International Agency for the Prevention of Blindness

Western Pacific Region

Western Pacific Regional Update and Country Profiles

August 2013





Notes about data

Data contained in this report represents a summary of the most current information reported to the International Agency for the Prevention of Blindness (IAPB), correct as at August 2013. Some statistics are drawn from published documents and verified sources (as detailed in the List of Sources on page 24). Other information is drawn from estimates contained in official and informal reporting, and from presentations at meetings.

IAPB anticipates that gaps and inaccuracies may exist. If you are aware of updates or more reliable sources, please contact the IAPB Western Pacific Regional Office: info@iapbwesternpacific.org.

Information is presented here to provide a general snapshot of the situation for eye health in the Western Pacific. The value of direct country comparisons is limited, particular when different survey methodologies and different timeframes exist for much of the data.

IAPB is working with in-country contacts, government representatives and the World Health Organization to systematize the collection and reporting of data within stronger health systems and improve the quality of information for planning and policy.

Australia

Population	22,606,000
National PBL committee active	Yes
National plan current	Yes. Implementation plan in development
Cataract Surgical Rate	8000
Number of ophthalmologists	895
Blindness prevalence	1.2% (2005 estimate, on people over 55)
Main causes of blindness	Refractive error, cataract, glaucoma, macular degeneration, diabetic retinopathy
Total expenditure on health as % total government expenditure	16.8%
Diabetes prevalence	11.17%
Improved drinking water coverage, improved sanitation coverage	100, 100
Endemic areas for trachoma	In remote areas, among Aboriginal and Torres Strait Islander populations

Situation in brief

Australia ensures universal access to health though Medicare (a public insurance scheme), subsidies through the pharmaceutical benefits scheme and incentives for those on higher incomes to take out private cover. In 2013, a new public insurance scheme for people with a disability was introduced, which will increase the affordability of low vision and rehabilitation services. Australia has a well-trained workforce for eye health with optometry, ophthalmology and allied cadres at sufficient levels. About 1 in 30 Australian hospitalisations are eye related. Blinding trachoma remains a concern for Aboriginal and Torres Strait Islander people in remote areas. Blindness (mainly from cataract) rates among Aboriginal and Torres Strait Islander people are six times those of other Australians. There is some government support for programs targeting populations with higher needs, such as rural and remote, Aboriginal and Torres Strait Islander people, diabetes, trachoma, disability, older Australians, and these are typically delivered in partnership with NGOs. There is limited population health data on eye care and vision loss. Awareness and referral pathways need to be strengthened to ensure eye health checks for those at higher risk. Australia adopted a national policy framework for blindness prevention (in response to World Health Assembly resolutions) in 2004. An implementation plan and additional funding is required to advance efforts. An active NGO sector assists people whose vision cannot be restored and prevents vision loss domestically and overseas. Australia has supported several resolutions on eye health at the World Health Assembly and as a high-income country, Australia funds avoidable blindness programs in Asia and the Pacific through its aid agency, AusAID.

Brunei Darussalam

Population	406,000
National committee active	No
National plan current	No
Cataract Surgical Rate	1,750
Number of ophthalmologists	16
Blindness prevalence	Estimated less than 2%
Main causes of blindness	Diabetic retinopathy (estimate 50%), glaucoma, macular degeneration
Total expenditure on health as % total government expenditure	8.8%
Diabetes prevalence	8.58%
Improved drinking water coverage, improved sanitation coverage	No data available
Endemic areas for trachoma	No

Situation in brief

Resource-rich, Brunei has a well-to-do economy that can provide medical services and free education through to university level. Brunei has a well-functioning eye care program provided primarily through the Eye Department of the Rajah Isteri Pengiran Anak Saleha (RIPAS) Hospital in the capital. They have well-equipped eye care facilities at national and state level with comprehensive eye care services provided to all four administrative areas (states), and supplemented with flying eye care teams to remote areas. Brunei has made progress in implementing VISION 2020 priorities and there is virtually no cataract backlog. Current challenges for the program now include diabetic retinopathy, glaucoma and age-related macular degeneration, as well as vision loss in children and services for low vision. A VISION 2020 National Eye Health Committee was first established through advocacy by IAPB in 2007, with eye doctors and staff at RIPAS Hospital. The first National Eye Health plan was also formulated that year. In 2011, a total of 700 cataract surgeries were conducted (giving a CSR of 1,750). While there is currently no committee, the eye health program is managed through the office of the Director General for Medical Services in the Ministry of Health. IAPB last visited Brunei in December 2012.

