



Republic of Namibia
Ministry of Health & Social Services

**BRIEF REPORT ON CATARACT SURGICAL CONTROL
PROGRAMME**

FOR THE YEAR 2015



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EPIDEMIOLOGICAL AND DEMOGRAPHIC INFORMATION

Further more, the recent population and housing census of 2011 reported that at least 17,4% of the entire population of 2.1 million suffer from visual impairments. However, the report did not elaborate on the main causes of such impairment.

In the absence of reliable epidemiological statistical figures on the magnitude of cataract visual impairment, the WHO estimates that at least 1.00% of the country population would be blind from various causes, mainly cataract, glaucoma and corneal disorders. Cataract alone is thought to account for <50.0% of the total blindness. It's further estimated that at least 2.00% (about 42 000) of the total 2.1 million population would suffer from severe forms cataract visual impairments (WHO, 2008).

Cataract induced visual impairments/blindness pose serious public health and socioeconomic challenges in terms of high costs resulting from lost productivity, caring for the blind, and the costs of rehabilitation and education of the blind. All these constitute a significant economic burden of the individual blind person, his/her immediate family and the country at large. Apart from both direct and indirect costs of cataract blindness; is the suffering; loss of independence and dignity often resulting in premature death of the individual blind person.

AIMS AND OBJECTIVES

Cataract surgical control programme is a sight restoring healthcare project that's specifically aimed at preventing; controlling and eradicating cataract blindness in the country and mitigating the adverse socioeconomic impacts cataract blindness pose on the socio economic development of the country as well as the general health and quality of lives of Namibians. Such interventions are provided free of charge at the point of delivery.

MAIN TARGETS

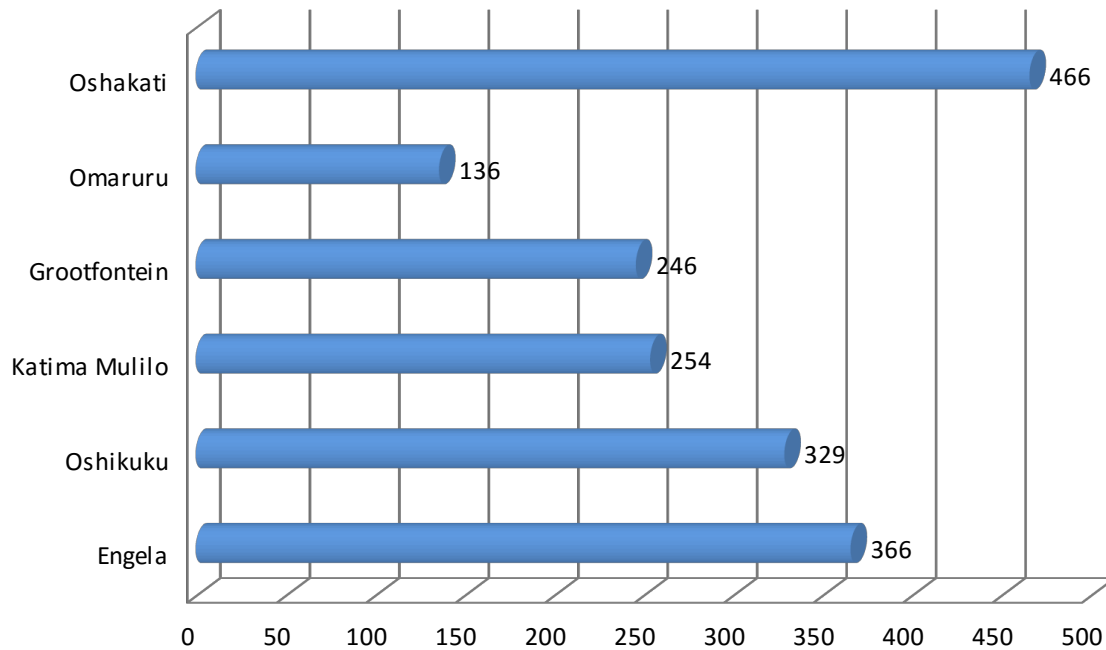
The programme makes strides to improving the eye health status of the entire nation but with special emphasis on the elderly population above the age of 50, children and the vulnerable members of our society (OVC), who due to their disadvantaged socioeconomic status, have limited access to quality cataract surgical services through normal procedures.

MAIN ACHIEVEMENTS

Cataract surgical project ranks among efficient and cost-effective health programme with direct impacts on the health and socioeconomic status of individual persons, their immediate families and the country at large.

