

**VISION 2020 PHILIPPINES: THE RIGHT TO SIGHT**

**THE PHILIPPINES' FIVE-YEAR STRATEGIC PLAN  
FOR THE  
NATIONAL PREVENTION OF BLINDNESS PROGRAM  
(2005-2010)**

**NATIONAL PROGRAMME FOR BLINDNESS PREVENTION  
DEPARTMENT OF HEALTH  
AND  
NATIONAL COMMITTEE FOR SIGHT PRESERVATION**

**May 2005**

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## **I. Background**

VISION 2020: **The Right to Sight**, is a global initiative to eliminate avoidable blindness by the year 2020. The program is a partnership between the World Health Organization (WHO) and the International Agency for Prevention of Blindness (IAPB), which is the umbrella organization for eye care professional groups and non-governmental organizations (NGOs) involved in eye care. The long term aim of VISION 2020 is to develop a sustainable comprehensive health care system to ensure the best possible vision for all people and thereby improve quality of life.

The priority worldwide are the 5 preventable/treatable conditions (cataract, refractive errors and low vision, trachoma, onchocerciasis, and childhood blindness). By improving the eye care services and targeting the 5 diseases globally instead of 75 million blind people by year 20/20. The number is calculated to be less than 25 million.

The Department of Health together with the National Committee for Sight Preservation conducted a workshop to bring in partners and stakeholders to generate a 5-year Strategic Plan that is in sync with the Global initiative to “eliminate avoidable blindness”. This workshop set priorities for VISION 2020 based on the facts that 75% of blindness and visual impairment in the Philippines is a result of three preventable or treatable conditions: cataract, refractive errors and low vision and causes of childhood blindness. If priority is given to these three diseases, then in 2020, instead of more than 700,000 blind people, it is calculated that there will be less than 300,000. A successful VISION 2020 program will prevent 400,000 Filipinos becoming blind, thereby saving billions of pesos in productivity loss.

## **II. Rationale: Blindness Situation in the Country**

### ***BLINDNESS AND LOW VISION***

The results of the latest national survey on blindness and low vision (2002) show that the prevalence of visual impairment is 4.62%. The prevalence of bilateral blindness is 0.58%, monocular blindness 1.07%, bilateral low vision 1.64% and monocular low vision 1.33%. The highest prevalence of visual impairment (blind and low vision) is found in Region 2 (7.75%) while the lowest is found in CARAGA at 1.67%. Prevalence rates were highest among the age groups 60 to 74, and lowest among the 0 to 20 age groups.

The population of the country in year 2000 was 76.5M. With a national growth rate of at least 2.5% and with a prevalence rate of blindness of 0.58%, this means that there are almost half a million blind Filipinos today. The figure is no different from 1995, the time of the second national survey of blindness, when the population was 68.4M. However, compared to 1995 prevalence of 0.7%, there is a decrease by 17% in blindness prevalence over the past 7 years. (From the first in 1987 to the second national survey,

the decrease from 1.07% to 0.7% was 35%). NCR and CARAGA have the lowest prevalence rates of blindness. The highest prevalence was found in Region 11 at 1.08%.

Errors of refraction is the leading cause of visual impairment and of bilateral or monocular low vision. Cataract is still the leading cause of bilateral (62%) and monocular blindness. However, compared to the first and second national surveys where cataract accounted for 87% and 77% of bilateral blindness respectively, the current result shows that the prevalence of cataract blindness is decreasing.

Prevalence of blindness among age group 0-19 (childhood blindness) is 0.06%. The causes are cataract, error of refraction, phthisis, amblyopia and optic atrophy.

## HEALTH RESOURCES:

Data for 1997 showed that there were at least 616 public hospitals and 1,097 private hospitals, with a total bed capacity of 80,000. There were 13,096 village health stations and 2,405 rural health units. There were at least 2,600 government doctors, 1,400 dentists, 4,000 nurses and 13,000 midwives.

There are one thousand (1000) ophthalmologists and more than 4,000 optometrists in the country as of 1999. Of the ophthalmologists, 400 are in the NCR. 152 in the other major cities, and the rest (324) in the provinces.

Around 61 of the 76 provinces of the country have a government ophthalmologist, either on a full-time or part-time basis. Most of them (43) are graduates of the Modified Residency Training Program (MRTP), a project to increase government ophthalmologists. The program is collaborated by the DOH, the UP Manila and the Christoffel Blindenmission. (Till 1996, the Helen Keller International has supported the program). Some of the graduates have left the government service but are still serving their province thru free surgical missions.

Review of the Prevention of Blindness Program by DOH, its partners and stakeholders revealed that there are set of factors that may favor or hinder the smooth implementation of the program.

Health resources enumerated above seem adequate. Training institutions graduate about 60 new ophthalmologists per year and the program had also trained cadre of case finders nationwide. This is on the top of the above mentioned ophthalmologist who are products of the Modified Residency Training Program (MRTP). These ophthalmologists are distributed in 46 provinces.

