Cataract

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Cicendo eye hospital, Indonesia
Population: 245.613 million
13,000 islands (half are inhabited)
Country’s total area: 1,811,569 sq. Km
Density: 135.6 (persons per sq. Km)
Climate: hot and humid, 21 – 33 °C
>300 ethnic groups
Disease Burden: Overall View

Prevalence of blindness

- **National survey (1996),**
  - Blindness : 1.5% (Cataract: 52%)
- **Lombok island, 2005,**
  - Blindness >50: 2.40% (cataract: 55%)
- **West Java survey, 2005,**
  - Blindness >40: 3.6% (cataract: 80%)
- **Sawah Kulon village (West Java province), 2006,**
  - Blindness >40: 1.67% (Cataract:62.5%)

- **Basic health research, blindness 0.9% (weak evidence)**
Strategies for screening, case finding in community, networking with providers in community

To identify cataract in community

- Strategic
  - government health system and facilities
  - non government

- Regularly:
  Performed by cadres of health, under coordination of community eye nurse/nurse/others staff of primary health care (puskesmas)

- Non-regularly:
  Usually by non government organisation/institution
Strategies for screening, case finding in community, networking with providers in community
Jumlah operasi katarak di program pemberantasan buta katarak Jawa Barat

Trends of surgeries from year to year

- 2004: 4000
- 2006: 3000
- 2008: 6000
- 2010: 5000

Surgeries
Counselling strategies: For surgery acceptance and follow up

Explanation, brochures, TV, Radio

• Primary level: - CENs/primary health care workers, cadres
  - post cataract surgery patients
  - army
• Secondary level: - Nurses
  - Residents training
  - CEN/primary heath care workers
• Tertiary level: - eye nurses
  - officer communicants
  - residents training
  - ophthalmologist
Facilitating referral, treatment

- Using government health system:
  - Government insurance
  - Private insurance
  - OT (with/without surgery equipment)

- NGO provide other needs
  - Medication that can not cover by government system
  - Transportation, accommodation and meals
Training (HR capacity building) of hospital and community workers

• Hospital:
  - Fellow (4 institutions): MSICS and Phaco-surgery
  - Residents training (11 ophthalmology departments): ECCE and MSICS
  - Surgery assistant: MSICS and Phaco-surgery (24 institutions)

• Community workers:
  - CEN training (17 institutions)
  - Community health workers and cadres training, in all primary health care
Establishment of infrastructure

- Independent government system
  - Central government policy
  - Province policy
  - District/city policy

  must be approved by the parliament

- Non government health/eye institutions:
  mostly of the system to take profit
Follow up, compliance strategies, quality indicators

- **Follow up:**
  - 1 day and 1-3 weeks after surgery (sometimes 6 weeks)
  - 1 day: ophthalmologist and residents
  - 1-3 weeks: CEN, nurses, sometimes by residents/ophthalmologist

- **Compliance strategies:**
  - provide low cost reading glasses
  - provide follow up fee to health workers
  - monitoring-evaluation
Follow up, compliance strategies, quality indicators

- Quality indicators:
  - Visual outcome (1-3 weeks after surgery) with best correction
  - Proportion of IOL implantation
  - Proportion of complication
  - Average of time consuming of surgery
  - Surgery technique must appropriate to the cataract condition
Technique of Surgeries

![Graph showing the percentage of different surgery techniques from 2007 to 2010. The graph compares ECCE + IOL and SICS + IOL.](image-url)
Visual Outcome

The chart illustrates the visual outcome for different years from 2007 to 2010. The categories are Good, Moderate, and Bad. The chart shows that the percentage of Good outcomes has increased from 2007 to 2010, while the percentage of Bad outcomes has decreased.
OBJECTIVE 1. Strengthen advocacy to increase Member States political, financial and technical commitment in Cataract
How is it being met at the Member State level?

- Working period of National committee has already finished on 2007, now being process to make the new one.
- Small budget for prevention blindness
- Not all district level have “standard eye care” (there were >500 districts)
- World sight day is sound in big cities only
- Limited eye health promotion
OBJECTIVE 2. Develop and strengthen national policies, plans and programmes for eye health and prevention of blindness and visual impairment
How is it being met at the Member State level?

- National plan was created on 2005 but couldn’t satisfy implemented, the new plan is being process
- Not yet as priority program
- Poor people can be operated using government insurance system that not yet covered all of them
OBJECTIVE 3. Increase and expand research for the prevention of blindness and visual impairment
How is it being met at the Member State level?

- Very limited population based research
OBJECTIVE 4. Improve coordination between partnerships and stakeholders at national and international levels for the prevention of blindness and visual impairment
How is it being met at the Member State level?

- Coordination between partnership and stakeholders has already done but not satisfied yet.
OBJECTIVE 5. Monitor progress in elimination of avoidable blindness at national, regional and global levels
How is it being met at the Member State level?

- Program monitoring is done by each project, national level report system has not well developed yet.