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Third Coordination Meeting
for the Prevention of Blindness in China

Beijing, 2 September 1999



Programme for the Prevention of Blindness and Deafness
World Health Organization
1211 Geneva 27, Switzerland

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CONTENTS

	Page
INTRODUCTION	1
SCOPE AND PURPOSE OF THE MEETING	1
UPDATE ON FOLLOW-UP ACTIVITIES FOR CATARACT SURGICAL MODEL PROGRAMMES	2
Ministry of Health	2
World Health Organization	2
International nongovernmental development organizations	2
SUMMARY AND CONCLUSIONS.....	5
Cataract output and cataract surgical rates	5
Intercountry comparison of cataract surgical rates	6
Costs of surgery	6
Quality of surgical outcomes	6
ANNEX 1: Agenda	7
ANNEX 2: List of participating organizations/institutions	8

INTRODUCTION

The Third Coordination Meeting for the Prevention of Blindness in China was convened by the World Health Organization and the Ministry of Health, People's Republic of China, in Beijing on 2 September 1999.

The scope and purpose of the meeting was to review the follow-up on the outcome of the Second Coordination Meeting held in March 1998, with special reference to the cataract surgical model programmes. The agenda of the meeting is contained in Annex 1.

Representatives from the Ministry of Health, the WHO Programme for the Prevention of Blindness and Deafness, nongovernmental development organizations and selected provinces participated in the meeting. The list of participating organizations/institutions is contained in Annex 2.

Dr Lin Yan (Division Director, Department of Medical Administration) was nominated Chairperson and Dr Allen Foster (Christoffel-Blindenmission), in his capacity of Acting Chairperson of the Task Force, as Co-Chairperson. Dr B. Thylefors (Director, Disability/Injury Prevention and Rehabilitation, WHO headquarters) was Secretary of the meeting, and Dr R. Pararajasegaram (IAPB) and Dr Suzanne Gilbert (SEVA Foundation) were elected Rapporteurs.

Dr Lin Yan welcomed the participants on behalf of the Ministry of Health. He felt that the meeting provided an opportunity to review what had taken place in China with regard to the recommendations of the last Coordination Meeting, especially with regard to cataract surgical services.

Dr Thylefors, welcoming the participants, stated that this was an abridged Coordination Meeting that was being held at this time because the IAPB General Assembly, starting three days later, would bring together a number of the participants. The focus would be on the follow-up of the outcome of the Second Coordination Meeting. He thanked the Ministry of Health for the arrangements made. Dr Thylefors made reference to the launch earlier this year of VISION 2020 - The Right to Sight, which had as its objective the global elimination of avoidable blindness. The prevention of blindness activities in China would make a major contribution towards the achievement of this goal in the years to come.

SCOPE AND PURPOSE OF THE MEETING

The Second Coordination Meeting held in March 1998, in Beijing, gave the following outline, *inter alia*, for future activities and coordination of work.

- ▶ Emphasis was to be placed on increasing the quantity and improving the quality of cataract services, which would involve making cataract surgery more accessible and affordable to rural populations, particularly at the county-level facilities.
- ▶ The INGDOs agreed to work with the Ministry of Health to strengthen training programmes for cataract surgeons to work at the county-hospital level. The model programmes would be used to evaluate various strategies for improving cataract surgical coverage and outcome.

The purpose of the present meeting would be to review the developments in these areas.

UPDATE ON FOLLOW-UP ACTIVITIES FOR CATARACT SURGICAL MODEL PROGRAMMES

Ministry of Health

Cataract surgical output

In 1998, 363 000 surgeries were performed. The annual output had increased from 215 000 in 1997.

Advanced counties

Up to the present time, there were 105 advanced counties with three advanced regions.

Human resource development at county level

The training of ophthalmologists and ophthalmic assistants working at county level had been enhanced. From early 1998 to July 1999, 2380 ophthalmologists and 2491 ophthalmic assistants had been trained.