Cambodia

Population	14,305,000
National committee active	Yes
National plan current	Yes
Cataract Surgical Rate	1200
Number of ophthalmologists	38
Blindness prevalence	0.38%
Main causes of blindness	Cataract, corneal scarring, trauma, glaucoma, refractive error
Total expenditure on health as % total government expenditure	6.1%
Diabetes prevalence	2.55%
Improved drinking water coverage, Improved sanitation coverage	67%, 33%
Endemic areas for trachoma	Surveys expected in 2013

Situation in brief

In collaboration with local and international partners, Cambodia's Ministry of Health has made progress to prevent and control blindness over the last 15 years, reducing prevalence from 1.2% in 1995 to 0.38% in 2007. The National Program for Eye Health (NPEH) was established by the Ministry of Health in 1994 and works to provide technical oversight and build institutional support across government and non-government sectors. Cambodia's eye health program receives support from a wide mix of international groups, and coordinating and managing these inputs represents a large and complex job. The NPEH revised its National Strategic Plan for Blindness Prevention and Control (2011-2015), and this was formally adopted in 2012. IAPB is supporting NPEH to develop and implement the national strategic plan, with a full costing of activities. Human resource development, financing and resource mobilisation, training and surgical practice guidelines and infrastructure development remain priorities for the future. The Avoidable Blindness Initiative, supported by the Australian Government and Australian NGOs, will work to strengthen NPEH capacity over the coming three years. Trachoma surveys will be conducted in 2013. Cambodia is often commended for efforts to develop demand-side financing schemes targeting the poor. District-based Health Equity Funds (HEF), now cover almost 80% of the poor population and provide subsidies to enable people to access public health services.

China

Population	1,355,243,000
National committee active	Yes
National plan current	Yes
Cataract Surgical Rate	1000
Number of ophthalmologists	28,338
Blindness prevalence	0.5% (2006 estimate)
Main causes of blindness	Cataract, retina/uvea disease, corneal blindness, glaucoma, refractive error
Total expenditure on health as % total government expenditure	12.1%
Diabetes prevalence	9.42%
Improved drinking water coverage, improved sanitation coverage	92%, 65%
Endemic areas for trachoma	Surveys underway. All so far indicate a very low prevalence of blinding trachoma.

Situation in brief

As the world's most populous nation, the scale of eye health issues in China is huge, particularly when in the context of a large ageing population. In 2012, IAPB established a Secretariat for China to facilitate coordination and advocacy. Refractive error and cataract are the main causes of vision loss, with the incidence of diabetes rising as the economy grows and lifestyles change. China's government, championed by the National Health and Family Planning Commission (NHFPC), has been a consistent supporter of the global movement to prevent avoidable blindness, principally through support for World Health Assembly resolutions. Domestically, China's national government has led wide-ranging health reforms and expanded access to health insurance and primary health facilities. The 'Sight Restoration for a Million Poor Cataract Patients' campaign was launched to reduce the surgical backlog and some provinces have contributed eagerly to this work too. Challenges remain to develop and implement quality standards for training and surgery, improve access to core treatments through universal health insurance programs, and involve private hospitals and other non-government partners more strategically in VISION 2020. More detailed provincial plans and approval of national implementation plan remain advocacy priorities. In 2013, China appointed a national focal point to manage the national blindness prevention program at the NHFPC. China's CSR is increasing, but remains low among many countries in Asia. Roughly one third of trained eye doctors regularly do surgery. China is on track to eliminate trachoma by 2016, and surveys are being conducted in several provinces with support from Lions Clubs International to collect accurate data.

Fiji

Population	868,000
National committee active	No
National plan current	Drafting
Cataract Surgical Rate	2312
Number of ophthalmologists	7
Blindness prevalence	2.6% over 40 (2009)
Main causes of blindness	Cataract, diabetic retinopathy, refractive error
Total expenditure on health as % total government expenditure	10.8%
Diabetes prevalence	29.6% in 25 – 64yr olds (WHO MoH STEPS 2 Survey 2011)
Improved drinking water coverage, improved sanitation coverage	96%, 87%
Endemic areas for trachoma	Yes. 2012 surveys found trachoma to be a public health problem. A Trachoma Action Plan has been developed.

