FROM
PRIMARY EYE CARE

TO

COMMUNITY EYE HEALTH

TO

IPEC

TO

PEHC+promotion

C. van der Windt

WIO 2025

program

- Personalia
- 3 levels of reflection in CEH:

1. What is CEH ?
2. Does it work ?
3. How do you do CEH
   (as a doctor) ?



Personalia

- 1988-1993 Zimbabwe DMO (DOG-PSO)
- 1-8-89 training ICCE's
- Training Ophthalmology Rotterdam eye Hospital
- 1996/1997/1999 Nepal (Himalaya Eyecare)
- 25 years general Ophthalmologist Riverland Hospital Tiel
- 2001/2002/2003 Vietnam (Mekong Eye Doctors)
- 2006 Community Eye Health course London School of H/TM
- 2010 -- Teacher UMC Utrecht
- 2008 -- Laos (Medical Advisor Eye Care Foundation)
- 2022 -- Nepal (MA ECF)

An (empowered) community

- is a group of people with diverse characteristics linked by social ties, common perspectives, problems and issues, who engage in joint action in different or the same geographical locations or settings.
- This means that people know what causes eye disease, what to do remain healthy, where to go when become sick, and how to be inclusive of those who have irreversible visual impairment.

HEALTH CARE SYSTEM



Ministry of Health

National Institute of Ophthalmology

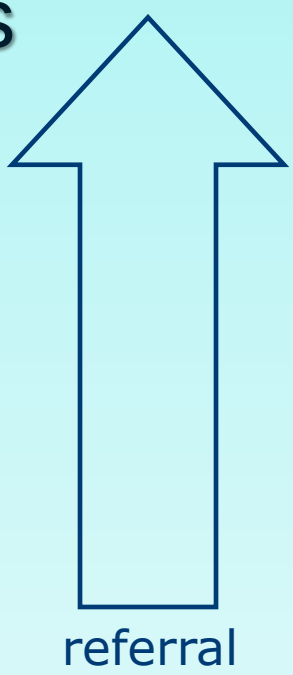
Regional referral Hospitals

Provincial Hospitals

District Hospitals

Health centers

Village health workers



HEALTH CARE SYSTEM

- Vertical , top down structure
- Passive system to treat patients, who present themselves with disease
- With some active case finding / screening programs: Mother and Child clinics, TB screening etc

PRIMARY EYE CARE :

- Eye care services delivered at the primary level of the health care system: in the commune / village

  - Directed from the provincial level
  - Carried out by the VHV / VHW
  - Mainly therapeutic interventions
  - Only little preventive activities

Health care system :

Community consists of

healthy individuals patients



Health care system :

Oriented to CURE the diseased



Health care system with some epidemiological feedback:

CARE FRACTION:



Patients

numerator

Whole Community

denominator



Four types of people in the community

	Healthy	People with eye problems
Come to eye clinic	No need	Patient
Can not come to eye clinic	OK	Unlucky

CLINICAL MEDICINE
VS
PUBLIC HEALTH

- Clinical medicine is only CURE oriented
- Public health is CARE oriented for all individuals within the COMMUNITY

HEALTH CARE SYSTEM



Community Health

- Looks at ALL individuals in the community: CARE for the healthy AND diseased: **health promotion**
  - Why or how did the individual become sick?
  - Can we motivate / help the sick to present themselves for treatment?
  - What can we do to prevent disease?

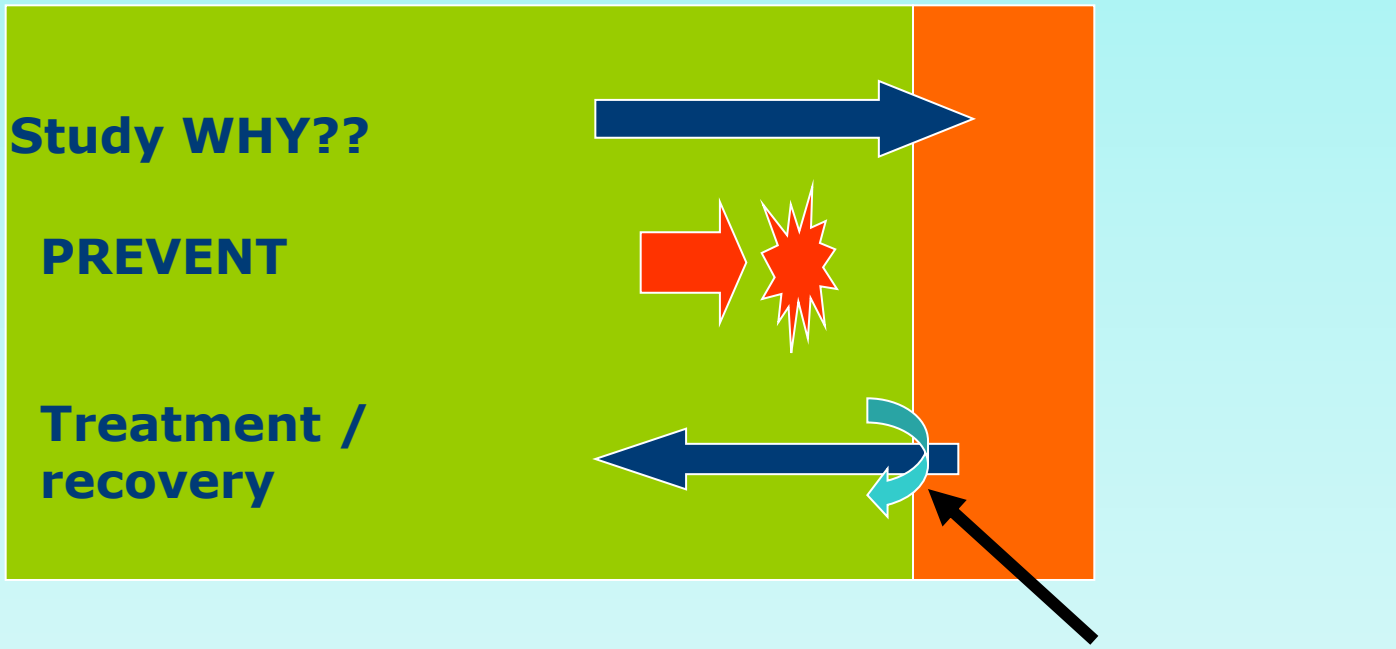
Community Health Promotion

CARE

CARE

CURE

CARE



Health cure system :

Community consists of

healthy individuals patients



Health care system :

Empowered Community consists of

healthy individuals patients



Health care system :

Community consists of

healthy individuals in-patients



Community Eye Health

next is

Integrated People-centered Eye Care (IPEC)

(World report on Vision 2019)

WHO: Integrated People-centered Care

Where health care is accessible, it is often fragmented and of poor quality.