Establishing departments of ophthalmology at county-level hospitals

Thirty-six ophthalmic departments at county-level hospitals were equipped with slit lamp, operating microscope, ophthalmometer, ultrasonic A scanner and surgical instruments.

World Health Organization

WHO had been in collaboration with the People's Republic of China since 1981. Technical assistance had been provided in national programme development, in epidemiological studies both of prevalence and of coverage and outcome of cataract surgical services, in training in epidemiology as well as in cataract management and had worked closely with the Institute of Ophthalmology in Beijing, a WHO Collaborating Centre for the Prevention of Blindness.

Since the last Coordination Meeting, WHO had been involved in INGO work with regard to cataract surgery.

In reviewing the recommendations of the last meeting, it was clear that the present meeting was to be seen more as an exchange of information on developments of model projects and achievements in cataract surgery output and in training.

The achievements of the Ministry of Health were impressive.

International nongovernmental development organizations

Brief reports, presented below in summary form, were received from the following organizations:

- Amity Foundation
- CBM International
- The Fred Hollows Foundation
- Helen Keller International, Inc.
- Hong Kong Society for the Blind/Asian Foundation for the Prevention of Blindness
- ORBIS International, Inc.
- SEVA Foundation
- SightFirst China Action

Amity Foundation

The Amity Foundation collaborates with CBM, particularly in relation to community-based rehabilitation, and continues to be involved in training programmes in relation to rehabilitation, including the visually disabled.

Christoffel-Blindenmission International

CBM is involved in 17 projects, including the area of rehabilitation. Over the last three years, 3600 personnel of various categories have been trained. Support to cataract surgery has increased from about 9000 in 1994 to over 13 000 in 1998. Support has been provided for about 15 000 trichiasis surgeries. In Suzhou Province, a project is under way to overcome barriers to cataract surgery.

The Fred Hollows Foundation

The Fred Hollows Foundation works in 19 countries. Its main focus has been on the production of low-cost, high-quality IOLs, standardized training in microsurgery and ECCE and PC-IOL implantation and the provision of portable and low-cost equipment. A training manual on cataract surgical procedures has been produced and is used extensively in training.

The outcome of such strategies has been the lowering of the cost of cataract surgery so that it is no longer a major barrier to the uptake of services. In China, support has been provided to Jiangxi Province under the China-Australia cataract programme. The Province has 100 counties of which 60% have eye doctors. There are 10 eye doctors for a million population. Nine thousand cataract surgeries were performed in 1998.

Helen Keller International, Inc.

HKI began work in China in 1986. Since the last Coordination Meeting, HKI has worked in three provinces:

In Sichuan, HKI partnered the West China University of Medical Sciences and trained five cataract surgeons. These surgeons have returned to their localities.

In Guangdong, the Zhongshan Ophthalmic Centre has completed an extensive study of interventions to improve cataract surgery coverage rates. Cost reduction, combined with public education, has enhanced coverage markedly.

In Hainan, working with the Department of Ophthalmology at the Provincial Hospital, HKI is developing a model for lower-cost cataract surgery using low-cost IOLs and outpatient high-volume surgery.

A trachoma survey was conducted which tested the WHO Rapid Assessment Methodology in China. Significant rates of trichiasis were found.

SEVA Foundation - Tibet Sight Program

A study on the barriers to uptake of cataract services in the Lokha prefecture in the Tibet Autonomous Region revealed that costs of surgery and lack of an accompanying person were major reasons. In addition, being "too old" was considered to be a deterrent.

Coverage of cataract surgery was 63% and the outcome of previous surgery was poor (< 6/60) in 30%. The outcome was slightly better in patients with IOLs.

Based on the results of the study, it is proposed to address the following areas to improve cataract services: targeting women patients, reducing the cost of surgery and improving the quality of the outcomes.

Hong Kong Society for the Blind/Asian Foundation for the Prevention of Blindness

The Hong Kong Society for the Blind/Asian Foundation for the Prevention of Blindness supports mobile units for cataract surgery. Four donated units ('buses) are operational since 1998. So far, 3800 surgeries have been carried out. One-third of the surgeries are subsidized. Assistance is provided by ophthalmologists from Hong Kong. Training programmes are included during these missions.

ORBIS International, Inc.

Since 1998, ORBIS has increased collaboration in China, with inputs into paediatric ophthalmology and eye banking. Training of eye surgeons under a fellowship programme has been under way and 18 doctors, residents, eye bank technicians and biomedical engineers have completed training at the LV Prasad Eye Hospital in Hyderabad, India.

The Shanxi Eye Hospital's training centre, already established with support from ORBIS, will in addition take on the development of paediatric ophthalmology with the establishment of a subspecialty unit at the hospital. Eye bank and corneal transplantation facilities are being developed in Chong Qing. ORBIS International serves as technical adviser to the cataract reduction programme of the Ministry of Health, which is supported by the World Bank. ORBIS has recently established a country office in Shanghai, with a Country Director, better to coordinate its work in China.

SightFirst China Action

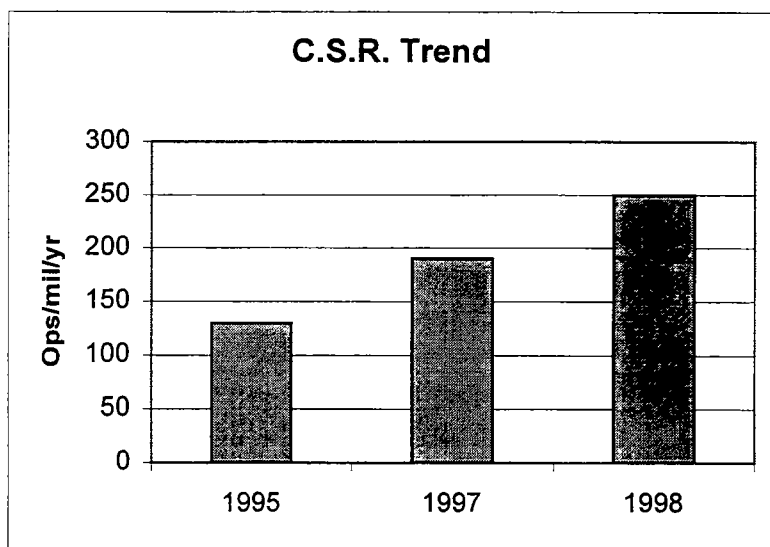
SightFirst China Action is a project launched jointly in 1997 by Lions Clubs International and the Chinese Government (Ministry of Health and China Disabled Persons' Federation). The major components of this five-year project (1997-2000) are: provision of cataract surgery, training of eye care personnel, development of eye care facilities at the county level, eye health education and promotion, local production of IOLs.

During the past two years of implementation:

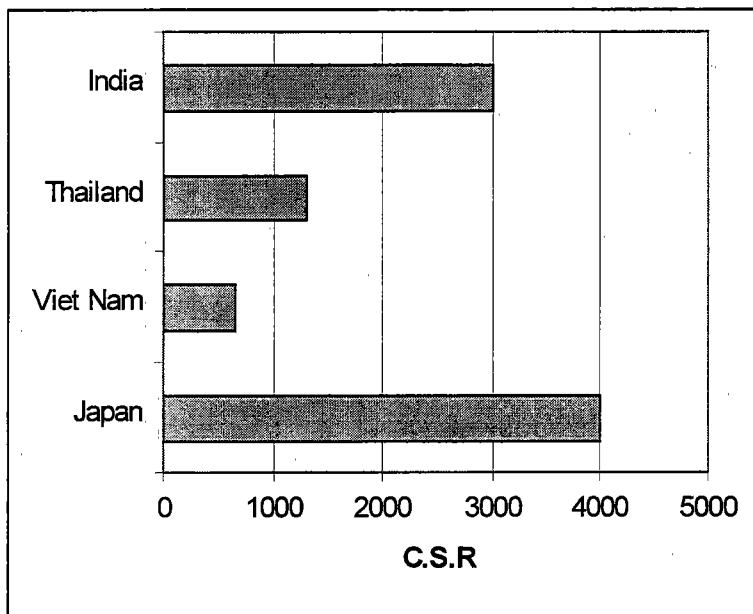
- ▶ 92 medical teams were dispatched to 761 remote counties;
- ▶ 910 000 cataract surgeries were performed;
- ▶ 3878 eye doctors were trained;
- ▶ 36 county-level eye care facilities were set up;
- ▶ an IOL factory has been established in Suzhou (production capacity: 100 000 lenses per year);
- ▶ eye health education material has been produced and disseminated nationwide;
- ▶ two databases have been set up: (i) cataract surgery visual outcomes and (ii) eye care resources (personnel and infrastructure). Data are available online.

SUMMARY AND CONCLUSIONS***Cataract output and cataract surgical rates (CSR)***

In 1994/1995:	21 provinces reported	
	No. of surgeries performed	140 000
	CSR	130
In 1997:	15 provinces reported	
	No. of surgeries performed	136 000
	CSR	190
In 1998:	15 provinces reported	
	No. of surgeries reported	176 000
	CSR	250-325



Inter-country comparison of cataract surgical rates



Major reasons for increase in cataract surgical rates, for example in India, were identified as follows:

- Government commitment
- World Bank project
- Greater awareness among the public
- Local availability of supplies and equipment at affordable prices

Costs of surgery

- Cost to patient at county level
- Range from 600 to 3000 yuan
- Average 1500 to 2000 yuan = US\$ 200 to 250

The cost of surgery still remains a major barrier, especially in rural areas. Attempts at cost reduction through making consumables available at lower cost should be addressed.

Quality of surgical outcomes

The studies carried out in Shunyi and Doumen counties had been presented at the last meeting. No new studies were reported. However, the following steps were being taken to ensure better outcomes:

- Improved training with a certification process
- Monitoring of outcomes

ANNEX 1**AGENDA**

Opening of Meeting
Introduction of Participants
Appointment of Officers
Adoption of Agenda

1. Review of outcome of Second Coordination Meeting
2. Update on follow-up activities for cataract surgical model programmes
 - (i) Ministry of Health
 - (ii) World Health Organization
 - (iii) Nongovernmental development organizations (NGDOs)
3. Specific training needs and opportunities for cataract surgery in China
4. Further developments and activities planned for cataract model programmes
5. Update on arrangements made for national trachoma control workshop, Kun Ming, 1999
6. Any other matters

Conclusions and Recommendations

Closure of meeting

ANNEX 2

LIST OF PARTICIPATING ORGANIZATIONS/INSTITUTIONS

- Ministry of Health
Beijing, People's Republic of China
- World Health Organization
1211 Geneva 27, Switzerland
- Project ORBIS International, Inc.
330 West 42nd Street, Suite 1900, New York, NY 10036, USA
- Hong Kong Society for the Blind/Asian Foundation for the Prevention of Blindness
248 Nam Cheong Street, Shamshuipo, Kowloon, Hong Kong
- Christoffel-Blindenmission
124 Nibelungenstrasse, 64625 Bensheim, Germany
- Tibet Vision Project
10 Arbor Street, San Francisco, CA 94131, USA
- The Fred Hollows Foundation
414 Gardeners Road, Locked Bag 100, Rosebery, NSW 2018, Australia
- International Agency for the Prevention of Blindness
Grosvenor Hall, Bolnore Road, Haywards Heath, West Sussex RH16 4BX, United Kingdom
- Foundation Eye Care Himalaya
Postbox 174, NL 2111 AD Aerdenhout, Netherlands
- Helen Keller International, Inc.
90 West Street, New York, NY 10006, USA
- SEVA Foundation
3 Brookside Road, Binghamton, New York, NY 13903, USA
- The Amity Foundation
71 Han Kou Road, Nanjing 210008, People's Republic of China

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