

Ophthalmological Society of Pakistan (OSP), Beyond 2016

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This report highlights recent developments in OSP in the field of ophthalmic Medical Education including Professionalism, Research and Development, Publications and Eye Health Care service delivery system. In the year 2016, Prof. Ziaul Islam was elected as the new President of OSP. In the inaugural meeting of the central council, chaired by the newly elected Honorable President, it was observed that despite achieving major milestones since the birth of the country in 1947 and the birth of the Ophthalmological Society in 1957, there are still serious gaps in eye care in Pakistan in terms of equitability, cost, uptake, comprehensiveness, quality and sustainability.

After detailed discussion, the Honorable President appointed a committee under the chairmanship of Prof. M.D.Khan with four terms of reference.

1. Redraft OSP Vision, Mission and Values.
2. Revamp and remodel the OSP Health and Education Foundation.
3. Recommend SMART future plan to bridge the gaps.
4. Submit the report to OSP central council for thorough examination, adoption and implementation.

The committee critically examined the issue and tried to find answers to four important questions.

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1. Where we were?
2. Where are we now?
3. Where do we need to go?
4. How should we reach there?

1. Where We Were?

At the time of birth of Pakistan in 1947, Pakistan inherited 78 registered medical doctors and only few nurses. Health services in general and eye health services in particular were very rudimentary¹.

Apart from some eye care services at Mayo hospital Lahore aCivil hospitalKarachi and few cottage hospitals in Punjab, the rest of the population in the entire country was served by few Christian Missionary hospitals run by two very dedicated Missionary groups. Sir Henry Holland and his family covered the south, with two major facilities, one at Quetta for Baluchistan andthe other at Shikarpur for Sindh. Dr. Novel Christy and his associates served the North from their HQ at Taxilla.

By 1950/60, new eye departments came up in public sector at Karachi, Multan and Peshawar. Few new eye departments were also opened in Military hospitals in major cities. However, 80% population had no access to organized eye care services².

In response to a letter from Dr William John Holmes of Honolulu, on December 19, 1957, a meeting of ophthalmologists was convened in Lahore where the formation of Ophthalmological Society of Pakistan (OSP) wasapproved. Lt General Burki was elected as the Founder President and Professor Raja Mumtaz as thefirst secretary General of the Society.OSP was soon affiliated to APAO.

Later on it was also affiliated to International Federation of Ophthalmological Societies, Afro-Asian

Academy of Ophthalmology (AAAO), the American Academy of Ophthalmology (AAO), SAARC Academy of ophthalmology (SAO) and International Council of Ophthalmology (ICO)^{2,3}.

In 1979, the 7th APAO meeting was held in Karachi, Pakistan. The then President of Pakistan General Mohammad Zia-ul-Haq was invited as chief guest on this occasion. He took keen interest in the affairs of vision and its protection.

Soon after this meeting in 1980, WHO country office invited Professor Hugh Taylor as WHO short-term consultant to report on the current status of eye health in Pakistan. The major findings of the report were;

1. Prevalence of blindness in the country is over 2%.
2. There are only 80 ophthalmologists to take care of a population of 100 million.
3. 45 out of 64 districts are without ophthalmologist.
4. There is no concept of eye care team.
5. There is gross mismatch in human resource.⁴

The report proved to be wake up call for OSP and the entire country. OSP used the report as a major tool for Advocacy. The following steps were taken with the help of government of Pakistan, WHO and the International Non government Developmental Organizations (INDGOs).

- National committee for prevention of blindness (PBL) was notified in the late nineties.
- Prof. Saleh Memon, a highly talented, honest and upright ophthalmologist who was already working as a national coordinator since 1987/88 was appointed as the 1st chairman of the committee.

He succeeded in undertaking the monumental task of the 1st national blindness prevalence survey in 1987-88. The survey reconfirmed the findings of the WHO report, 1980.⁵ In the early nineties, efforts were made to create an OSP Foundation to promote ophthalmic Research and Development and Ophthalmic medical education for all cadres and for all levels.

Many senior Ophthalmologists and some members of the pharmaceutical industry played a key role in the financial support of this foundation.

