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giving sight

BACKGROUND

- Most cases of uncorrected refractive error can be easily and cost effectively managed through an eye examination and a suitable pair of spectacles¹, yet many people in Papua New Guinea (PNG) do not have access to these basic eye care services
- Limited trained eye care personnel are available² to serve the PNG population of just over 6 million³, and spectacle provision is largely unaffordable²
- Most refraction services are confined to urban centres, and the few optical dispensers working in PNG are based only in Port Moresby and Goroka.²

METHODOLOGY

Advocacy and partnership development

- PNG Eye Care, a local non-government organisation (NGO) was founded in 2008 as an initiative of the International Centre for Eyecare Education (ICEE)
- Discussions between management and ophthalmologists at the Port Moresby General Hospital, PNG Eye Care and ICEE were held in 2007 to address the need for spectacle provision at Port Moresby General Hospital (Figure 1)
- An NGO-public partnership was formed to establish refractive error services in Port Moresby with the view to extend to other public hospitals in PNG in the future.



Figure 1: Discussions between representatives of hospital management and ophthalmologists, PNG Eye Care and ICEE

METHODOLOGY



Figure 2: Successful launch of Port Moresby Vision Centre in October 2008

Infrastructure Development

- A Vision Centre was established at Port Moresby General Hospital in 2008, to provide refractive error services, including an optical workshop (Figure 2)
- An optical workshop facilitates the availability of affordable spectacles, while also providing a cost recovery element for sustainable delivery systems
- To date, approximately 2200 eye examinations have been conducted and 2600 pairs of spectacles have been dispensed
- Further Vision Centres are being established at Mt Hagen General Hospital, Mt Hagen and Angau Memorial Hospital, Lae. The Vision Centre in Lae is being developed off-site until refurbishments at the hospital have been completed.



Figure 3: The Honourable Bob McMullan, MP – Australian Parliamentary Secretary for International Development Assistance, visits the Port Moresby Vision Centre with Dr Jambi Garap in November 2008.

Human Resource Development

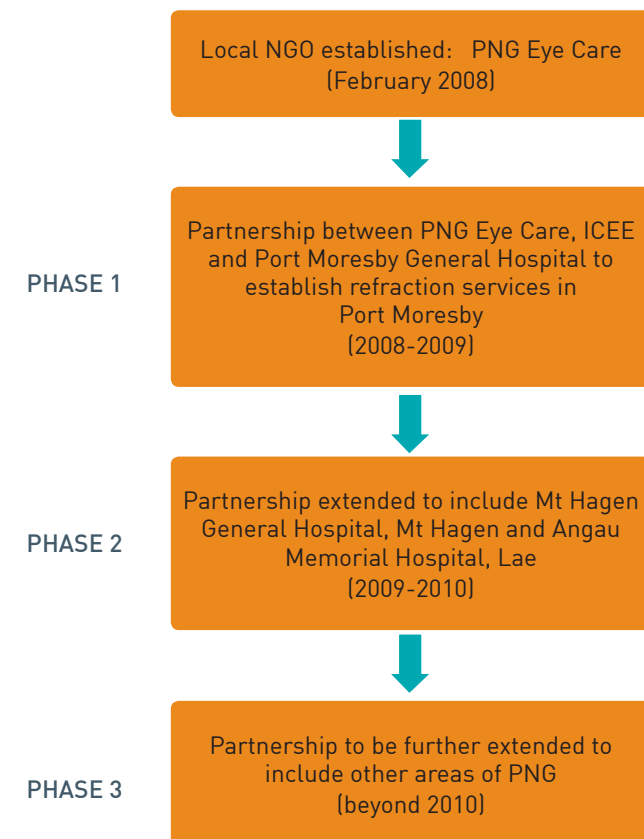
- PNG Eye Care staffed by local employees only
- ICEE provided training and/or up-skilling to staff at various levels, as indicated in Table 1.

Table 1: Training and up-skilling provided to PNG Eye Care staff

Type of Training Provided:	Number of PNG Eye Care staff:
Spectacle Technician	5
Refraction Up-skilling	2
Vision Centre Management	5

DISCUSSION

The Partnerships:



Key elements of success:

Collaborative approach where each partner contributes:

- ICEE provides expertise in Vision Centre management, spectacle technician training and refraction up-skilling, equipment and consumables. This creates local capacity in human resources and infrastructure, and reduces reliance on foreign expertise
- The hospitals provide the working environment, security, space and utilities. This reduces set-up costs and ensures a safe and appropriate working environment, while also strengthening referral pathways
- PNG Eye Care employs only local staff and conducts day-to-day running of operations. This reduces the need to compete for resources in the public health system, but complements the delivery of hospital services
- Standard operating procedures are developed collaboratively.

Advocacy:

- Consultations with hospital staff and management prior to implementation
- Agreements signed between all partners and project co-developed
- National Department of Health in PNG supports the initiative and roll-out strategy to other public hospitals
- Success of Phase 1 and lobbying attracted AusAID funding for Phase 2 (Figure 3).

CONCLUSION

The public-NGO partnership is a resource-efficient and sustainable way of addressing vision impairment and blindness due to uncorrected refractive error.

REFERENCES

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