



# Call to eradicate cataract blindness

Approximately 7.5 lakh people are suffering from blindness in Bangladesh and of them 6.5 lakh are suffering from avoidable blindness due to cataract. Every year some 1.5 lakh new cases of cataract are being added with the number.

But as the rate of cataract surgery is very low, every year a backlog has been extending, the experts said at a roundtable discussion titled 'Eye Care: Bangladesh Scenario' organized by The Daily Star in association with the Sight Savers International and Standard Chartered Bank at The Daily Star conference room on October 17.

If the government allocates Tk 40 crore per year for next five years for cataract surgery which is now only Tk 4 crore, the cataract blindness could be eradicated from the country before 2020, they said.

They stressed the need for incorporating Demand Side Voucher Scheme in the annual operational plan of the National Eye Care Plan to eradicate cataract blindness from the country by 2020.

The experts also said that the poor people should be provided with free of cost cataract surgery under this programme.

### Mahfuz Anam

**Editor and Publisher, The Daily Star**  
On behalf of The Daily Star, we are eager to work on the blindness issue and the roundtable is organised focusing the initiative.

We, on behalf of the media, would do our best to uphold the works of professionals like you in the media. Our job is to create awareness among the people and create a pressure among the policymakers in this regard.

You, the experts, could show us ways by giving information on the basis of your experiences. The Daily Star is very pleased that Sight Savers and Standard Chartered Bank responded to our call. Thank you very much.

According to the information, around 7.5 lakh people in the country are suffering from blindness and of them around 50,000 are from the Dhaka city alone. Of them 80 percent are suffering from blindness due to cataract. Cataract is a very simple problem and we can provide the patients satisfactory service with very small investment.

We think eye care is not given due importance in our health care policy. The government is yet to address the accumulated blindness whereas every year some 1.5 lakh new cases of cataract blindness is diagnosed.

So it is time to take a plan to bring down the backlog to zero in seven to ten years. It is not that it needs a huge amount of money. What are needed are just proper planning and its implementation with the extended budget.

The community people would also come forward in this regard to help the blind people get back their sight.

### Dr Wahidul Islam

**Country Director, Sight Savers International**

We think many problems of the country could be solved if the media and the professionals work together, especially on the issues like eye care.

He also said the National Eye Care Plan-2005 needs mid term review to make it more comprehensive and realistic.

"The plan of establishing low vision centre and paediatric centre is yet to be achieved," he said.

### Prof Deen Mohammad

**Noorul Huq**  
**Director, National Institute of Ophthalmology and Hospital and Line Director of National Eye Care, Bangladesh**

Over 7.5 lakh persons, aged above 30 years, are blind in the country and 80

percent of them are blind due to cataract. Every year some 1.5 lakh new cases of cataract are being added with the number. But due to limited cataract surgery, a backlog has been created and we are yet to come out from this avoidable blindness, he said while presenting the keynote paper.

The major causes of blindness in the country are cataract, childhood blindness and refractive error. The main obstacles and issues in eye care are inadequate awareness among the potential beneficiaries and other stakeholders, barriers in uptake of

tre level and bio-medical engineering sections.

A national Vision 2020 committee was formed and it is functioning effectively. Sixteen district level Vision 2020 committees were formed. Fifty ophthalmologists from different districts were trained on microsurgery. Five thousand primary health care workers have been trained in primary eye care, sixty nurses were trained on eye operation theatre and ward management.

Eye care equipments were procured, distributed and installed in different service centres.

programme can spread a bit then the voucher scheme of Tk 1,900 would be justified very much when we count that we are losing around one billion dollars per year due to blindness.

If the days of change have come, then the first thing we should do is to eradicate blindness from the country.

Commenting on covering the incidents Prof Deen Mohammad said a global statistics show that surgeries are going only 40 percent on blind people. If we do surgery of 100 people, we get only 40 blind people. For that we are not able to cover

tion, only half of the allocated money could be spent in the National Eye Care Plan. If only Taka two crore could not be spent out of four crore in a year, how come the national eye care services be ensured?