In 1994 Prof. M. D. Khan was appointed as the new chairman of Pakistan national PBL committee. District based national comprehensive eye care program was developed in close collaboration of

Vision 2020: WHO/IAPB, the right to sight initiative. For implementation we followed the WHO six building blocks and the V.2020 threecore strategies; Disease control, appropriate Human resource development (HRD) and Infrastructure and appropriate technology development⁶.

The program was developed incrementally in close collaboration of WHO and Sight Savers International (SSI). The concept was first tested in an artificial district in KPK, then in one real district (District-Bannu⁷) and finally in ten districts.⁸ After thorough evaluation at each stage, it was finally rolled over to the entire country through two consecutive five years national eye health development programs. CBM, Fred Hollows Foundation and many other small organizations joined SSI, to support the project.

The total cost incurred on developing 100 districts along with four provincial eye care HRD centers and the Pakistan institute of community ophthalmology (PICO) at Peshawar amounted to 13 Million USDs. The entire developmental cost was borne by the consortium of INDGOs⁶.

Large number of centers of excellence for Human Resource Development and sophisticated eye care interventions were opened in government and non-government sectors across the country. College of Physicians and Surgeons of Pakistan (CPSP), International Council of ophthalmology (ICO), London School of tropical medicine and hygiene and International Joint Commission of Allied Health in Ophthalmology (IJCAPO), played a key role in training, evaluation and certification of ophthalmologists, community ophthalmologists and ophthalmic allied health personnel including ophthalmic nurses.

The 2nd national blindness prevalence survey was undertaken in collaboration with London School of Tropical medicine and Hygiene and the INDGOs consortium in the years 2003 – 2004⁹. The following were the salient features of the results of the 2nd survey.

- The prevalence of overall blindness dropped from 1.78% to 0.9%.
- The number of ophthalmologists shot up from 80 in 1980 to > 2000 in 2004.
- The number of cataract surgeries shot up from 50,000 in 1980 to 500,000 in 2004.
- The cataract surgical rate (CSR) shot up from 1115/M in 1980 to 4000/M in 2004.

- A mix of over 900 optometrists, orthoptists, over 200 ophthalmic nurses and over 2000 ophthalmic technicians were added to the eye care human resource⁹.

The result of the Pakistan 2nd National blindness prevalence survey was announced in Geneva in 2004. On the same day, the results of Indian and Bangladesh blindness prevalence surveys were also announced. The result showed that Pakistan had achieved the best results. At this moment of great joy, the Pakistan Health Minister, there and then announced to spend additional 46 Million USDs to further strengthen the Pakistan national eye health program.

- In 2006, Prof. Asad Aslam Khan was appointed as the new chairman of the national PBL committee.
- Prof. Asad Aslam Khan made significant contributions by strengthening all tertiary health care centers across the country.

2. Where We Are Now?

- We are blessed with a very vibrant national ophthalmological society.
- It is led by very competent and committed leaders.
- We have a strong national eye care network.
- We have a national HRD program for ophthalmologists, Ophthalmic subspecialists and Allied health personnel including nurses.
- We have centers for research and development and sophisticated eye care interventions.
- We have strong national and international linkages and collaborations.

However, we still have some serious weaknesses and gaps in eye care systems.

- Our population is not only rapidly increasing; it is also aging. There is therefore, constant mismatch between the health care needs and supply. (37.54 M in 1950 & 220.039 M in 2020)¹⁰.
- Our literacy rate is still very low. (82.5% males, 59.8% females)¹¹.
- Our maternal and infant mortality rates are unacceptably high. (Infant Mortality rate; 57.2 deaths per 1,000 live births). (Maternal mortality rate, 178 deaths per 100,000 live births).¹²

