SOLOMON ISLANDS

NATIONAL EYE CARE STRATEGIC PLAN
2010-2014

NATIONAL PROGRAMME FOR PREVENTION OF
BLINDNESS

MINISTRY OF HEALTH AND MEDICAL SERVICES

OCTOBER, 2009

HONIARA
SOLOMON ISLANDS
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1. ACRONYMS

BCC  Behaviour Change Communication
CSR  Cataract Surgical Rate
DED  Diabetes Eye Disease
FHFNZ  Fred Hollows Foundation New Zealand
HMIS  Health Management Information System
HOD  Head of Department Ophthalmology
HSDP  Health Sector Development Programme
IAPB  International Agency for the Prevention of Blindness
ICEE  International Centre for Eyecare Education
MHMS  Ministry of Health and Medical Services
NCPB  National Committee for the Prevention of Blindness
NECC  National Eye Care Coordinator
NETC  National Eye Training Coordinator
NGO  Non-governmental Organization
NPPB  National Programme for the Prevention of Blindness
PBL  Prevention of Blindness
PEC  Primary Eye Care
PECU  Primary Eye Care Unit
SAFE  Surgery, Antibiotic, Face washing and Environmental improvement
SEC  Secondary Eye Care
TEC  Tertiary Eye Care
USHI  Undersecretary for Health Improvement
WHO  World Health Organization
DO  Postgraduate Diploma in Ophthalmology

October 2009
2. ACKNOWLEDGEMENTS

We acknowledge our Heavenly Father for guiding us through the compilation of this plan.

We would like to acknowledge the support of WHO as well as every member of the National Eye Care Team.

We also have a special recognition of Dr John Szetu, the Director of Pacific Eye Institute for his contribution.

We also acknowledge our other partners for their contributions.
3. **FOREWORD**

Blindness is one of the major health problems in the world. Globally, there are about 314 million visually impaired people, of these, 45 million are blind. About 90% of all blind people in the world live in developing countries like Solomon Islands. Blindness is also a major health problem in Solomon Islands. The personal and socio-economic impact of blindness is significant. However, about 80% of all visual impairment is avoidable (i.e. preventable or treatable); and there are cost-effective mechanisms/strategies for the prevention of these blindness.

The major components of Vision 2020: The Right to Sight Initiative ie. disease control, human resource development and infrastructure development; are included in this plan, which is designed to meet the eye care needs of the people of the Solomon islands. All stakeholders are therefore encouraged to support the implementation of this plan.

The Ministry of Health and Medical Services is committed to the prevention of blindness in Solomon Islands, in line with the global Vision 2020 Initiative.

I wish to acknowledge the efforts of the Solomon Island Government and non-governmental organizations, the National Committee for the Prevention of Blindness (NCPB) in the preparation of this five-year national eye care strategic plan.

Signed

*Dr Cedric Alepedava*

*Undersecretary Health Improvement*

*Ministry of Health and Medical services*

October 2009
4. INTRODUCTION

There are no population-based data about the magnitude of blindness in Solomon Islands. However, the prevalence of blindness is estimated to be 1.0%. The major causes of visual impairment are cataract, diabetic retinopathy, uncorrected refractive error and trauma/corneal blindness.

Cataract by far remains the leading cause of blindness in the country despite a cataract surgery rate (CSR) of about 1000 per million population per year.

Diabetes mellitus is an emerging public health problem with a high mortality and morbidity. Integrated diabetes services are required to manage this problem.

Physical trauma is most common in under 30 year olds. About 5% of injuries were complicated by infection. A delay in presentation of more than a week affected the visual outcome (National Trauma audit 2005-2007). This indicates the need for comprehensive and accessible eye care services to address this problem.

Better refractive service provision and a sustainable spectacle supply systems are required to address uncorrected refractive errors.

Active trachoma has been identified in 6% to 53% children under the age of 10.

The implementation of the SAFE strategy is indicated in areas with evidence of trachoma.

To provide rehabilitation to those with irreversible vision impairment, low vision services, integrated with community based rehabilitation division of MHMS.

Eye health promotion, through the health promotion division, MHMS, is required to improve awareness of the eye care issues, and promote healthy behavioural change.

Advocacy within the Ministry of Health and Medical Services (MHMS) other agencies and the community is required to improve the profile of eye care issues.

