Perspective: Community ophthalmology is essentially about ensuring that everyone in need of eye care gets it. This can also be viewed as a “Market Development” activity for the AIOS members. More patients being treated has a positive benefit to all stakeholders – Ophthalmologists, Ophthalmic institutions, Government, Industry and most importantly the patients in the community. So the “Community Ophthalmology” approach can be a powerful strategy for bringing all stakeholders together and developing a “win-win” model for eye care.

1. How AIOS can contribute to the prevention of blindness activities? What role should AIOS play in advocacy and how?

Prevention of blindness activities refers to range of activities undertaken by AIOS members in community towards the end of preventing avoidable blindness in the community

Certain specific activities recommended to be undertaken by AIOS Secretariat

- AIOS community eye care committee along with AIOS secretariat can take up the WHO action plan 2009, analyse it and provide guidelines to NPCB for its effective implementation

- During the annual meeting of AIOS, AIOS community eye care committee can organise a meeting where the AIOS members active in community ophthalmology work can present their issues. This in turn can be documented and a representation be made to the GOI/NPCB along with VISION 2020 RIGHT TO SIGHT, INDIA.

- Guidelines to be developed as to how individual members can contribute to community ophthalmology and the type of resources available through the NPCB

- Advocacy efforts at MCI to include community eye health and prevention in the post graduate curriculum.

- AIOS can allocate more time for community ophthalmology related sessions including presentation of preferred practice for common blinding conditions (Cataract, Glaucoma, DR, Corneal Ulcers, Uncorrected Refractive errors, and AMD) and sterilisation related issues in large volume surgery in community set ups

- Attendance in Community Ophthalmology Session during AIOS Conference be provided extra credit weightage

- Development of resource materials on prevention of blindness or adoptions of materials developed by other agencies and dissemination of the same to the AIOS members
  - AIOS to have a link to the VISION 2020 e-resource website which contains a repository of e-resources in prevention of blindness activities

2. How public private partnership (PPP) can be harnessed to improve primary eye care in the country. The committee may study the successful models in PPP to see which are suitable for adoption at a wider nationwide level. (3 months)
• Documentation of successful PPP models in eye care (also in health care) and then develop guidelines based on it suitable for adoption at a wider nationwide level (eg Tripura VC model with ILFS and Tripura govt; Sightsavers model of working in Bihar with Susrut eye hospital; Bihar ILFS model of working on HIV with NGO; Gujarat model of )

• A partnership can be established between the PHC and the NGO or with a member of the AIOS in underserved area where the PHC does not have a staff for eye care screening.

3. The modalities for facilitation of development of ophthalmic infrastructure at secondary level, including possible suggestion to government to give tax breaks for hospitals at rural, semi urban and Taluk levels.

• Any eye care provider whether private or non profit who sets up an eye hospitals in rural, semi urban and Taluk levels can be provided interest free loans for a definitive time frame in the initial years while they are setting up practice.

• One time grant of 30 lakhs for development of infrastructure available for NGO hospitals. Further for eye bank & eye collection centre grants are available. Procedure to be made simple for effective allotment & dispersal.

• Map all eye care facilities and infrastructure available to identify the gaps in rural, semi urban and Taluk levels for creation of appropriate new facilities or upgrading existing ones; this map can be made available to INGO’s, State and Central Governments.

• The facility of the district eye hospital which does not have ophthalmologist should allowed to be utilised by the ophthalmologist in the private eye care sector or from NGO eye hospital

4. Manpower development policies including mapping of available ophthalmic and paraophthalmic manpower and future development. (3 Months)

• An MBBS / DO qualified Doctor who has worked in the rural area for providing eye care service can be given extra weightage for PG admission

• MBBS qualified doctors posted in PHC can be provided a 3 month training for carrying out basic eye examinations and providing emergency ocular first aid.

• The common curriculum to be developed for the community based paramedical workforce engaged in prevention of blindness activities

• AIOS can coordinate with Vision 2020 the Right to Sight India, NPCB, INGOs state societies and Pharma companies for comprehensive mapping of all HR and infrastructure / equipment facilities both and current and future requirements.

• A report on the paramedical workforce in eye care was brought out through VISION 2020 members. This can be reviewed and recommendations related to paramedical workforce for prevention of blindness work can be taken up with GOI.
• Lobby and work with interested parties for the development of accredited cadre of paraophthalmic manpower to assist the doctors as done by AAO which was instrumental in the formation of JCAHPO (Joint Commission for Allied Health Personnel in Ophthalmology).

5. **Steps and advocacy to ensure adequate remuneration to ophthalmologists involved in the blindness prevention activities** (3 Months)

• Minimum remuneration guideline can be framed depending on the local market and also criteria can be fixed for productivity guidelines as well as type of work carried out in prevention of blindness.

• Recent guidelines of NPCB has made provision for GIA to ophthalmologists in rural areas involved in providing free eye care.

6. **Ways to improve planning for eye care at State / UT level by working with State / UT Government.** (3 Months)

• AIOS representatives to be part of the annual planning for eye care at the national and state level.

• AIOS community eye care committee along with other stakeholders to review current workload being done at the district level

• AIOS also should do an annual planning for the prevention of blindness activities (disease wise planning) should take place towards achieving the VISION 2020 goals.