Demand side financing should be started in at least four to five districts in the next fiscal year and also be disbursed for some programmes like the voucher scheme for maternity health. We should get out of the way of thinking that government money could not be given to private sector. The main obstacle is in our mind and in taking the initiatives. I still believe

### Dr Zobaeda Hannan

**General Secretary, Bangladesh Jatiya Andho Kalyan Samity**

More than fifty percent of the total blind people are women, which has been focused in the World Sight Day this year. On October 8, we observed World Sight Day in Comilla where we engaged more people and they were provided with refraction service.

We need to involve the NGOs with the eye care programme because they have a huge number of women beneficiaries and it is easy for them to bring the women to the health care centres who need eye care.

At the same time, awareness should be created in the society.

We also need biomedical engineers.

There are people who are suffering from diabetic retinopathy (blindness related to diabetes). Though there are 56 diabetes centres across the country, but there is no ophthalmologist.

On the issue of creating Mid Level Ophthalmic Personal (MLOP) and ophthalmic assistants, Prof Deen Mohammad has said the students who passed SSC or HSC from science background could be provided with one to four year certificate or diploma course.

A gazette notification will soon be issued in this regard but no policy has been prepared yet for the course in public institutions, because the concept of MLOP did not exist in the government administration, he said.

However, it is possible for the National Eye Care, Bangladesh to come to a consensus in this regard and issue a gazette notification. Because the government needs trained manpower of different categories.

### Prof Ava Hossain

**President, Ophthalmological Society of Bangladesh**

Awareness raising is important to achieve vision 2020.

The issue of mid level workers should be incorporated in the National Eye Care Plan and it is the duty of the line director of the National Eye Care, Bangladesh.

### Dr Mohammad Showkat Ali

**Chief health officer, Dhaka City Corporation (DCC)**

The city corporation should be involved especially in the National Eye Care Plan and a guideline should be prepared in this regard.

Primary health care of the urban people is the responsibility of the city corporation since 1999. But it is said that it should follow the guideline and policy of the health ministry. So the eye care should be designed along that line.

With the help of Orbis, the DCC has been able to provide eye care in 52 wards for last few years. But some 37 wards are yet to be covered.

### Muhammad Abdus Sabur

**Programme support office of the Ministry of Health and Family Welfare**

The country needs 3,000 mid level ophthalmic personnel for smooth running of the eye care programme.

So there should be the opportunity in the public institutions for mid level training in ophthalmology and it needs immediate gazette notification. Manpower should be utilised properly in this poor country.

Due to lack of proper planning, duplication of services is taking places in Bangladesh. When there is a hospital like Kumudini in Tangail, it is understood that people will not go to the upazila health complex. The government could easily hand over the resource of the upazila health complex to Kumudini hospital and ask to ensure safety net for the poor.



PHOTO: STAR

Participants at a roundtable styled 'Eye Care: Scenario Bangladesh' at The Daily Star conference room.

eye care services, under-utilisation of existing facilities, inadequate primary eye care, inadequate government, non-government and private partnership and inadequate effective coordination mechanism at national and local level.

Globally, a total of 314 million people are visually impaired for all possible causes and approximately, two out of every three are women, most of them are over the age of 50 years and 90 percent of them live in poverty.

One of the main challenges is solving refraction problem does not get priority in the National Eye Care Plan. Absence of quality optometrist, inadequate institutional facilities to produce optometrist, very limited number of Mid Level Ophthalmic Persons is also posing challenges.

Challenges are also in service delivery include retention of trained manpower at the government set-up, lack of motivation and commitment of care providers, under-utilisation of care providers, mismatch in infrastructure and human resource and inadequate primary eye care.

Proper infrastructure is needed to serve satisfactory eye care to the people. One centre of excellence is needed for every five crore people which means we need three centre of excellences, 31 territory care centres, 308 secondary care centres and 3081 primary care centres.

