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# **STRATEGIC PLAN FOR VISION 2020: THE RIGHT TO SIGHT**

## **CARIBBEAN REGION**

**PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION**

**Washington, D.C.  
Barbados  
2002**



**Pan American Health Organization**

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<sup>1</sup> The strategic plan has been developed through a series of in-house discussions in the PAHO/WHO Regional Program for Eye Care & Prevention of Blindness and PAHO/WHO Country Offices in the Caribbean, as well as through meetings among WHO Member States, the International Agency for the Prevention of Blindness, national and international non-governmental organizations and scientific societies.

## CONTENTS

1. Background	1
2. Vision 2020 Mission in the Caribbean	1
3. Regional Activities Proposed for Vision 2020	2
3.1 Reduction of Disease Burden	2
➤ Cataract	2
➤ Refractive Errors and Low Vision	4
➤ Diabetes Mellitus	6
➤ Childhood Blindness	7
➤ Glaucoma	8
3.2 Human Resource Development	9
3.3 Infrastructure and Appropriate Technology	11
3.4 Eye Care Promotion, Public Education –& Advocacy	13
3.5 Regional Coordinating Mechanism	14
3.6 Monitoring, Evaluation and Quality of Care	14
4. Conclusion	15

## 1. BACKGROUND

Blindness and low vision constitute major public health problems worldwide and particularly in developing countries, which make up the bulk of the world population. It is estimated that globally there are 38 million persons who are blind, with an additional 110 million who have low vision. Thus, there are presently close to 150 million people with severe visual disability worldwide. In nearly two thirds of these cases sight could be restored with the appropriate interventions.

The most important causes of blindness in the Caribbean are non-operated cataract and glaucoma, followed by diabetic retinopathy and uncorrected refractive errors. Childhood blindness is not as prevalent, but is a main cause of blinding years in the population.

An important percentage of blindness in the Caribbean region is avoidable (preventable or curable). Cataract and diabetic retinopathy can be cured with inexpensive surgical treatments; refractive errors are correctable with simple optical devices; and preventive strategies and effective referral systems can reduce the burden of childhood blindness. The application of new technology should be applied in the future for the detection and treatment of glaucoma.

Visual disability has far-reaching individual, social and economic consequences, impeding development in childhood and productivity in adulthood, with functional and quality of life implications across the whole life spectrum. Cost-effective technologies are available to prevent, control or minimise visual impairment from most disorders. What is needed is political and professional commitment to, and provision of resources for, the delivery and application of these technologies to populations in need.

## 2. VISION 2020 MISSION IN THE CARIBBEAN

*Vision 2020 - The Right to Sight* is a global initiative for the elimination of avoidable blindness. It is based on the concept of a broad coalition of all international, non-governmental and private organizations, which collaborate with the World Health Organization (WHO) in the prevention of blindness and eye care delivery. They share the objective of eliminating avoidable blindness as a public health problem by the year 2020, provided adequate resources are available.

Vision 2020 will allow the international community to fight avoidable blindness through disease prevention and control; training of personnel; strengthening the existing eye care infrastructure; use of appropriate and affordable technology; and mobilization of resources.

The mission of Vision 2020 in the Caribbean is to reduce the prevalence of preventable or curable blindness and low vision in the Caribbean. The purpose is to increase community awareness and the availability, accessibility, affordability, acceptability, quality and sustainability of eye care services.

### Expected Outcomes

- Improved cataract surgical rate.
- Elimination of cataract backlog.
- Improved visual outcome and quality of life.

### Regional Strategy

- Collect and analyse data on incidence and prevalence of blinding cataract.
- Develop methods to gather information on outputs and outcomes of services.
- Include cataract detection and treatment as part of national health programs.
- Develop a public awareness program.
- Develop a primary eye care system within the primary health care system to detect and manage reduced visual acuity, including efficient referral systems.
- Develop the necessary surgical services to assure quality outcomes.

### Indicators

Cataract surgical rate (CSR) per country per year.

Cataract outcomes assessment.

Cataract surgery productivity per ophthalmologist.