An important consideration is that eye care services be accessible to all members of the community.
5. BACKGROUND INFORMATION (COUNTRY PROFILE)

5.1 Demography

About half a million people with diverse cultures and customs live in the Solomon Islands: 94.5% are Melanesian, 3% Polynesian, and 1.2% Micronesian, and there are small numbers of other groups registered. About 180 languages and dialects are spoken. Most Solomon Islanders are Christians, with the Anglican, Roman Catholic, South Seas Evangelical, and Seventh-day Adventist faiths predominating. About 5% of the population maintain traditional beliefs.

The chief characteristics of the traditional Melanesian social structure are:
- The practice of subsistence economy;
- The recognition of bonds of kinship (wantok system), with important obligations extending beyond the immediate family members;
- Generally egalitarian relationships, emphasizing acquired rather than inherited status;
- A strong attachment of the people to the land.

Annual Population Growth rate: 3.5%
Total Fertility Rate: 5.4 Children born/woman
Life Expectancy at Birth (male / female): 65 / 68 years
Healthy life expectancy at birth m/f (years, 2003): 55/57
Age and sex composition of population
   0-14 years: 44% (male 105,024; female 101,065)
   15-64 years: 53% (male 124,827; female 121,358)
   65 years and over: 3% (male 6,935; female 7,185) (2000 est.)

5.2 Geography

Most people live in small, widely dispersed settlements along the coasts. About 60% live in localities with fewer than 200 persons, and only 10% in urban areas. This trend is slowly changing due to urbanisation.

The capital city, Honiara, situated on Guadalcanal, the largest island, has over 70,000 inhabitants. There are 9 provinces, and the major towns include Noro, Gizo and Auki. (Appendix 14.2.2)

Land Area: 28,369 Sq Km
Sea Area: 1,632,964 Sq Km
Climate: Tropical (Wet season between Nov and April)

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5.3 Expenditure on health care

Total expenditure on health per capita (2008) SBD 494,78c
Total expenditure on health as % of GDP (2008) 11%
Total expenditure on health (2008) SBD 250,847,749
Total direct expenditure on eye care (2008) SBD 650,000

5.4 Health infrastructure and organisation of health and eye care services

MINISTRY OF HEALTH
AND MEDICAL SERVICES

SPECIAL ADVISORY GROUPS
(eg: WHO/NCPE)

NATIONAL REFERRAL HOSPITAL
OPHTHALMOLOGY DEPARTMENT

OPHTHALMOLOGIST
OPHTHALMOLOGY REGISTRARS
EYE NURSES
TRAINEE EYE NURSES

6 PRIVATE
GENERAL
MEDICAL
PRACTITIONERS

HONIARA CITY COUNCIL

7 PROVINCIAL
2 MISSION HOSPITALS

EYE NURSES

3 URBAN HEALTH CENTERS

30 AREA HEALTH CENTRES
primary health services

1 EYE NURSE

5 URBAN HEALTH CLINICS

111 RURAL HEALTH CLINICS

158 NURSE AID POSTS

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5.5 Eye care facilities and resources

5.5.1 Human Resources (Appendix 14.2.1 & 14.2.2)

5.5.2 Eye Care facilities (Appendix 14.2.4 & 5)

5.5.3 Eye care services

The National Referral Hospital (NRH) has an Ophthalmology department with a team comprised of an Ophthalmologist, Ophthalmology registrars and ophthalmic nurses. It provides tertiary eye care services and receives all referred patients from all other hospitals and clinics. The Ophthalmology Department also facilitates all eye care services that constitute the National Eye Care Program.

The 7 provincial hospitals and 2 mission hospitals have an eye nurse, but have facilities, equipment and Primary Eye Care Units infrastructure of varying degrees (Appendix 14.3.3). They provide primary eye care services and serve as secondary eye care centres during outreaches by NRH Ophthalmic visiting teams.

Apart from providing screening for cataracts in the provinces; eye nurses provide vital assistance in patient referrals and follow-up.

Approximately 10 outreaches to the provinces take place each year, mainly by teams from the NRH, but also by The Fred Hollows Foundation New Zealand and the Pacific Island Project. The provincial eye nurses screen patients for the teams who then provide mainly cataract surgical services.

The National Eye Care Program provides services to the people of Solomon Islands as indicated in Appendix 14.4.

