

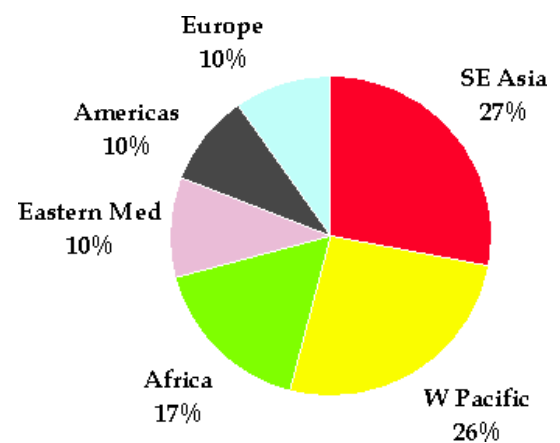
Refractive Error

1. MAGNITUDE

- 153 million people – including 5 million blind from RE
- A further 39 million children with vision less than 6/12 in the better eye
- A further 150 million (at least) who have significant near visual impairment due to presbyopia

2. BARRIERS

- **Access** – Refractive services are not accessible in rural areas.
- **Affordability** – The distance is a major factor for the patients in rural areas.
- **Lack of trained eye care personnel** – Inadequacy of trained ophthalmic personnel
- **Lack of awareness** - Most of the people are staying in rural areas and illiterate. So they do not have any ideas about RE
- **Cultural barriers** - Especially the women are not allowed to go outside of their own houses due to certain myths



3. CHALLENGES IN DEALING WITH REFRACTIVE ERROR

- Lack of data for planning - Lack of evidence about availability of RE services in the community versus base hospital
- Poor Practitioner to Patient Ratio
- Uneven distribution of personnel
- Poorly Trained Personnel – Lack of adequate trained optometrists/refractionists urgently needed
- Availability of Equipment
- Availability of Spectacles
- Funding
- Human resources - HR inadequacy at the community level
- Infrastructure



4. ISSUES IN THE MANAGEMENT OF REFRACTIVE ERROR

Data Issues

- Lack of evidence about availability of RE services in the community versus base hospital
- Non-uniform definitions across studies
- Non-representative study populations (convenience rather than population-based)
- Dissimilar demographics of study population (age and sex)
- Different Refraction procedures used in different studies(with/without cycloplegia etc.)

HR Issues

- Inadequate HR for screening
- Training more optometrists/refractionists urgently needed
- Inadequate and differing standards of certification

Infrastructure Issue

- High inadequacy at the community level



5. BEST PRACTICES FOR REACHING OUT

Opportunities in marketing using patients:

Using all current patient contacts at the hospital, community and school to promote refraction services

Service Delivery Model

School eye health camps – Children

Office & Industry Refraction camps – Productive age group

Comprehensive eye camps – Older age group

Follow-up

A continuous follow up is needed for the effective promotion of eye care services.

Financing

Considering the magnitude of the problem, financing need to be carefully structured such as adapting low cost methods to provide “on the spot” delivery of spectacles

Accessibility

Magnitude of the problem is so large that it requires solution at the primary eye care level.

Availability of RE screening and spectacles at the street level

Innovative solution requires availability of RE screening and spectacles at the street level that is integrated with other services (Eg. Reading room, Tea shop)

