



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

NOV 15 2019

ADMINISTRATIVE ORDER

No. 2019 - 0055

SUBJECT: National Policy on the Prevention of Blindness Program (PBP)

I. BACKGROUND

The current thrust of the administration is to achieve Universal Health Care using FOURmula One Plus for Health as the strategic implementation framework. The National Prevention of Blindness Program (PBP) aligns to these thrusts as stipulated in the current PBP Strategic Plan 2018- 2022. The aim is to ensure the best health outcomes for all Filipinos by addressing the triple burden of diseases to be provided in all life stages whether well or sick; improving access to health interventions through a valued and functional health care provider network, and strengthening financial freedom when accessing these interventions through Universal Health Care.

In 2015, about 253 million people worldwide were visually impaired, with 36 million of them blind. World Health Organization (WHO) estimates showed that about 90% of the world's visually impaired people live in developing countries. Globally, uncorrected refractive errors are the main cause of visual impairment but in low and middle income countries, cataracts remain the leading cause. Based on 2018 Philippine Eye Disease Study (PEDS) by the Philippine Eye Research Institute (PERI), the prevalence of visual impairment (presenting visual acuity (VA) worse than 6/18 in the better eye) in the Philippines is 1.98% (2.08M affected population). Of these, the major causes of visual impairment include (i) cataract at 53.5% (1.11 M affected population; the estimated number of cataract requiring surgery (VA less than or equal to 6/60) is 333,639 individuals), (ii) uncorrected error of refraction at 19 % (398,688 affected), (iii) glaucoma 13.6% (283,287 affected) and (iv) maculopathy at 10% (209,836 affected). One important finding in PEDS is the presence of eye diseases in the study population with no visual impairment (VA at 6/18 or better) and no visual complaints. On further examination, they were found to have: (i) uncorrected errors of refraction (prevalence of 3.26% or 3.4 M individuals), (ii) glaucoma (0.69% or 0.7 M individuals) and (iii) diabetic retinopathy (0.59% or 0.6 M individuals).

Administrative Order No. 2013-0010, known as the "*Revised Guidelines on the Implementation of the National Prevention of Blindness Program (NPBP) Amending A.O. No. 179, s. 2004*" was reviewed and evaluated after five years of implementation. The evaluation showed the need to change the current AO to align program policies with the current FOURmula One Plus for Health and to make it responsive to the changing trends in the prevalence of blindness and visual impairment. This Administrative Order (AO) provides the national policy for the Prevention of Blindness Program (PBP) and the guidelines for its implementation. The new AO is aligned with the thrusts and commitments of FOURmula One Plus for Health and also with the World Health Organization's (WHO) Towards Universal Eye Health: A Global Action Plan 2014-2019.

II. OBJECTIVE

This Administrative Order shall provide the overall direction to the Prevention of Blindness Program.

III. SCOPE

This Order shall apply to all offices under the Department of Health, health care providers and health facilities, both public and private; local government units; non-government organizations; civil societies; development partners; other national government agencies and stakeholders whose functions and activities contribute to the prevention of blindness.

IV. DEFINITION OF TERMS

- A. **Avoidable Visual Impairment** - visual impairment which could either be treated or prevented by known cost effective means. (WHO)
- B. **Blindness** - the state or condition of being unable to see because of injury, disease or a congenital condition. A blind person has a visual acuity worse than 3/60 (20/400) or cannot count fingers at three (3) meters in the better eye (WHO).
- C. **Childhood Blindness** - an eye pathology, which occurs before age 18 and results in a permanent visual acuity worse than 3/60 (20/400) in the better eye of an affected individual.
- D. **Cataract** - clouding or opacification of the normal crystalline lens of the eye, which can cause blurred vision or blindness.
- E. **Diabetic Retinopathy** - a complication of diabetes mellitus in the eye that results from damage to the blood vessels of the light sensitive tissue at the back of the eye called the retina.
- F. **Error of Refraction** - Also known as refractive error refers to the inability of the eye to properly focus images resulting in blurred vision.
- G. **Glaucoma** - a group of diseases, which results in irreversible damage to the optic nerve, visual field and vision loss usually associated with increased pressure within the eye.
- H. **Health Care Provider Network (HCPN)** -refers to a group of primary to tertiary care providers, whether public or private, offering people-centered and comprehensive care in an integrated and coordinated manner with the primary care provider acting as the navigator and coordinator of health care within the network.
- I. **Maculopathy** - any pathologic condition affecting the highly sensitive center of the retina: the macula.
- J. **Primary Eye Care** - comprises of simple but comprehensive set of preventive, promotive and educational activities to address minor eye diseases that can be carried out by appropriately trained primary care workers.

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K. Quality Eye Care Services - include comprehensive, adequate, efficient and timely management of patients with eye problems from detection, examination and diagnosis to treatment and long term care.

L. Visual Acuity - measurement of the person's ability to see objects clearly.

M. Visual Impairment - a functional limitation of the eye or visual system that can manifest as reduced visual acuity, visual field loss, visual perceptual difficulties and other visual disturbances. It includes moderate and severe visual impairment as well as blindness. (WHO)

i. Moderate visual impairment – presenting visual acuity worse than 6/18 to 6/60.

ii. Severe visual impairment – presenting visual acuity worse than 6/60 to 3/60.

