



**IAPB COUNCIL OF MEMBERS MEETING  
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REGIONAL REPORTS ON VISION 2020 ACHIEVEMENTS - SOUTH EAST ASIA

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## General Regional Overview

South East Asia Region comprises a total of 11 countries. They are: Bangladesh, India, Indonesia, Bhutan, Maldives, Myanmar, Nepal, Sri Lanka, Thailand, Democratic Republic of Korea and Timor Leste having a population of more than one fourth of the total globe. One-third of 39 million world's blind people.

Leading causes of blindness in the countries of the Region are:

Cataract, Childhood Blindness, Refractive Error and Low Vision, Glaucoma, Diabetic Retinopathy. The prevalence of blindness in Bangladesh, Indonesia and some States in India are over 1% and Sri Lanka and Thailand are in a much comfortable position i.e., below 0.5% and the other countries are in between. Though there is a lack of coordination and communication gap, with some of the countries of the region, VISION 2020 has gained noteworthy progress overcoming various limitations and barriers.

## Disease Control and Prevention

### Cataract

Cataract is the single most common cause of blindness in all countries, and is responsible for 50-80 percent of total Blindness. Cataract Surgical Rate (CSR) is on the increase in all countries of the Region, though not yet reached to the desired level. CSR is variable among different countries of the Region and also varies among different states within the same country. In most of the countries 70% - 80% cataract surgeries are being performed at hospitals and clinics in cities and towns, the rest being taken care of through various outreach Programs. This needs to be reversed as 70%-80% population of the region live in the rural areas.

Cataract surgical technique has been improved and most of the surgeries are performed either by manual suture less small incision or by phaco-emulsification, which helps in early and improved visual rehabilitation and also reduce stay in hospital. Unfortunately, routine monitoring and visual outcome after cataract surgery in most of the centers are not done.

### Childhood Blindness

Children below the age of 15 years, constitutes 35 - 40 percent of population in the Region. Prevalence of childhood blindness is 0.7 – 0.8 per 1000 children. The major causes are: Vitamin 'A' deficiency, Congenital cataract, Hereditary retinal diseases, Ophthalmia Neonatorum, Retinopathy of Pre-maturity (ROP).

Significant success has been achieved in controlling Xerophthalmia through creating awareness, improved sanitation, water supply and distribution of high potency Vitamin "A" capsules. On the other hand, the incidence of ROP due to unregulated oxygen therapy to the premature babies is an emerging problem which needs attention. Ophthalmia Neonatorum due to sexually transmitted diseases are also on the

increase. It is satisfying that noteworthy progress has been made in reducing congenital cataract backlog in most of the countries due to appropriate human resources development and improved logistic supports.

To deal with childhood ophthalmic problems – few center in the region have set up separate Pediatric Units with trained Pediatric Ophthalmologists, nurses, anesthetists, orthoptics, optometrists, etc. Training of more and more ophthalmologists in pediatric ophthalmology is also getting priority.

### **Refractive Error and Low Vision**

Refractive Error is an important cause of visual impairment and blindness in the Region.

No reliable data are available on prevalence and incidence of uncorrected Refractive Errors and Low Vision, but anecdotal data reveals that uncorrected refractive error is accounted for 50%-60% of visual impairment and 4% of all blindness. A small percentage of people with Refractive Error are being taken care of through services provided at the hospitals and clinics. Some of the centers in the Regional run school eye health clinics which help in early detection and treatment of Refractive Error. These services are very much insufficient to their needs. Though few tertiary centers run short courses for refraction and also supply spectacles at the affordable cost, there still remains a big gap between the demand and supply which needs to be bridged. This service not up to the desired level.

Low Vision services are still not very much familiar to many ophthalmologists, but have gained importance in some tertiary centers in the Region. Appropriate low vision devices are to be made available at a cost effective way.

### **Diabetic Retinopathy**

Diabetic Retinopathy is becoming increasingly responsible for visual impairment and blindness. 25% of diabetic patients develop diabetic retinopathy in due course and 4% causes blindness. Lack of awareness and facilities for early detection of retinopathy and treatment lead to irreversible blindness, As this being highly expensive, only limited tertiary eye care centers provide facilities for proper investigation and management of diabetic retinopathy. Recently some Institutions in the Region have initiated diabetic retinopathy screening programs, which help in early detection.

