National Prevention of Blindness Program

Government Mandates and Policies:

- Administrative Order No. 179 s.2004: Guidelines for the Implementation of the National Prevention of Blindness Program
- Department Personnel Order No. 2005-0547: Creation of Program Management Committee for the National Prevention of Blindness Program

Subcommittees: Refractive Error/Low Vision, Childhood Blindness, Cataract

- Proclamation No. 40 declaring the month of August every year as “Sight Saving Month”

Vision: All Filipinos enjoy the right to sight by year 2020

Mission: The DOH, Local Health Unit (LGU) partners and stakeholders commit to:

1. Strengthen partnership among and with stakeholder to eliminate avoidable blindness in the Philippines;
2. Empower communities to take proactive roles in the promotion of eye health and prevention of blindness;
3. Provide access to quality eye care services for all; and
4. Work towards poverty alleviation through preservation and restoration of sight to indigent Filipinos.

Goal: Reduce the prevalence of avoidable blindness in the Philippines through the provision of quality eye care.

The program has the following objectives:

General Objective No. 1: Increase Cataract Surgical Rate from 730 to 2,500 by the year 2010

Specific:

1. Conduct 74,000 good outcome cataract surgeries by 2010;
2. Ensure that all health centers are actively linked to a cataract referral center by 2008;
3. Advocate for the full coverage of cataract surgeries by Philhealth;
4. Establish provincial sight preservation committees in at least 80% of provinces by 2010;
5. Mobilize and train at least one primary eye care worker per barangay by 2010;
6. Mobilize and train at least one mid-level eye care health personnel per municipality by 2010;
7. Improve capabilities of at least 500 ophthalmologists in appropriate techniques and technology for cataract surgery;
8. Develop quality assurance system for all ophthalmology service facilities by 2008; and
9. Ensure that 76 provincial, 16 regional and 56 DOH retained hospitals are equipped for appropriate technology for cataract surgery.

**General objective no 2: Reduce visual impairment due to refractive errors by 10% by the year 2010**

1. Institutionalize visual acuity screening for all sectors by 2010;
2. Ensure that all health centers are actively linked to a referral center by 2008;
3. Distribute 125,000 eye glasses by 2010;
4. Ensure that the hospitals and of health centers have professional eye health care providers by 2010;
5. Ensure establishment of equipped refraction centers in municipalities by 2008; and

**General objective no 3: Reduce the prevalence of visual disability in children from 0.3% to 0.20% by the 2010**

1. Identify children with visual disability in the community for timely intervention;
2. Improve capability of 90% of health worker to identify and treat visual disability in children by 2010; and
3. Establish a completely equipped primary eye care facility in municipalities by 2008.

**Burden of Blindness and Visual Impairment : Global Facts**

The Philippines is a signatory in the Global Elimination of Avoidable Blindness: Vision 2020 – The Right to Sight. The Vision 2020 was initiated by the International Agency for Prevention of Blindness (IAPB), World Health Organization (WHO), and the Christian Blind Mission (CBM), Vision 2020 aims to develop sustainable comprehensive health care system to ensure the nest possible vision for all people and thereby improve the quality of life.
According to WHO estimates:

- Approximately 314 million people worldwide live with low vision and blindness
- Of these, 45 million people are blind and 269 million have low vision
- 145 million people's low vision is due to uncorrected refractive errors (near-sightedness, far-sightedness or astigmatism). In most cases, normal vision could be restored with eyeglasses
- Yet 80% of blindness is avoidable - i.e. readily treatable and/or preventable
- 90% of blind people live in low-income countries
- Restorations of sight, and blindness prevention strategies are among the most cost-effective interventions in health care
- Infectious causes of blindness are decreasing as a result of public health interventions and socio-economic development. Blinding trachoma now affects fewer than 80 million people, compared to 360 million in 1985
- Aging populations and lifestyle changes mean that chronic blinding conditions such as diabetic retinopathy are projected to rise exponentially
- Women face a significantly greater risk of vision loss than men
- Without effective, major intervention, the number of blind people worldwide has been projected to increase to 76 million by 2020

