

India

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	India	82,000
Population of service Area:	1,147,995,898	CSR: 4,800
2015	1,251,695,584	8,000
2020	1,326,093,247	

Eye Care area	Rate	Per	Potential Need	Annual Target	Currently Treated	New Targets
Cataract Surgery	8,000	1,000,000	9,183,967	6,000,000	5,510,380	10,013,565
Spectacles	11.9%		136,625,288	3,000,000	#REF!	148,966,795
Diabetes Prevalence	3.20%		36,735,869	#REF!		
- Diabetic Retinopat	20.00%		7,347,174	#REF!	#REF!	
Glaucoma Patients	1	100	11,479,959	#REF!	#REF!	
Incurably Blind	1	1,000	1,147,996	#REF!	#REF!	
Low Vision Persons	1	100	11,479,959	#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	Current Targets	New Targets - Annual Capacity
Ophthalmologists	1	400	Cataract Surgeries	22,960	14,000	8,960	1120	914	1500	1000
Hospital Based Ophthalmic Assistants	4.5	1	Ophthalmologist	103,320	35,000	68,320	8540	#REF!	1250 more	2700
Community Based Vision Center Technicians	1	50,000	Population	22,960	3,000	19,960	2495	#REF!	#REF!	
Optometrists	2	100,000	Population	22,960	1,979	20,981	2623	#REF!	#REF!	
Eye Care Managers	1.5	1,000,000	Population	1,722	#REF!	#REF!	#REF!	#REF!	1000 more	100
Instrument Maintenance Technicians	1.5	1,000,000	Population	1,722	#REF!	#REF!	#REF!	#REF!	#REF!	

*Desired Annual Capa Based on bridging the gap within 8 years so tha the required Human Resources are in place by 2015. This

Infrastrucutre Need - based on Population

	Population Base	Nos. Required	Current Status	Gap	Remarks
Centre of Excellence	50,000,000	23	12	11	
Tertiary Care Centres	5,000,000	230	43	187	
Secondary Care Centres	500,000	2,296	620	1,676	
Primary care - Vision Ce	50,000	22,960	800	22,160	

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Country Name:	India			
Strategy Area	Human Resources and Training	Category		
	Ophthalmologists	Internal	Policy decision	Financial Implication
Action Point : 1	Optimise the output of operating ophthalmologists (atleast 50% of the operating doctors);		√	
Action Point : 2	Re-allocation of administrative and other activities to non-operating personnel		√	
Action Point : 3	Train the ophthalmologists to carry out speciality eye care services along with their cataract initiatives	√		√
	MLEP			
Action Point : 1	Recognition to the MLOPs training		√	
Action Point : 2	Standardise the training curriculum and training period	√		
Action Point : 3	Develop accreditation standards for institutions and personnel	√		
Action Point : 4	Reorientation of existing staff	√		√
Action Point : 5	Scaling up the MLOPs (ophthalmic Assts.) training based on the Karnataka & Pondicherry model			
	Managers			
Action Point : 1	MLEPs who have worked for 25 years to be oriented to a six weeks course in eye care management; reallocation of their		√	√
	HR Distribution Issues			
Action Point : 1	Look at the potential of improving ophthalmologist - MLOP ratio; orientation needs to be done to the hospitals in this		√	
	Enabling high performance & Retention			
Action Point : 1	Provide incentives to ophthalmic team to increase the performance in the under served areas		√	√
Action Point : 2	Life insurance schemes for the ophthalmic team in the disturbed areas to ensure retention and improve the performance		√	√
	Policies related to HR (Current Policies & Lack of Policies)			
Action Point : 1	Specialists should be utilised only for providing speciality services in the government sector. This would enable in optimisation of existing ophthalmologists		√	

