

Uganda National VISION 2020 Planning Workshop June 27-30, 2006

Summary and recommendations

Uganda was the first country in Africa to develop a VISION 2020 national plan. The national plan, developed in 2000, resulted from an IAPB sponsored national workshop in Mbarara in 2000. Notable achievements since the development of the first national plan includes:

1. Creation of infrastructure for eye care service delivery at virtually all regional hospitals throughout the country.
2. Enhanced human resource development through training of all cadres of eye workers and their equitable distribution.
3. Establishment of a well-functioning national prevention of blindness programme and committee of partners and stakeholders
4. Creation of a national system for procurement of consumables making it possible to obtain most consumables and drugs.
5. Various disease control improvements have been realized; in particular, cataract surgical rates have increased, trachoma surveys have identified the burden of disease, low vision and refractive services have expanded, more children with cataract are receiving surgical services.

The participants at the 2nd national VISION 2020 planning meeting reviewed the progress over the last five years and set targets for the next 4 years (until the end of 2009). The targets were based on discussion of staffing expected to be in place by 2009 and upon practical interventions needed to increase the number of patients coming for service and changes needed in service provision in order to improve efficiency. The focus of targets and activities were on cataract, childhood blindness, and low vision and refractive errors. Findings from recent trachoma surveys have enabled Uganda to draft preliminary targets for trachoma control.

Special issues, such as the future role of cataract surgeons in Uganda, the establishment of paediatric surgical centres, the sale of spectacles to improve sustainability of programmes, supervisory networks, and cost-recovery were addressed. It was recognized that significant changes in how patients are mobilized for services were needed.

The following service delivery targets for 2009 were set by participants:

1. Increase the cataract surgical rate from the current (2005) 327 to 887 by the year 2009. Participants also set targets, region by region, for surgical outcome (and the follow up necessary to assess that outcome). Some regions also sought to set targets for unit cost of surgery and percentage of cost recovery.

2. Increase the total number of children in the country receiving cataract surgery (per year) to over 530. Targets for outcome were set and steps to reduce delay in presentation were proposed.
3. Increase the number of children receiving refractive correction (target = 14,655) and the number of adults receiving presbyopic correction (target = 97,600).
4. Increase the number of children enrolled in low vision programmes (target = 3,095).

Specific recommendations arising from the workshop included:

1. Inclusion of viscoelastics and other essential ophthalmic drugs on the government list of essential drugs.
2. Discussion and decision by the NPBC as to the future role of cataract surgeons in Uganda, making use of the recently conducted assessment of cataract surgeons in eastern Africa.
3. Separately, it was recommended that existing practicing surgeons be provided with the minimum requirements (e.g., two or more cataract surgical sets, one operating microscope, three or more nursing staff to assist) to improve surgical productivity.
4. All regions need to develop practical implementation plans. Implementation plans need to be thorough and focus on activities needed to improve numbers of patients receiving services as well as activities needed to improve the efficiency and quality of the service delivery itself.
5. Specific strategies for management of children with congenital and developmental cataract need to be developed. These strategies need to include approaches to reducing the delay in presentation, provision of high quality surgical intervention, follow up, provision of spectacles post-operation, and low vision and rehabilitation.
6. A national low vision programme, based upon sound principles is required.
7. A system for acquiring and distributing low cost, high quality ready-made spectacles (primarily for presbyopic correction) to public or NGO facilities is recommended. The system should include mechanisms for ensuring that “profits” from the sale of spectacles be used to support the sustainability of the eye care programmes in the regions and districts.
8. All eye departments should have their own bank accounts (project accounts) to assist them in expanding the services provided to patients and using proceeds from fees to support purchases of IOLs, spectacles and possibly transport for patients to hospital.
9. A practical and supportive system for supervision and reporting needs to be developed and operationalized. Routine national monitoring systems for prevention of blindness need to be revised to reflect targets set.
10. The MoH National Eye Care Coordinator should become an established full time position as soon as possible

11. One person in each region should be trained in basic equipment and instrument maintenance
12. All efforts should be made to improve the collaboration between the Ministry of Education and Ministry of Health prevention of blindness programme to facilitate ocular examination of all children before enrollment in a school for the blind, annexes and integrated schools.
13. An effort should be made to expand the number of ophthalmology residents to a total of 15 in the two post-graduate schools.
14. Existing ophthalmologists should receive skills in the areas of management, supervision, and planning.
15. It is recommended that an electronic data capture system be developed and implemented throughout the country.