On the other hand, huge member of ophthalmologists are concentrating on private practice, majority are on urban centers and not all are handling cataract surgeries. There is a need therefore, to train mid-level ophthalmic support personnel and/or develop pool of alternative ophthalmic assistants. Interest in becoming a mid-level ophthalmic support personnel or alternate ophthalmic assistants may increase if financial incentives for such workers is legislated and training institutions are available.

The presence of operating rooms of government and private hospitals in every province of the country and the setting-up of a Referral Center (Sentro Oftalmologico) is a plus factor in program implementation. In addition, most of the doctors have their own ophthalmic instruments and equipments for diagnosis and treatment.

Factors considered hinder smooth implementation would be inadequate surgical instruments in provincial hospitals and the practice that operating rooms are shared with other surgical cases. (little or no dedicated eye theater)

Current initiatives are on going to strengthen the implementation of the PBP. A National Committee for Sight Preservation (NCSP) was formed which acts as the national coordinating committee for Vision 2020. An Administrative Order was issued by the Secretary of Health defining the guidelines in the implementation of the PBP and further mandates the creation of the Program Management Committee which serves as adviser to the Secretary. In addition, there are several stakeholders who are committed to a stronger program implementation, such as the CBM, private practice ophthalmology, Rotary and Lions Club each of which has its own blindness prevention program. The Philippine Health Insurance Corporation also approved cataract benefits package.

Issuance of the Administrative Order that institutionalized the PBP opens opportunities like the ease in mobilizing more partners and resources by the DOH and the establishment of local government linkages which may facilitate social marketing.

The optometric group chosen concern is to identify refractive errors and eventually correct them have a nationwide membership. They are also implementing programs such as school based eye screening, Vitamin A screening and provision of corrective eye glasses. (see Annex).



# CATARACT

Current Initiatives	Facilitating Factors	Limiting Factors	Needs & Opportunities	
			Needs	Opportunities
Disease Control				
NCSP as the national coordinating committee for Vision 2020	Group of committed volunteers Vision 2020 and WHO resolution	Absence of DOH endorsement Absence of clear definition of DOH role	Official recognition is needed Wider membership Increase volume & decrease costs (simplifying and increasing efficiency, increasing casefinding; reassess private surgery fees) Need to establish provincial 2020 Vision Counterpart funds	Opportunity for mobilizing more partners & resources particularly DOH Establish linkage with Opto group
Initial establishment of provincial Vision 2020 Coordinating Committees	*CBM blindness prevention program *Private practice - ophthalmologists PAO initiatives, (my community my responsibility) *PhilHealth's cataract benefits package *Rotary avoidable blindness program *Optometrist's awareness & education program *DOH VIBES program (reg.6,7,8)	Money for supplies Pre operative testing requirements Surgical indications Public perception  Coverage External donations  Difficulty to sustain & monitor High cost of surgery No government support		Local partnerships Opportunity for marketing
...initiative of DOH				Advocacy for expansion of Philhealth benefits package
Private sector initiatives		No long term sustainability	Incentives (tax breaks) Improvement of PhilHealth subsidy  Need for program development	

## REFRACTIVE ERRORS

Current Initiatives	Facilitating Factors	Limiting Factors	Needs & Opportunities	
			Needs	Opportunities
Disease Control				
EOR patients identified and referred to Ophthalmologist/Optomestrist	Patients avail of specific services free of charge	patients scared of the fees	Community organizing (an over-arching need)	legislation
VA screening at schools	Existing DepEd policy and guidelines	Lack of awareness among schools of existing policy	Sustained activity (also encompassing )	

## REFRACTIVE ERRORS

Current Initiatives	Facilitating Factors	Limiting Factors	Needs & Opportunities	
			Needs	Opportunities
<b>Disease Control</b>				
Visual screening for community ie. elderly	Senior citizens law	Health seeking behavior/lack of awareness of patients where to go/no personnel (optometrist) available at health center	Media campaign – multi-media	legislation
National Blindness survey 2001	Funds and manpower were available	Access to services not uniform in all areas		Track progress and evaluate program
Regular services (examination & treatment at clinics & hospitals	Availability of existing manpower and equipment		Make more services available & Optometry service excluded in Philhealth	Expand awareness by campaign



## REFRACTIVE ERRORS

Current Initiatives	Facilitating Factors	Limiting Factors	Needs & Opportunities	
			Needs	Opportunities
Disease Control				
Refraction for pupils with EOR & Limited provision of free eyeglasses for pupils and elderly	Initiative of Optometrist group	Optometrist not included in gov't plantilla		Multi-sectoral collaboration for fitness of donations to beneficiary needs as well as use of "right" procedures
Prioritize ophthalmologists in medical/surgical mission	Partnership with local optha & opto societies	Limited number of members		

## REFRACTIVE ERRORS

Current Initiatives	Facilitating Factors	Limiting Factors	Needs & Opportunities	
			Needs	Opportunities
Disease Control				
Media advocacy for healthy eyes (sangkap pinoy, read to lead, sa aklat sisikat)	Sponsorship	Advocacy not continuous with timeframe usually less than a year		
Visual condition of elementary school children – NCR 2000	DOH ENHR funded			
LTO screening	Mandated by law	Actual VA testing not complied with		