5.6 Magnitude of vision impairment

The estimated blindness prevalence rate is 1%. The major causes of blindness and low vision are cataract, diabetic retinopathy, uncorrected refractive error, and trauma and corneal blindness.
5.7 Organogram of the National Eye Division

MINISTRY OF HEALTH
AND MEDICAL SERVICES

PERMANENT SECRETARY

UNDER SECRETARY
HEALTH IMPROVEMENT

NATIONAL EYE DIVISION

NATIONAL EYE CARE COORDINATOR NATIONAL TRAINING COORDINATOR

CLINICAL EYE NURSE COORDINATOR Clinical eye nurse coordinators are seconded staff to the province

CLINICAL EYE NURSES

5.8 Major Constraints to eye Care

5.8.1 Sub-optimal utilisation of eye care services due to:
- Challenging topography and weather
- Scattered population
- Inadequate transportation systems in most areas
- High transportation costs

5.8.2 Shortage of trained human resources

5.8.3 Low priority placed on eye care by the MHMS

5.8.4 Inadequate funding for eye issues

5.8.5 Poor inter and intra-sectoral collaboration and national coordination

5.8.6 Inadequate consumables, infrastructure and equipment

5.8.7 Inadequate training infrastructure

5.8.8 Inadequate conditions of service for the eye care personnel
6. **RATIONALE FOR THE NATIONAL EYE CARE STRATEGIC PLAN**

This Plan is expected to contribute to the following outcomes:

1. Improve the profile for eye care issues in Solomon Islands.
2. Increase the awareness of all stakeholders about the need to give eye care a higher priority and consideration when allocating resources.
3. Elicit a strong commitment from the MHMS about the specific policy, leadership and co-ordination of eye care in the country.
4. Put in place a clear and relevant set of guidelines for achieving an effectively integrated and co-ordinated eye care system in the country.
5. Ensure equitable distribution of eye care services in the country.
6. Develop services that address comprehensively the eye care needs in the country.
7. Increase awareness of and demand for eye care services.
8. Improve accessibility and quality of eye care services.

7. **MISSION STATEMENT**

Quality eye care for all

8. **OBJECTIVES**

**General objective**

Reduce avoidable (preventable and/or treatable) blindness in the Solomon Islands from the estimated 1% to 0.5% by 2014.
Specific Objectives

8.1 Human Resource Development

8.1.1 4 ophthalmologists trained (2 DO, 2 MMed Ophthal) by 2014
8.1.2 13 eye nurses trained by 2014. (Appendix 14.2.2)
8.1.3 21 public health nurses trained annually for trachoma till 2014.
8.1.4 3 diabetes eye nurses trained by 2014
8.1.5 2 refractionist, 1 low vision technician, 2 optical technitians & 1 optical workshop manager trained by 2014
8.1.6 A functional human resources structure developed and implemented for better service delivery by 2014
8.1.7 Eye care personnel are employed at within appropriate schemes of service and equitably deployed by 2014
8.1.8 Eye care personnel are supported to pursue opportunities for continuing professional development

8.2 Infrastructures & Facilities Development

8.2.1 A Tertiary Eye Centre built and equipped in Honiara by 2014
8.2.2 13 Primary Eye Care Units built and equipped in the provinces by 2014
8.2.3 A national cataract auditing system to monitor the quality of cataract surgery provision by 2010
8.2.4 National reporting, monitoring, evaluation and continuous quality improvement systems developed and implemented by 2014

8.3 Disease Control

8.3.1 A cataract surgical rate of 2000 per million population per year is achieved by 2014.
8.3.2 Diabetes eye disease screening and management provided at NRH by 2010
8.3.3 A Trachoma control program is functioning effectively by 2010
8.3.4 Refraction services and an optical laboratory established in Honiara by 2014.
8.3.5 Low Vision Services developed by 2014
8.3.6 Ocular trauma control strategies implemented by 2014
8.3.7 More effective integration of primary, secondary and tertiary eye care into the general health system
8.3.8 Eye Health Promotion and behaviour change communication (BCC) provided in partnership with the Health Promotion Division by 2011
9. STRATEGIES

9.1 HUMAN RESOURCE DEVELOPMENT

9.1.1 Increase the number of human resources in terms of ophthalmologists, ophthalmic nurses (MLP) and eye care technicians through training at specified internationally accepted institutions.

