

# Directors of Clinical Services Meeting

## Réunion des directeurs des services cliniques



### **SUSTAINING INTEGRATED PEOPLE-CENTERED EYE CARE IN THE PACIFIC**

Moving towards an integrated people-centred eye care (IPEC), there is a need for a holistic and integrated health systems approach. It should encompass not only treatment, but also prevention, promotion, and rehabilitation of blindness. The majority of health systems still face challenges in the implementation of IPEC, mainly due to political, economic, and geographical barriers. Shortage of eye care human resources, lack of clinical skills, competing demands resulting in paucity of funds for eye care, limited access to equipment, treatment modalities, poor outreach, lack of transportation, and fear of surgery represent possible barriers.

This presentation highlights achievements by the Fred Hollows Foundation NZ (FHFNZ) to bridge gaps in working towards achieving comprehensive eye care and demonstrates the way forward to address challenges, strengthening the health system as well as leveraging technological innovations to facilitate safe and quality eye care in our goal of reducing avoidable blindness in the Pacific.

## 1. BACKGROUND

Globally, at least **2.2 billion** people have a vision impairment or blindness, of whom at least 1 billion are preventable or has yet to be addressed.<sup>1</sup> Ocular conditions such as cataracts and refractive are the major causes of blindness and visual impairment. In the Pacific, it is estimated that more than 100,000 people need cataract surgery; and Diabetic Retinopathy (DR) is the leading cause of vision loss in working-age adults. The implications of blindness are numerous, adversely affecting economic and social prosperity and accounts for high productivity losses in society, contributes to social constraints, and accounts for a decrease in living standards for the blind and the carers looking after the blind. Restoring eyesight is not only an economically viable solution, but also a sustainable investment. FHFNZ's **vision** is to work toward ending avoidable blindness in the Pacific and restoring the quality of life to an individual.

## 2. PROGRESS AND ACHIEVEMENTS

### 2.1 Restoring Sight

The Foundation works towards eliminating blindness in the Pacific. The impact of restoring sight does not only treat blindness but also effectively reduces poverty. The Foundation in partnership with Ministries of Health (MoHs) provides quality eye care to more than a 1 million patients, including >80,000 surgeries by supporting:

- eye screening and provision of appropriate and cost-effective treatments,
- regional and in-country outreaches,
- working with primary and community healthcare sectors to strengthen referral pathways
- developing subspecialty care such as vitreoretinal, oculoplastic, and Phacoemulsification for the region

### 2.2 Training and Supporting Doctors and Nurses

To date, a total of 327 eye care professionals (Ophthalmologists, Ophthalmic nurses, ophthalmic clinicians, technicians, and community health workers) have been trained, with more than 80% of these graduates still active in eye care across the region (FHFNZ's comprehensive Workforce Support program helps to enable this low attrition rate). Sixty-four percent (64%) of these graduates are female,

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<sup>1</sup> WHO World report on Vision [2019] accessed from <https://apps.who.int/iris/bitstream/handle/10665/328717/9789241516570-eng.pdf>

ensuring gender balance in the regional eye care workforce, and enabling access to high-quality tertiary education for men and women in the Pacific.

### **2.3 Strengthening Health Systems**

In partnership with the MoHs, The Foundation facilitates the development of eye health strategic plans and policies to ensure sustainable and quality eye care services are supported and provided locally. Our partnerships with MoHs and stakeholders are guided by Memorandum of Understanding (MOUs). Minimum standards on safety and quality care is guided by a Clinical Governance Framework to ensure quality and safe eye care is maintained at a high standard.

### **2.4 Driving Innovation and Research**

The Regional Eye Centre in Honiara is remarkable for its self-sufficiency and durability where 94% of the building's power is derived from solar energy. The Foundation has supported the Pacific's first mobile eye clinic located in Fiji. We continue to conduct research in the Pacific such as the gender analysis study which was commissioned in Papua New Guinea (PNG) and the Tool for the Assessment of DR and Diabetes Management Systems in PNG. The Foundation is continuously working with local and global partners in the innovation space to optimise eye health services and strengthen health systems in the Pacific.

## **3. CHALLENGES**

Pacific countries face significant challenges. These include low health financing; low ratios of doctors and nurses to population; poor health infrastructure; political instability; economic vulnerability; climate change, COVID-19; and difficult geography leading to poor access to services. There is no simple turn-key solution to set up effective eye care systems in the Pacific.

### **3.1 Restoring Sight**

Unmet eye health needs continue to rise in Pacific countries due to a range of factors such as NCDs and the impacts of climate change and COVID-19. Eye care services are generally limited to main urban areas and eye teams are ill-equipped and poorly supported. In some Small Island States there is simply no eye care service.

**3.2 Training and Supporting Doctors and Nurses:** one of the biggest challenges in the Pacific is the shortage of trained eye care doctors and eye nurses against the increasing demand. With the increase in

NCD, our chances of success depend on committed well trained eye professionals working in adequately equipped health facilities.

### **3.3 Strengthening Health Systems and Financing including eye health plans and policies:**

In the present post-COVID-19 period most countries, are struggling to effectively maintain any form of health service let alone clinical standards. Eye health has not been prioritized hence not included in national health strategic plans. Only two Pacific countries have managed to do so. Furthermore, most Pacific countries do not have endorsed national eye health plans nor allocated budgets, adding to the lack of leadership and coordination of national eye health programs.

### **3.4 Limitations on current information systems, data quality and research**

PICs' eye health and broader health information systems continue to be limited in their ability to produce quality information for strategic and policy decision-making. These are attributable to a range of factors, including the lack of effective eye health information system policies to ensure the functionality of such systems.

### **3.5 Leadership in Eye Health**

Stronger leadership within a responsive governance system is lacking in the region. While there are cohorts of qualified personnel who are performing both clinical services and some levels of leadership roles, this is simply not effective nor efficient to raise the level of leadership and political commitment needed for a locally led eye care sector.

## **4. FUTURE DIRECTIONS**

### **4.1 Recommendations for governments:**

- Include eyecare in MoH Training Plans. Allocate training positions and scholarships. A simple guide for your Human resource (HR) needs is 1:100,000 population (ophthalmologist), and 1:25,000 population (ophthalmic nurse)
- Prioritize eye health by including eye health in the National Health Strategic Plan.
- Support the development of your country's National Eye Strategic Plan, with MoH's endorsement.
- Allocate budget for eye health in the National Health Budget to ensure eye care activities are implemented as per Annual Operational Plans guided by National Eye Strategic Plans. Ensure equipment, medicines, consumables supplies, training, and outreaches are catered for.
- Support the development of local leadership to lead the development of eye care services.

- Coordinate robust planning processes that will ensure integration of eye health with NCDs and the broader health system
- Prioritise work on information systems, use of data and research to influence quality of eye health services, planning and policy development
- Create the space for working innovatively, particularly in the use of digital technology to improve reach and coverage of eye care services and diagnosis
- The importance of working *within* local health authorities to strengthen systems, referral networks, integration, and workforce capacity with a long-term view of sustainability

#### **4.2 Recommendations for development partners:**

- Support the MoH and stakeholders in the establishment and implementation of Integrated People-Centred Eye Care through technical assistance or financial support.
- Support the development and implementation of national eye health plans through better coordination on bilateral and multilateral health commitments
- Play a stronger advocacy role on the economic burden of poor vision and blindness in the Pacific, including issues relating to Gender Equity, Disability, and Social Inclusion (GEDSI)
- The need for a country-specific approach within a strong regional framework.
- Promote research and provide evidence for effective eye care interventions