Prof Deen also pointed out the neglected areas in the National Eye Care Plan. The areas are safety net for the poor patients, posts for eye care managers and counsellors, guideline for management of nationwide refractive errors, central support unit at the Line Director's office, Public-Private partnership, resource mobilisation and utilisation at service cen-

Observance of World Sight Day from 2006 was also an achievement. The cataract surgical rate has increased from 957 in 2005 to 1100 in 2008. National Eye Care is closely working with the INGO Forum for eye care.

Sight Savers supported five government hospitals performed 1,000 surgery at each hospital per year. Over 7,500 children with bilateral cataract received sight restoration surgery with support from Sight Savers. These are amongst the remarkable achievements that we achieved in eye care.

### Prof MA Matin

**President, Bangladesh National Society for the Blind, Sirajganj**

According to a study, loss in Indian economy due to blindness is 5.5 billion dollars per year and our loss would be at least one billion dollars.

If we can get some money for the poor people through some safety net programmes, we can provide quality service to them. A non-government organisation Orbis has taken up a pilot project in Manikganj titled 'Demand Side Financing'.

A finding came out from the project that a private hospital does 66 percent of surgeries, NGO hospital does 32 percent and a government hospital does only 2 percent.

It's an instance that there is a strong need of motivational work. It is a pilot project that was also referred by World Health Organisation. Such a pilot project is going on in Bangladesh. The government took same kind of voucher scheme in obstetrics. That means delivery patients gets some financial assistance from particular centres. So the government has already adapted this programme, if the

the incidents of blindness.

### Dr Abu Raihan

**Country Director, Orbis**

Cataract Surgery Rate (CSR) is a misleading indicator, CSR does not mean we reduced blindness. We do, but to what extent we do not know. Cataract Surgical Coverage (CSC) is the right indicator, which deals with blindness progression and blindness reduction.

We can start measuring CSC from now on. It will tell you how many cataract blind people underwent surgeries out of the actual number of cataract blind people.

### Dr Md Khairul Islam

**Country Director, Water Aid Bangladesh**

There is no facility to examine refraction in rural areas. That is why we do not often see women wearing spectacles in those areas.

If primary eye care in the urban areas could be incorporated by the local government ministry then why the Ministry of Health and Family Welfare cannot do it. Where are the obstacles in this regard?

There is no need for minister's blessings. If services could be included in the operation plan of the line directorate then who could exclude it from the health care service?

The health ministry also can do this if the local government ministry can do. If it fails then we would think that the efficiency of the health ministry is diminishing day by day.

There is an allocation of only 3 million dollars for National Eye Care Plan for five years. The first question, is the amount really enough and the second, how much of the three million was spent? As per my observa-

that if the private sector is not involved, it is impossible to cover all the cataract operations those need to be conducted in the country.

The allocation for implementing the National Eye Care Plan is very insignificant. Still only 50 percent could be spent in last five years, which was not expected.

Dr Deen Mohammad can give the fund for demand side financing from the unutilised fund allocated for the National Eye Care Plan. Bangladesh needs only Tk 250 to 300 crore in five years to eradicate cataract blindness from the country.

### Prof Rabiul Hossain

**Chief, Chittagong Eye Infirmary and Training Complex (CEITC)**

We need to learn from the good things of others. If somebody is doing something good, we need to follow that and we need to think of the cause how could they do better than us? Also the reasons of my failure should be identified.

India has been successful in eradicating cataract blindness. The success in India is mainly because there is no difference between private and government institutions. Everyone is working accordingly the government is preparing the guidelines. Everyone is provided with money for delivering eye care service whether it is government or non-government.

From top to bottom, there are so many barriers in our government sector, so providing eye care service to overcome the barriers in the rural areas is impossible. So, the government needs to work taking along everyone, otherwise we would not be successful. We need to learn from the success stories of other countries.