9.1.2 Plan for decentralization of eye care personnel to provincial centres

9.1.3 Design an organizational structure which will incorporate provincial eye care personnel into the national eye division.

9.1.3 Advocate for the establishment of specialized eye nurse positions at an appropriate salary scale.

9.1.4 Continuing professional development for all existing eye care providers as part of accreditation process.

9.2 INFRASTRUCTURE AND TECHNOLOGY

9.2.1 Construct new facilities and maintain eye health infrastructure at all eye centers with assistance from MHMS and NGOs.

9.2.2 Establish internet communications where feasible, to facilitate seeking clinical advice, data sharing, referrals and feedback on referrals.

9.2.3 Supply standardized ophthalmic equipment, appropriate transport and consumables for use at the National division, provincial hospitals and Health centres.

9.2.4 Integrate eye information system with national system that link statistics from all levels of eye care.

9.2.5 Develop a standardized reporting, monitoring, evaluation and quality improvement system, with participatory evaluation responsibilities by eye care personnel.

9.3 EYE HEALTH SERVICES (DISEASE CONTROL)

9.3.1 Increase eye surgical outreach programs to provincial hospitals and area health centers

9.3.2 Increase the uptake of cataract surgery by providing better quality surgery

9.3.3 Develop services for diabetic retinopathy at the National Referral Hospital

9.3.4 Develop low vision services at the NRH.

9.3.5 Improve the accessibility of eye care services at the community level by provincial nurse outreaches and integration with other PHC services.

9.3.6 Promote health education and community participation in eye care and developing appropriate behavior change communication materials in collaboration with the health promotion division

October 2009
9.3.7 Develop and implement an advocacy plan for MHMS, other agencies and the community to improve the profile and prioritization of eye care and to attract resources and funding.

9.3.8 Promote effective inter and intra-sectoral collaboration and in providing effective eye care services.

9.3.9 Revive the NCPB to review eye policies.

9.3.10 Publish and make findings of research/survey results readily available to stakeholders.

10. INFORMATION SYSTEMS, MONITORING AND EVALUATION

10.1 Medical Health Information Systems
An integrated computerised system will allow for the efficient collection of patient data at NRH. At the provincial level eye nurses should collect data in appropriate formats. This will ensure that current data are available for analysis, monitoring and future planning.
- Single software (Houston) for Outpatients, Diabetes, Refraction and Surgeries at NRH.
- Appropriate formats for the provinces.
- A central server to link all the data entry points with backup systems
- Hard copy backup for patient data

10.2 Monitoring Systems
Reports by:
- Eye nurses (PEC Coordinators) to compile quarterly reports using a standard template and forward to NEC Coordinator and submitted to HOD and USHI.
- All data (Outpatients, surgeries and all program activities data) collated and compiled as Annual Report by NEC Coordinator. This will be submitted to appropriate authorities.

10.3 Evaluation
Continuous Evaluation
Eye care workers will participate in continuous evaluation and quality improvement. Monthly data will be evaluated quarterly and improvements made where required through the NEC Coordinator.

Summative Evaluation
The NECC will evaluate all activities and key performance indicators (KPI) annually. Investigate barriers to activities not achieved and making improvements where possible. In addition the evaluation framework should include assessing whether eye care services are sufficiently comprehensive, sustainable and of good quality to meet the needs of the people of the Solomon Islands.

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## 11. DETAILED PLANS (2010-2014)