In the year under review, a total number of **1798** cataract blind persons had their sights surgically restored, main in Omusati, Zambezi, Oshana, Ohangwena, Kavango and Erongo Region respectively. In addition, thousand of eye patients had received medical and other minor surgical treatment during the events of the surgical campaigns.

Figure 1: Trends of cataract surgical outputs per Campaign in 2015.



Logical Observations

It can be observed that Oshakati Hospital had scored the highest surgical out puts followed by Engela, with Grootfontein and Katima Mulilo scoring the least. This high surgical coverage in Oshana and Ohangwena regions can solely be attributed to the availability of resources at that point in time and the well organized and experienced local teams, infrastructural capacity and equipment.

In could be noted that the project performance in the low-scoring regions was marred with numerous technical and administrative shortcomings and not necessarily, the low case loads.

In addition, **2187** cataract surgeries were conducted at the permanent cataract surgical centers at Oshakati Intermediate and Windhoek Central Hospitals. Altogether, this raised the total number of cataract surgeries to **3985** countrywide.

It could therefore eagerly stated with confidence that such a massive cataract surgical output could heavily be attributed to the generous technical and logistic contributions by our local and international partners, who have provided surgical teams of experts and

surgical materials and equipments to boost the responsiveness capacity of our cataract surgical control programme.

Figure 2: Trends of cataract surgical outputs per Permanent Surgical Centres in 2015.

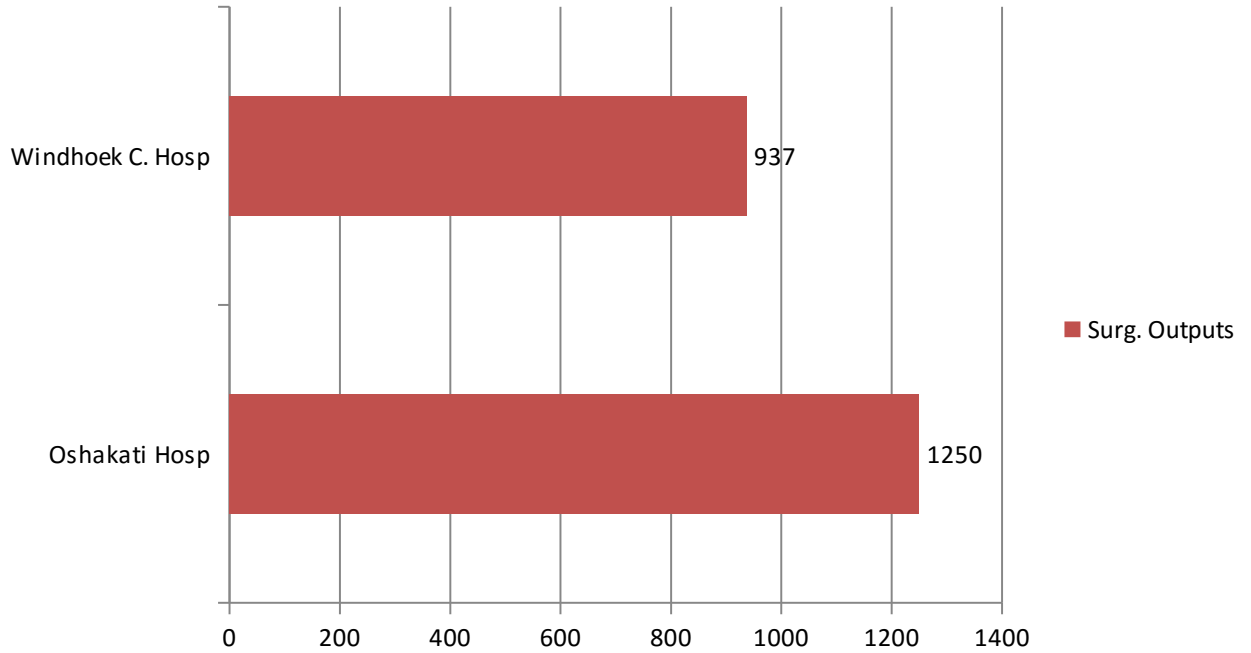
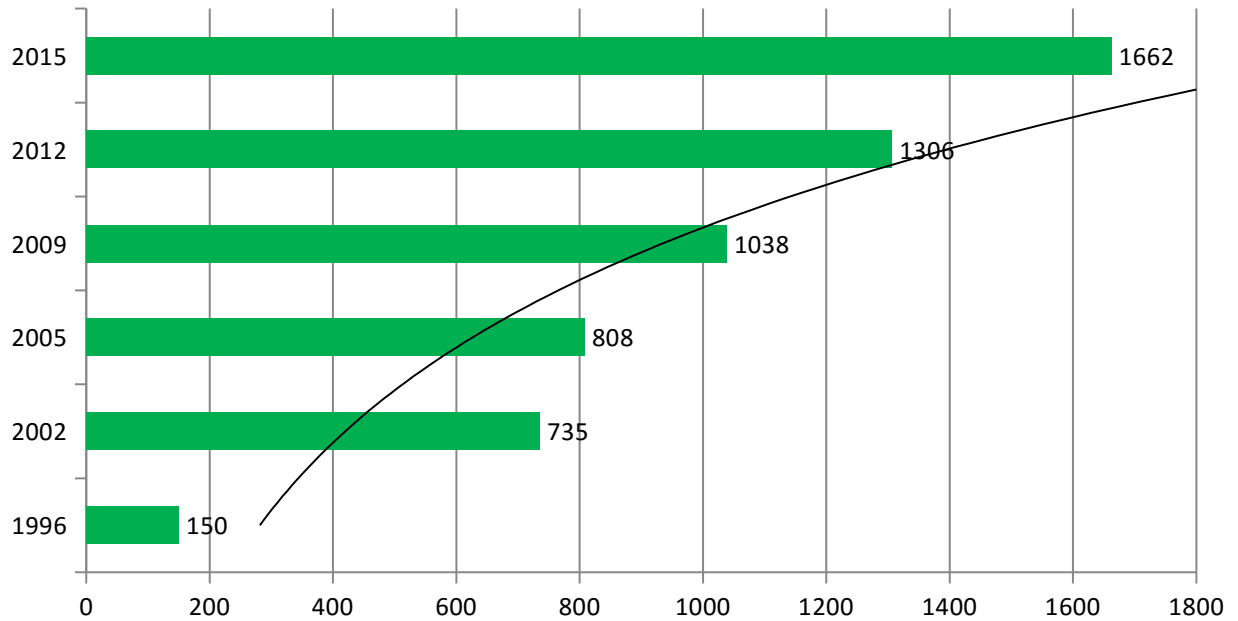


