Workshop on Advocacy in Eye Care Pondicherry October 16-18, 2008

### Over Arching Issues in Eye Care

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#### Bangladesh

Small country with large population 145 million people . 75% live in the rural . 45% children

Per capita income: US \$ 520 in 2007





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#### **Blindness Situation**

- 1.53% of population over 30 are blind (high prevalence)
- 750,000 blind persons in the country
  - 600,000 cataract backlog
  - 120,000 new cataract cases every year
- 6.5 million visually impaired
- 40,000 children blind and 1.5 million children visually impaired



#### Critical Issues (provider perspective)

- Inadequate infrastructure very few eye hospitals, mainly located in big cities Lack of human and financial resources- 626 ophthalmologists against the need for 1500 and # of mid level staff is even less (only 616). Government budget for eye health is grossly inadequate
- Inconsistent and low political will do not have long term vision. Frequent changes at the policy level positions disrupt the implementation of plans. Eye health is not yet positioned with due priority in the five year health plan



#### Critical Issues (provider perspective)

- Lack of professional commitmentdoctors do not want to go to the rural
- Very poor national capacity to implement and monitor progress of the national plan
- 6. High cost for service (even in public sector hospital-indirect cost is high)
- No aggressive marketing & social interaction
- . Lack of coordination among providers and various government departments



# Critical Issues (recipient perspective)

- Lack of awareness among general public primarily due to illiteracy
- Social stigma and fear- partly religious and traditional practices
  Can not afford the cost of care –very
- poor community
- Competing priorities- eye health is in the bottom of the list of each family, not aware of benefit of treatment.



# Challenges in HR development and management

- > Very few training centers
- Training program in certain critical areas like optometry does not exist
- Career path unclear
- No employment and retention plan for the trained staff
- > No regular refreshers' training
- Booming private sector- government doctors leaving the job



# Challenges in the Implementation of NECP

- Very poor central level capacity to implement and monitor the national plan implementation
- No district level capacity
- Vision 2020 is still perceived as activities of eye care organizations and professionals, hence, other sectors do not participate/contribute
- Vision 2020 is all about cataractemerging diseases like DR ignored



#### Quality in General

- Current service delivery is output oriented and there is no outcome measures
- M&E system is not meeting the current requirements
- No national standards in service delivery and planning
- No proper accreditation of the training programs. Backdated course curriculum are followed

#### Inequity Issues-Most Challenging issues in eye care

- Rural Vs. Urban- service facilities are located only in urban areas
- Male Vs. Female- more male are the recipients of existing services
- Poor Vs. Affluent-Current service delivery system does not support poor people
- Eye care Vs. other services-Competing priorities due to limited income

### **Existing Gaps**

#### KNOWLEDGE GAP

Knowledge base of policy makers and managers is not adequate and clear

Failure of professionals and institutions in understanding the concept, trend & benefit of development initiatives & projects







### **Existing Gaps**

PRACTICE GAP

- Not accountable to the job leading to under performance
- >Mismatch between man and the machine
- >Plans are their but not practiced



#### What Advocacy can do?

- Wherever change needs to occur, Advocacy has a role to play
- Effective advocacy may succeed in influencing policy decision-making and implementation, by:
  - Educating leaders, policy makers, or those who carry out policies
  - Reforming exiting policies and budgets, developing new programs

### Thank You