Situation in brief

In 2012, Fiji's Minister for Health signed a Declaration of Support for VISION 2020, following advocacy by IAPB. Work continues to deliver eye care across the country with close collaboration between the Ministry of Health and NGOs. Suva is home to the Pacific Eye Institute (PEI), a regional training institute for ophthalmic doctors, nurses and mid-level personnel. The Ministry of Health funds a VISION 2020 office, and IAPB's sub-regional work is coordinated from Fiji's capital. A Vision 2020 committee exists, but is largely inactive, and there is a National Ophthalmic Clinical Services Network Committee. Cataract surgery is conducted at the three base hospitals. A camera and laser supports the diabetes program at three hospitals. In the west, diabetes services include outreach screening and laser clinics. In the central division, screening only is conducted during outreach. Patients with sight-threatening retinopathy are referred to the clinic at Pacific Eye Institute and the CWM Hospital for tertiary treatment and laser. 17 eye care nurses have been trained to support the eye care program. Guidelines for Diabetic Retinopathy Screening, an initiative of the Fred Hollows Foundation NZ, have been developed. Optometrists work in private practice, while ophthalmic nurses are trained to refract. Low cost and ready-made spectacles are dispensed through PEI and the private sector. The country's national plan for eye health is awaiting endorsement.

Japan

Population	126,497,000
National PBL committee active	No
National plan current	No
Cataract Surgical Rate	8091
Number of ophthalmologists	12,797 (2010)
Blindness prevalence	0.15% (2007 estimate)
Main causes of blindness	Glaucoma (27.6%), diabetic retinopathy (10.5%), degenerative myopia (12.9%), age-related macular degeneration (5.5%), and cataract (0.6%)
Total expenditure on health as % total government expenditure	18.2%
Diabetes prevalence	7.48%
Improved drinking water coverage, improved sanitation coverage	100, 100
Endemic areas for trachoma	None

Situation in brief

As a high-income country, the general health situation in Japan remains one of the best in the Western Pacific Region. Health indicators such as life expectancy and child mortality rates continue to improve, though lifestyle conditions and diseases related to ageing such as diabetes, cancer, stress and heart disease represent ongoing challenges. The health system runs on a principle that all citizens should be able to receive health care they require, with an affordable personal contribution. As blindness is not life-threatening, eye health is rarely seen as a public health problem. There is no dedicated national eye health program, and ophthalmic services are generally integrated with broader health delivery systems. As the population ages, the prevalence of visual impairment is projected to increase from 1.3% of the population in 2007 to 2.0% by 2050. Vision screening programs are supported by the government and delivered through schools nationwide. Until 2007, fundus examinations were included in basic health checks conducted by local governments. They have since been removed from the program, and now retinal screening rates are among the lowest in the OECD. There is a decreasing number of new ophthalmologists and increasing number of patients, so a demand-supply gap is forecast for the future. Japan is an important development donor for the region, and has supported efforts to improve health infrastructure, training of medical personnel and disease control in countries across Asia and the Pacific Islands. Juntendo University School of Medicine in Tokyo has been a noteworthy contributor of technical support.

Kiribati

Population	101,000
National committee active	No
National plan current	Drafting
Cataract Surgical Rate	1690
Number of ophthalmologists	1 in training
Blindness prevalence	1%
Main causes of blindness	Cataract, diabetic retinopathy, corneal blindness
Total expenditure on health as % total government expenditure	10%
Diabetes prevalence	25.24%
Improved drinking water coverage, improved sanitation coverage	66%, 39%
Endemic areas for trachoma	Yes. 2012 surveys found trachoma to be a public health problem. A Trachoma Action Plan has been developed.

Situation in brief

One eye doctor from Kiribati is completing her Master of Medicine in Ophthalmology at Pacific Eye Institute. Two nurses have completed postgraduate diplomas in eye care while another two ophthalmic nurses are being trained. To strengthen eye care provision across the country, IAPB hosted a Primary Eye Care Workshop to work with nurses in rural health centres in 2012. Prevalence surveys for trachoma were conducted in 2012 and showed Kiribati to be endemic for trachoma. A Trachoma National Plan Workshop was held in 2013. With support from IAPB, the Ministry of Health is continuing to draft the first national plan for Kiribati. More generally, while health indicators have improved over the last decade, life expectancy in Kiribati is still among the lowest in the Pacific. The prevalence of non-communicable diseases is increasing, with smoking and poor nutrition key contributors. Many communities struggle with inadequate water supplies, poor sanitation and unsafe drinking water.

Lao PDR

Population	6,288,000
National committee active	No
National plan current	Budget and action plan developed in 2012
Cataract Surgical Rate	586 (2011 update)
Number of ophthalmologists	19 (8 basic eye doctors)
Blindness prevalence	0.5%
Main causes of blindness	Cataract, corneal scarring, glaucoma
Total expenditure on health as % total government expenditure	5.4%
Diabetes prevalence	4.16%
Improved drinking water coverage, improved sanitation coverage	70%, 62%
Endemic areas for trachoma	Surveys expected in 2013.

Situation in brief

Lao is a landlocked nation with more than 80% of the people living outside urban centres and in mountainous areas. Expanded outreach services and strong provincial-based facilities are therefore essential to reach the poor. Like many sectors, eye health relies on external donors and NGOs to fund services, programs and equipment. To some degree, eye care is integrated into the public health care system. In September 2012, WHO and IAPB supported a national workshop in Vientiane to develop a 3-year action plan for blindness prevention for the Ministry of Health. Training and the development of human resources is a key area for action, with a shortage of doctors to manage the cataract backlog (estimated to be around 10,000), and workforce issues across all sectors of the health system. Many health professionals study in nearby Thailand, where language is similar and higher education more advanced. Lao has a tiny private health system, and wealthier patients tend to seek surgery and treatment across the border. A prevalence survey for avoidable blindness is planned for 2014, to update the last rapid assessment conducted in 2007. Surveys for trachoma are in planning.

Malaysia

Population	28,859,000
National PBL committee active	No
National plan current	Yes
Cataract Surgical Rate	2290. (2012: total number of surgeries in public sector 33490; estimate number of surgeries in private sector 50235)
Number of ophthalmologists	380
Blindness prevalence	0.5% (2006 estimate); 0.29% (1996 National Eye Survey)
Main causes of blindness	Cataract, glaucoma, retinal and corneal problems
Total expenditure on health as % total government expenditure	9.2%
Diabetes prevalence	11.7%
Improved drinking water coverage, improved sanitation coverage	100, 96
Endemic areas for trachoma	None

Situation in brief

Malaysia's Ministry of Health oversees a comprehensive network of community health centres that provide primary care and referrals to district and state hospitals. Eye health is largely integrated within that system. Optometrists work in hospitals with ophthalmologists, and where there is no optometrist the ophthalmologist carries out refractive services. The bulk of optometrists and opticians work privately and are based in urban centres. The number of cataract surgeries performed in the public system has more than doubled since 2002. A national survey on blindness was conducted in 1996. Like many countries, there is a lack of up-to-date epidemiological information on the prevalence of blindness, however data is collected monthly on cataract procedures and also treatments for diabetes, glaucoma, ARMD, Retinoblastoma are uploaded into a web-based National Eye Database. Challenges exist to ensure data from private facilities are fully incorporated in the national database. The prevalence of diabetes is increasing and estimates suggest that around 55% of people with diabetes have not had their eyes examined. In eye health, there is good collaboration among the Ministry, NGOs (including the National Council for the Blind) and the private sector. The National Prevention of Blindness (PBL) committee has not been active since 2008. The MOH convenes a committee at operational level to oversee PBL activities.

Marshall Islands

Population	55,000
National committee active	No
National plan current	No
Cataract Surgical Rate	-
Number of ophthalmologists	1
Blindness prevalence	-
Main causes of blindness	Diabetic retinopathy, cataract
Total expenditure on health as % total government expenditure	17%
Diabetes prevalence	21.49% (26.85% IDF WP)
Improved drinking water coverage, improved sanitation coverage	94%, 76%
Endemic areas for trachoma	Not surveyed officially. Some patients treated for bacterial infections with antibiotics.

Situation in brief

A small country with a population of approximately 50,000 people, the Marshall Islands has one ophthalmologist (a Filipino) based at the main hospital in the capital, Majuro. There is no national eye health plan and no coordinated national program. The ophthalmologist provides a range of ophthalmic services and has a heavy workload. With an extremely high prevalence of diabetes, retinopathies are common among presenting patients. Two private optometrists provide spectacle and refraction services in country. Visiting teams from Taiwan and Israel have undertaken some procedures, while serious procedures have to be referred to Hawaii or the Philippines. Support to a range of ministries, including health, from the US government is vital for the country's economy. IAPB visited Majuro in October 2012.

Micronesia, Federated States of

Population	112,000
National committee active	No
National plan current	No
Cataract Surgical Rate	-
Number of ophthalmologists	1 in training
Blindness prevalence	0.5% (2006 estimate)
Main causes of blindness	Diabetic retinopathy, cataract
Total expenditure on health as % total government expenditure	18.6%
Diabetes prevalence	31.79%
Improved drinking water coverage, improved sanitation coverage	89%, 55%
Endemic areas for trachoma	Unknown

Situation in brief

The Federated States of Micronesia (FSM) is a constitutional federation of four politically independent states. The country has a small population spread over more than 600 islands and atolls in the northern Pacific. Non-communicable diseases, including diabetes, have been on the rise for more than 24 years. According to a 2011 profile published by WHO, FSM enjoys a level of health care high in comparison to the rest of the Pacific. However, state health authorities have limited planning and programming capabilities. There are no currently no eye services within government facilities. A medical doctor, Dr Padwick Gallen, is currently undergoing ophthalmology training from the Pacific Eye Institute in Fiji and will return to practice in 2016. Teams from the US, Japan, Israel and Australia (mostly coordinated and approved by the Foreign Ministry) visit to reduce cataract backlogs. Patients with complications from glaucoma and diabetes are referred to Hawaii or the Philippines, and must pay for their own travel and procedures. Government health insurance is limited and does not cover illnesses from diabetes. IAPB visited Pohnpei, the capital, in October 2012.

