

Introduction

Vietnam experiences a high incidence of blindness and vision impairment similar to its neighboring countries. According to a 2007 prevalence survey conducted by Vietnam's National Eye Hospital (NEH), an estimate of 1.58 million Vietnamese suffer from blindness. The causes of blindness include: cataract causes (64.5%); posterior segment/vitreo-retinal (10.1%); glaucoma (6.5%); corneal scarring due to trachoma (5.7%); surgical aphakia and post-surgical complications (4.1%); phthisis bulbi (3.2%); refractive error (2.5%); trachoma (1.7%) and operated cataract surgery without refraction (0.1%).ⁱ

Fortunately, most of this blindness is either preventable or treatable through services offered on an educational and medical level. Yet even with this knowledge, Vietnam continues to face great challenges in achieving its national VISION 2020 goals toward the reduction of blindness. Therefore, it is critical to train health workers to provide essential primary and secondary eye care services and more than that to equip commune health personnel with a health management approach to prevent eye diseases, to reduce the rates of eye morbidity and promote eye health by active community participation at the grassroots level, particularly in marginalized communities.

Background of Community Ophthalmology (CO)

Community ophthalmology is a holistic concept involving improving eye health status through a combination of preventive, promotion, curative and rehabilitative approachesⁱⁱ.

Aware of the importance of the community ophthalmology in long term blindness prevention in Vietnam, in 2007, with the generous support from the Nippon Foundation, Helen Keller International-Vietnam (HKI-Vietnam) in collaboration with the Vietnam National Institute of Ophthalmology (VNIO or NEH) and Juntendo University developed Vietnam's principal community ophthalmology training program. Following CO's inception, by 2009 HKI and VNIO were able to initially develop CO training materials for both trainees and trainers.

After the initial training courses were successfully completed, the NEH has expressed strong interest in integrating Community Ophthalmology into their current eye health training program. The Community Ophthalmology Training Unit (COTU) was thereby established to coordinate future Community Ophthalmology activities. The COTU consists of five members and is led by the Vice Director of NEH. The COTU, with support from HKI, conducted the four remaining Community Ophthalmology training courses in the project area, namely Binh Thuan, Nam Dinh, Kon Tum provinces and Can Tho city. NEH has also requested that HKI provide further support

to strengthen the COTU's capacity and to assist COTU with the expansion and revision of Community Ophthalmology training activities in other provinces of Vietnam.

Description of the Community Ophthalmology Training Course

The community ophthalmology training course is designed to teach health personnel a public health approach to ophthalmology over a six week period (two weeks of intensive participatory learning, and four weeks spent as a practicum doing fieldwork). CO is defined as a combination of preventive, curative and rehabilitative methods for addressing eye health issues in communities; to be used in conjunction with good eye health promotion and advocacy strategies. In order to maximize benefit to the communities, course participants (referred as CO trainees) must be community health personnel who are ophthalmologists or community physicians at the provincial, district or local level.

The training course uses the problem solving paradigm as a model to assist in the improvement of cataract services to the underserved in Vietnam. Each CO trainee is given comprehensive training on how to use the problem solving paradigm to identifying eye health problems within communities, to collect information necessary to design effective solutions for the underserved, and to carry out the activities to improve the local situation where they serve. The six problem solving steps taught during the course are:

- 1) Define the problem.
- 2) Measure its magnitude.
- 3) Understand the key determinants.
- 4) Develop intervention/prevention strategy.
- 5) Set policy/priorities.
- 6) Implement and evaluate.

Throughout the training course, CO trainees obtained new knowledge and skills helpful for them in identifying not only eye health related problems, but also a different perspective on how to address other health issues. Based on post-course evaluations done by participants, CO trainees favorably agreed that the training course helped them to gain awareness and skills to perform CO within their eye care districts, providing a new way of addressing issues within their localities.

Results, Conclusion and Recommendations

The CO trainings were conducted in six provinces, totaling 103 local health professionals trained, reflecting a promising number of trained health professionals nearing the desired target (See Figure 1: Number of Community Ophthalmology trainees in each province from 2009-2010).

