Ophthalmic problems in remote areas of India

India has a wide geographical area and its peculiar terrain of Himalayan Areas, North East areas, and areas of remote islands like Andamans makes our country diverse but with limited connectivity to each other. Ophthalmic problems also vary according to the geographical terrain. Cataract continues to be the topmost cause of blindness in India despite cost-effective treatment being available in India compared to Western countries.[1] Singh et al. reported the prevalence of different eye diseases in remote islands of Andaman and Nicobar.[2] Authors have highlighted the importance of lack of connectivity and trained optometrists in these areas. Rapid assessment of refractive errors study has shown barriers to the uptake of refraction services in the age group of 15-49 years in rural Andhra Pradesh, India.[3] These barriers of refractive services can be easily changed by the easy availability and provision of spectacles at a low cost. They have also highlighted the concept of vision centers model.[4] Vision centers are staffed by optometrist/vision technician to cater to the population of 50,000.

I congratulate the authors for highlighting the barriers to the uptake of cataract surgical services in the Mizoram state.^[5] Authors had conducted door-to-door survey with the help of ASHA workers between August 2015 and April 2016 in all the 39 villages in Aizawl district. Those who required cataract surgery were sent to base hospital free of cost. Of 450 patients diagnosed with cataract, a majority (292 patients) did not report for cataract surgery even after 1 year. A list of patients who failed to turn up at the referral hospital for cataract surgery even after 6 months to 1 year from the date of initial diagnosis at the eye screening camp was prepared, and subsequent preparations for a face-to-face interview were made. A questionnaire was designed for these patients to see the barriers for uptake of cataract surgery. Of these 292 patients, 140 patients have participated in the study for various reasons. Almost all the patients confirmed the decrease in vision from their eyes. Authors found top four most common barriers for not seeking cataract surgical services were bad roads/difficult terrain, poor health status, no money for the hospital stay and food expenses, fear of surgery. Peculiar to this remote district of India, top barrier was bad roads. Another study has demonstrated financial barriers to be a major reason not to take up offered cataract surgery services. [6] In one of the other studies from south India, the person-related barrier was lack of perceived need, while in service-related matter lack of affordability was the main factor followed by lack of accessibility.[7] Mizoram continues to have pitiable road networks in India. These roads are still not meant for all weather situations. Traveling as little as 50 km to access primary eye care can be a difficult task in these areas. These roads are still being upgraded in a phased manner as part of the Pradhan Mantri Gram Sadak Yojana. It will be also really helpful to camp patients if to and fro services can be provided from the hospital itself. Village Pradhan Sevaks can also play an important role. Singh et al. also highlighted the importance of better transport facilities for interconnecting the remote island. [2] Role of eye camps is still not very clear. In summary, most of the barriers for any ophthalmic diseases can be overcome by improving the infrastructure of a district, strengthening the existing facility of primary health centers by posting trained optometrist and proving basic infrastructure to them such as vision charts, refraction sets, streak retinoscope, and ophthalmoscope. Government hospitals are doing a very noble job by doing eye camps in the remote areas for the poor patient and giving free eye care services. However, it will be great if hospitals can coordinate with local government authority for free transport, food, and additional workforce to accompany the patient to base hospital.

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