Mongolia

Population	2,800,000
National committee active	Yes
National plan current	Awaiting endorsement
Cataract Surgical Rate	442
Number of ophthalmologists	113
Blindness prevalence	0.5%
Main causes of blindness	Cataract, glaucoma, refractive error
Total expenditure on health as % total government expenditure	8.6%
Diabetes prevalence	5.95%
Improved drinking water coverage, improved sanitation coverage	85%, 53%
Endemic areas for trachoma	Unknown

Situation in brief

With WHO and IAPB support, a workshop was held in April 2012 to develop a 5-year national plan for blindness prevention; the plan is still to be approved by the Ministry of Health. Key issues for Mongolia include affordability of cataract services to the poor, and a shortage of eye care services – especially for cataract – in provinces outside UlaanBaatar. With a large number of eye doctors in Mongolia, the country reports a surprisingly low cataract surgery rate. Broadly speaking, there is a shortage of survey data in Mongolia and more work needs to be done to monitor cataract surgery outcomes. Sub-specialty eye care services in tertiary government hospitals to address glaucoma and diabetic retinopathy are required. Refractive services need to be expanded in the government system.

Palau

Population	21,000
National committee active	No
National plan current	No
Cataract Surgical Rate	-
Number of ophthalmologists	0
Blindness prevalence	-
Main causes of blindness	Diabetic retinopathy, cataract
Total expenditure on health as % total government expenditure	16%
Diabetes prevalence	10.99% (11.13% IDF WP)
Improved drinking water coverage, improved sanitation coverage	95%,100%
Endemic areas for trachoma	Unknown

Situation in brief

With a small population, Palau has no eye specialist, and relies on visiting teams from Hawaii and mainland USA for retina and cataract treatments. Waiting lists are long. Although Palau has no blindness prevention plan or program, eye health has not been neglected altogether and basic eye examination is provided at the Belau National Hospital (government hospital) by Dr Stevenson Kuartei, who is a a practicing physician and formerly the health minister. A need has been identified for training in basic ophthalmology for doctors and for training in primary eye care training for nurses and other health workers. Modern lifestyle diseases, such as diabetes, represent a growing problem with an increasing number of poor people in isolated communities presenting with advanced retinopathies. Acute patients who can afford treatment offshore are referred to facilities in Manila. Palau has partnerships for training and specialised treatments with the Fiji School of Medicine and institutions in the US. Children are screened through a school health program and there is one private optometrist based at an optical shop in Koror. Much of the health system is supported by grants from the US government. IAPB visited Palau in October 2012.

Papua New Guinea

Population	7,014,000
National committee active	Yes
National plan current	Awaiting endorsement
Cataract Surgical Rate	750
Number of ophthalmologists	6 (18 according to national data)
Blindness prevalence	3.9% over 50*
Main causes of blindness	Cataract, trauma, refractive error, diabetic retinopathy
Total expenditure on health as % total government expenditure	9.8%
Diabetes prevalence	6.1% (5.16% IDF WP)
Improved drinking water coverage, improved sanitation coverage	40%, 19%
Endemic areas for trachoma	Cases diagnosed in East New Britain province

Situation in brief

Across the health system, Papua New Guinea struggles with a chronic shortage of health professionals and the country has some of the poorest health outcomes in the Western Pacific. Donors and NGOs from Australia and New Zealand provide funding and programs for eye health in PNG, though local NGOs have emerged in recent years and many areas are now benefiting from upgraded facilities and vision centres. PNG's National Prevention of Blindness committee meet three times each year to discuss relevant issues such as training gaps for mid-level eye workers. In mid -2013 the committee met to review the national eye plan which has been drafted and costed and is now awaiting endorsement. The Committee was formally launched in September 2012 at the annual national Medical Symposium in Port Moresby.

* blindness as defined by the World Health Organization i.e. presenting visual acuity of <3/60.

