

Bangladesh

LIONS ARAVIND INSTITUTE OF COMMUNITY OPHTHALMOLOGY

Review and Development of Actionable National Plans for the South East Asian Region: A Vision 2020 Regional Workshop

September 24 - 26, 2009

Data Sheet

Country		Bangladesh			
Population of service Area:		154,037,902		CSR:	1,100
				Target CSR: 3,250	
Eye Care area	Rate	Per	Potential Need	Annual Target	Currently Treated
Cataract Surgery	6,625	1,000,000	1,020,501	1,500	169,442
Spectacles	10.7%		16,461,645	0	200,000
Diabetes Prevalence	2.50%		3,850,948	0	
- Diabetic Retinopathy	20.00%		770,190	0	0
Glaucoma Patients	1	100	1,540,379	0	0
Incurably Blind	1	1,000	154,038	0	0
Low Vision Persons	1	100	1,540,379	0	0
Trachoma					

HR Need - based on Population & above annual workload

Human Resource Category	Rate	Per	Unit	Total Need	Current Availability	HR Gap	*Desired Annual Output	Annual training capacity	Target
Ophthalmologists	1	400	Cataract Surgeries	2,551	700	1,851	232	30	1440
Hospital Based Ophthalmic Assistants	4.5	1	Ophthalmologist	11,481	1,000	10,481	1311	50	2880
Community Based Vision Center Technicians	1	50,000	Population	3,081	0	3,081	386	0	0
Optometrists	2	100,000	Population	3,081	0	3,081	386	0	0
Eye Care Managers	1.5	1,000,000	Population	231	0	231	29	0	0
Instrument Maintenance Technicians	1.5	1,000,000	Population	231	0	231	29	0	0

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Country Name:	Bangladesh			
Strategy Area	Enhancing Access			
Where do we want to be	To perform 500,000 cataract surgeries per year			
Time Frame	To achieve it in the year 2014			Category
	Infrastructure	Internal	Policy decision	Financial Implication
Action Point : 1	In the first 3 years to get the district hospitals (Population- 2 to 3 Million) fully functional and do pilots to develop eye units at upajilla (Population-300,000)		√	√
Action Point : 2	Setup an eye unit at Upajila level with surgical facility-to be supported by District level/NGO ophthalmologist		√	√
Action Point : 3	Eventual goal is to Setup vision centre every 50,000 population (Which will provide eye exam, refraction, spectacles & referrals)		√	√
Action Point : 4	Union sub centres to be developed as vision centres - Examination,Refraction,Optical dispencing,referral & school screening		√	√
Action Point : 5	Equip district hospitals for screening and treating DR. Immediately to create capacity in large cities with >500000 population			
	HR requirement to enhance access			
Action Point : 1	To train the community workers working in community clinic in basic eye care and developing a blind and eye care register-to establish primary eye care at village level		√	√
Action Point : 2	To fast track the qualification of non ophthalmologist doctors practicing in eye hospitals to become certified ophthalmologist -6 months training in selected institutions and examinations		√	√
Action Point : 3	District hospital Ophthalmologists to be used for upajilla centres - to visit biweekly		√	√
Action Point : 4	Popularize the certificate course in Refraction			
Action Point : 5	Training on Diabetic retinopathy services for district hospitals ophthalmologists (indirect & laser & imaging)			
Action Point : 6	Orienting the District health managers to the national eye care programme and specific activities in the distrct			
	Diseases Specific(Subsidy,Insurance,Financing Mechanism, Referral)			

Action Point : 1	Focus strategies to find and do cataract surgeries on blind people - at least 40% of the total cataract surgeries are on the blind persons. Introducing blind register in community centres		√	√
Action Point : 2	Introduce a referral system from the community to the upajilla/district surgical center		√	√
Action Point : 3	To perform 1000 cataract surgeries / year in all upajilla level hospitals		√	√
Action Point : 4	Address the refractive error among school children by screening camps in school			
	Awareness creation			
Action Point : 1	To initiate CBR activities and awareness creation through health workers, social workers, social welfare department, Nutrition program staffs and local and international NGOs		√	√
Action Point : 2	Celebrate world sight day at all levels		√	√
Action Point : 3	Create formal linkages with large NGOs like BRAC, Grameen, ASHA, Proshika, etc.,		√	√
Action Point : 4	National level campaign on Diabetic Retinopathy			
	Research : Evidence to Enhance Access			
Action Point : 1	To pilot by setting up cataract surgery centre at upajilla level		√	√
Action Point : 2	To link DR services in a few diabetic centres as a pilot project in the first year			
	Policies related to enhance access (Current Policies & Lack of Policies)			
Action Point : 1	Govt to recognize Eye care in training - PHC staff		√	√
Action Point : 2	Can we have a incentive mechanism for the cataract surgery for the community workers referring patients		√	√
Action Point : 3	Policy to decide how INGO & NGOs will work at Primary, Secondary & Tertiary levels		√	√
Action Point : 4	All district hospitals will be equipped and activitated within 3 years		√	√
Action Point : 5	Govt to work with INGO/NGOs in 16 districts for supporting upajilla hospitals		√	√
Action Point : 6	To have the Govt to approve World Sight Day as a national activity			
Action Point : 7	To initiate the process to develop revised operational plan			
Action Point : 8	To have a mechanism to involve other ministries like social welfare, local govt and Education at all levels of national eye care with budgetary support	√		

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Strategy Area	Human Resources and Training
Where do we want to be	To run all the existing and new eye care facilities with adequate manpower to address the eye care needs in the country
Time Frame	Phase I-2014
	Ophthalmologists
Action Point : 1	To enhance the qualification of non ophthalmologist doctors practicing in eye hospitals for atleast 2 years by <u>introducing a 6 months certificate course in ophthalmology (including 2 months SICS training).</u>
Action Point : 2	Training in DR Services (fundus photography, laser treatment, indirect ophthalmoscopy) for practising Ophthalmologists.
Action Point : 3	To provide surgical training to non operating Ophthalmologists.
Action Point : 4	Ensure the Quality of training programme
	MLOP
Action Point : 1	To introduce accredited Ophthalmic assistants diploma course both in Govt & Pvt institutes - 2 years (1 yr theory + <u>1 year clinical/practical - comprehensive training</u>)
Action Point : 2	Training in DR Services (fundus camera, imaging)
	Training Capacity
Action Point : 1	Recognise NGOs for running Ophthalmic assistants diploma course - 10 hospitals
Action Point : 2	Increase the quota at NIO for Ophthalmologists intake
	HR Distribution Issues
Action Point : 1	Use information technology (between upajilla and district, dr services, vision centre)
	Enabling high performance & Retention
Action Point : 1	Training existing non-ophthalmologist doctors to be recognized
	Research : Evidence to Enhance Access
Action Point : 1	Creating a database of all eye care HR in B'desh
	Policies related to enhance access (Current Policies & Lack of Policies)
Action Point : 1	Develop guidelines for upgrading nonophthalmologist doctors working in eye hospital
Action Point : 2	Develop guidelines for paramedical courses
Action Point : 3	Steps to be taken to fill the full quota of ophthalmology seat in the medical colleges