### **AMD**

This is an emerging problem and one of the leading causes of irreversible visual impairment in all countries in the region. Both investigation and management needs expensive set up and visual outcome are mostly disappointing.

### **Glaucoma**

Though there is no available data for Prevalence and Incidence of Glaucoma in the Region, this is one of the leading cause of irreversible blindness and visual impairment. Most of the tertiary and secondary eye care centers in the Region now have facilities for diagnosis and treatment of Glaucoma. But for early detection, awareness and mass screening is needed, which should be made available to prevent blindness from Glaucoma.

### **Trachoma**

Fortunately, Trachoma is not a major problem for most of the countries in the Region. In some pockets of Myanmar, India and Nepal, untreated Trachoma is a problem leading to blindness, due to corneal scarring. With the improvement of water supply, health education and sanitation this is on the decline.

## Human Resource Development

### Ophthalmologist

Though human resource development is an important aspect towards implementation of VISION 2020, unfortunately this has not received due attention. There is a great variation in the number of ophthalmologists per million populations in different countries. Though the number of ophthalmologists has been increased over last few years, they are not sufficient for the growing population. Most of the Ophthalmologists in the Region are located in urban areas, on the contrary around 70%-80% of the population lives in the rural areas. Again around 50% of the Ophthalmologists are surgically inactive.

### Mid Level Eye Care Personnel

This is an important element in the delivery of eye care. Number of MLEPs has also increased, but ratio between ophthalmologists and mid level eye care personnel in most of the countries at the moment is far below the required proportion of 1:4.

Short and long courses for MLEP Training have been conducted in some of the centers in the Region, curriculum and duration of the courses are lacking uniformity and standardization. Some of the categories such as Eye Care Managers, Equipment Maintenance Technicians and Counselors have received limited attention.

## Infrastructure & Technology

In most of the countries in the Region available infrastructure are located mostly in cities and towns and in some places these facilities are not optimally utilized. Government has set up Operation Theatres and also equipping those at district level hospitals in most of the countries at times with the help of INGOs but those numbers need to be multiplied.

Though advanced technology to deal with some of the complicated eye diseases are now available in a number of Institutions both in private and public sectors, but this has remained out of the reach of common people. Unfortunately, back up service for the repair and maintenance of the delicate and expensive equipment has not yet developed proportionately due to inadequate number of technical people in most of the countries of the Region.

## Advocacy

Strong advocacy has strengthened political commitment and bureaucratic support to some extent in the region. In most of the countries in the region Government has started making budgetary provision, though not sufficient to its need, towards implementation of Vision 2020 activities.

### World Sight Day

World Sight Day is being observed in the Region, which has created public awareness and has made "VISION 2020" no more an unheard slogan.

## **Workshops**

A number of VISION 2020 Workshops were held in the current year such as:

Creating an actionable advocacy road map for eye health in India, which was held at New Delhi on 13<sup>th</sup> and 14<sup>th</sup> May 2010. The purpose was to develop actionable advocacy road map for facilitating eye health.

Research in VISION 2020 Global workshop which was held in Madurai, India on 27 to 28 September 2010. The purpose of this workshop was to develop a resource plan and identify priorities which would lead to improved control of avoidable visual impairment and blindness over the next ten years and towards the goals of VISION 2020, The Right to Sight.

Retinopathy of Pre-maturity (ROP): ROP held in 30<sup>th</sup> Sept and 1<sup>st</sup> October 2010. The purpose of this workshop was to revise Plan of Action for prevention of ROP developed in 2009 and to develop plan of action to increase awareness and to revise national guidelines.

## **Future Challenges**

- To translate into action the WHO Resolution concerning implementation of VISION 2020.
- To mobilize increased financial resources through Government budgetary provision.
- To create professional commitment particularly among ophthalmologists. They need more sensitization, motivation and remuneration.
- Political commitment needs to be sustained and augmented.
- Develop quality control mechanism and monitoring visual outcome.
- Human resources and technology transfer should receive priority through regional resource centers.
- Systematic data collection, its preservation and sharing which will help in decision making and implementation.
- Integration of PEC with PHC.

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