Need for:

- Care is coordinated around people's needs, preferences, and people's participation in health affairs.
- Strengthening the capacity of health actors, institutions and populations
- Equity in access: For everyone, everywhere

Conclusion 1

CEH =

The right Eyecare De juiste oogzorg

To the right patient bij de juiste patient

On the right spot op de juiste plek

Does it work ?

- Community eye health is a tool, means/expedient
- Target/aim is:

Prevention of Blindness

Prevention of Blindness

BLINDNESS



VISION



Why Prevention of Blindness ?

1. 1/3 shorter life expectancy in adults
2. Global costs around 200 billion $
3. Reduced quality of life
4. Treatable diseases (mainly a high prevalence of cataracts)
5. Income due to changes in Family care
6. etc

Prevention of Blindness:



= restore VA >3/18

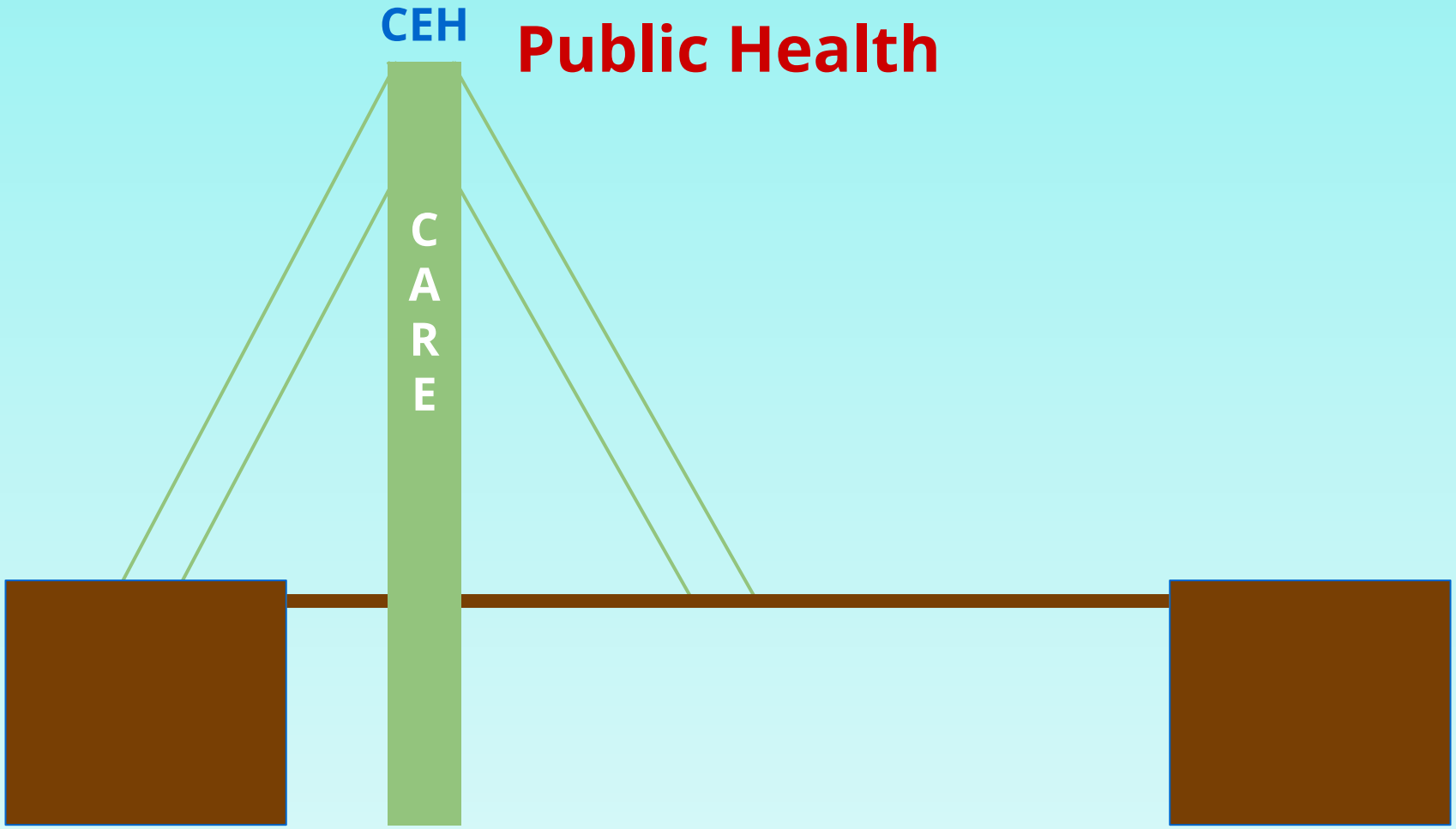
not social blind anymore

Meaning practically (Vision2020)

1. Cataracts
2. Spectacles
3. Prompt intervention

Vision 2020 Bridge




CEH
Public Health
C
A
R
E

Does it work ?