Figure 3: comparative cataract surgical outputs per year (1996-2015).

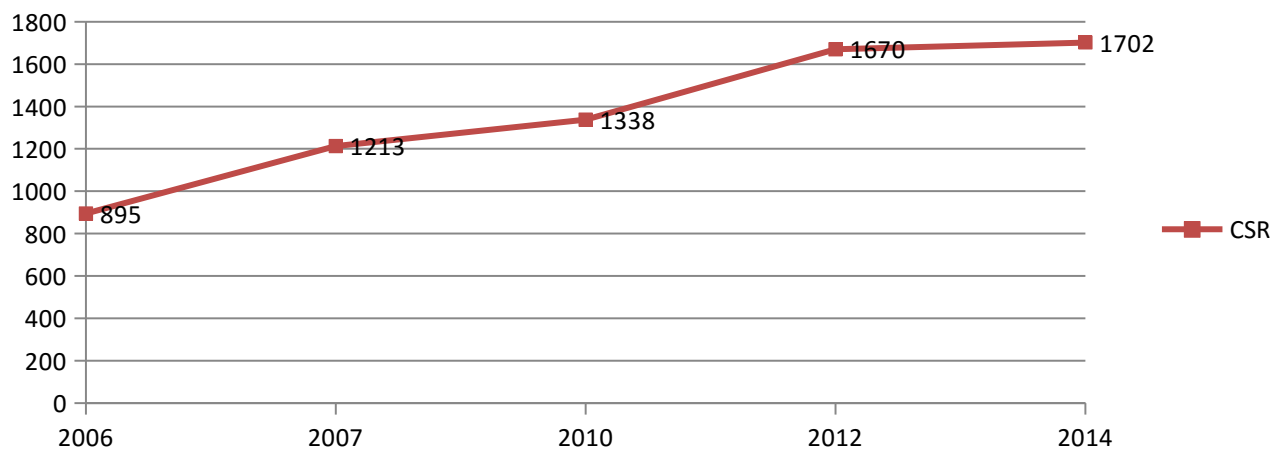


Logical Interpretations

In this figure, it can be observed that, the programme had grown from varying strengths since its early years of implementation with as minimal as 150 cataract surgeries in 1996 to as high s 1662 surgeries in 2015.