V. GENERAL GUIDELINES

The DOH shall institute the following supporting implementation mechanisms:

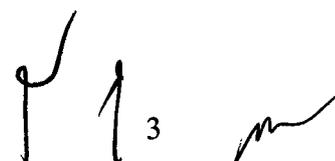
A. Total market approach. Blindness shall be managed through the total market approach using the primary health care framework to reach target clients in the community, school and workplace. Quality eye care services shall be provided by both private and public providers in the locality with public stewardship.

B. Entitlement to eye care. A comprehensive package of appropriate, quality and cost-effective eye care services ranging from preventive-promotive-curative-rehabilitative, subject to health technology assessment shall be made accessible to all at each stage of the life cycle and for each level of health care. The comprehensive package of services shall address prevailing and emerging health conditions affecting eye health.

C. Partnership with stakeholders. The DOH shall establish strategic collaboration and partnerships with stakeholders concerned in the prevention of visual impairment and blindness.

D. Aligned with global commitments. The Prevention of Blindness Program shall be aligned with the principles and objectives of the Vision 2020, WHO's Towards Universal Eye Health: A Global Action Plan 2014-2019, Sustainable Development Goals and subsequent policies.

E. For an effective and efficient implementation of the PBP at all levels, a Manual of Operations and Procedure (MOP) shall be developed for proper guidance of program managers, field implementers, partners and local chief executives.

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VI. SPECIFIC GUIDELINES

- A. The Prevention of Blindness Program (PBP) shall be one of the programs of the Essential Non-Communicable Disease Division (ENCDD) of the Disease Prevention and Control Bureau (DPCB). The detailed description of the PBP, its goals and focus areas are included in Annex A.
- B. Overall technical supervision shall be provided by a PBP National Program Manager. The National Program Manager shall oversee the nationwide implementation of the PBP; recommend appropriate policies for its effective and efficient implementation in consultation with partners and stakeholders; establish collaborative networks with public and private organizations, agencies and other institutions; and, ensure adequate and appropriate funding for the program.
- C. Coordination with the other programs and other DOH Offices as well as with other partners and stakeholders shall be instituted to ensure a comprehensive approach to the prevention of blindness.

D. Program Components

1. Quality Eye Care Services

Primary eye care services including health promotion activities, Vitamin A supplementation, measles immunization, visual acuity screening and management of conjunctivitis, blepharitis, bitot spot, subconjunctival hemorrhage and other minor eye diseases shall be provided at the primary health care facilities.

Specialized eye care services for cataract, glaucoma, retinal diseases, trauma and other eye diseases needing definitive care and interventional procedures shall be provided at the secondary and tertiary level health facilities. The Eye Care Centers in Apex Hospitals shall serve as end-referral centers for highly complex and complicated eye diseases.

2. Health Care Provider Network

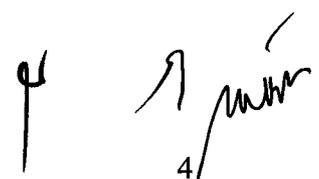
Eye care services shall be delivered through a functional health care provider network to ensure access of eye care patients to appropriate services and interventions. A referral system shall be established where clients receive needed eye care at the appropriate level of care.

3. Health Care Financing

The DOH and LGUs shall finance population-based health services such as health promotion activities for eye care. All individual-based health services including preventive, curative and rehabilitative eye care services shall be covered by Philhealth.

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VII. ROLES AND RESPONSIBILITIES

A. Department of Health – Central Office shall develop systems, policies and guidelines that will facilitate the implementation of the Prevention of Blindness Program at all levels. As such, the following offices shall have the following responsibilities:

1. The Disease Prevention and Control Bureau (DPCB) shall:
 - a) Lead in the formulation of evidence-based health intervention programs and strategies to ensure optimal use of resources and early attainment of better eye health outcomes;
 - b) Provide technical assistance in the operationalization of the program through the Centers for Health Development (CHD);
 - c) Coordinate with the different CHD Offices in the implementation of the PBP, and;
 - d) Conduct monitoring and evaluation of the program.
2. The Health Promotion and Communication Services (HPCS) shall assist the DPCB in the development of advocacy and eye health promotion plans and provision of information on eye care at the community and facility level.
3. Knowledge Management Information Technology Service (KMITS) shall assist DPCB in the acquisition and integration of eye disease data into existing health information systems or electronic health records.
4. The Health Policy Development Planning Bureau (HPDPB) shall assist DPCB in developing policies and strategies on eye health; align M&E with the FOURmula One Plus for Health M&E; and assist in developing health-financing scheme for eye services in partnership with Philhealth.
5. The Health Human Resource Development Bureau (HHRDB) shall assist DPCB in regularly updating the Primary Eye Care modules, creating innovative training on eye care and enhancement of capacity on ophthalmic nursing.
6. The Bureau of International Health Cooperation (BIHC) shall assist DPCB in establishing strong network linkages with international organizations, institutions and agencies involved in eye care. BIHC shall also facilitate the conduct of foreign surgical and medical missions particularly cataract/eye care in the Philippines in collaboration with the Commission on Filipinos Overseas, Philippine Regulation Commission and Department of Interior and Local Government.
7. The Bureau of Local Health Systems Development (BLHSD) shall assist DPCB in the integration of quality eye care in the service delivery network.

