

Guest Editorial

Eye Care in Four Decades in Nepal

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The Eye Care in Nepal was in rudimentary state till 1971 with the number of cataract surgery being less than 500 cases per year including the mobile Eye camps. The Bir hospital was the only eye hospital at that period, however, it was without slit lamp nor operating microscope and the waiting list of bilateral cataract was more than one year. Those elderly people who came with bilateral cataract with a big hope could not be operated due to less number of eye beds and operation theater.

Prof Ram Prasad Pokhrel visited various mobile eye camps in remote hills and saw the tremendous problem of blindness. With a lot of struggle of creating awareness amongst the public for the need of eye hospital and with the support from few stakeholders, Nepal Eye Hospital was created in 1974.

The journey of Prof R P Pokhrel to New Delhi to attend workshop on “Curable Blindness” in 1978 was another milestone for the eye care in Nepal. The program was well attended by many international participants and his concern of Eye development was well appreciated by many of them, with important person being Dr Nicole Grasset. She was the key person to collect funds and the “Prevention and Control of blindness” (PBL) program was created under the Ministry of Health with a financial support of World Health Organisation (WHO). With this, an idea of National Blindness survey was generated. However, the survey required an expert, who was hired from the USA for the training of manpower and planning of survey methodology and the complete report of blindness was retrieved after conducting survey in the remote areas and hills of Nepal. The implementation of the program was the biggest challenge, however, with the birth of Nepal Netra Jyoti Sangh (NNJS) and the ministry of health, it was made possible to be launched in 1982.

According to survey (Brilliant et al, 1985), the major cause of blindness was cataract, prevalent in Terai belt. The second cause was trachoma, which was limited in Midwest and Farwest of Terai belt, specially in Tharu community followed by xerophthalmia, being the third common cause of blindness. The economic support from WHO helped NNJS to implement the programme in a wider scale.

The master plan was as follows:-

1. To establish Eye hospital in each zone with trained Ophthalmic manpower.
2. To clear the backlog of mature cataract in a organized manner through mobile camps.
3. To eliminate Trachoma and Xerophthalmia in a strategic manner.

The early days lacked the trained postgraduate manpower as well as the training centres. Therefore, medical graduates were sent to India and abroad for further training. For

the mid level manpower, the course and training was designed at Nepal Eye hospital, and such man power as ophthalmic assistant (OA) was very important to support our Eye Care Programme. For the last 2 decades, most of the Ophthalmic manpower are trained at BP Koirala Lions Eye Institute, Maharajgunj and several other medical colleges, Tilganga Institute of Ophthalmology and others.

It was difficult to establish the eye hospitals in those days due to lack of ophthalmologist so the support of expatriate ophthalmologists was required". Many International Non Governmental organization (INGOs), NGOs of different countries were requested for promoting Eye Care services in Nepal. Therefore, different NGOs of different countries developed the services and infrastructure in particular zones for nearly 2-3 decades, and finally handed over the services to NNJS. Dr. Albert Henning from Germany provided his utmost service in Lahan for 31 years and Dr. Kolstad from Norway worked for 25 years at Geta, Dhangadhi who developed the Eye care services at Farwest region of Nepal.

Similarly, Dr Fred Hollows from Australia went to the endemic area of west Terai region and gave a report on how to overcome trachoma. This has helped to develop, National Trachoma Project (NTP) which involved mass distribution of Antibiotic supplied by Pfizer company of USA in endemic areas of Tharu community in a planned scale, and supervised by trained staff. In the mean time, Eye health education and training on improving their toilets habits with proper water supply were given to all with the support of health ministry. Now after two decades, Nepal is declared as Trachoma free in 2018.

In regards to xerophthalmia there was a separate project at Sarlahi district between NNJS and Johns Hopkin University USA for two decades. The research approved that the regular supply of Vitamin A twice a year to all infants and children, can control xerophthalmia. With the continuous effort from all sectors, the blindness has been reduced from 0.84% to 0.35% (Sapkota Y D, 2012), with the achievement of eradication of trachoma and control of xerophthalmia.

The latest problem has been the rapidly increasing visual impairment due to diabetic retinopathy, due to the lack of public awareness. The huge burden of diabetic retinopathy blindness can only be eliminated from the multidisciplinary approach to create awareness amongst the public and treating physicians.

References

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