## REFRACTIVE ERRORS

Current Initiatives	Facilitating Factors	Limiting Factors	Needs & Opportunities	
			Needs	Opportunities
<b>Disease Control</b>				
Exam and treatment as part of outreach/mission services	Availability of existing manpower, equipment and funding	Missions are sporadic		
Services to teachers and NTP	Close coordination with service providers			
Refraction of children with special needs				
Curricular integration of messages to prevent eye diseases	Policy			

## REFRACTIVE ERRORS

Current Initiatives	Facilitating Factors	Limiting Factors	Needs & Opportunities	
			Needs	Opportunities
Disease Control				
Distribution of eyeglasses for patients identified as near sighted	Instant benefit (narsight at lowest cost)	Available Reading glasses not of good quality		
Provision of vitamin A capsules to grade1 pupils	Procurement by DepEd	Inadequate vitamin A caps		
Education thru radio – use of mass media	Available time slots/availalble program	Expensive air time		

## REFRACTIVE ERRORS

Current Initiatives	Facilitating Factors	Limiting Factors	Needs & Opportunities	
			Needs	Opportunities
Human Resource Development				
Training of school health personnel and teachers on school visual testing and on current integration	Political will of DepEd	Inadequate funding to reach out 5,000 school health personnel and 400,000 teachers		Generate resources  Empower frontline service providers  Full mobilization of GO & NGO (for all 3 areas) & legislation for eye care program & train more eye health providers
Advocacy to all school adminisstrators on disease prevention	Same as above			

## REFRACTIVE ERRORS

Current Initiatives	Facilitating Factors	Limiting Factors	Needs & Opportunities	
			Needs	Opportunities
<b>Human Resource Development</b>				
Development of clinical guidelines, referral directory/linkages, standardized eye examination procedures for children	Availability of partners to sponsor project	Availability of the task force assigned for the formulation/manpower needed		
PHNs, RHMs, BHWs trained on program	Efforts of field technical skills to continue training	Too much workload – both catchment area & many programs to implement		

## REFRACTIVE ERRORS

Current Initiatives	Facilitating Factors	Limiting Factors	Needs & Opportunities	
			Needs	Opportunities
Infrastructure/Facilities Development				
Printing and distribution to all schools (snellen chart)	policy through DepEd orders/memo			Expand networking to combat donor paralysis
MHCs, BHSs supplied with snellen chart	Availability of free snellen	Donor paralysis		
Eye examination equipment provided by volunteer eye health providers, optha/opto	Equipment used for charity services owned by optha/opto	Non-provision of supplies/equipm ent		

### **III. Vision/Mission/Goals/Objectives-**

#### **A. Vision:**

All Filipinos enjoy the right to sight by year 2020

#### **B. Mission**

The Department of Health, Local Health Units, partners and stakeholders commit to:

1. Strengthen partnership among and with stakeholders to eliminate avoidable blindness in the Philippines.
2. Empower communities to take proactive roles in the promotion of eye health and prevention of blindness.
3. Provide access to quality eye care services for all.
4. Work towards poverty alleviation through preservation and restoration of sight to indigent Filipinos.

#### **C. Goal:**

Reduce the prevalence of avoidable blindness in the Philippines through the provision of quality eye care.

#### **D. Objectives:**

General Objective no 1: Increase Cataract Surgical Rate from 730 to 2,500 by the year 2010

Specific:

1. Conduct 740,000 good outcome cataract surgeries by 2010
2. Ensure that all health centers are actively linked to a cataract referral center by 2008
3. Advocate for the full coverage of cataract surgeries by Philhealth
4. Establish provincial sight preservation committees in at least 80% of provinces by 2010
5. Mobilize and train at least one primary eye care worker per barangay by 2010
6. Mobilize and train at least one mid-level eye care health personnel per municipality by 2010
7. Improve capabilities of at least 500 ophthalmologists in appropriate techniques and technology for cataract surgery
8. Develop quality assurance system for all ophthalmologic service facilities by 2008

9. Ensure that 76 provincial, 16 regional and 56 DOH retained hospitals are equipped for appropriate technology for cataract surgery

General Objective no 2: Reduce visual impairment due to refractive errors by 10% by the year 2010

1. Institutionalize visual acuity screening for all sectors by 2010
2. Ensure that all health centers are actively linked to a referral center by 2008.
3. Distribute 125,000 eye glasses by 2010
4. Ensure that hospitals and of health centers have professional eye health care providers by 2010
5. Ensure establishment of equipped refraction centers in municipalities by 2008
6. Establish and maintain an eyeglasses bank by 2007

General Objective no. 3: Reduce the prevalence of visual disability in children from 0.43% to 0.20% by the year 2010

1. Identify children with visual disability in the community for timely intervention
2. Improve capability of 90% of health workers to identify and treat visual disability in children by 2010
3. Establish a completely equipped primary eye care facility in municipalities by 2008.

The Vision 2020 Philippines program framework is shown below: