



Charting new frontiers of hope in Pakistan



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In 2001, following several years of hard work by key figures in the field of blindness prevention, the federal minister of health for Pakistan signed the VISION 2020 declaration. However, despite this high-level political commitment, no government funding was allocated to the prevention of blindness.

Prior to 2001, great progress had already been made in reducing the prevalence of blindness in Pakistan. The first national coordinator for prevention of blindness, Mohammed Saleh Memon, had introduced community eye health to Pakistan; his successor, Mohammed Daud Khan, had initiated training programmes for eye care professionals and introduced district comprehensive eye care.

These efforts received much support from national and international non-governmental organisations (NGOs). However, Pakistan's National Committee for the Prevention of Blindness was concerned that it would not be sustainable in the long term, as the government wasn't directly involved in it. An advocacy strategy was therefore developed, with the aim of establishing a national programme for the prevention of blindness within the existing health system of Pakistan.

The advocacy strategy

This advocacy strategy consisted of different components, yet all aiming towards a single goal: active involvement and financial commitment from the Pakistani government. The elements of this strategy are described below.

Decentralising the prevention of blindness programme and making it more accessible

This was achieved by involving provincial secretaries of health in the creation of provincial committees for the prevention of blindness. As a result, it became possible to coordinate, plan, and make decisions about the programme at provincial level. It was also possible to establish partnerships with international NGOs and to bring policy makers and decision makers into closer contact with the programme.

Involving district administrators in the planning of eye care programmes

Evaluation of existing comprehensive eye care programmes at district level pointed out that there was poor ownership by district administrators. A solution was to involve



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them in the planning stage; this ensured that they became active members of the programme. The strategy involved building the leadership and management skills of health officials and district ophthalmologists, and it resulted in greater ownership at district level.

Training more eye health workers to stimulate the creation of eye care posts

New institutes of ophthalmology were established and others upgraded. Training a larger eye health workforce, including a substantial proportion of mid-level eye care personnel, provided a good argument for the creation of posts within the existing health care system.

Making the ministry of health responsible for the prevention of blindness

Blindness had always been perceived by the Pakistani government as a clinical condition; there was no awareness about the importance of prevention, health promotion, and rehabilitation. The author and his team advocated for avoidable blindness to be included in the ministry of health's non-communicable disease and disability programmes, which include prevention, health promotion and rehabilitation. The team worked with the National Health Policy Forum and through them were able to build relationships with the Federal Planning Division. This helped them to convince the ministry that blindness is a non-communicable disease and an important disability.

During the period 2002–2006, the federal minister of health was appointed president of the World Health Assembly (WHA) and president of the WHA executive committee. Every meeting between him and members of Pakistan's National Committee for the Prevention of Blindness was used to advocate for prevention and control of blindness as a priority in the area of non-communicable diseases and disability. This was done by providing him and other senior bureaucrats with national situation

Pakistan's national blindness prevention programme was launched by government in 2005. PAKISTAN

analyses, policy studies and blindness survey reports, and by arranging field visits to district community eye care programmes and institutes of ophthalmology. This resulted in active support by the minister and senior government functionaries for WHA resolutions on the prevention of blindness and disability between 2005 and 2006.

A positive outcome

On 15 April 2005, the minister not only chaired a meeting of the National Committee for the Prevention of Blindness for the first time, but he also directed the committee and the federal secretary of health to develop a national plan for the prevention and control of blindness. A representative from the Federal Planning Division lent further support by stating that, if the ministry submitted a proposal for the programme within two weeks, they would allocate it a national budget.

On Friday 29 April 2005, the federal secretary of health signed the proposal, which had been completed in record time. This meant that, for the first time in the history of eye care in Pakistan, the government had made a financial commitment to the prevention of blindness: a grand total of US \$51 million over five years.

Since then, the national programme for the prevention and control of blindness (2005–2010) has resulted in government commitment to upgrade eye departments in 27 teaching, 63 district, and 147 sub-district hospitals. A total of 2,719 posts are being created for eye care at teaching hospital, district and sub-district levels, and primary eye care has been recognised as a prevention and health promotion strategy.

Prevention and control of blindness now has a modest budget line in the Public Sector Development Plan, where government budgets are recorded (making it one of the priorities of policy makers). In the years to come, this could be increased and additional support could be sought from institutional donors.