

NOTICE

On release of the 13th 5-Year National Plan of Eye Health by the National Health and Family Planning Commission

Health and Family Planning Commission of all provinces, autonomous regions and provincial level municipalities, Health Bureau of Xinjiang Production and Construction Corps:

For the purpose of deploying work on eye health during the 13th 5-year period, maintaining people's health and life quality, further enhancing public eye health, on the basis of the current situation of eye disease prevention and treatment, the Commission developed the 13th 5-Year National Plan of Eye Health (2016-2020) (can be downloaded from the NHFPC website). The Plan is hereby distributed for your implementation.

National Health and Family Planning Commission
28th October 2016

The 13th 5-Year National Eye Health Plan (2016-2020)

Eye health is an important component of public health. Vision impairment, including blindness composes a major problem for both public health and the society by affecting the civil life in many ways. It seriously compromises people's health and quality of life, puts a burden on families and the society, and threatens economic and productive activities. In 1999 the World Health Organization and the International Agency for the Prevention of Blindness announced a global initiative to eliminate avoidable blindness globally by 2020. In accordance with the *Construction of Healthy China, Deepening the Reform of the Medical and Healthcare System*, as well as *Universal Eye Health: A Global Action Plan 2014-2019*, and in order to promote the eye healthcare during the 13th 5-year and public eye health, the Plan is developed into being.

I. CURRENT SITUATION AND PROBLEMS

During the 12th 5-Year period, governments at all levels gave a big push to the prevention and control of blindness, constructed and improved the national and provincial working mechanisms of management, technical steering and service delivery of blindness prevention and control, established a framework where "government leads and multiple sectors participate". Thus the working model for blindness prevention and control, adapted to China's situation, has basically come into formation. The major blindness causing eye diseases are under effective control.

After the pilot program of *Free Cataract and Sight Restore Surgery for A Million Poor Patients*, the national cataract surgery rate (CSR) in 2015 was above 1500, which represented an increase of 56% from the end of 11th 5-Year.

The prevalence of active trachoma and trachomatous trichiasis are far below the epidemic standard set by the World Health Organization (WHO). This means trachoma is no longer a public health issue for the country.

The eye health care system has been developing rapidly. Eye care capacity of county hospitals has increased. Today, 90% of the counties have eye health medical care institutes, of

them 90% are able to perform cataract surgeries. There is commonly enhanced participation of ophthalmic staff to eye disease prevention and control for the public. A round of new personnel have been appointed to the National *Technical Guiding Group of Blindness Prevention and Control* (TGG) and provincial TGGs.

As the society ages and public demand for eye health increases with rapid economic development, the task for the blindness prevention and control in China is still arduous. China still has the largest number of people with visual impairment and blindness in the world. The prevalence of age-related eye diseases is increasing. Uncorrected refractive error among young people has become a prominent issue. Cataract blindness among rural poor people remains an unsolved problem. There is an inadequacy of quality and properly distributed eye care resources. Primary eye care needs to be strengthened and public awareness of eye health and vision protection needs to be promoted.

The time of the 13th 5-Year period is critical and favorable to push forward eye disease prevention and control in China. Further practical and effective measures should be adopted to improve public eye health.

II. GENERAL REQUIREMENTS

1) Guiding principles. Fully implement the direction of the *Party's 18th National Congress of the CPC*, The 3rd, 4th, 5th and 6th *Plenary Session of the 18th CPC Central Committee*. Adhere to the people's oriented position, promote eye health scientifically. Prioritize prevention, combine it with treatment. Provide universal eye medical care for everybody, the gradual elimination of avoidable blindness and visual impairment, the improvement of public eye health as the starting point and the goal of eye disease prevention and treatment. Strengthen the pool of resources by integrating eye diseases prevention and treatment into the development of the health care system, as well as health poverty alleviation programs. Adopt more powerful, targeted and effective policies and regulations, to further push the capability development of eye department in county hospitals. Increase the coverage, accessibility, equity and efficiency of eye care services.