Philippines

Population	94,852,000
National committee active	Yes
National plan current	Yes. Approved and adopted within a broader NCD strategy
Cataract Surgical Rate	1085
Number of ophthalmologists	1467
Blindness prevalence	2.6% over 50
Main causes of blindness	Cataract, refractive error, glaucoma
Total expenditure on health as % total government expenditure	8.8%
Diabetes prevalence	8.22%
Improved drinking water coverage, improved sanitation coverage	92%, 74%
Endemic areas for trachoma	No

Situation in brief

The National Committee for Sight Preservation (NCSP) exists to coordinate blindness prevention activities across the Philippines, with contributions from a mix of government and non-government agencies. IAPB supports advocacy and coordination components. Awareness raising activities take place in the capital and through many provinces, particularly during Sight Saving Month in August. More broadly, prevention of blindness activities cover the range of advocacy, planning, training workshops and infrastructure support (including surgical outreach) conducted at a local level. The Department of Health, through the National Center for Disease Prevention and Control, also works with local government units to advance VISION 2020 and is formally part of the NCSP. Key aspects of the plan for the National Prevention of Blindness Program have been adopted in a broader national strategy for NCDs. The Department of Health appointed a focal person to manage the national program and for the first time ever, made a significant budget allocation. Strengthening the national health insurance program, PhilHealth, is a key to realizing government's universal health agenda. Plans are being developed for the conduct of a national eye disease study in 2014.

Samoa

Population	184,000
National committee active	No
National plan current	Drafting
Cataract Surgical Rate	1680
Number of ophthalmologists	1, plus 1 in training
Blindness prevalence	0.7%
Main causes of blindness	Cataract, diabetic retinopathy
Total expenditure on health as % total government expenditure	23.4%
Diabetes prevalence	7.11%
Improved drinking water coverage, improved sanitation coverage	98%, 92%
Endemic areas for trachoma	No. Rapid assessment in 2013 found very low prevalence and confirmed trachoma was not a public health problem.

Situation in brief

Eye care is provided by two eye doctors and ophthalmic nurses at Tupua Tamasese Meaole Hospital. On Savai, routine eye care is provided solely by ophthalmic nurses. One of the two eye doctors will complete her training commencing 2014. The Ministry of Health is drafting a national plan with support from IAPB. A New Zealand trained optometrist is also assisting in the provision of eye services in Samoa. A locally based NGO, Senese, provides support for correction of refractive error and services to assist people with a disability. Cataract surgery and laser therapy for people with diabetes wait for visiting teams. Non-communicable diseases are a top priority for the Health Ministry. The WHO estimates that for every case of diabetes, another three remain that are not diagnosed.

Solomon Islands

Population	552,000
National committee active	Yes
National plan current	Waiting for approval
Cataract Surgical Rate	1500
Number of ophthalmologists	3, plus 3 in training
Blindness prevalence	1%
Main causes of blindness	Cataract, trauma, diabetic retinopathy
Total expenditure on health as % total government expenditure	20.3%
Diabetes prevalence	12.63%
Improved drinking water coverage, improved sanitation coverage	79%, 29%
Endemic areas for trachoma	Yes. All areas surveyed currently endemic. Action Plan to be developed in 2013.

Situation in brief

The national eye health program in the Solomon Islands provides a model for other countries of the Pacific. The program has its own budget allocation from the Ministry and has been efficiently and strategically led by Dr Claude Posala. While there is a shortage of eye doctors, trained ophthalmic nurses in each of the nine provinces provide referrals to the National Referral Hospital in Honiara. There are two operating days a week at the National Referral Hospital, with 15 outreaches to the provinces each year. Some large provinces receive up to two visits annually. A coordinated training program, using resources at the Pacific Eye Institute in Suva and the National Referral Hospital, provides training and practical experience for doctors and nurses. Vision centres and other facilities have been constructed and upgraded with support from donors and NGOs including NZAID, AusAID, Fred Hollows Foundation NZ, Foresight and Townend Family Trust. Trachoma prevalence surveys are advanced, thanks to strong government support and donor funding, with the first round of MDA planned for late 2013.

Tonga

Population	105,000
National committee active	No
National plan current	Yes
Cataract Surgical Rate	2941
Number of ophthalmologists	1
Blindness prevalence	0.56%
Main causes of blindness	Cataract, diabetic retinopathy
Total expenditure on health as % total government expenditure	13%
Diabetes prevalence	11.67%
Improved drinking water coverage, improved sanitation coverage	99%, 92%
Endemic areas for trachoma	Unknown

Situation in brief

With a small population and shortage of doctors, Tonga relies on ophthalmic nurses and mid-level personnel to provide the majority of services. The only ophthalmologist is also in charge of non-communicable diseases, and conducts weekly consultant clinics. Cataract patients wait for visiting teams, who are often supported by NGOs. Ophthalmic nurses run eye clinics on Tongatapu and Vava'u. A medical assistant, trained at Pacific Eye Institute in diagnosis and laser treatment of diabetic retinopathy, runs the diabetic eye program. WHO has noted that Tonga's steep increase in obesity, diabetes and cardiovascular disease to be worry and the most important health problem for Tonga. Specialist nurses provide services from the diabetic clinic on Tongatapu. Their trained medical assistant provides laser treatment and intravitreal medical therapy for diabetic retinopathy. A national plan for eye health has reportedly been endorsed.

Vanuatu

Population	246,000
National committee active	No
National plan current	Waiting for approval
Cataract Surgical Rate	1309
Number of ophthalmologists	1
Blindness prevalence	0.8%
Main causes of blindness	Cataract, trauma, diabetic retinopathy
Total expenditure on health as % total government expenditure	17.2%
Diabetes prevalence	18.92%
Improved drinking water coverage, improved sanitation coverage	91%, 58%
Endemic areas for trachoma	To be surveyed

Situation in brief

In Vanuatu, eye care is mainly carried out by ophthalmic nurses, as only one ophthalmologist is based on the main island of Santo. According to the Fred Hollows Foundation NZ, priority has been given in the Vanuatu national eye health plan to extend community education and primary eye care services throughout the country, including increasing eye surgery services to another two hospitals and setting up eye nurse-led facilities in each region. There are shortages in health personnel across the country. Vanuatu is believed to have endemic areas for trachoma, and a National Trachoma Coordinator will be appointed to work with the World Health Organization and plan a prevalence survey. The national eye health plan is awaiting endorsement from the Ministry of Health.

Vietnam

Population	88,792,000
National committee active	Yes
National plan current	Yes
Cataract Surgical Rate	1772
Number of ophthalmologists	1295
Blindness prevalence	3.1% over 50
Main causes of blindness	Cataract, glaucoma, refractive error
Total expenditure on health as % total government expenditure	7.7%
Diabetes prevalence	5.29%
Improved drinking water coverage, improved sanitation coverage	96%, 75%
Endemic areas for trachoma	Surveys expected in 2013, with US Government support.

Situation in brief

The Government of Vietnam approved a National Plan for the Blindness Prevention and Eye Care in 2009; a new plan will be developed in 2013 for 2014-2019. Support from the Government of Vietnam for eye health has increased, particularly in the last few years. A national steering committee for blindness prevention, chaired by the Vice Minister, meets twice a year and is supported by the Vietnam National Institute of Ophthalmology in Hanoi. Blindness prevention efforts aim to reduce the cataract backlog and address refractive error in school children. The plan also identifies the need for the development of an eye health workforce, and infrastructure and equipment for the delivery of services. Non-communicable diseases, particularly diabetes, and longer life expectancy are expected to increase numbers of blind and vision impaired. Universal health insurance will be extended to a greater proportion of the population in coming years. Most cataract treatments are covered, while advocacy is ongoing to include refraction and some sight-restoring surgeries that are defined in insurance policy as ‘cosmetic’. Trachoma surveys are in planning for 2013. Provincial-based Rapid Assessment of Avoidable Blindness surveys are ongoing.

VISION 2020 Implementation – National Data

	Population ('000s)	Human Development Index value	Committee active	National Plan current	Cataract Surgical Rate	Total number of ophthalmologists	Blindness prevalence (%)	Expenditure on health as % total government expenditure	Diabetes prevalence (%)	Improved drinking water coverage (%), sanitation coverage (%)	Endemic areas for trachoma
Australia	22,606	0.938	Y	Y	8000	895	1.2% over 55 (2005)	16.8	11.17	100 100	Y
Brunei	406	0.855	N	N	1750	16	<2% (estimated)	8.8	8.58	-	N
Cambodia	14,305	0.543	Y	Y	1200	38	0.38%	6.1	2.55	67 33	S
China	1,355,243	0.699	Y	Y	1000	28,338	0.5% (2006)	12.1	9.42	92 65	S
Cook Islands	20	-	N	N	2800	-	0.7% (2009)	11.9	8.69	100 95	N
Fiji	868	0.702	N	Draft	2312	7	2.6% over 40 (2009)	10.8	10.49	96 87	Y
Japan	126,497	0.912	N	N	8091	12,797	0.15%	18.2	7.48	100 100	N
Kiribati	101	0.629	N	Draft	1690	1 in training	1% (2009)	10	25.24	66 39	Y
Lao PDR	6,288	0.543	N	Draft	586	19	0.5%	5.4	4.16	70 62	S
Malaysia	28,859	0.769	N	Y	2290	380	0.5%	9.2	11.7	100 96	N
Marshall Islands	55	-	N	N	-	1	-	17	26.85	94 76	?
Micronesia	112	0.645	N	N	-	1 in training	0.5% (2006)	18.6	31.79	89 55	?