**Table 2. Caribbean Cataract Surgical Rate, Year 2000**

Country	Population Thousands	CSR year 2000	Target 2005
Antigua	67	1343	
Barbados	269	4000	
Belize	235	600	
Dominica	71	1746	
Grenada	93	1700	
Guyana	885	600	
Haiti	8087	247	
Jamaica	2560	500	
St Lucia	152	1000	
St Vincent	113	1300	
Trinidad	1289	2600	

## **LOW VISION**

### **Issues**

- Inadequate government policy for visual rehabilitation.
- Insufficient data and information concerning low vision in the region.
- Limited public and eye care professionals' awareness of low vision care.
- Insufficient professional and technical providers of care in this speciality.
- Inequitable geographical distribution of services.
- Insufficient affordable optical devices for assessment and prescription.
- Insufficient rehabilitation and educational services for people with low vision.
- Insufficient adapted teaching materials for students with low vision.

### **Expected Outcomes**

- Low vision services assessed, demand for these services created.
- Low vision services provided.

### **Regional Strategy**

- Develop national eye care policies that include low vision care.
- Improve identification of persons with low vision by developing and introducing simple methods of measuring visual acuity.
- Develop comprehensive and practical referral systems.
- Establish specialist units that can provide comprehensive low vision care, utilising the technician in optometry to perform low vision examinations, assess patients, prescribe optical devices and provide instruction in device use.
- Create regional or national funding bases for the purchase of devices.
- Promote special low vision services for children as early as possible through an integrated care system of clinical and pedagogic services.
- Encourage, through situation analyses, the documentation of available personnel and services in each country, identifying those countries with the best conditions for regional training programs, production of optical and other devices and low vision treatment centres.
- Develop specific continuing education programs in low vision care for existing/available personnel.

### **Indicators**

- Number of centres and services available (human resources and infrastructure).
- Number of clients referred received in the services.
- Number of low cost devices dispensed.

### **3.1.4 CHILDHOOD BLINDNESS**

#### **Issues**

- Insufficiency of data and information concerning visual loss and childhood blindness in the Caribbean.
- Inadequate policies that include the eye care component in Maternal & Child Health programs.
- Insufficient awareness and knowledge among paediatricians, obstetricians, general physicians and health personnel about their role in prevention of childhood blindness.
- Insufficient involvement of general ophthalmologists in prevention of childhood blindness programs.

#### **Expected Outcomes**

- Prevention of the preventable causes and early diagnosis, evaluation and treatment of treatable causes of childhood blindness, through their integration into all national maternal and child health plans and policies.
- Prevention of visual impairment and blindness due to uncorrected refractive errors in school children, through integration into policies in the Health and Education sectors.

#### **Regional Strategy**

- Collect and analyse information on causes of childhood blindness in blind school children utilising the appropriate documentation.
- Document the changing patterns by monitoring new cases entering schools for the blind each year.
- Establish an appropriate program for preventing avoidable childhood blindness, particularly from congenital cataract and glaucoma, including a regional referral system.
- Establish an appropriate program for preventing avoidable childhood blindness from Retinopathy of Prematurity (ROP) in countries with advanced neonatal units, including a regional referral system.
- Promote the prevention of conjunctivitis of the new born through utilisation of Povidone Iodine.
- Develop a standard service protocol that provides for the early identification of children with visual disability and their access to restorative treatment or early intervention and stimulation programs.
- Promote awareness among ophthalmologists, paediatricians and community about childhood blindness with emphasis in ROP, congenital cataract and glaucoma.
- Establish low vision services for those blind or with severe visual impairment.

## Indicators

- Number of countries with health communication strategy developed.
- Number of countries with active program for glaucoma detection.
- Number of countries dispensing low cost glaucoma medications.

## 3.2 HUMAN RESOURCE DEVELOPMENT

### Issues

- In the Caribbean the surgical productivity per ophthalmologist is limited, in part because several clinical ophthalmologists do not perform surgery. Others work in private practice and limit their services to patients who can afford their fees.
- Insufficient training programs in the region, resulting in an inadequate number of quality professionals in optometry and allied health personnel in ophthalmology.

### Expected Outcomes

- Minimum ratio set of one active ophthalmic surgeon per 50,000 population.
- Minimum ratio set of one optometrist per 50,000 population.
- Improvement in the effectiveness and efficiency of services through deployment of ophthalmic assistants and technicians that work under the ophthalmologist's supervision, with a minimum ratio of one per 25,000 population.
- Minimum ratio set of ophthalmic nurse per 50,000 population.
- Minimum ratio set of two equipment maintenance technicians in the Caribbean.
- Availability and access to a specialist in retinal care and paediatric ophthalmologists.