Burden of Blindness and Visual Impairment: Local Facts

- Number of blind people: 592,000 (based on 2011 estimated population of 102M & 2002 blindness prevalence of 0.58%)
- Number of persons with moderate or severe visual impairment: 2 million (2011 popn. & 2002 prevalence of 2.04%)
- Number of blind due to cataract: 367,000 (62%)
- Number of blind due to EOR: 59,000 (10%)
- Number of blind from cataract below poverty line: 92,000 (25%, NSCB 2009 figures); figure est. doubled to include first & second quintiles

RP Prevalence of Blindness (%), 2002

<table>
<thead>
<tr>
<th>Region</th>
<th>Blindness Prevalence</th>
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<td>Caraga</td>
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<tr>
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<td>Region</td>
<td>RP Prevalence of Low Vision (%)</td>
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<tr>
<td><strong>Southern Luzon</strong></td>
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<tr>
<td><strong>National Figure</strong></td>
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<tr>
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<td><strong>Regional Prevalence of Low Vision (%)</strong></td>
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RP Prevalence of Visual Impairment (%) , 2002

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<th>Region</th>
<th>Percentage</th>
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<td>Cagayan Valley</td>
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Interventions/Strategies employed or Implementation by the DOH

1. **Advocacy and Health Education**

   This includes patient information and education, public information and education and intersectoral collaboration on eye health promotion and the nature and extent of visual impairments particularly its risk factors and complications and the need/urgency of early diagnosis and management.

2. **Capability Building**

   This component shall focus on ensuring the capability of national and local government health facilities in delivering the appropriate eye health care services especially to the indigent sector of the population. Program shall provide training for coordinators at regional and provincial levels; will ensure the availability of and access to training programs by program implementers. It shall include strengthening
treatment/management capabilities of existing personnel and operating capabilities of facilities conducting cataract operations etc., taking into outmost consideration basic quality assurance and standardization of procedures and techniques appropriate to each facility/locality.

3. **Information Management**

   The program shall develop an information management system for purposes of reporting and recording. As far as practicable, this system shall consider and will build on any existing mechanism. The system shall be national in scope, although the mechanism shall consider the regional and local needs and capabilities.

4. **Networking, Partnership Building and Resource Mobilization**

   An important component of the program is networking and partnership building to ensure that services are available at the local level. This shall include public-private and public-public partnership aimed at building coalition and networks for the delivery of appropriate eye health care services at affordable cost especially to the indigent sector. This component shall also focus on ensuring that the highest appropriate quality services are made available and accessible to the people.

5. **Supervision, Monitoring and Evaluation**

   The Program shall be coordinated by a national program coordinator from the Degenerative Disease Office of the National Center for Disease Prevention and Control, Department of Health. The national program coordinator shall oversee the implementation of program plans and activities with the assistance of the regional coordinators from the Centers for Health Development.

   A system of monitoring program plans and activities shall be developed and implemented taking into consideration the provision of the local government code as well as the organic act of Muslim Mindanao, and any similar issuances/laws that will be passed in the future.

   A program review shall be conducted as needed. Result of program evaluation shall be used in formulating policies, program objectives and action plans.

6. **Research and Development**

   The program shall encourage the conduct of researches for purposes of developing local competence in eye health care and for other purposes that may be necessary. The development and dissemination of clinical practice guidelines for eye health shall form part of the research agenda of the program.

   The program shall support researches/studies in the clinical behavior (KAP) and epidemiological (trends) areas. It also aims to acquire information that is utilized for
continuing public health information and education, policy formulation, planning and implementation.

7. **Service Delivery**

Service delivery for the prevention of Blindness Program shall be covered by the principle of best practice. In collaboration with the local government units and stakeholders, the program shall develop systems and procedures for the integration and provision of services at the community level. This means primary eye prevention concentrating on health education, advocacy and primary eye interventions; Secondary prevention; screening/early detection/basic management/ counseling, referral and/or definitive care and tertiary prevention: management of complications, continuing care and follow up including rehabilitation. The following areas will be the priority areas for services to be provided by the National Prevention of Blindness Program:

- a. Cataract Surgeries
- b. Errors of Refraction
- c. Childhood Blindness

Activities for the Vitamin A Deficiency Disorder, for practical purposes, shall be led by the Family Health Office also of the NCDPC.

A Referral System shall form part of services delivered by the program. This is to ensure that all patients receive quality eye health care at appropriate levels of health care delivery system. All rural health units should be linked to an eye care referral center.

