation, and to make necessary adjustments and supplementations to this National PTB Plan according to any new issues/conditions found during the implementation. All the provincial-level health administrations are required to work out indicators and methods to evaluate how well their local PTB Plans are implemented, to have the tasks presented in the local PTB plans broken down and assigned to specific persons or units, and to conduct regular review and evaluation on the implementation of the local PTB plans.

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