- Community eye health is a tool,

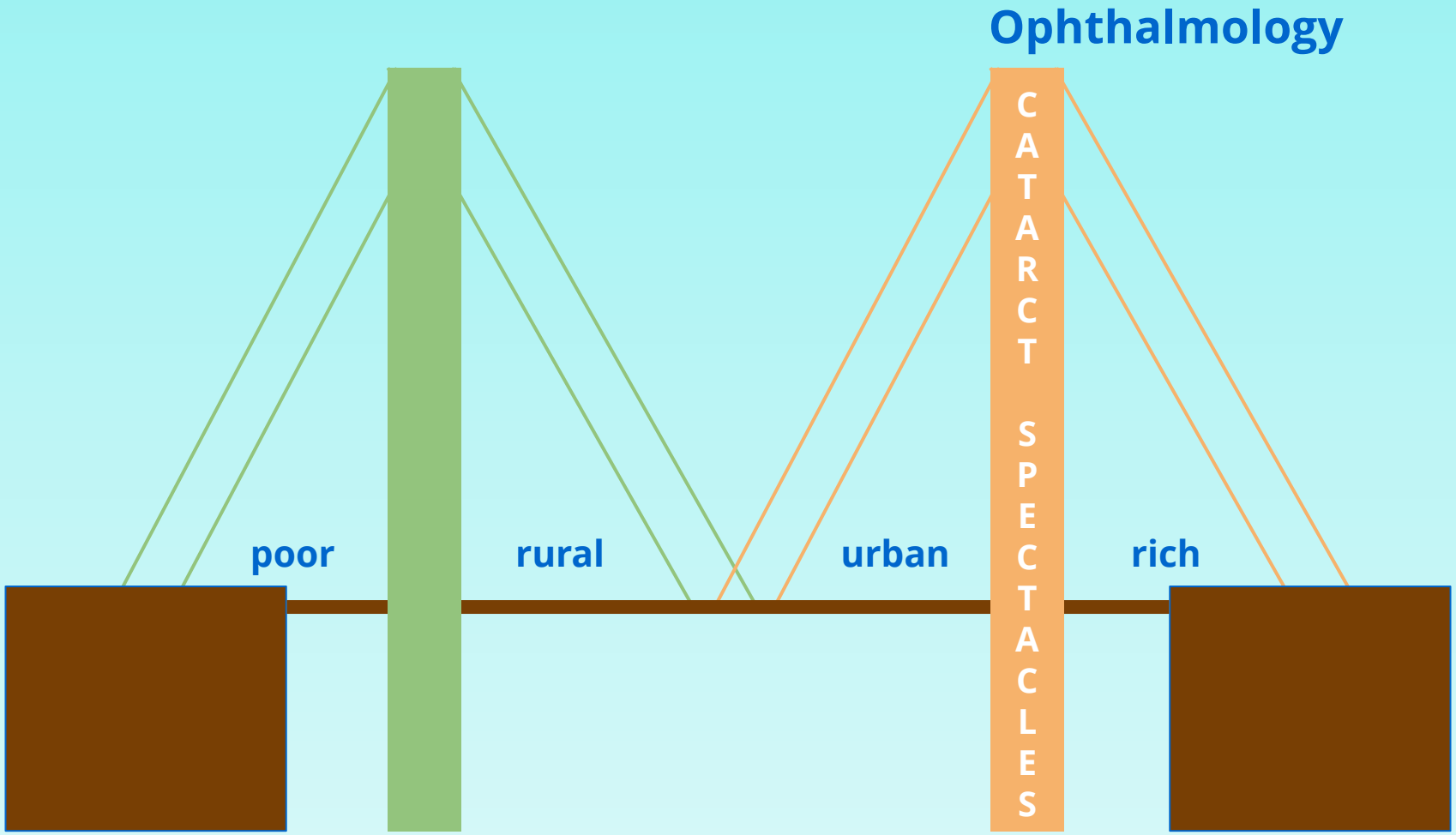
- Target/aim is

  Prevention of Blindness

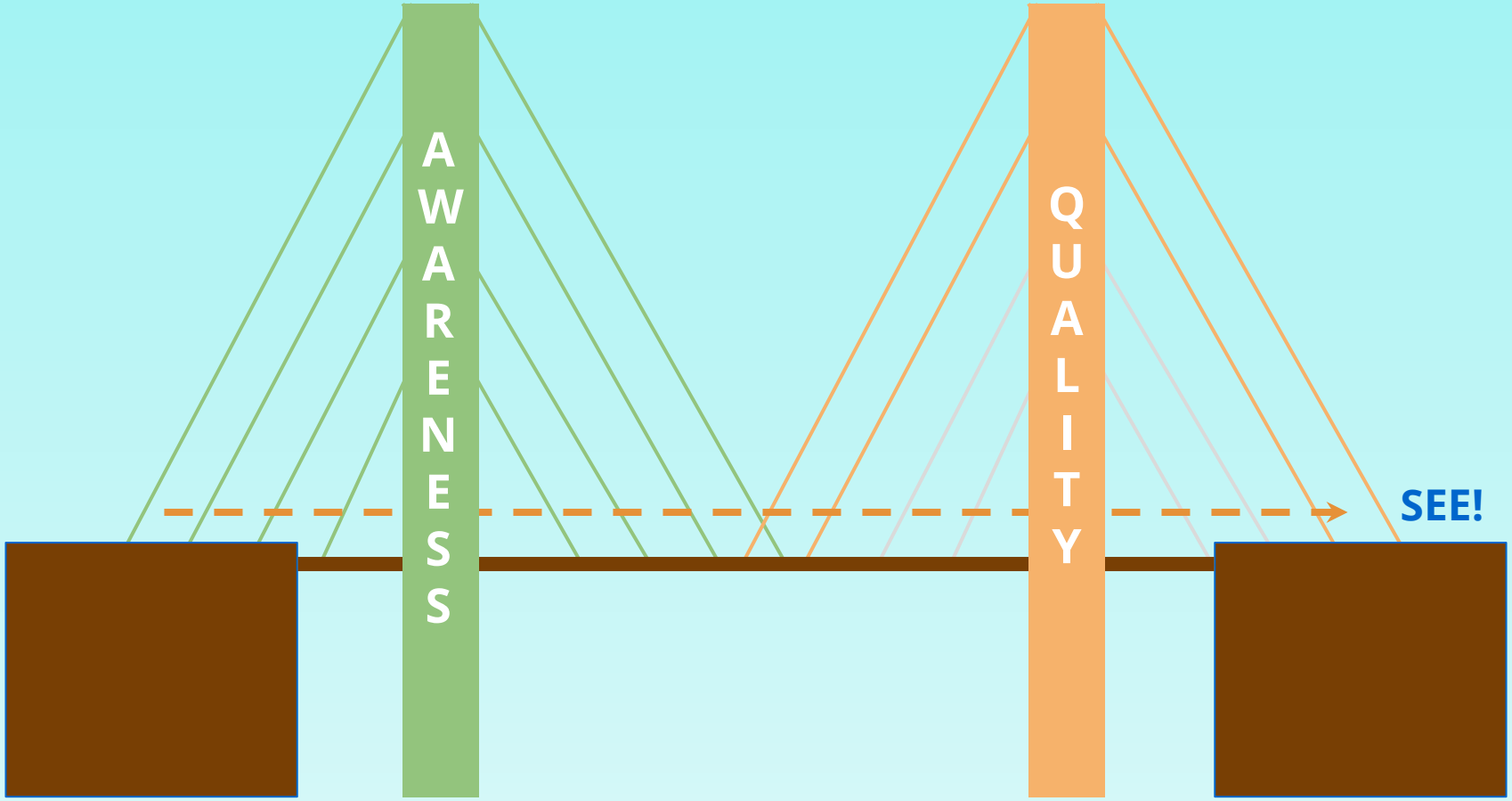
--→ 2nd tool is necessary:

Ophthalmology

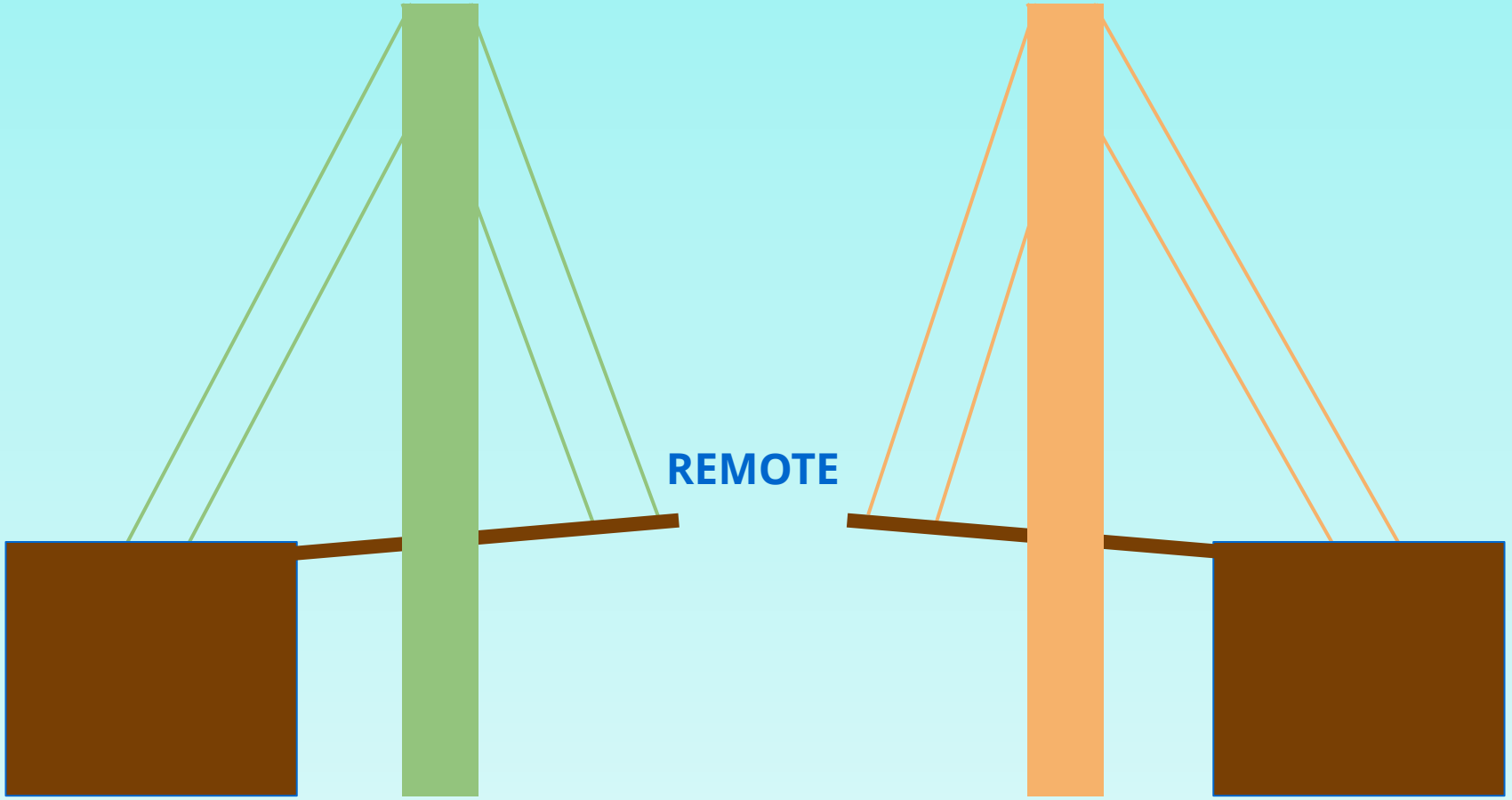
IABP/WHO Bridge



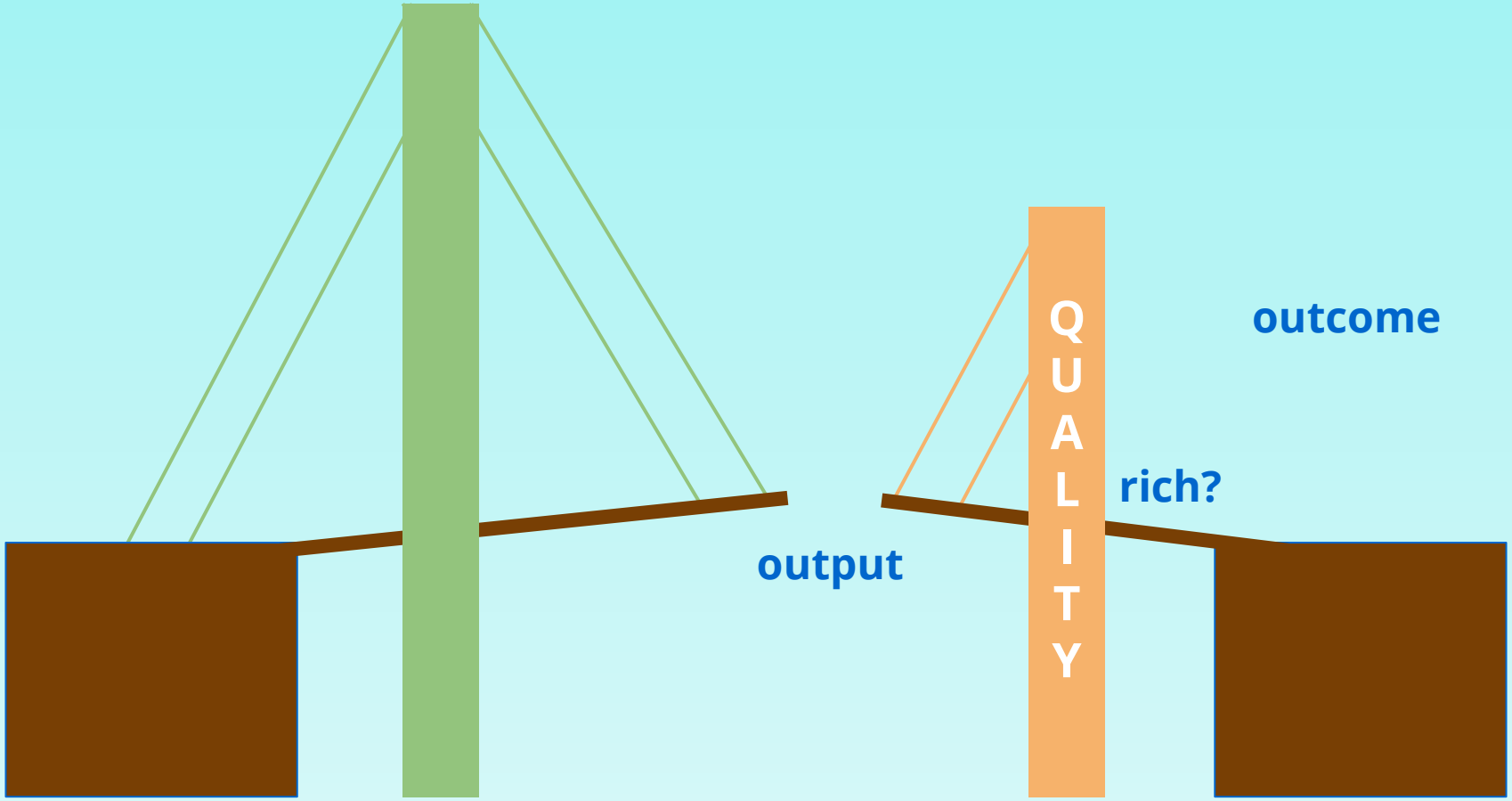
2030 In Sight



Nepal



Laos



Quality first above quantity:

- Laos **outcome** a problem, therefore output low
- Nepal outcome good, output in **remote** areas low

Opthalmology:

= repair Anatomy and Physiology of the Eye

Specialities:

Cataract-refractive surgery
glaucoma
(med.) retina
strabology
orbita/plastic surgery
paediatrics
Neurophthalmology
Etc.



EYE CARE FOUNDATION

ECF project in LAOS

Oogzorgvoorzieningen

Donated in 2010

- 1 cataract surgery set
- 1 Schiotz tonometer
- 1 Opthalmoscope
- 1 Ishihara test
- 1 Butterfly stereopsis test
- 1 Lensometer
- 1 Goniscope 1 mirror lens
- 1 slitlamp 90 D lens
- 1 A scan
- 1 Keratometer

+ handslitlamp

+ mobile operation microscope



Criteria high tech donation(s)

- Auto-refractor
- B-scan
- Funduscamera
- OCT
- Phaco
- YAG laser
- Argon laser
- OCT operating microscope



VRAAG 3: NEW DEVELOPMENTS IN **H**IGH TECH ?

- Glaucoma: **SLT** / implants / explants
- Refractive surgery: Excimer Lasik/ **cross-linking**
- Cornea: anterior/posterior segment surgery
- Femtosecond laser: Lasek /smile/ - without phaco
- Macula: Longterm anti VGF
- **Eyesis**, or other simulations
- Quality system: **BOOST**
- **Tele-consultations: (fundus-camera, i-care)**

cost-benefit analysis of low to high income….

	Euro's (VHW 5000	patients/yr 1.000.000)
• Hospital B	50.000	100.000
• Hospital A	500.000	10.000
• Referral Hospital	5.000.000 (5.555.000)	1000 (1.111.000)

Ophthalmologist: how do you start CEH?

- 1. Quality of work (competentions)
- 2. Show interest in community
- 3. PH contacts

Competentions



+ leaderschip

Make good ambassadors:

- 1. good indication: I can handle this cataract
- 2. good refraction pre- and post- op
- 3. MSICS: < V 0.3 (6/18)
- 4. the right IOL: visual acuity 6/6 by S -0.5
- 5. providing (reading) glasses
- 6. measuring/monitoring cataract outcome

Results RAAB Laos 2007-2017

Indicator	2007 Prevalentie	2007 Aantal	2017 Prevalentie	2017 Aantal
Blindheid (PVA <0,05)	2,5%	15.500	1,7%	15.500
Mannen	1,6%	4.900	1,0%	4.300
Vrouwen	3,3%	10.600	2,3%	11.300
Ernstige visuele beperking (PVA<0,1-0,05)	2,5%	15.900	1,5%	14.300
Matige visuele beperking (PVA<0,3-0,1)	10,3%	64.900	7,8%	72.100
Cataract (BCVA <0,05)	1,0%	6.300	1,0%	9.600
Cataract (BCVA <0,1)	2,6%	16.200	1,7%	16.200
Cataract Surgical Coverage BCVA<0,05	55,2%		53,7%	
Cataract Surgical Coverage BCVA<0,1	35,8%		41,8%	
Cataract visual outcome PVA≥0,3	50,0%		62,3%	

Conclusion 2

In PoB =

Ophthalmology

Quality
Your business-card

Service providers initiatives

- Engage with communities and understand their needs
- Work with communities to plan eye care services
- Provide the eye care services that communities need
- Be accountable to communities,and give them the means to hold eye care providers accountable

How can we implement Community Eye Health?

Introduce community-based eye health promotion:

- 1. Develop a training curriculum
- 2. Build a set of tools to promote eye health within the community
- 3. Facilitate reporting
- 4. Monitoring and ongoing training support

1.Develop a training curriculum for VHV / VHW

- Hygiene and sanitation
- Midwife training for neonatal eye infections and related problems
- Promote hygiene of face and hands at under 5's clinics
- Check for strabismus and red fundus reflex in under 5's
- Promote V/A testing in primary schools
- Introduce eye care chapter in the family health

  BOOK: Do-it-yourself V/A testing for every family member
- Prevent common eye trauma: agriculture, industry, child play, fireworks
- Teach management of common eye trauma and infections
- Promote eye examination for diabetic patients

2: Build a set of tools to promote eye health within the community

- Develop standard teaching modules.
- Provide visual teaching aids(posters, banners)
- Provide audio and TV promotion materials.
- Propose a time frame to devote working hours to these tasks
- Develop a standard referral card / letter (that will also help to monitor the effects on eye care quality)
- MOBILES

3. Facilitate reporting

- Develop a written reporting routine of activities and interventions in the community
- Support the reporting by regular visits from the provincial / district level

4:Monitoring and ongoing training support

- Repeat and update training of VHV / VHW
- Accompany VHV / VHW in the field occasionally
- Evaluate and compare reports
- Tally relevant referrals at district and provincial levels

summary

What is CEH ?

The right care on the right spot to the right person

Does it work ?

Our target is PoB and

CEH and O are (connected) tools

How to start as an ophthalmologist ?