<table>
<thead>
<tr>
<th>Strategy: HUMAN RESOURCES DEVELOPMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activity</strong></td>
</tr>
<tr>
<td>---------------</td>
</tr>
<tr>
<td>Ophthalmologist training</td>
</tr>
<tr>
<td>Ophthalmic Nurse training</td>
</tr>
<tr>
<td>Annual eye care personnel Refresher workshop</td>
</tr>
<tr>
<td>Optical technician and manager</td>
</tr>
<tr>
<td>Refractionist and Low vision Technician training</td>
</tr>
<tr>
<td>PEC Workshops for General Nurses</td>
</tr>
<tr>
<td>Diabetes eye nurse training</td>
</tr>
<tr>
<td>Activity</td>
</tr>
<tr>
<td>----------------------------------------------</td>
</tr>
<tr>
<td>Tertiary centre building</td>
</tr>
<tr>
<td>PEC buildings</td>
</tr>
<tr>
<td>Office Equipment</td>
</tr>
<tr>
<td>Communications</td>
</tr>
<tr>
<td>Training Equipment</td>
</tr>
<tr>
<td>Standard Instrument and equipment Sets for all Units</td>
</tr>
<tr>
<td>Drugs &amp; Consumables</td>
</tr>
<tr>
<td>Vehicle + OBM for outreach</td>
</tr>
<tr>
<td>Fuel for vehicle + OBM</td>
</tr>
<tr>
<td>Vehicle + OBM Maintenance</td>
</tr>
<tr>
<td>Patient data collection</td>
</tr>
<tr>
<td>Monitoring and evaluation</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Strategy: DISEASE PREVENTION &amp; CONTROL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activity</strong></td>
</tr>
<tr>
<td>-----------------------------------------</td>
</tr>
<tr>
<td>Nationwide cataract services Outreaches to all provinces (15 outreaches per year)</td>
</tr>
<tr>
<td>Low vision</td>
</tr>
<tr>
<td>Ocular trauma</td>
</tr>
<tr>
<td>Refractive Error Services</td>
</tr>
<tr>
<td>Spectacle laboratory</td>
</tr>
<tr>
<td>Research/Survey</td>
</tr>
<tr>
<td>Diabetes services</td>
</tr>
<tr>
<td>Health Promotion</td>
</tr>
<tr>
<td>Trachoma</td>
</tr>
<tr>
<td>RAAB</td>
</tr>
</tbody>
</table>

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## 12. BUDGETS

<table>
<thead>
<tr>
<th>Activities</th>
<th>Targets</th>
<th>Physical Plan by Year</th>
<th>Financial Plan By Year (in SBD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diseases Prevention &amp; Control</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outreaches (to all provinces)</td>
<td>15 per year</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Low vision technician</td>
<td>10 low vision aids annually</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Refractive Errors Services</td>
<td>1000 spectacles prescribed annually</td>
<td>1,000</td>
<td>1,000</td>
</tr>
<tr>
<td>Spectacles Laboratory</td>
<td>1,000 spectacles made annually</td>
<td>1,000</td>
<td>1,000</td>
</tr>
<tr>
<td>Distribution of IEC Materials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research/Survey</td>
<td>4</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Diabetes program</td>
<td>DED screening &amp; Laser Rx service</td>
<td>Establish diabetes program by 2014</td>
<td>Need to lodge as a separate project proposal for external funding or as SIG Development Budget</td>
</tr>
<tr>
<td>Health Promotion</td>
<td>-Integrated workshop</td>
<td>HP activities</td>
<td>HP activities</td>
</tr>
<tr>
<td>Trachoma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sub-Total: Disease Prevention &amp; control</td>
<td></td>
<td></td>
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</tbody>
</table>
## SOLOMON ISLANDS NATIONAL EYE CARE STRATEGIC PLAN

<table>
<thead>
<tr>
<th>Activities</th>
<th>Targets</th>
<th>Physical Plan by Year</th>
<th>Financial Plan By Year</th>
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</thead>
<tbody>
<tr>
<td><strong>Human Resources Development</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Ophthalmologist</td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>MMed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DO</td>
<td></td>
<td>13</td>
<td>3</td>
</tr>
<tr>
<td>Ophthalmic nurse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attachments at NRH(2mths)</td>
<td></td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Annual eye care personnel workshop</td>
<td>20 participants</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Diabetes eye nurse</td>
<td>3 diabetic eye nurses</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Optical technician</td>
<td>4 optical technician by 2014</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Workshop</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refractionist / Low vision Technician</td>
<td></td>
<td>2</td>
<td>0</td>
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</tbody>
</table>