Mongolia	2,800	0.675	Y	Draft	442	113	0.5%	8.6	5.95	85 53	?
Nauru	10	-	N	N	800	0	1% (2009)	10.3	29.2	96 66	?
New Zealand	4,415	0.919	Y	Y	4001	114	-	19.8	10.89	100 -	N
Niue	1	-	N	N	-	0	0.7% (2009)	20.3	9.53	99 100	?
Palau	21	0.791	N	N	-	0	-	16	11.13	95 100	?
Papua New Guinea	7,014	0.466	Y	Draft	750	6	3.9% over 50	9.8	5.16	40 19	?
Philippines	94,852	0.654	Y	Y	1085	1467	2.6% over 50; 0.58% (2002)	8.8	8.22	92 74	N
Republic of Korea	48,391	0.909	N	Y	2762	2026	-	13.7	8.9	98 100	N
Samoa	184	0.702	N	Draft	1680	1	0.7% (2009)	23.4	7.11	98 92	N
Singapore	5,188	0.895	N	Y	4289	131	0.05%	9	12.45	100 100	N
Solomon Islands	552	0.530	Y	Draft	1100	6	1% (2009)	20.3	12.63	79 29	Y
Tokelau	1	-	N	N	-	-	-	-	11.2	-	?
Tonga	105	0.710	N	Y	2039	1	0.56%	13	11.67	99 92	?
Tuvalu	10	-	N	N	2647	0	0.7% (2009)	18.1	24.22	98 83	N
Vanuatu	246	0.626	N	Draft	1539	1	0.8%	17.2	18.92	91 58	S
Viet Nam	88, 792	0.617	Y	Y	1772	1295	3.1% over 50	7.7	5.29	96 75	S

List of Sources

Indicators	Source
Population, health expenditure	World Health Statistics, WHO, 2013. http://www.who.int/gho/publications/world_health_statistics/2013/en/
Ophthalmologists	International Council of Ophthalmology http://icoph.org/ophthalmologists-worldwide.html
Diabetes prevalence	Diabetes Atlas 2012 Update - Country Estimates, International Diabetes Federation, 2012. http://www.idf.org/atlasmap/atlasmap
Human Development Index	Human Development Report, UNDP, 2013. Statistics online: http://hdr.undp.org/en/reports/global/hdr2013/
Eye health data	State of the World's Sight, WHO, 2005. http://www.vision2020.org/main.cfm?type=PUBLICATIONS or from updates reported to WHO and IAPB
Trachoma	Global Atlas of Trachoma, London School of Hygiene & Tropical Medicine, the International Trachoma Initiative. Online: http://www.trachomaatlas.org/, or from updates reported to IAPB
Water and Sanitation	The new figures are from World Health Statistics, WHO, 2013

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About Us

The International Agency for the Prevention of Blindness (IAPB) is a coordinating, umbrella organisation which leads international efforts in blindness prevention. In partnership with the World Health Organisation, IAPB promotes VISION 2020: The Right to Sight, a global initiative to eliminate avoidable blindness by 2020.

With a focus on low and middle income countries, IAPB advocates for resources for eye health and supports comprehensive planning and coordination. Led by a Regional Chair and co-chairs responsible for sub-regions, in the Western Pacific the IAPB works to:

- Advocate for the development and implementation of national eye health plans, and initiatives to strengthen health systems
- Bring stakeholders together to share information, identify priorities and plan for the prevention of blindness at national and regional levels
- Deliver capacity-building workshops on advocacy, coordination and planning
- Support research to inform policy and planning
- Promote and support data collection and effective program monitoring

Funding from the Australian Government, through AusAID, supports much of IAPB's work in the Western Pacific.

Our Region

The Western Pacific Region covers 28 countries in the Pacific, Oceania and parts of Asia. With a population of more than 1.7 billion people, the region stretches over a vast area, from China in the north, to New Zealand in the south. One of the most diverse regions globally, the Western Pacific combines a mix of low-income countries, small island states and highly developed economies.

Estimates suggest more than 90 million people in the Western Pacific region have low vision, and more than 10 million are blind. Major eye health conditions and diseases in the Western Pacific include cataract, uncorrected refractive error, glaucoma and trachoma. Non-communicable disease such as diabetes and related eye diseases constitute a growing problem for the region.

IAPB

International Agency for the Prevention of Blindness

Western Pacific Region

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Image courtesy of the Fred Hollows Foundation