**Table 3. Human resources, Year 2001**

	<b>Belize</b>	<b>Guyana</b>	<b>Jamaica</b>	<b>Trinidad</b>
Population	230,000	700,000	2,700,000	1,320,000
	<b>No. Ratio</b>	<b>No. Ratio</b>	<b>No. Ratio</b>	<b>No. Ratio</b>
Ophthalmologists	5 1/46,000	9 1/77,000	45 1/60,000	16 1/82,000
Ophthalmic nurses	2	20	16	
Optometrists	5 1/46,000	5 1/140,000	22 1/122,000	
Allied health personnel in ophthalmology	2	0	0	
PHC workers trained in Primary Eye Care	5	20	5	
Eye care managers	3	1	1	
	<b>Antigua</b>	<b>Barbados</b>	<b>Dominica</b>	<b>Grenada</b>
Population	70,000	270,000	70,000	90,000



- Provide training in basic principles of management for medical/paramedical staff.
- Develop manpower for equipment maintenance repair, low cost spectacle production and eye drops preparation.
- Train primary health care (PHC) workers in primary eye care at the national level.

### **Indicators**

- Existence of database of human resources for prevention of blindness and eye care.
- Availability of training centres for the different human resources (HR) needs.
- Fulfilment of regional targets for human resource development.
- Number of countries with allied health personnel integrated into the eye care delivery systems.

## **3.3 INFRASTRUCTURE AND APPROPRIATE TECHNOLOGY DEVELOPMENT**

### **INFRASTRUCTURE**

#### **Issues**

- Insufficient information on existing infrastructure.
- Lack of guidelines on optimal utilization and planning of infrastructure.
- Lack of a culture of quality improvement.

#### **Expected Outcome**

- Provision of universal access to services for the preservation of vision and restoration of sight.

#### **Regional Strategy**

- Assess current infrastructure, capacity and level of utilisation.
- Develop an equipment renewal program for the existing programs.
- Strengthen the capacity of surgery services through equipment provision in the public sector and not-for-profit institutions.
- Promote outreach programs to increase access to those with limitations.
- Provide affordable, good quality equipment for ophthalmologists working for underserved population.
- Develop an incentive program through the annual donation of supplies for those institutions working in the program.

### **3.4 EYE CARE PROMOTION, PUBLIC EDUCATION & ADVOCACY**

#### **Issues**

- The promotion of eye health as part of the national health policy is, invariably, a necessary prerequisite for a National Programme for the Prevention of Blindness. This fosters public awareness, leads to societal responsiveness and participation and facilitates co-ordination of activities carried out by various partners, such as non-governmental organisations, the private sector and the government itself.

#### **Expected Outcomes**

- Increased political commitment in all countries.
- Increased commitment of the professional societies to regional and national eye care programs.
- Increased public knowledge and utilisation of eye care services.

#### **Regional Strategy**

- Strengthen national data-gathering capabilities, to facilitate collection of epidemiological and service delivery information and allow disaggregation of data by gender and age.
- Establish and keep current a register of all known persons with visual disability.
- Promote epidemiological and service delivery assessments.
- Participate in ophthalmic regional professional societies' meeting.
- Promote eye care professionals gathering regionally and sub-regionally for continuing medical education and eye care planning.
- Hold special sessions in conjunction with professional meetings.
- Publish papers in regional scientific journals.
- Observe the second Tuesday of October every year as World Sight Day.
- Assess the baseline data in knowledge, beliefs, attitudes and actions of the population in regard to eye care.
- Develop a communication program including printed and audio-visual materials.
- Develop advocacy activities by consultants and advisers during country visits.
- Organise advocacy workshops in needed countries.

#### **Indicators**

- Number of national authorities adopting Vision 2020 National Eye Care Plans and/or programs.
- Number of national authorities creating an eye care budget.
- Number of regional and national professional societies holding eye care meetings.
- Evidence of increased utilisation of eye care services.

#### 4. CONCLUSION

*Vision 2020 - The Right to Sight* is a bold initiative to address preventable causes of blindness worldwide. The Caribbean, as the rest of the world, can do much to improve the quality of life of its people through the planning, implementation and evaluation of policies and programs to address the causes of preventable blindness which have been documented in the Region. This effort requires collaboration and partnership.

This *Strategic Plan for Vision 2020: The Right to Sight, Caribbean Region* sets out a framework in which Ministries of Health, Education and other public sector agencies can work together with community-based organizations, non-governmental organizations and technical cooperation and development agencies at local, national and international levels to achieve goals in prevention of blindness and eye care in the Caribbean.