

Philippine Health & Blindness Profile 2008

Edit and re-write by Prut Hanutsaha, M.D. *

The Republic of Philippines is a country made up of 7,107 islands in the Pacific Ocean. The country has total area of about 300,000 square kilometers. Manila is the capital and the largest city in the country. Philippines is a democratic country. The government is divided into national and local sectors. Both national and local governments are elected by the people. Local autonomy in the provinces, cities, and municipalities are mandated by law.

Philippines is divided into 16 regions, 81 provinces, 136 cities, 1,494 municipalities, and 41,995 Barangays. The population in Philippines increases rapidly from 76.5 million in the year 2000 to 92 million in the year 2009. The annual population growth rate is over 2% each year. Children aged 0–14 years account for 37% of the total population, and elderly age-group (65 years or older) account for 3.8%. The working age-group (15 to 64 years of age) accounts for about 59% of the population. Half (about 52%) of the population live in rural areas. The average annual income of a family is about US\$ 3,023 (2006).

There are 1,771 hospitals in Philippines. Of these hospitals, 40% are public hospitals and 60% are private hospitals. The overall bed capacity of the hospitals are 92,070 beds. 52% of the beds belong to public hospitals. There are average of 2 Barangay

health stations per 10,000 population. The average number of government doctors per 10,000 population is 0.3. The average number of nurses and midwives per 10,000 population is 2.4. The ratio of eye doctors to 2009 population is 1:61,333.

Eye health conditions

Data from blindness surveys in Philippines shows trend of decreasing blindness prevalence. The prevalence of blindness is 1.7% in 1987, 0.7% in 1995, and 0.58% in 2001. The third national survey of blindness was conducted between October 2001 and May 2002. This is a population based survey to determine the prevalence and major causes of blindness and visual impairment. About 29,888 people were examined. The prevalence of blindness is 0.58%. The major causes of blindness and visual impairment are shown in table 1. Cataract is the most important cause of blindness, follows by refractive errors, glaucoma, retinopathy and maculopathy.

The human resource on eye care in Philippines has a unique characteristic. The number of ophthalmologists in the country is around 1,500. This makes the ratio of ophthalmologist per population about 1:60,000. These eye doctors are not evenly distributed. About half of them work in or nearby the capital area. There are about 18 provinces with no ophthalmologists.

* Reported by Maria Victoria Rondaris, M.D., MPH, Heriberto Guballa, M.D. in the SightFirst Regional Course on Prevention of Blindness (Korat Course), during 9–22 March 2009, in Nakorn Ratchasima Province, Thailand. Edit and re-write by Prut Hanutsaha, M.D. Department of Ophthalmology, Faculty of Medicine Ramathibodi Hospital, Mahidol University, Bangkok, Thailand

There are a huge number of optometrists (about 10,000) in the country.

To tackle the problem of lack of ophthalmologists in the rural areas, a modified residency training program (MRTP) is developed to promote “outreach” residency training program. During the year 1985 and 2005 a total of 43 residents has graduated. (All are PAO members) Among these graduates, 38 took the Philippines board of ophthalmology (PBO) examinations and 23 passed the written and oral examination while 3 passed written examination only

National Committee on Sight Preservation (NCSP) was formed in 1997 to coordinate the implementation of the Vision 2020 activities. The committee composes of participants from all sectors such as the medical societies, the department of health, allied health professional organizations, civic organizations, national and international NGOs. The updated mission for 2007–2008 is that NCSP shall support the health care delivery system of the government in promoting eye health in accordance with agreed international standards. The updated vision for 2007–2008 is that NCSP shall serve as the prime mover in facilitating an enabled environment conducive to providing quality and affordable eye care services.

SWOT analysis has been performed for the blindness prevention program in Philippines. The results are shown in table 2.

As cataract is the most important cause and account for 75% of blindness in Philippines, the main focus is on cataract surgery. The data of cataract claims of the national insurance shows around 30,000 of cataract surgery cases in 2004, which increase to around 50,000 cases in 2006. (Figure 1) Cataract surgical rate (CSR) in Philippines is still quite low (CSR

= 862 in 2005). The national program on prevention of blindness aims to increase the CSR to reach 2,500 by the year 2010. Apart from cataract, the prevention of blindness program also aims to reduce the prevalence of visual impairment due to refractive errors by 10%, and reduce the prevalence of visual disability in children from 0.43% to 0.2%.

The national program in prevention of blindness in Philippines set up strategies in order to achieve the desired outcome. The strategies include: partnership strengthening, community empowerment, focuses on equity and access to quality eye care, and preservation and restoration of sight to indigent Filipinos. The accomplishments of NCSP are as followings:

- Formulation of 5 year strategic plan with DOH (2005–2010)
- Conducted PEC training of trainers for all DOH regional coordinators
- Orchestrated & actively participated in the formation of 32 local (provincial) committees for sight preservation
- Established NCSP office within DOH, central office compound and creation of databank
- MOA between the DOH and the optometry society (Optometrist sa Barangay)

The primary eye care program is launched in 1986. The primary eye care manual is developed in 1988. During the year 1991–1997; 10,093 PEC nurses & midwives were trained. Also 2,761 primary eye care volunteers were trained.

The prevention of blindness program in Philippines has some progresses during the years of operation. Although there are some problems to be solved such as most of the program bases are in urban areas, lack of continuity and no system to collect the information thus the program evaluation is not performed. But with the commitment of people who

work in prevention of blindness program, the prevalence of blindness in the country is getting down.

Conditions	% of blindness	% of low vision
Cataract	62.1	40.8
Error of Refraction	10.3	53.0
Glaucoma	8.0	0.8
Retinopathy	4.0	2.0
Maculopathy	4.0	2.2
Corneal Opacity	3.5	0.2
Optic Atrophy	3.5	0.3
Phthisis Bulbi	2.9	0
Amblyopia	0.6	0.3
Others	1.1	0.3
Overall prevalence	0.58%	2.00%

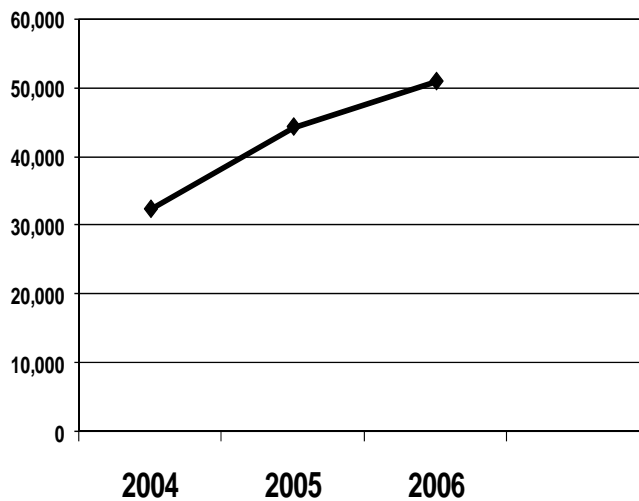


Figure 1 Shows number of cataract claims with National Insurance Utilization in Philippines

Table 1 Shows major causes of blindness and low vision

<p style="text-align: center;">STRENGTHS</p> <ul style="list-style-type: none"> - Manpower available - Commitment of major stakeholders sustained - PEC training of trainers program existing 	<p style="text-align: center;">OPPORTUNITIES</p> <ul style="list-style-type: none"> - Initial legislation and policies in place - Solid partnership with training institutions - More partnerships and linkages with affiliated health programs - Growing number of subspecialty practitioners
<p style="text-align: center;">WEAKNESSES</p> <ul style="list-style-type: none"> - Program is urban center based - Lack of funds - Inadequate equipments - Stakeholders cannot cope with constant changes within the DOH - Absence of monitoring & evaluation within NCSP - Poor information system - Lack of transparency among NGOs 	<p style="text-align: center;">THREATS</p> <ul style="list-style-type: none"> - Abuse of utilization of the National Insurance system - Discrimination of other eye professionals toward those who are involved in community eye work - NGOs “selective” of eye MDs - Change in political climate - Economic crises

Table 2 SWOT analysis of the prevention of blindness program in Philippines

สุขภาพและภาวะตาบอดในฟิลิปปินส์

เรียบเรียงโดย ภฤศ หาญอุตสาหะ, พ.บ. *

บทสรุป:

สาธารณรัฐฟิลิปปินส์เป็นประเทศที่ประกอบด้วยหมู่เกาะราวเจ็ดพันเกาะที่ตั้งอยู่ในมหาสมุทรแปซิฟิก มีพื้นที่ประมาณ 300,000 ตารางกิโลเมตร มีเมืองหลวงคือเมืองมนิลา ฟิลิปปินส์แบ่งการปกครองเป็น 16 เขต และ 81 จังหวัด มีประชากรราว 76.5 ล้านคน รายรับเฉลี่ยต่อครอบครัวประมาณ 3,023 เหรียญสหรัฐอเมริกา ต่อปี (ประมาณ 99,500 บาทต่อปี)

ในประเทศฟิลิปปินส์มีโรงพยาบาลอยู่ 1,771 โรง เป็นโรงพยาบาลของรัฐประมาณ 40% มีสถานอนามัยให้บริการโดยเฉลี่ยประมาณ 2 แห่งต่อประชากรหนึ่งหมื่นคน มีอัตราส่วนแพทย์ของรัฐต่อประชากรประมาณ 1 ต่อ 33,333 ราย

ความชุกของภาวะตาบอดในฟิลิปปินส์ ลดลงจาก 1.7% ในปี 1987 มาเป็น 0.58 ในปี 2001 โรคที่เป็นสาเหตุของตาบอดที่สำคัญที่สุดได้แก่ต้อกระจก (62%) ตามด้วยสายตาคิดปกติ (ที่ไม่ได้รับการรักษา) ต้อหิน โรคของจอประสาทตา และกระจกตาขุ่นฝ้า

คณะกรรมการแห่งชาติในการรักษาสายตา (National Committee of Sight Preservation, NCSP) เป็นหน่วยงานที่ประกอบไปด้วยผู้เกี่ยวข้องจากทุกภาคส่วน ตั้งแต่กระทรวงสาธารณสุข สมาคมวิชาชีพที่เกี่ยวข้อง องค์การท้องถิ่น องค์การพัฒนาภาคเอกชน (NGO) ทั้งระดับชาติและระดับนานาชาติ มาร่วมกันทำงานเพื่อลดการตาบอดที่ป้องกันได้ และเพิ่มระดับสุขภาพตาของประชาชน มีการจัดทำการวิเคราะห์สถานการณ์ (SWOT analysis) และดำเนินงานต่าง ๆ เช่น เพิ่มการให้บริการผ่าตัดต้อกระจก และจัดอบรมผู้ปฏิบัติงานจักษุสาธารณสุขมูลฐาน

Keywords: Philippines, blindness prevalence

*รวบรวมและเรียบเรียงจากการนำเสนอของ Maria Victoria Rondaris, M.D., MPH, Heriberto Guballa, M.D. ในการประชุม the SightFirst Regional Course on Prevention of Blindness (Korat Course), ระหว่างวันที่ 9–22 มีนาคม 2552 จังหวัดนครราชสีมา เรียบเรียงโดย ภฤศ หาญอุตสาหะ, พ.บ. ภาควิชาจักษุวิทยา คณะแพทยศาสตร์ โรงพยาบาลรามามาธิบดี