However, such success can never be celebrated without the mentions of local and international staffs and donor agencies that have placed added efforts to produce the desirable results in spite of the many financial and administrative constraints

Figure 4: Trends of cataract surgical rate (CSR) for Namibia at 2014



Note: CSR is the number of cataract surgeries/million population per year and it's a quantitative measure of cataract surgical service delivery. For its statistical significance, the CSR should include all cataract surgeries performed in the country (Both from public and private surgical centers).

The specific CSR for 2015 could not be plotted as inputs from the private sector are still to be received. It could however be observed that Namibia is progressing well in realizing its target of 2000 cataract surgeries per year/ Million as per the recommendation of the WHO-Vision 2020 Initiatives.

SOCIO-ECONOMIC BENEFITS OF CATARACT SURGICAL CAMPAIGNS

Analyzing the surgical trends as illustrated above, it could be observed that the project had produced a mean cataract surgical output of 1359 surgeries per year, this is an indication that more than 1000 Namibians continues to benefit from this initiative on yearly basis.

Such sight restoration scores also represent massive saving at the side of families and the state in general in terms of reduce costs of care for the blinds, reduced dependency as more and more cataract blind people regained their sights, become independent and productive member of the society as well the massive savings in the state sponsored social and disability grant.

It could be stated with confidence that, these beneficiaries could now look after themselves and their families as they have once again become productive and independent members of the society after they have regained their sights.

CHALLENGES AND LESSON LEARNED

To date, the most challenging constraints and limiting barriers to the success of this project remain unresolved as no significant steps had been given to eliminate or mitigate such constraints. They are as follow:

Structural limitations at supervisory and operational levels: The current Healthcare System had continuously failed to provide for specific structures for eye healthcare at both supervisory and operational levels. As a result, eye care services continue being severely fragmented and erroneously placed under skewed supervision and reporting structures.

Such fragmentation and lack of appropriate lines of supervision had made difficult to function and efficiently develop as an independent healthcare service. Little is being done to rectify such undesired system structures and lines of command.

Lack/or inadequate of financial support: In the entire public health care system, eye healthcare (existing fragments) have no budget lines allocated to it for efficient funding of its developmental and operational activities.

Critical shortage of human resources for eye health: The lack of budget lines and planning structures to efficiently plan and fund the development of human resources for eye health, continuous skill development of existing ones, remain important contributing factors for critical shortage of human resources.

Erratic supply of material resources: The lack of budget lines and appropriate supervisory structures has brought as a result, the critical shortage of technical equipments and erratic supply of the much needed materials and consumables, mainly at hospital level. The Hospital operates without ophthalmic equipment maintenance plan or mechanism for continuous supply of materials for eye health use.

SPECIAL ACKNOWLEDGEMENTS

The program's achievements could have never become a reality entirely without the public healthcare personnel's commitment, dedications and patriotism to the noble goals of eye health and improved quality of lives of Namibians.

Despite the endless barriers and limitations, these men and women have sacrificed their efforts and valuable time to make a difference in the lives of the most vulnerable members of our society, who because of their socio economic background, have limited access to quality eye healthcare.

Equally important to mention are the tireless efforts and generosity of local and international charitable organizations and individuals from around the globe, who have pledged commitments to support the national goals for eye health by means of technical and logistical support to the local teams in their endeavors to eradicate cataract blindness in our country.

Our greatest thanks and gratitude goes to:

The Austrian Association Vision without Frontiers, a Non Governmental not-for-profit organization based in Austria that provides the much needed medical and surgical equipment to build the capacity of local public hospitals to provide quality eye healthcare to local communities in need.

Since 1999, Vision without Frontiers had extend its humanitarian support to the people of Namibia in the forms of donation of the much needed medical and surgical equipment to various public hospitals and the National Cataract Surgical Control Programme, with the aims to enhance the technical capacity of eye health programme

to efficiently respond to the ever increasing eye healthcare needs and demands of Namibian population.

Their donations of hi-tech ophthalmic equipment and instruments, quality surgical materials as well as their voluntary participations into our surgical campaigns, had not helped to preserve and restore sights to thousand immediate beneficiaries but had also immensely improved efficiency and the quality of eye healthcare at most public hospitals, thereby improving eye health in general and the quality of lives of Namibians.

End of Report