- We face serious challenge of malnutrition; Stunting (45%), Acute under nutrition (16%), underweight (40%) and wasting (9%)¹³.
- We face serious challenges of air, food and water pollution and contamination. An estimated 70 percent of households drink bacterially contaminated water¹⁴.
- We have an unacceptably high rate of Road Traffic Accidents.
- We have high rates of drug abuse and also serious drug induced complications.
- We have poor control on unnecessary use or abuse of explosive devices.
- Our health care services are not truly integrated.
- Our primary health care system is very weak.
- Our school health system is dysfunctional.
- We have a very poor referral system.
- Our district health system needs to be further decentralized and strengthened.
- Our tertiary care system is overburdened.
- We have to increase the centers of excellence and ensure its equitable distribution across the country.
- We still have serious gaps in health care delivery through a strong and well-coordinated team.
- Our health management systems are very weak.
- Our health services are neither comprehensive nor sustainable.
- There is very little emphasis on Health Education, Disease prevention and Rehabilitation.
- We have a very strong national TV network, but there is not a single dedicated channel for public awareness, health education and health promotion.

3. Where Do We Need To Go?

- We have to generate some fresh data on the most common causes of blindness in the country.
- We have to come up with a health delivery system which is equitable, people friendly, integrated, of high quality and comprehensive.
- We must ensure the availability of WHO six building blocks for any new health initiative, (Advocacy, user friendly Physical infrastructure, Essential human resource, Technology, Management and Collaboration).

- Our Primary health care system must be changed to a strong family health care system.
- We must have a robust referral system.
- Our health care approach must be holistic and multidimensional. We therefore must take on board the ministries of Population, Law, Environment, Water and Sanitation, Education and Disaster Management and Rehabilitations during the health policy formulation.

4. How Do We Reach There?

The committee came up with following three important recommendations to achieve the OSP desired goals.

1. Rename the Board. Call it OREEF (OSP Research, Education and Eye care delivery Foundation).
2. Revisit and redefine the OSP vision, mission and values.
3. Constitute a management board assisted by five task forces to efficiently and effectively manage the board and achieve the society's ultimate intervention goals.

A. OSP Vision, Mission and Values.

1. Vision;

- OSP will be a strong advocate and partner with Government of Pakistan and other national and international developmental agencies to promote eye care, prevent eye diseases and ensure provision and equitable distribution of high quality, integrated, comprehensive and Sustainable eye care services across the country so that nobody goes or remain blind because of lack, access or cost of services.
- The society will try its best to ensure that those who are blind or suffer from severe visual impairment, get maximum medical and social services support to enable them to lead a life of full potential and good quality.

2. Mission:

- OSP will take all necessary measures including strong advocacy, essential research, provision and access to necessary resources, (money, manpower, materials and

management) and national and international collaboration to make eye care services available, accessible, affordable and sustainable without compromising on quality.

3. Values:

1. Lifelong commitment to service, quality care and compassion.
2. Lifelong commitment to excellence in teaching, training and evaluation.
3. Lifelong commitment to sustainable institutional development and capacity building.
4. Lifelong commitment to knowledge, scholarship, wisdom and creativity. (HRD with strong emphasis on Research and Development and CME, CPD & CED).
5. Lifelong commitment to development of strong and courageous leadership with excellent skills in advocacy, communications and quality management.
6. Strong team spirit with interpersonal relationships based on dignity, honor and mutual trust and respect.
7. Equity and justice with passion to serve the un-served and underserved populations.
8. Strong commitment to honesty, integrity, ethical values and professionalism.
9. Patience and perseverance with advance problem solving skills.
10. Strong national and international linkages and collaboration.

B. OREEF Management Board and the Five Task Forces:

- **Prof. M. Lateef Chaudhry**
Chairman
- **Prof. M. Daud Khan**
Executive Vice chairman
- **Prof. Shad Mohammad**
Secretary
- **Prof. Hamid M. Butt**
Chairman Education & HRD
- **Prof. Shahid Wahab**
Chairman R&D

- **Prof. Mohammad Moin**
Chairman Publication Wing
- **Prof. Nadeem Hafeez Butt**
Chairman Fund Raising, Professionalism and Leadership Development
- **Prof. Asad Aslam Khan**
Chairman, Eye Health Care Delivery and Management

Members; 14 from Across the Country

TORS:

- Generate, invest and manage funds efficiently and effectively.
- Approve annual budget of the Foundation.
- Allocate money for research, publications and education.
- Decide on the scope and purpose of Ophthalmic research and education.
- Prioritize areas of research and development in terms of society's current and future emerging Needs.
- Ensure access, relevance and quality in education, research and patient care and treatment.
- Ensure regular annual financial audit.
- Quality assurance across the board.
- Ensure strong coordination between Ophthalmic research, education, publication and health delivery and eye care management sectors.
- Ensure strong national and international linkages and collaboration.
- Ensure efficiency of the foundation through excellent management systems.
- Performance audit of all relevant sectors, education, research and development, HRD, publications, health care delivery and eye care management.
- Generate an annual report for OSP central council.

