

2nd International Conference on

OPHTHALMOLOGY

October 23-25, 2017 Osaka, Japan

Addressing barriers to eye health care through a collaborative integrated approach at the district level of the public health system: A case study from Takeo Province, Cambodia**Gail M Ormsby**

Avondale College of Higher Education, Australia

Growing evidence shows that a range of barriers hinder the uptake of eye health care services particularly in low and middle-income countries. These barriers must be addressed to ensure that vulnerable population groups are more likely to access health services. In Cambodia, several studies (knowledge, attitude and practice study, n=599; follow-up of patients who had been screened in the community, n=354; study of patient perspectives about acquiring spectacles, n=62 and a rapid assessment of avoidable blindness (RAAB), n=4,650) were conducted in Takeo Province. The identified barriers were sub-divided into three main categories: (1) Patient oriented barriers (knowledge, attitudes, practices, beliefs, disability, education, age, gender, fate and cost, (2) Service delivery barriers (service provider knowledge, attitudes, practices, communication, types of services, appropriateness, accessibility, affordability, location, policies, quality and the lack of health system integrated eye health care services) and (3) Socio-environmental barriers (poverty, work load, work-place conditions, geographical terrain and distance). The establishment of a vision center managed by two ophthalmic nurses, at the Kiri-Vong District Referral Hospital, resulted in a significant increase in individuals accessing primary eye care and refraction services. Between May 2010 to October 2012, 7,858 consultations were conducted and 2,802 refractions were performed. This presentation reports on the implementation of the Australian funded avoidable blindness initiative project and how data/evidence were used to target health promotion messages throughout the province, improve health system stakeholder training, communication linkages, delivery of services and referral systems. The integration of eye health care services at the district level of the health system was expedient.

Biography

Gail M Ormsby has completed her PhD from the University of Melbourne, Centre for Eye Research, Australia. She has worked in international humanitarian programs for more than 25 years. Her recent experience was focused in Pakistan, Cambodia and Vietnam. She is interested in addressing issues of quality and the barriers associated with accessing eye health care to decrease the impact of avoidable blindness.

go.gailormsby@gmail.com

Notes: