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
- PoorlyTrained 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)