Sub-Total: HRD (in SBD)
## SOLOMON ISLANDS NATIONAL EYE CARE STRATEGIC PLAN

<table>
<thead>
<tr>
<th>Activities</th>
<th>Targets</th>
<th>Physical Plan by Year</th>
<th>Financial Plan by Year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Infrastructures &amp; Facilities Development</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Buildings</strong></td>
<td>Primary Eye Centres</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td><strong>Communications</strong></td>
<td>Equipping primary eye centre</td>
<td>See appendix 14.3.1</td>
<td>See appendix 14.3.1</td>
</tr>
<tr>
<td><strong>Building</strong></td>
<td>NRH Eye Dept</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>Office Equipment</strong></td>
<td>Equip NECC offic</td>
<td>80,000</td>
<td>5,500</td>
</tr>
<tr>
<td><strong>NECC admin</strong></td>
<td>Office maintenance</td>
<td>45,000</td>
<td>49,500</td>
</tr>
<tr>
<td><strong>Communications NRH</strong></td>
<td>Phone/Fax/Internet</td>
<td>65,000</td>
<td>13,750</td>
</tr>
<tr>
<td><strong>Training Equipment</strong></td>
<td></td>
<td>5,000</td>
<td>5,500</td>
</tr>
<tr>
<td><strong>Basic Instrument Sets for PEC Units</strong></td>
<td>12 Sets</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td><strong>Eye Equipment (NRH)</strong></td>
<td>Well equipped facilities</td>
<td>See appendix 14.3.2</td>
<td>See appendix 14.3.2</td>
</tr>
<tr>
<td>(Eye Clinic &amp; DSU)</td>
<td></td>
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</tbody>
</table>
## SOLOMON ISLANDS NATIONAL EYE CARE STRATEGIC PLAN

<table>
<thead>
<tr>
<th>Drugs &amp; Consumables</th>
<th>NMS budget</th>
<th>See appendices</th>
<th>See appendices</th>
<th>See appendices</th>
<th>See appendices</th>
<th>See appendices</th>
<th>120,000</th>
<th>132,000</th>
<th>145,200</th>
<th>159,700</th>
<th>175,700</th>
<th>732,600</th>
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<td>-</td>
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<td>Vehicle maintenance &amp; fuel</td>
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<td>20,000</td>
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<td>25,520</td>
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<td>Fuel &amp; maintenance for vehicle Malaita</td>
<td>Adequate fuel &amp; maintenance</td>
<td>Fuel</td>
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<td>18,150</td>
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</table>
13. REFERENCES

Trachoma Rapid Assessment in the South Pacific Sub-region – Solomon Islands 2007

14. APPENDICES

14.1 STRUCTURE AND FUNCTION OF THE NPPB

14.1.1 Member organisations of National Committee for the Prevention of Blindness

- Ministry of Health & Medical Services
- Solomon Islands National Eye Centre/NRH
- Ministry of Education
- Business Community
- NGOs

14.1.2 Current members of the Executive Committee and sub-committee of NPPB

- Undersecretary Health Improvement
- Medical Supt NRH
- Director of Pharmaceutical Services
- Ministry of Education representative
- Director of Nursing
- Head Ophthalmology – National Eye Centre
- National Eye Care Coordinator (Secretary of Committee)
- Provincial PEC Coordinators (Eye Nurses) - Representative
- Business community representative
- NGO representative

14.1.3 Function of the National Program for the Prevention of Blindness (NPPB)

The Prevention of blindness committee is an advisory organ of the Ministry of Health and Medical Services with regards to the preventive and therapeutic eye care. It is responsible for making recommendations concerning:

1. The causes, incidence, prevalence and distribution of blindness and ocular morbidity.
2. The priorities, planning, and supervising the implementation of cost effective programmes for the prevention and cure of blindness and eye disease.
3. Allocating, within the context of available resources ophthalmic manpower, equipment, supplies, and static and mobile ophthalmic treatment facilities.
4. Constructive cooperation between the government and the voluntary sectors and mobilizing resources within and outside the country toward the ultimate goal of prevention and cure of blindness for the country.
5. Undertaking such activities as the PBL committee may consider appropriate to achieve its goals.
6. Work with the provincial committee for prevention of blindness to achieve the above goals.
14.1.4 National and International NGO's and Civic Organizations supporting Solomon Islands

National Level
- Rotary Club – Solomon Islands
- Red Cross – Solomon Islands

International Level
- Fred Hollows Foundation New Zealand (FHFNZ)
- Foresight Australia
- International Centre for Eye Education (ICEE)
- International Agency for the Prevention Blindness (IAPB)
- Pacific Eye Institute (PEI)
- Pacific Island Project (PIP)
- Surgical Eye Expedition International
- VOSO New Zealand Rotary Club
- World Health Organization (WHO)
- Royal Australian & New Zealand College of Ophthalmologists (RANZCO)
14.2 CURRENT RESOURCES FOR EYE CARE IN SOLOMON ISLANDS