2) Working principles. The government should maintain its leadership role, co-operate with multiple sectors and engage the whole society. Combine the prevention and treatment of blindness and visual impairment with capacity building for primary eye care systems. Promote adaptable techniques and working models. Make clear the objectives and responsibilities of each level according to the national situations and local conditions, and make them guided locally and implemented step by step to ensure effectiveness of all measures.

3) Objectives. By 2020, the following objectives are to be achieved:

1. Network of eye diseases prevention and treatment built and strengthened, closely linked and highly connected from top to bottom and vice versa. Continuously improve the capacity of eye care. Build and improve cooperation mechanisms among different sectors, and mobilize the social power to prevent and treat eye diseases.

2. County-level hospitals commonly providing eye care services. 90% of county medical institutes to operate cataract surgery independently.
3. Organize training activities for management staff and technical staff on eye diseases prevention and treatment.
4. Further increase the CSR to reach above 2000 by the end of 2020. Poor cataract patients in rural area to be operated and visually restored efficiently.
5. Focus on treatment and correction of uncorrected refractive errors (URE) in children, reduce visual impairment caused by URE. Every county to have qualified optometrists to provide optical services.
6. Further strengthen the early diagnosis and treatment of diabetic retinopathy (DR) and other diabetic eye diseases, explore adaptable working models.
7. Consolidate the achievement of preventing trachoma.
8. Organize training activities in wide ranges on Retinopathy of Prematurity (ROP) prevention and treatment, decrease the incidence of ROP and disability caused by ROP.
9. Organize treatment and rehabilitation for low vision patients. Establish the cooperation and referral mechanism between eye institute and rehabilitation centers.

III. MAIN MEASURES

1) Deepen eye health education, awareness and promotion.

1. Mobilize the whole society to broadly organize education of eye diseases prevention and treatment. Promote eye health knowledge, public awareness of eye diseases prevention and treatment, through broadcasting, TV, newspaper, internet and new media based on people clusters and eye diseases.
2. Increase knowledge of cataract, URE, DR, glaucoma, Age-related Macular Degeneration (AMD), ROP, low vision etc.
3. Co-operate with related sectors to organize public awareness promotion activities on national Eye Care Day, World Sight Day, World Glaucoma Week, etc, and report through media the vivid stories of eye health workers and primary health workers that help poor people relieve pain caused by eye diseases and blindness, in order to create a good public atmosphere encouraging participation of eye diseases prevention and treatment.

2) Prevent and treat the major eye diseases that cause blindness and visual impairment

1. Continue the work of restoring sight for cataract patients, especially poor patients. Promote awareness of cataract treatment, increase the cataract surgery volume and coverage. Improve the cataract surgery quality through assessments and monitoring.
2. Co-operate with related sectors to promote eye health awareness among young people. Improve comprehensive eye health services by advancing standardized screening, diagnosis and correction of refractive errors.

3. Strengthen the prevention and treatment of retinopathies, especially DR. On the basis of hierarchical medical system, explore ways to build effective working models for the screening, diagnosis, referral and treatment of DR. Strengthen the cooperation of screening and diagnosis of DR between eye department and endocrinology department. Increase standardized retinal photocoagulation for DR treatment.
4. Promote the implementation of the *Guide for the Oxygen Therapy for Premature Infants and the Prevention and Treatment of ROP*. Further provide training on ROP prevention and treatment for health workers including ophthalmologists, gynecologists, pediatricians and other relevant medical professionals. Improve the service of screening, diagnosis and treatment of ROP.
5. Consolidate the outcome from trachoma elimination, monitor the prevalence of trachoma, guide public awareness of trachoma prevention, prevent epidemic trachoma.
6. Organize eye screening of elderly people and children 0-6 years through public health services.
7. Enhance the promotion and research of adaptable techniques for eye diseases prevention and treatment. Undertake health economic studies.
8. Advance rehabilitation for low vision patients. Provide low vision clinic services in tertiary hospitals and eye specialty hospitals. Organize rehabilitation for low vision patients in capable hospitals. Establish cooperation and referral mechanism between eye institutes and rehabilitation centers.