**Cataract**

Cataract, the opacification of the normally clear lens of the eye, is the most common cause of blindness worldwide. It is the cause in 62% of all blindness in the Philippines and is found mostly in the older age groups. The only cure for cataract blindness is surgery. This is available in almost all provinces of the country; however there are barriers in accessing such services. Interventions will therefore consist of increasing awareness about cataract and cataract surgery; as well as improving the delivery of cataract services. The parameter used worldwide to monitor cataract service delivery is the Cataract Surgical Rate.

**Errors of Refraction**

Errors of refraction is the most common cause of visual impairment in the country (prevalence is 2.06% in the population). Errors of refraction are corrected either with spectacle glasses, contact lenses or surgery. The services to address the problem of EOR are provided mainly by optometrists. However, the provision of the eyeglasses or lenses (who should provide, how is it provided, etc.) has to be addressed.
**Childhood Blindness**

The prevalence of blindness among children (up to age 19) is 0.06% while the prevalence of visual impairment in the same age group is 0.43%. The problem of childhood blindness is the highly specialized services that are needed to diagnose and treat it. However, screening of children for any sign of visual impairment can be done by pediatricians, school clinics and health workers.

**Future Plan/Action:**

- Development of Service Package for Prevention Blindness Program
- Development of Clinical Practice Guidelines for Prevention Blindness Program
- Development of Strategic Framework and a Five Year Strategic Plan for Prevention Blindness Program (2012-2016)
- Continue conduct of promotion and advocacy activities and partnership with National Committee for Sight Preservation, Specialty Societies and other stakeholders on PBP
- Creation of PBP Registry System
- Ensure the implementation of the National Prevention of Blindness Program

**Status of Implementation/Accomplishment:**

- Department of Health supports prevention of blindness and vision impairment
  - Signatory of all World Health Assembly resolution on Vision 2020 and blindness prevention.
  - National Prevention on Blindness Program under Non-Communicable Disease Cluster.
  - Planning workshop 2004 crafted 5 year development plan for eye care 2005-2010 assisted by IAPB / ICEH.
  - AO 179 issued on Nov. 2004 by Sec. Dayrit creating “Guidelines for Implementation of the National Prevention Blindness Program (NPBP)” which set-up the Program Management Committee (PMC)
  - Blindness prevention and rehabilitation of persons with irreversible blindness are incorporated in the health program for persons with disability of DOH
The following programs/projects are included in the Maternal and Child Care Program of DOH:

- Expanded Program for Immunization (includes vaccination for diseases that causes blindness)
- Vitamin A provision for pregnant mothers and children to prevent vitamin A deficiency
- Comprehensive newborn care includes prophylaxis for ophthalmia neonatorum
- Newborn screening includes screening for galactosemia which cause congenital cataract

Several activities in the PBP

- Consultative and Planning Workshop on PBP, October 2011
- National Eye Summit, Manila Grand Opera Hotel, Manila last October 2009
- Strategic Planning Workshop on the National Sight Preservation and Blindness Program 2008
- Training of Trainors of Primary Eye Care conducted 2007

Other Significant information:

- **Available Human Resources:**
  
  Ophthalmologists - 1,573 registered PAO members as of January 27, 2011
  - 95% is in private practice
  
  Optometrists - 10,266 registered with Philippine Board of Optometry as of July 2010

- Financial Resources
DOH provides funds largely for technical assistance for training, capacity building activities, and augmentation of funds for local program implementation.

Philippine Health Insurance Corporation covering personal eye care services (hospital based)

**Partner Organizations:**

Aside from the collaborating divisions in the DOH, the following institutions partake in the program:

- Local Government Units (LGUs)
- National Committee for Sight Preservation (NCSP)
- Philippine Academy of Ophthalmology
- Philippine Information Agency
- Optometric Association of the Philippines
- Rotary International
- Integrated Philippine Association of Optometrists
- Foundation for Sight
- Helen Keller International
- Lions Club International
- Tanggal Katarata Foundation
- UP - Institute of Ophthalmology
- Christian Blind Mission
- Resources for the Blind
- Sentro Ofthalmologico Jose Rizal
- World Health Organization

**Sources: Files and Links:**

Administrative Order No. 179 s. 2004

[World Health Organization](#)

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