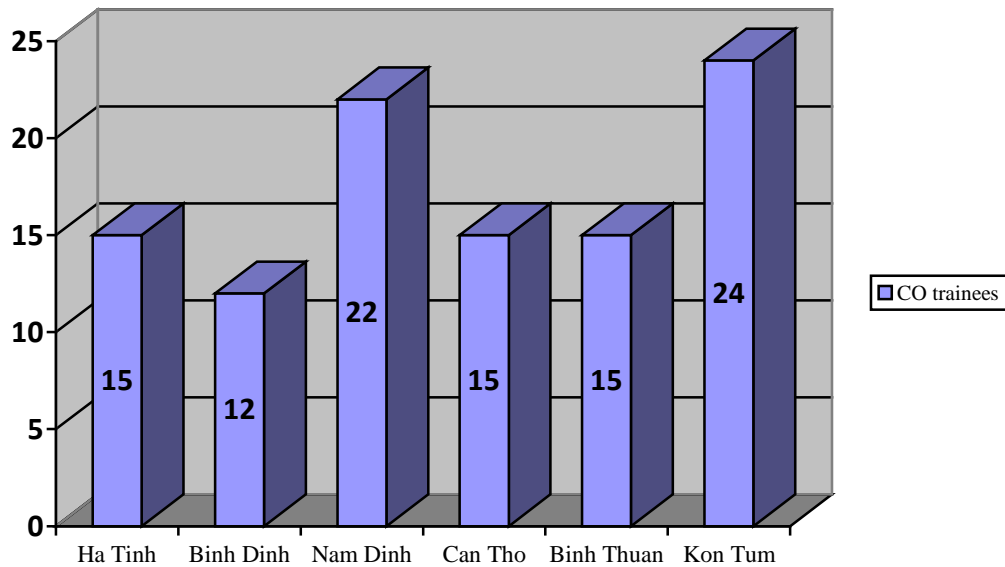


Fig. 1. Number of CO trainees in six provinces 2009-2010

During the course, participants were challenged to present their perceptions of the causes of blindness and vision impairment in their local area and to find local solutions. They were led to understand the barriers and obstacles toward improving access to services, gave presentations of their findings and presented feasible solutions to the problems. They were asked to form a team and develop a proposal that addressed an identified problem. These proposals were submitted to the National Eye Hospital for review and then approved by HKI Vietnam. Among 29 proposals submitted, the six best proposals from the six participating provinces were awarded and implemented, helping the trainees to further enhance and apply their learning from the course to the actual situations.

According to the Final Evaluation report, community ophthalmology was a new concept for district hospitals and district preventive medical centers. The CO training was thought to have potential for wider positive behavioral change at district level. Additionally, the delivery of CO training was considered innovative, being a mix of classroom and field practice, especially allowing application of learning objectives in professional situations.ⁱⁱⁱ

In conclusion, although worldwide, community ophthalmology is a well-known approach for eye care, within Vietnam, this concept is relatively new. Based on CO trainee's perspectives of the CO training course, knowledge and attitudes of CO trainees were positive. Yet there is always a need to improve our relatively new program to ensure efficacious impacts at the local level. As a special interest of the National Eye Hospital, scaling-up support for CO activities nationwide will help to strengthen and maximize the capacity of the newly established CO Training Unit at NEH, contributing to the country's blindness prevention programs and VISION 2020's goals.



Trainees at a CO training class in Kon Tum province in June 2010



Visiting Pham Hong Thai primary school in Nam Dinh province where poor students with refractive error are provided with eye glasses- A CO proposal awarded by HKI

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ⁱ Limburg H, 2007 Promoting Vision 2020 Implementation Project: Results of Rapid Assessment of Avoidable Blindness in 16 Provinces of Vietnam

ⁱⁱ Community Ophthalmology - Dimensions, Mr. Keerti Bhusan Pradhan, Lions Aravind Institute of Community Ophthalmology, Madurai & Mr. Partho Banerjee; Vol. 1, No.2, Apr-Jun 2001

ⁱⁱⁱ Dalgety Gillian, Tu Ngoc Chau, Tran Huy Hoang "Final Evaluation Report of the CCC project 2008-2011"