Quality in O is your Business-card in CEH

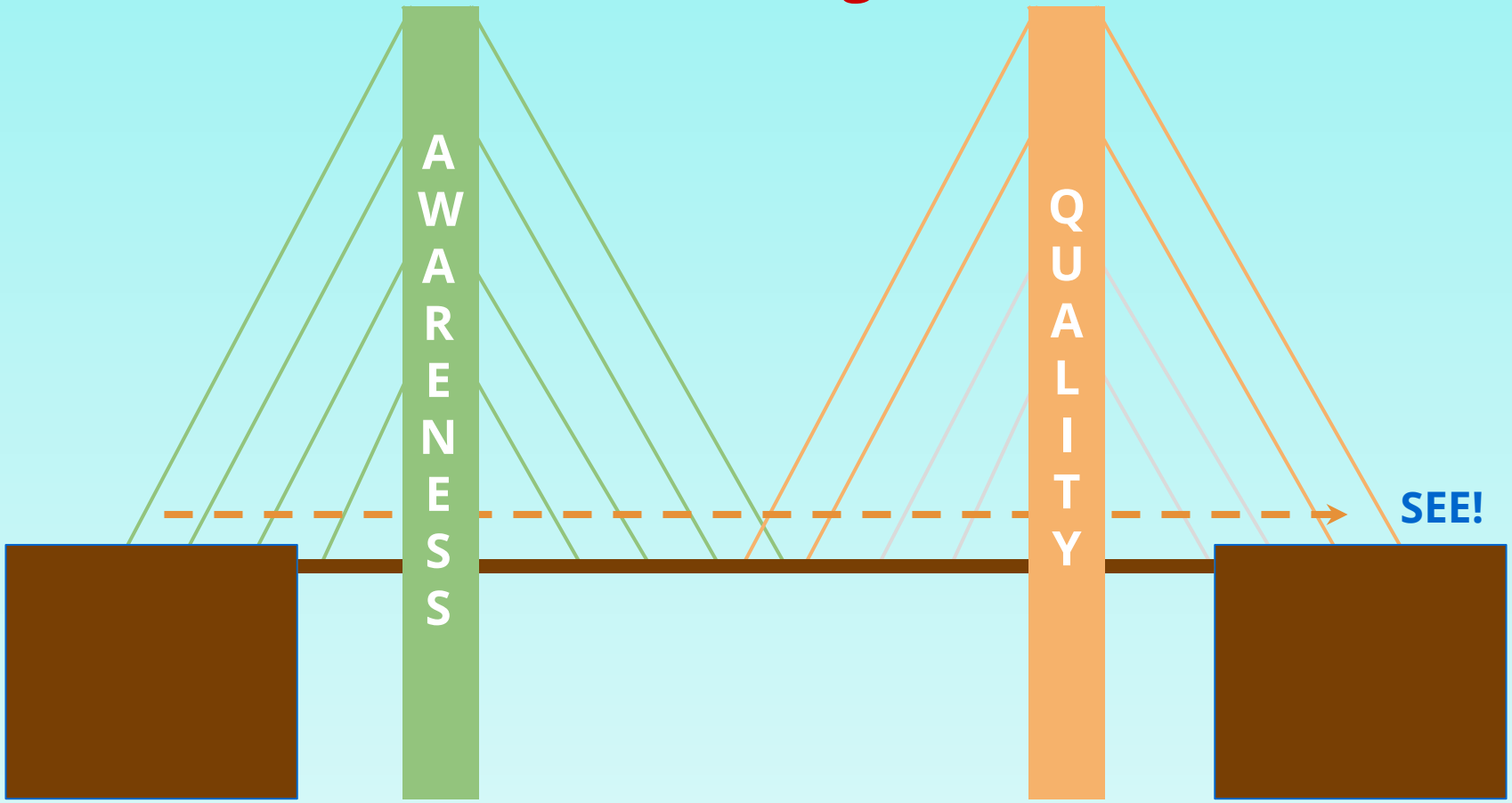
Literatuur

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- **Community Eye Health**, Int.Centre for Eye Health (ICEH), London no. 1, 26, 28, 31.
- Eye Care Programmes in Developing Countries, H.Chana.
- Eye Care in Developing Nations, L.Schwab.
- Eye Diseases and Surgery in hot Climates,J.Sandford

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2030 In Sight



Attitude NL oogarts (adviseur)

Voorbeeld zijn/geloofwaardigheid

1. Competenties in orde
2. Weet en ken je eigen verzorgingsgebied
3. Sociaal:

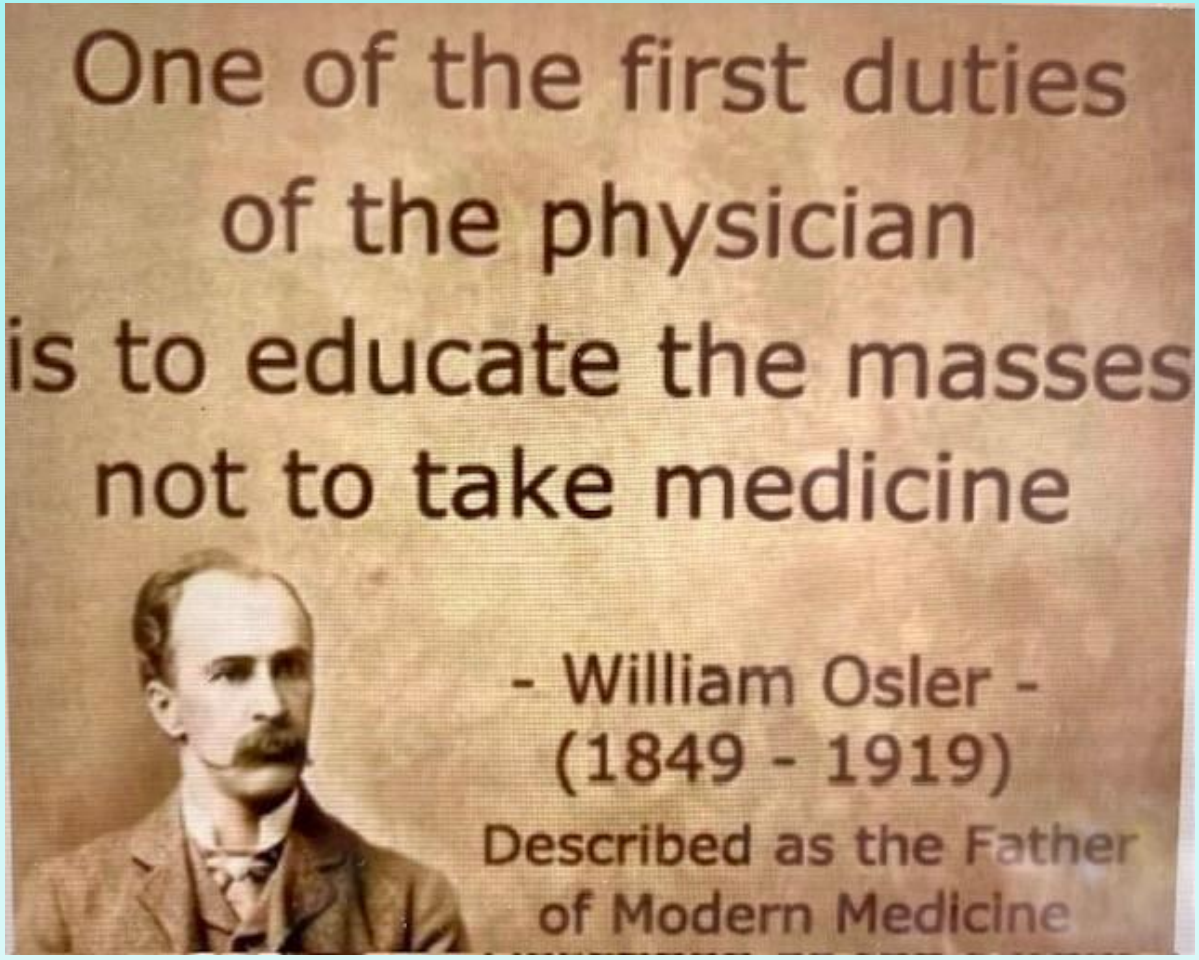
-Service clubs (12)

-Plattelands vrouwen (16)