14.2.1 Eye Care Personnel at the National Referral Hospital

1 Ophthalmologist (1 expatriate)
4 Ophthalmology Registrars
5 Eye Nurses
4 Trainee eye nurses

14.2.2 Eye Nurses at Provincial level

<table>
<thead>
<tr>
<th>Province</th>
<th>Estimated Population*</th>
<th>Major centres</th>
<th>Ideal no.</th>
<th>Current ophthalmic nurses**</th>
<th>Current Eye nurses***</th>
<th>Eye Care Worker****</th>
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<td>Taro</td>
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<td>28</td>
<td>5</td>
<td>12</td>
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</table>

*Population estimates for 2009 based on 1999 census
**Post graduate Diploma in Eye Care (PGDEC), Post Graduate Certificate in Eye Care (PGCEC)
***At least 2 – 9 months Attachment/training at the Eye Department, NRH
****No attachment Eye Department, NRH
14.2.3 Infrastructure at the National Referral Hospital
Consultation Room - 1
Refraction, Biometry and Keratometry Room – 1
Office and Workroom – 1
Operating Room – 1 (shared)

14.2.4 Infrastructure at the Provincial Level
Western Province – 1 PECU
Malaita Province – 1 PECU
All other provincial centres share work space with other programs and have no specific PECU.

14.2.5 Equipment at National Referral Hospital
- Operating Microscope – 5 (1 non-portable, 4 portable), note: 2 portable microscopes needs maintenance
- A - Scan – 3
- Keratometer - 2 manual, 2 automated
- Argon Laser – 1
- Slit Lamp – 6 (1 portable)
- ‘Lensmeter – 2
- Trial Lens Set – 2
- Direct Ophthalmoscope – 3
- Indirect Ophthalmoscope – 2
- Goldman’s Tonometer – 4
- Perkins Tonometer – 1
- Cryomachine – 1
- Humphrey Perimeter – 1
- Portable Autoclave – 2

Instrument Set
- Cataract Set – 10
- Entropion Set – 2
- Ptterygium Set – 2
- Retinal Detachment Set – 1
- Dacryocystorhinostomy Set – 1
- Squint Set – 1
- Enucleation – 1
- Evisceration - 1
14.3 STANDARD LIST EQUIPMENT AND CONSUMABLES SOLOMON ISLANDS

14.3.1 Basic package of Equipment/Instruments for PEC units
- Eye Chart (Distant and Near)
- Magnifying Loupe
- Light Source (Torchlight)
- Slitlamp
- Ophthalmoscope
- Retinoscope
- Trial lens set and frame
- Computer
- Internet where feasible
  Consumables

14.3.2 Basic package of Equipment/Instrument for Secondary Eye Care Units

Eye Charts (Distant/Near)
Occluder/Pinhole
Slit Lamps
Ophthalmoscope
Retinoscope
Trial Lens Set
Operating Microscope
Lensometer
A – Scan
Keratometer
Cataract Sets
Evisceration/Enucleation Set
Entropion Sets
Ptérygium Sets
Argon Laser Machine

Consumables
### 14.3.3 Current Primary Eye Care Unit Equipment

<table>
<thead>
<tr>
<th>Honiara City Council</th>
<th>Malaita Province</th>
<th>Temotu</th>
<th>Makira Ulawa</th>
<th>Guadalcanal</th>
<th>CIP</th>
<th>Ysabel</th>
<th>Western Province</th>
<th>Choiseul Province</th>
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### 14.4 Services provided by the National Eye Care Program, Solomon Islands

- **X** Continuous
- **X** Available during eye outreach tours

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14.6 List of Participants of the National Workshop on Planning (15th – 17th September 2009)
Dr William Adu-Krow
Dr Deji Adu
Dr John Hue
Dr Mundi Qalo
Dr Nola Pikacha
Rene’e DuToit
John Tuabele
Wanta Aluta
Edna Totogi
Elvis Naibo
Judith Sade
Bethany Oatasia
Lilly Cleven
Alice Ete
Rhyianne Jane
Susan Kana’au
Micheal Hou