Strategies to improve delivery of primary eye care in public health care institutions in Sri Lanka

Primary eye care is integrated within the public health care system by providing primary eye care at the outpatient departments of secondary and tertiary health care institutions, with unrestricted access.

Despite a strong primary health care system in Sri Lanka, the successful integration of eye care services at the primary level of health service delivery is still evolving. The majority of eye care service provision is at the secondary and tertiary levels.

According to a study of blindness and visual impairment in Sri Lanka that examined a nationally representative sample of 5,779 people aged ≥ 40 years, the prevalence of blindness in the country is 1.7% and that of low vision is 17%. Cataract (66.7%) and uncorrected refractive errors (12.5%) are the most common causes of blindness.1 Blindness is significantly higher in those aged ≥ 70 years, as compared to those aged 40 to 49 years.1 The data are helpful for assessing and planning for the eye care needs of the population. The focus on improving service delivery at the primary eye care level is an important step in identifying the needs early.

Government policy on primary health care

The Sri Lanka National Health Policy 2016–2025 endorses a people-centred health system based on universal health coverage.2 The National Health Policy builds on the mandates of quality health care and equitable coverage, which are the focus points of the 2018 policy on health care delivery for universal health.3 The provision of first contact care through the strengthening of the primary care system has been given top priority. In this strategic approach, primary eye care is integrated within the primary health care system.
have been identified as the main barriers. The current unrestricted referral system is leading to overcrowding in specialised clinics at the secondary and tertiary levels.

Service delivery that can meet individual and population needs, effective training modules for mid-level eye health personnel, multisectoral collaboration, community participation, and the development of infrastructure in rural areas to bridge disparities are essential strategies to serve the country’s evolving eye health needs. There is a high potential for a successful blindness prevention programme in Sri Lanka, based on systems established under the VISION 2020 country programme in previous years.

References

Health policies
- National health policy 2016–2025
- Policy on healthcare delivery for universal health coverage 2018 (enacted)
- Health policy and strategic plan on prevention and control of chronic non-communicable diseases (under discussion)
- Proposed policy brief on diabetic retinopathy screening, using handheld retinal cameras (under review)

Health care delivery programmes, with respect to eye care
- School eye inspection conducted by the family health bureau: checking early for visual impairment, especially refractive errors
- Essential services package, inclusive of eye health, provided at primary medical care institutions
- Shared cluster system: referring an assigned population (5,000 to 10,000 people) to one curative primary health care institution to improve uptake at the primary eye care level and to regularise the referral system

Service delivery of primary eye care
Basic eye examination
- Primary eye care service delivery at outpatient departments (OPDs) of secondary and tertiary eye health care institutions, with unrestricted access and without need for a referral
- Availability of distant vision screening at OPDs at all levels of service delivery
- Availability of fundoscopic examination by a physician, using direct ophthalmoscope at all OPDs
- Screening for visual acuity of those aged ≥35 years at healthy life centres (1,007 centres country-wide)

Preventive care
- Eye health services delivered by medical officers of health (in 355 clinics country-wide) and by public health midwives at the community level (e.g., vaccination, vitamin A supplementation, neonatal eye care)

Referral for specialised care
- Unrestricted referral system to access specialised care, without geographical or administrative boundaries

Health education and training
- Health educational programmes at OPDs
- Training of 500 medical officers (a pilot project) in screening for diabetic retinopathy, using handheld digital retinal cameras (proposed)