-Charities

4. Lesgeven (WDH, Optometristen,etc)
5. Preventie (GVO en GGD)
6. Ziekenhuis uit

Info en advies ook R/

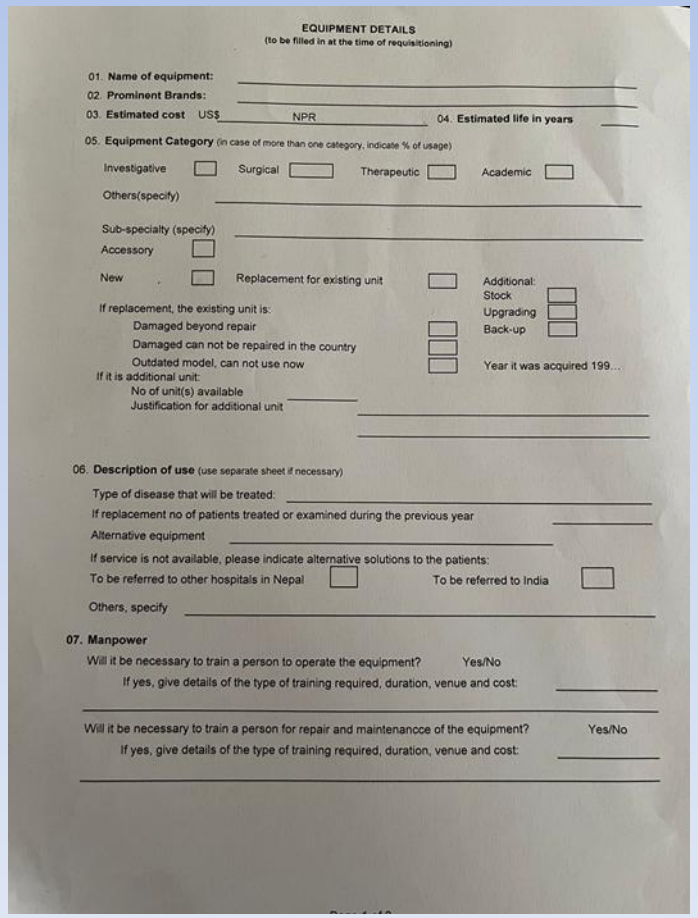


Ken je apparatuur



Pro-actief

ROI(return of investment) – Business Case



EQUIPMENT DETAILS
(to be filled in at the time of requisitioning)

01. **Name of equipment:** _____
02. **Prominent Brands:** _____
03. **Estimated cost** US$_____ NPR _____ 04. **Estimated life in years** ____

05. **Equipment Category** (in case of more than one category, indicate % of usage)

Investigative ☐ Surgical ☐ Therapeutic ☐ Academic ☐

Others(specify) _____

Sub-specialty (specify) _____

Accessory ☐

New ☐ Replacement for existing unit ☐ Additional: Stock ☐ Upgrading ☐ Back-up ☐

If replacement, the existing unit is:
- Damaged beyond repair ☐
- Damaged can not be repaired in the country ☐
- Outdated model, can not use now ☐ Year it was acquired 199...

If it is additional unit:
- No of unit(s) available _____
- Justification for additional unit _____

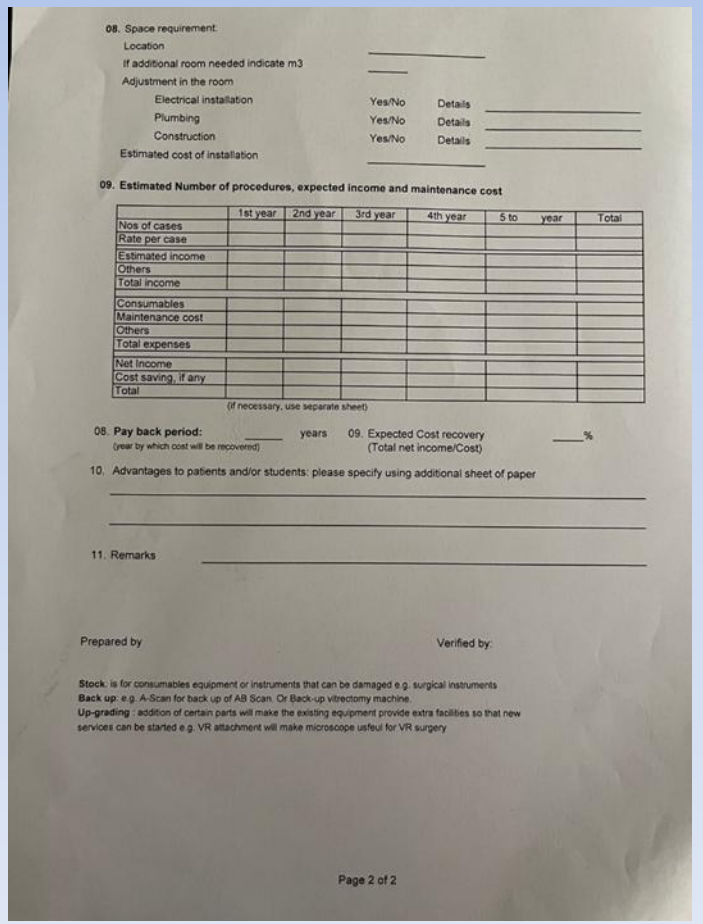
06. **Description of use** (use separate sheet if necessary)

Type of disease that will be treated: _____
If replacement no of patients treated or examined during the previous year _____
Alternative equipment _____
If service is not available, please indicate alternative solutions to the patients:
To be referred to other hospitals in Nepal ☐ To be referred to India ☐
Others, specify _____

07. **Manpower**

Will it be necessary to train a person to operate the equipment? Yes/No
If yes, give details of the type of training required, duration, venue and cost: _____

Will it be necessary to train a person for repair and maintenancce of the equipment? Yes/No
If yes, give details of the type of training required, duration, venue and cost: _____



08. Space requirement:
- Location _____
- If additional room needed indicate m3 ____
- Adjustment in the room
  - Electrical installation Yes/No Details _____
  - Plumbing Yes/No Details _____
  - Construction Yes/No Details _____
- Estimated cost of installation _____

09. **Estimated Number of procedures, expected income and maintenance cost**

	1st year	2nd year	3rd year	4th year	5 to year	Total
Nos of cases						
Rate per case						
Estimated income						
Others						
Total income						
Consumables						
Maintenance cost						
Others						
Total expenses						
Net Income						
Cost saving, if any						
Total						

(if necessary, use separate sheet)

08. **Pay back period:** _____ years (year by which cost will be recovered) 09. Expected Cost recovery ____% (Total net income/Cost)

10. Advantages to patients and/or students: please specify using additional sheet of paper _____

11. Remarks _____

Prepared by Verified by

Stock: is for consumables equipment or instruments that can be damaged e.g. surgical instruments
Back up: e.g. A-Scan for back up of AB Scan. Or Back-up vitrectomy machine.
Up-grading : addition of certain parts will make the existing equipment provide extra facilities so that new services can be started e.g. VR attachment will make microscope usfeul for VR surgery

