

# Bhutan

## 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

<b>Country</b>	<b>Bhutan</b>	
<b>Population of service Area:</b>	<b>682,321</b>	<b>CSR: 1,200</b>

Eye Care area	Rate	Per	Potential Need	Annual Target	Currently Treated	New Targets
Cataract Surgery	7,255	1,000,000	4,950	1,500	819	1,500
Spectacles	11.0%		75,103	#REF!	#REF!	
Diabetes Prevalence	1.70%		11,599	#REF!		
- Diabetic Retinopathy	20.00%		2,320	500	369	
Glaucoma Patients	1	100	6,823	#REF!	#REF!	
Incurably Blind	1	1,000	682	#REF!	#REF!	
Low Vision Persons	1	100	6,823	#REF!	#REF!	
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	12	8	4	1	#REF!	10
Hospital Based Ophthalmic Assistants	4.5	1	Ophthalmologist	56	55	1	1		80
Community Based Vision Center Technicians	1	50,000	Population	14	#REF!	#REF!	#REF!	#REF!	#REF!
Optometrists	2	100,000	Population	14	#REF!	#REF!	#REF!	#REF!	#REF!
Eye Care Managers	1.5	1,000,000	Population	1	1	0	1	#REF!	2
Instrument Maintenance Technicians	1.5	1,000,000	Population	1	#REF!	#REF!	#REF!	#REF!	#REF!

### Infrastructure Need - based on Population

	Population Base	Nos. Required	Current Status	Gap	Remarks
Centre of Excellence	50,000,000	0	#REF!	#REF!	Infrastructure are adequate, The utilization of this infrastructure should be enhanced & where ever eye care is a part of the health care facility, eye care should be emphasised.
Tertiary Care Centres	5,000,000	0	3	-3	
Secondary Care Centres	500,000	1	29	-28	
Primary care - Vision Centres	50,000	14	178	-164	

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Strategy Area	Enhancing Access			
Where do we want to be	1500	Category		
	Infrastructure	Internal	Policy decision	Financial Implication
Action Point : 1	Transport facilities for the medical team in the central and eastern region has to be improved (decentralisation policy)		√	
	HR requirement to enhance access			
Action Point : 1	One ophthalmologist from the central & eastern regional hospital is to be mobilised to do outreach. The Timphu ophthalmologists can replace the doctor going for outreach.		√	
Action Point : 2	Leverage the use of telemedicine in reaching more patients with DR		√	
	Diseases Specific(Subsidize, Insurance, Financing Mechanism, Referral)			
Action Point : 1	Give more emphasis to refractive error services and make it a priority item while planning eye care services		√	
Action Point : 2	Start doing the refraction camps in the hilly terrain		√	
Action Point : 3	Capacity building of the ophthalmic assistance in diagnosing Diabetic Retinopathy (identify training centres)	√		
	Awareness creation			
Action Point : 1	Creating awareness through brochures/leaflets	√		
Action Point : 2	Simplify the messages to be given to the school children during awareness campaign in order to improve its effectiveness and reinforce this regularly	√		
Action Point : 3	Celebration of World Sight Day and other similar occasions (identify funding sources)			√
Action Point : 4	Organise awareness creation campaigns in various areas and train more people to disseminate the information to other areas through primary health workers			
Action Point : 5	Promote the concept of eye donation in the community		√	
	Research : Evidence to Enhance Access			
Action Point : 1	Publish the findings of the RAAB	√		
	Policies related to enhance access (Current Policies & Lack of Policies)			
Action Point : 1	Influence the government to get external funding for promoting eye care services as part of the Millennium Development Goals			

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Strategy Area	Human Resources			
Where do we want to	1500	Category		
	Ophthalmologists	Internal	Policy decision	Financial Implication
Action Point : 1	Train the existing ophthalmologists in sub speciality areas (Oculoplasty, vitreoretina)	√		
Action Point : 2	Establish systematic monitoring mechanism for the work load of ophthalmologists	√		
Action Point : 3	Plan to train more ophthalmologists in order to ensure continuing service		√	
	MLEP			
Action Point : 1	Capacity building of the ophthalmic assistants in areas other than cataract surgery	√		
	Managers			
Action Point : 1	There is only one programme manager for the whole country now. There should be 2 more at least. Ophthalmologists also can be given the responsibilities of programme manager for the time being		√	
	Training Capacity			
Action Point : 1	Send the ophthalmic assistance regularly for training (short term and long term) in other centres	√		
Action Point : 2	Increase the intake of candidates for the ophthalmic assistants training at the Royal Institute of Health & Sciences		√	
	HR Distribution Issues			
Action Point : 1	Currently the ophthalmologists are there only in Thimphu and the regional hospitals. More ophthalmologists need to be produced and		√	

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Strategy Area	National & Regional Structure			
Where do we want to	1500 Cataract Surgeries	Category		
	Structure to Create Government Commitment	Internal	Policy decision	Financial Implication
Action Point : 1	Revive the Vision 2020 body in Bhutan	√		
Action Point : 2	Develop the national work plan for Vision 2020		√	
Action Point : 3	Identify all the stakeholders for the effective implementation of the plans	√		
	Leveraging Private & Voluntary Sector			
Action Point : 1	Leverage the WHO collaborating centres to strengthen the eye care programmes in general		√	
Action Point : 2	Leverage the INGOs in National level capacity building of the eye care force		√	
	Coordination Mechanism			
Action Point : 1	Interdisciplinary coordination to optimise the outcome of the programmes	√		
	MIS/Project Implementation System			
Action Point : 1	Establish monitoring mechanism for evaluating the functioning the existing structures and the staff in eye care	√		
	Communication Process			
Action Point : 1	After identifying the potential stakeholders communicate the plan to them	√		