



International Agency for the Prevention of Blindness

COUNCIL OF MEMBERS MEETING

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AGENDA ITEM 4.6: SOUTH EAST ASIA REGIONAL REPORT

IAPB Regional Report – South East Asia Region

In spite of global recession and various limiting factors the “Vision 2020” activities at the national level has gained momentum, this is due to strong advocacy, GO-NGO and INGO partnership in most of the countries of the region particularly in selected countries, i.e. India (selected states), Bangladesh and Indonesia. The eye care activities could not be monitored in a number of countries due to gap in communication and lack of coordination which signifies the need of strong IAPB – WHO collaboration at national and regional levels as it is at the central.

Disease control:

Cataract:

Cataract is still the single most common cause of blindness in all countries and is responsible for 50% to 80% of total blindness. Due to advocacy by IAPB, cataract surgical program has been incorporated as a major component in the national plan for the prevention of blindness. As a result, cataract surgical rate has markedly increased in all countries of the region. Cataract management protocol has been standardized and cataract surgical technique has been improved leading to early rehabilitation and improved visual outcome.

Childhood blindness:

Children constitute 35% to 40% of population and half of the blind children in the world live in this region. The leading causes of childhood blindness in the region are congenital cataract, hereditary retinal diseases, ophthalmia neonatorum and retinopathy of pre-maturity (ROP). The need for the establishment of separate paediatric units with trained paediatric ophthalmologist, nurses, anaesthetists, orthoptics, optometrists etc. are being felt in most of the countries of the region leading to establishment of separate paediatric units with the support mainly from INGOs to deal with the different types of childhood blindness. Retinopathy of Prematurity is an emerging paediatric problem the management of which is critical, expensive and at times with poor outcomes.

Refractive error and low vision:

This is an important cause of visual impairment and blindness in the region though no reliable data is available, anecdotal data reveals that uncorrected refraction error is accounted for 50% to 60% visual impairment and 4% of all blindness.

A very small percentage of refractive errors are being taken care of at the hospitals and clinics. Similarly low vision service is also inadequate and only limited number of tertiary eye care centres have been providing this service. The demand is gradually increasing due to awareness.

Formal Optometry courses are in existence at different institutions but their numbers are much inadequate than the actual need.

Glaucoma:

Glaucoma is one of the leading causes of irreversible blindness and visual impairment. Open angle Glaucoma is more prevalent. Facilities for early detection and management are available only in few tertiary eye care centres which are located in big cities and town. Lack of awareness, necessary facilities and trained man power for diagnosis and management along with poor compliance are important factors.

Gradually, this has received importance as many secondary eye care centres are setting up Glaucoma service as a sub-specialty.

Diabetic Retinopathy:

Diabetic Retinopathy is becoming increasingly responsible for visual impairment and blindness. About 20% of diabetic patients develop diabetic retinopathy in due course and 4 % of whom goes blind. The proportion of blindness due to diabetic retinopathy in the region is around 4% to 7%. Genetic predisposition, changing dietary habits and lifestyle are aggravating the situation.

Only recently a limited number of tertiary eye care centres have created facilities for proper management of diabetic retinopathy. Lack of awareness leading to late detection, poor compliance along with lack of trained personnel, expensive and prolonged treatment, and at times disappointing visual outcomes are few of the major barriers.

Human Resource Development:

There is a great variation in the ratio of Ophthalmologists and the populations in different countries in the region. On an average this ratio between Ophthalmologist and population is 1:22,000. Most of Ophthalmologists are located in urban areas, on the country around 70% of the population live in rural areas, 50% of the ophthalmologists are surgically inactive and clinical ophthalmology is more in practice than community ophthalmology.

The situation in respect of mid level eye care personnel is worse. The ratio between Ophthalmologist and Mid Level Eye Personnel in most of the countries at the moment is far below the minimum required proportion of 1:4. There is a need based demand of more trained human resources to deal with the various sub-specialty services and the gap is widening.

Achievements:

Due to strong advocacy some degree of sensitization has taken place at different levels amongst the stakeholders. "Vision 2020" is no more an unheard slogan.

Blindness prevalence surveys by now have taken place in most of the countries in the region which helped in identifying magnitude of problems. Most of countries have formed National Prevention Blindness Committee to achieve objectives of vision 2020. Formulations of national eye care plan and government budgetary provisions for its implementation are being achieved in majority countries.

Barriers:

There still are many barriers towards implementation of vision 2020:

- No scientific mechanism for systematic data collection, and its sharing thus making difficulties in decision making and implementation.
- There are communication gaps not only at various national level but also in regional level too.
- Lack of professional commitment.
- Lack of political commitment.
- Mal-distribution and under utilization of existing resources.
- Poor quality control and monitoring.

Prof. Rabiul Husain, FRCS
Regional Chair