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Strategy Area	Enhancing Access	Category		
	Infrastructure	Internal	Policy Decision	Financial Implication
Action Point : 1	Resource mapping (Govt, private & NGOs) need to be done in a scientific manner to understand the current distribution pattern and plan for new service centres	√		√
Action Point : 2	HIS should include GIS application to understand distribution of services, performance etc.	√		
Action Point : 3	Explore the potential of PEC with surgical facility model in NE States and mobilise NGOs to carry out the work		√	
	Diseases Specific(Subsidie,Insurance,Financing Mechanism,Referral)			
Action Point : 1	CSR will be considered in two aspects: a) overall CSR rates for the country; b) CSR rate for presenting vision in best corrected eye, VA <6/60 for the country/district	√		
Action Point : 2	Subsidy for cataract surgeries should continue till 2015; especially in the underserved areas	√		√
Action Point : 3	Opportunistic screening for Glaucoma services: Incorporate screening for glaucoma among patients who come for cataract surgeries; Strengthen the referral mechanism from the primary	√		
Action Point : 4	Could we explore the possibility of using micro-credit groups (charge a small premium per month, per family that could support eye care services) by linking with other departments. Pilot this in	√		
Action Point : 5	Screening patients (with diabetes for more than 5 years) for diabetic retinopathy by ophthalmic assistants as part of diabetes screening by physician/diabetic clinics)		√	
Action Point : 6	Link NPCB's initiatives to MDGs - access to more funds for programmes (Disease specific)		√	
	Awariness creation			
Action Point : 1	Mobilisation of patients through creating concerted awareness. Include schools, workplaces, volunteers, religious leaders, political leaders, NOGs/CBOs/INGOs, ASHA/ICDS workers	√		√
	Research : Evidence to Enhance Access			

Action Point : 1	Understand the actual need Vs projected in the underserved areas to plan the services	√		√
Action Point : 2	Resource mapping (Govt, private & NGOs) need to be done in a scientific manner to understand the current distribution pattern and plan for new service centres	√		√
	Policies related to enhance access (Current Policies & Lack of Policies)			
Action Point : 1	Creating access to patients to reach the eye hospitals (not limiting only to the hospital's but also leverage community structures and other health programmes to support this)	√		
Action Point : 2	Explore the option of decentralising decision making and autonomy for budgeting/planning for the RIOs to use the funds; NPCB could come up with broadbased guidelines to spend the funds		√	
Action Point : 3	Capacity building for the RIOs and other Centres of Excellence to plan their services and usage of allocated budget accordingly - Come up with need based annual targets		√	
Action Point : 4	Integrating eye care services with general health programmes (eg. Elderly, Diabetes, etc. and facilities) at the primary levels - case detection, motivation, referrals		√	
Action Point : 5	Specialists should be utilised only for providing speciality services in the government sector. This would enable in optimisation of existing ophthalmologists		√	
Action Point : 6	Modification of rules with regard to all the pending reimbursements irrespective of the duration		√	√

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Strategy Area	National & Regional Structure	Category		
	Structure to Create Government Commitment	Internal	Policy decision	Financial Implication
Action Point : 1	Reviving WHO National VISION 2020 Body that would focus on implementing strategies and plans across the country through government agencies. This body would work in collaboration with the existing VISION 2020 India	√		
Action Point : 2	Setting up professional accreditation body to certify MLOPs		√	√
Action Point : 3	Create a parliamentary forum at national level with interested MPs and utilising their goodwill at local level	√		
Action Point : 4	To have a regional adviser in WHO			
	Leveraging Private & Voluntary Sector			
Action Point : 1	Wherever government infrastructure is not functioning NGOs could be roped in to provide eye care services and vice versa (eg.Mehalaya - Thura district)	√		
Action Point : 2	To make a budgetary allocation to support the work of VISION 2020 India and EBAI (to incorporate this in 12th Five Year Plan)			
	Coordination Mechanism			
Action Point : 1	Coordinate with other health programme initiatives to promote eye care services	√		
	MIS/Project Implementation System			
Action Point : 1	Cataract Surgical Rate could be computed in two ways; overall CSR & CSR based on presenting VA (<6/60); MIS to be modified; Data should be available at district level	√		
Action Point : 2	Implementation of comprehensive HMIS (with GIS) that would help in carrying out key analysis especially about - access, distribution, quality, human resources etc.	√		
	Communication Process			
Action Point : 1	NPCB to create linkages with media/other non- health sectors to devise strategies to promote eye care services and eye health	√		