

## EYE BANKING

# A dire need for the blind

DR MANI LAL AICH LITU

Corneal blindness is a major form of visual deprivation in Bangladesh. There are about 100,000 corneal blind people in this country. A high percentage of these individuals could be visually rehabilitated by corneal transplantation—a procedure that has very high rate of success among organ transplants.

With this view we should move forward to strengthen eye banking capacity. The requirement of cornea in Bangladesh is approximately five lakhs. But the number of eyes being procured annually is only about 450-500 and these are not fully utilised. This clearly indicates a gap between the supply and demand of cornea in the country.

Sandhani International Eye Bank is the only active eye bank in our country. Corneal tissue collection by Sandhani has increased

remarkably during the last two years. But it alone cannot meet up the country's requirement for cornea.

Sandhani International Eye Bank adopted the standard eye banking systems in collaboration with ORBIS International which remarkably increased the number of cornea through the Hospital Cornea Retrieval Programme (HCRP). However, to meet the country's demand and increase the number of cornea collection, more eye banks are the need of time.

Eye banking procedure needs co-operation from both public and banking authority. Both way communications make the procedure smoother.

As soon as a death occurs at a house, family members can call up the eye bank informing the demise and their willingness to donate eyes.

Quality control and distribution are key to proper utilisation



of any cornea. Not only during the enucleation process (surgical removal of the whole eyeball) but even more after the eyes are brought to the eye bank for processing.

Corneal tissues may be distributed to ophthalmic institutions, corneal surgeons and other eye banks. The packing and transportation should be emphasised.

Sandhani International Eye

The writer is the Joint Secretary General of Sandhani National Eye Donation Society.

# Maternal mortality ratio falling too slowly to meet goal

STAR HEALTH REPORT

The world's maternal mortality ratio (the number of maternal deaths per 100,000 live births) is declining too slowly to meet Millennium Development Goal (MDG) 5, which aims to reduce the number of women who die in pregnancy and childbirth by three-quarters by 2015.

While an annual decline of 5.5 percent in maternal mortality ratios between 1990 and 2015 is required to achieve MDG 5, figures released by WHO, UNICEF, UNFPA and the World Bank show an annual decline of less than 1 percent. In 2005, 536,000 women

died of maternal causes, compared to 576,000 in 1990. 99 percent of these deaths occurred in developing countries.

The maternal mortality ratio in 2005 was highest in developing regions, with 450 maternal deaths per 100,000 live births, in stark contrast to nine in developed regions and 51 in the countries of the Commonwealth of Independent States (CIS). Moreover, the small drop in the global maternal mortality ratio reflects mainly the declines that have taken place in countries with relatively low levels of maternal mortality.

Countries with the highest initial levels of mortality have made

virtually no progress over the past 15 years.

**Indicator of death risk during pregnancy**

The new maternal mortality ratio estimates that slightly more than one-half of the maternal deaths (270,000) occurred in the sub-Saharan Africa region, followed by South Asia (188,000). Together, these two regions accounted for 86 percent of the world's maternal deaths in 2005.

Eleven countries accounted for almost 65 percent of global maternal deaths in 2005. India had the largest number (117,000), followed by Nigeria (59,000), the Democratic Republic of the

Congo (32,000) and Afghanistan (26,000).

**Annual decline rate below target**

The new maternal mortality ratio indicates the risk of death a woman faces with each pregnancy. In settings with high fertility, such as sub-Saharan Africa, women face this risk many times in their lifetime.

To achieve MDG 5 and reduce the maternal mortality ratio by three-quarters before 2015, improving health care for women and providing universal access to reproductive health services must be prioritised. This includes access to family planning, prevention of unplanned pregnancies and provision of high-quality pregnancy and delivery care, including emergency obstetric care.

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