3) Improve eye disease prevention and treatment system

1. Establish and improve eye care networks that link the national, provincial and municipal levels, as well as links at the county, town and village level. Make clear the duties, tasks and requirements for all level eye specialty hospitals, general hospitals, maternal and children hospitals with eye department, and primary health institutes. Construct a considerable comprehensive eye care system to provide overall, equal and accessible eye care services that adaptive to the country's situation.
2. Encourage eye department of tertiary hospitals, eye specialty hospitals and eye department of county hospitals, primary health care institutes to cooperate vertically to improve eye disease diagnosis and treatment.
3. Take the opportunity of county public hospitals reform, and *counterpart aid from tertiary hospital to poor county hospital*, to give a big push to capacity building at the county level. Make county level eye care institutes technical guiding centres for primary eye care, to increase the diagnosis and treatment of common eye diseases and to achieve hierarchical treatment.
4. Strengthen the eye disease prevention and treatment at primary level, especially in rural areas. Explore and establish primary eye care working models. Integrate the primary eye care into the primary health care system.
5. Strengthen and construct communication and cooperation among eye care departments, disease control centers and low vision rehabilitation centers.

4) Strengthen and build human resources and push sustainable development

1. Organize trainings for management and technical staff on eye diseases prevention and control. Make full use of medical continuous professional development, strengthen the construction of training bases, build the teaching workforce, develop training guidelines, curriculums and assessment indicators. Set the training bases as leading models to provide trainings based on specialties and levels.
2. Make full use of ophthalmic committees and TGGs national and provincial level, to provide trainings for primary eye care workforces.

5) Strengthen data collection and the building of information systems

1. Carry out studies on medical service capacity and eye disease epidemiology. Continue to monitor the prevalence, incidence and progression rates of major blind causing eye diseases. Comprehensively evaluate the eye care capacity.
2. Improve the cataract surgery reporting system. Strengthen the management of the reporting. Speed-up the construction of reporting system that is based on digital medical records and *resident's digital health record* in some provinces.
3. Explore the digital techniques regarding eye disease prevention, diagnosis and following. Improve the management of information. Make full use of remote medical information systems to improve the prevention and diagnosis of eye disease at county level.

6) Improve working mechanism to strengthen the government's leadership role and engage multiple sectors

1. Integrate eye diseases prevention and treatment into all levels of government health and family planning development plans and health poverty alleviation plans and divide and clarify tasks and responsibilities. Strengthen cooperation and coordination with disabled person's federations, education departments, civil affairs departments and finance departments.
2. Strengthen the capacity building of TGG at all levels. Carry out assessments. Arouse the working enthusiasm. Make full use of the expertise and coordinating functions of the TGGs.
3. Improve policies to encourage the participation of non-government organizations, private institutes, charity organizations, enterprises, and individuals in eye health awareness promotion and eye diseases prevention and control. Guide social investment in poor areas for poor people.

IV. SUPPORTING MEASURES.

- 1) Strengthen organizations and governance. Health and Family Planning Commissions at all level should put high attention to eye disease prevention and treatment, cooperate with related sectors, explore sustainable working mechanisms for eye care, promote eye health awareness, and build a favorable atmosphere for eye care.

2) Further implementation. Health and Family Planning Commissions at all level should align with the National 13th 5-year Plan on Eye Health (the Plan), in accordance with local conditions, and develop local action plans. Formulate timetables and road maps for division of tasks and implementation. Develop comprehensive eye care models in suitable places to encourage broader areas and give a push to eye health.

3) Organize assessments. The National Health and Family Planning Commission is responsible for the development of assessment tools for the Plan, and to monitor and evaluate implementation at local levels, and amend the Plan if there are new issues and new conditions. The Provincial Health and Family Planning Commission is responsible for the development of local assessment tools, to ensure the effective implementation of all tasks.

End