C: The OREEF Five Task Forces:

1. Ophthalmic Education (HRD).

Chairman: Prof. Hamid Mahmood Butt

Executive Director: Col. Shahzad

Eight Members from Across the Country

TORS:

- Come out with SMART strategies to adequately meet all the human resource needs in the form of an excellent eye care team, properly trained, well-motivated, well mixed and properly distributed to ensure integrated, high quality comprehensive eye care delivery at all levels^{15,16}.
- Run all the affairs of the Task Force efficiently and effectively with honesty and integrity.
- Prepare strategic annual plan for Eye health education (with inbuilt mechanisms for monitoring and evaluation) in consultation of OREEF board. (Need, relevance (Eye Care Team) & quality).
- Prepare annual budget.
- Get the budget approved.
- Ensure national and international Collaboration.
- Prepare a comprehensive annual report for the board under the following heads.
 - A: Internal & external Financial Audit Report.
 - B: Internal and external Performance Audit Report.
 - C: Internal Quality Assurance Report.

2. Ophthalmic Research and Development.

Chairman: Prof. Shahid Wahab

Executive Director: Prof. Mahfooz Hussain

Eight Members from Across the Country

- Come out with SMART Strategies to adequately meet all the R&D needs of the society.
- Run all the affairs of the Task Force efficiently and effectively with honesty and integrity.
- Prepare strategic annual Ophthalmic research implementation plan (with inbuilt mechanisms for monitoring and evaluation) in consultation of OREEF board.
- Ensure need, relevance, validity, quality and prioritization.
- Types; Basics, Clinical, Epidemiological, Technological, Clinical Trials, Quality of Care and Quality of Life.
- Prepare annual budget.

- Get the budget approved.
- Ensure national and international Collaboration.
- Prepare a comprehensive annual report for the board under the following heads.
 - Internal & external Financial Audit Report.
 - Internal and external Performance Audit Report.
 - Internal Quality Assurance Report.

3. Publications

Chairman: Prof. Mohammad Moin

Executive Director: Prof. Tayyaba Gul Malik

Eight Members from Across the Country

- Come out with SMART Strategies to meet the publication needs of OSP members, both quantitatively and qualitatively.
- Make all-out effort to attain the highest standard of the journal.
- Run all the affairs of the Task Force efficiently and effectively with honesty and integrity.
- Prepare strategic annual Ophthalmic research publication plan (with inbuilt mechanisms for monitoring and evaluation) in consultation with OREEF board.

(Need, relevance, quality and strong ethical values).

- Prepare annual Budget.
- Get the budget approved.
- Ensure national and international Collaboration.
- Prepare a comprehensive annual report for the board under the following heads.
 - A: Internal Financial Audit Report.
 - B: Internal Performance Audit Report.
 - C: Internal Quality Assurance Report.

4. Eye Health Care Delivery and Management.

Chairman: Prof. Asad Aslam Khan

Executive Director: Dr. Ali Ayaz Sadiq

Eight Members from Across the Country

- Come out with SMART Strategies to work closely

with government and non-government agencies at all levels to ensure that;

1. the population's current and future emerging needs in terms of access, cost and relevance are adequately met;
2. The system is well integrated, equitable, sustainable and of high quality.
3. It is efficiently connected through a robust referral system.
4. There is enough emphasis on health promotion, disease prevention and rehabilitation.