Page 2 of 2

TtT



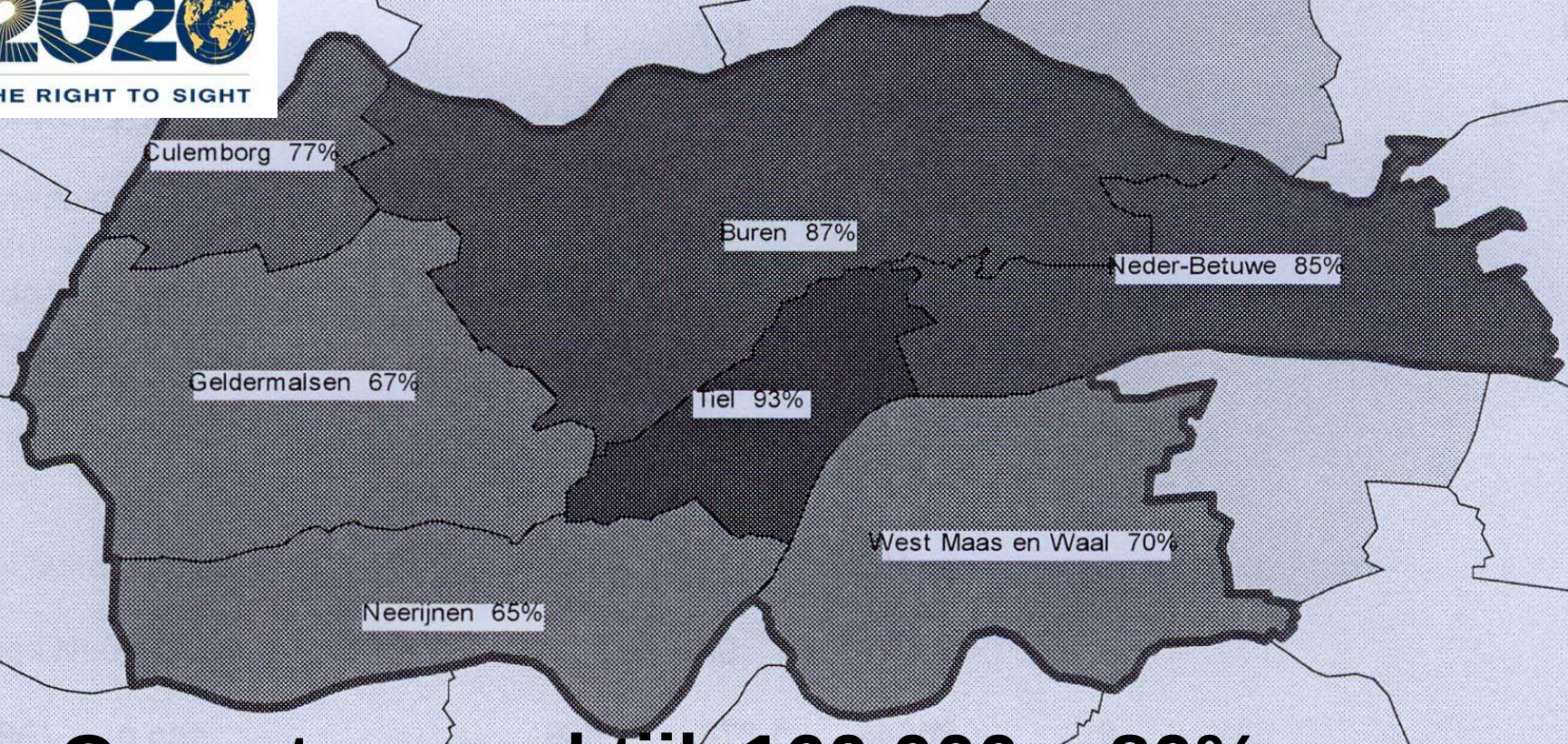


ZRT december 2022



Daarbij is ons beeld van de toekomst dat de basiszorg steeds meer in en door de buurt wordt gegeven: 'community care'. Hierbij is het doel dat mensen elkaar ondersteunen bij het leven in en het deelnemen aan de samenleving. Hun zorg bestaat uit professionele zorg en informele zorg vanuit de directe omgeving. Als ziekenhuis sluiten wij nu al bij dit idee aan. Onze gedachte is namelijk:

Adherentie:



- Oogartsenpraktijk 160.000 = 80%
- Doel 90%, dus adherentie 180.000
- ZRT zelf 115.000 in 2006

Vraag & Aanbod

	Consulten 2006	%	Consulten 2007	%
Cataract	1300	72	1420	85
DM	2200	38	2400	45
MD	350	75	450	90
Glaucoom	1000	85	1050	88
Totaal	4850	80	5350	89
Slechtziend	185	9	225	11

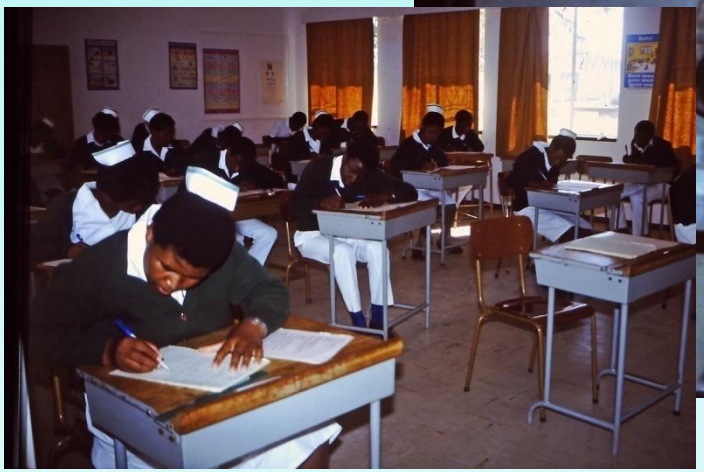
Waar zijn de slechtzienden ?

- Verpleeghuiszorg (aantal 80) >50% refractieprobleem en 25% oogheelkundig
- Gehandicaptenzorg (aantal 250) 25% refractieprobleem en 12.5% oogheelkundig
- Thuiszorg is zeer geinteresseerd









DANG CONG SAN VIET NAM QUANG VINH MUON NAM
LOP TAP HUAN

Preventie tips

1. laat regelmatig je ogen controleren
2. veiligheidsgordel om
3. ga direkt naar hulpverlener als rechte lijnen krom worden
4. draag bij klussen en sporten (squash, hockey)een beschermbril
5. > 45 jaar oogdruk/check opticien
6. ‘s nachts geen SCL inhouden
7. geen vuurwerk afsteken (beschermbril)
8. elke 3 jaar een nieuwe (schone) bril
9. Zonnebril met UV-bescherming
10. Kijk nooit in een laserpen en gebruik die niet als speelgoed
11. 20-20-2 regel bij kinderen met begin myopie