HORIZON

Peripheral Eye Camps in India

Ashok Sharma

India relies heavily on screening eye camps to reach rural populations even now in spite of investments in setting up quality infrastructure till the sub district or fixed block level. Improvised camps are widely used for several reasons. First, patients are more willing to seek treatment when they are part of a group. Camps have a festive and communal atmosphere, are less intimidating and costly than hospitals, and are more accessible. Secondly, camp organizers gain social prestige and restoring eye sight has a religious value for many. Further, restoring sight is seen by many as charity rather than a health service and therefore in many instances, the quality of care is unwittingly compromised. And finally, surgeons are more readily available for sporadic camp services than for permanent assignments in rural areas. The most effective low cost cataract surgery is probably performed in community camps. The present infrastructure cannot tackle this surgical load, and eye camps are, therefore, a necessity. Presently two types of eye camps are held: Comprehensive eye care camps with 'Reach-out Approach', and Screening eye camps (Reach-in-Approach with comprehensive eye care), both are community-orientated approaches to tackle the backlog of cataract blindness under the National Programme for the Control of Blindness. The recent emphasis is on the' Reach-in-Approach' or the Base Hospital approach. Both approaches have proved effective and each has its merits and demerits. Both rely on community participation , inter-sartorial coordination and appropriate technology at an affordable cost. The surgery in Peripheral Eye Camps are marginally more economical as compared to the Base Hospital approach but considering the quality of surgery, early and better visual rehabilitation, the Base Hospital approach has much to recommend it.

Emphasis is on quality of eye surgery. Better options are using operation theatres constructed and maintained as per specifications to avoid infections and post operative complications. Therefore the current trend of conducting surgeries in camp conditions has been reversed. Now most surgeries are performed in hospitals. It is suggested that 75-80% of total target must be achieved through institutions and hospitals to ensure quality of service. Patient should be referred to identified hospital as per geographical access. Reach out strategy should be meant for remote and in accessible or difficult areas without compromising quality aspect. Camps should have conditions for safe surgery.

The total expenditure on drugs and consumables should not exceed Rs. 1.50 x number of operations performed in the government sector. Various norms have been fixed

From the PG Department of Ophthamology, Govt. Medical College, Jammu J&K- India 1800001
Correspondence to : Dr Ashok Sharma, Associate Professor. Department of Ophthamology, Govt. Medical College, Jammu (J&K) -India 180001

on the basis of eye beds, eye surgeons. These are minimum norms and efforts should be made to enhance the output. Operation per surgeon per year 700, operations per bed per year 50 operations, by IOL surgery 30%, operations in surgical eye camps 20%. Hence nowadays screening camps are organized to provide services to untreated cases detected thorough blind registry, so that operable cases could be identified, motivated and transported to fixed facilities. The overall cataract surgical coverage (persons) was 65.7%. high coverage has been achieved in the states of Gujarat, Himachal Pradesh, Tamil Nadu and Punjab (80%). Poor surgical coverage has been observed in Chattisgarh, Orissa, Bihar and Karnataka. Visual outcomes after cataract surgery were poorer among females, rural residents and older people of more than 70 years. With best correction, successful outcome after cataract surgery was 93.5% (post operative vision >3/60).

Percentage of cataract surgeries where IOL was implanted increased from 20% in 1997-98 to 83% in 2003-04. Minimum target for cataract surgery rate per lakh population was set at 400 per year. The states of Gujarat, Punjab, Tamil Nadu, Andhra Pradesh, Maharashtra, Delhi and UT of Pondicherry have attained the rate of 400 operations per lakh population. Bihar and Assam were the lowest performing states.

The unit cost of providing cataract surgery was cheapest at government camps i.e. Rs. 2143 as against private hospitals. Targets to be achieved in 10th five year plan are to increase cataract surgery rate to 450 operations per lakh population with a view to clear backlog. Improvement in visual outcome of cataract surgery by performing IOL implantation in > 80% by 2007.

However, recently 60 patients lost vision after operation at eye camp organised by NGO in Punjab bring lots of concern for ophthalmic fraternity. All the affected patients were above the age of 60 years with poor ecnomical condition. 60 patients lost vision after this camp. The cataract surgery was reported to be performed under severe unhygienic conditions. This isolated incident stress upon one and all to strictly adhere with the comprehensive guidelines of National Programme for Control of Blindness to hold surgical eye camps. Monitoring of visual outcome and follow up is very important for ultimate success of such camps.(1,2)

References

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