- Run all the affairs of the Task Force efficiently and effectively with honesty and integrity.
- Prepare strategic annual eye health care delivery and management plan (with inbuilt mechanisms for monitoring and evaluation) in consultation of OREEF board. (Needs, Rights, Relevance, Quality and Equitability).
- Prepare annual Budget.
- Ensure national and international collaboration.
- Prepare a comprehensive annual report for the board under the following heads.
 - A: Internal Financial Audit Report.
 - B: Internal Performance Audit Report.
 - C: Internal Quality Assurance Report.

5. Fund Raising, Professionalism, Leadership Development and National/International Linkages and Collaboration.

Chairman: Prof. Nadeem Hafeez Butt

Executive Director: Dr. Qasim Lateef Chaudhry

Eight Members from Across the Country

- Come out with SMART Strategies to adequately meet the OSP current and future emerging needs in the above mentioned areas with special emphasis on;
 - Leadership development
 - Promotion of ethics and professionalism in HRD, R&D and health care delivery system.
- Negotiate with ministries of education, health and information to invest heavily in public health education, health promotion and disease

prevention through efficient utilization of all available media of information^{17,18}.

- Run all the affairs of the Task Force efficiently and effectively with honesty and integrity.
- Prepare strategic annual plan for fund generation to adequately meet the task forces needs.
- Prepare annual budget.
- Get the budget approved.
- Prepare a comprehensive annual report for the board under the following heads.
- A: Internal Financial Audit Report.
- B: Internal Performance Audit Report.
- C: Internal Quality Assurance Report.

The OREEF Board will ensure that the Task forces come out with strategic plans to ensure that;

1. All members of the foundation must have strong advocacy skills for negotiation with government and non-government developmental organizations for establishing equitable, sustainable and high quality patient friendly eye care services at all levels.
2. The board needs to pay special attention to health education, health promotion and disease prevention.
3. The board also needs to pay very special attention to rehabilitate people with severe visual impairment and those who are blind.
4. We make sure that the Foundation has enough funds to meet the annual needs of the task forces in a sustainable manner.
5. All members of the eye health care delivery team are well trained, well-motivated, well mixed and optimally distributed.
6. Apart from necessary Knowledge and Skills, the curricula for all cadres must have ample opportunities for teaching, training and evaluating professionalism.
7. The board must ensure strong emphasis on all aspect of research and development in ophthalmology including quality of care and quality of life.
8. All services must be integrated, people centered, comprehensive and sustainable. Primary care must be converted to family care. There must be a

robust referralSystem between all the three/four tier eye health care delivery system.

9. OSP must have a strong national Leadership Development Program (LDP).
10. Service delivery must be regularly monitored and periodically evaluated through an efficient management system.
11. OSP must be a strong partner in the national eye care program. OSP therefore must ensure strong national linkages with;
 - a. Government of Pakistan through Ministries of Health and Education, Pakistan Medical and Dental Council (PMDC), Pakistan Medical Research Council (PMRC), Higher Education Commission (HEC), National and Provincial Universities and College of Physicians and Surgeons of Pakistan (CPSP), the Civil Society, and the private and charitable health and educational institutions.
 - b. International linkages and collaborations with institutions like WHO, UNICEF, British Royal Colleges, AAO, Regional ophthalmological societies, International Council of Ophthalmology, international universities and International Agency for Prevention of Blindness(IAPB) and
 - c. National and International non-government developmental organizations. (NGDOs & INGDOs).

D. Expected National Outcomes:

- Quality of Ophthalmic Medical Education for all cadres and for all levels will improve.
- Relevance, validity, quantity and quality of ophthalmic research and development will also improve.
- High quality integrated eye care services will become accessible, affordable and sustainable.
- For People with marked visual impairment or blindness, strong rehabilitation services will become easily available, accessible and affordable.
- Quality of patient care will improve at all levels.
- Patient level of satisfaction will improve.
- High quality accessible eye care services will have a very positive impact on the quality of life of the affected individuals.

- Prevalence and incidence of blindness and visual impairment will further drop down in Pakistan.
- High quality accessible eye care services will also have a very positive impact on national economy.
- Pakistan will become an epicenter for eye health tourism in the region.
- Pakistan will become a champion of WHO integrated; people centered eye health care (IPCEC).

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