8. The Health Facilities Development Bureau (HFDB) shall:
 - a) ensure the inclusion of investment needs for nationwide access to eye services in the Philippine Health Facility Development Plan, and;
 - b) develop a resource stratified framework for appropriate eye care services.
9. Health Facilities and Services Regulatory Bureau (HFSRB) shall consider the standards developed by DPCB and shall adopt the minimum standards to ensure patient safety.
10. Centers for Health Development (CHD) shall facilitate the implementation of the PBP and provide technical assistance to the LGUs.
11. DOH Hospitals and Medical Centers shall:
 - a) Ensure the availability of quality eye care services to its clients especially the poor and marginalized, and;
 - b) Ensure effective coordination and navigation of clients with other health care providers, both public and private.
12. Philippine Health Insurance Corporation (PHIC) shall review, develop and implement health benefit packages related to the program, ensure benefit payments for eye health services and facilitate accreditation of eye health facilities and eye care professionals.

B. Local Government Units (LGUs) shall plan and manage the prevention of blindness program and ensure provision of community based eye health interventions responsive to the needs of the visually impaired in their locality.

The recommended tasks are the following:

1. Make available and improve access to appropriate eye care services in their locality at all levels of care
2. Integrate PBP activities into the Local Development Plans
3. Increase budgetary allocation for PBP
4. Pass local ordinances/resolutions to implement program strategies
5. Increase the awareness and promotion on the importance of eye health
6. Involve all stakeholders and sectors in the operationalization of the PBP
7. Monitor, supervise and evaluate effectiveness of the PBP in their locality.

C. Philippine Eye Research Institute shall conduct research and development on eye diseases in the Philippines and innovative approaches and strategies to provide evidence based interventions on eye care.



D. National professional organizations for eye health care that are recognized and accredited by the Professional Regulation Commission or the Philippine Medical Association, shall collaborate with DPCB to:

1. Ensure that competent, gender-sensitive and public health oriented eye care professionals are available to support the implementation of the PBP;
2. Provide inputs to the development of standards for eye care, and;
3. Align their initiatives and planned activities with the PBP strategic directions and objectives.

E. Civil Society Organizations (CSOs) and other Non-Government Organizations (NGOs) are encouraged to:

1. Facilitate grassroots mobilization;
2. Advocate for LGU support and stewardship of the PBP;
3. Support the wide dissemination of information on the prevention of blindness;
4. Form networks and action groups to assist in the delivery of eye care services, and;
5. Advocate and support PBP strategies and activities.

F. Development Partners are encouraged to align their objectives, initiatives and planned activities with PBP strategic thrusts and directions.

G. Other National Government Agencies such as but not limited to the Department of Education and Department of Social Welfare and Development, shall be enjoined to actively participate in the PBP by incorporating eye care program activities and/or vision screening services into their existing agenda and work plan.

VIII. PROGRAM FUNDING

The Department of Health Central Office and Centers for Health Development shall provide funds for the implementation of PBP. The DOH shall encourage and actively pursue opportunities and partnerships to secure support for PBP such as provision of logistics and equipment and capacity building.

The Local Government Units shall ensure funding for program implementation. Non-Government Organizations and other stakeholders shall be encouraged to contribute support funds to help ensure the implementation of the PBP.

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IX. REPEALING CLAUSE

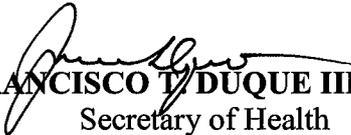
This Order repeals AO 2013-0010 “Revised Guidelines on the Implementation of the National Prevention of Blindness program (NPBP) Amending A.O. No. 179 s. 2004”. Provisions from previous issuances that are inconsistent or contrary to the provisions of this Order shall be deemed implied or expressly amended.

X. SEPARABILITY CLAUSE

In the event that any provision or any part of this Order is declared unauthorized or rendered invalid by any court of law or competent authority, those provisions not affected by such declaration shall remain valid and in full force.

XI. EFFECTIVITY

This Order shall take effect fifteen (15) days after its publication in a newspaper of general circulation.


FRANCISCO I. DUQUE III, MD, MSc.
Secretary of Health

ANNEX A
Prevention of Blindness Program

A. Program Description

The Prevention of Blindness Program is a comprehensive eye and visual health program designed to reduce the burden of avoidable visual impairment by ensuring equitable access to quality eye care services. The central feature of PBP is its localization through the establishment of community eye health programs with established referrals from the primary up to the tertiary level of care. This will ensure the provision of adequate eye care services at appropriate levels of care in their locality.

B. Program Goal

The PBP shall have the program goal of reducing by 25% the prevalence of avoidable visual impairment in the Philippines by the year 2022.

C. Program Focus Areas

1. Community Eye Health

In line with the DOH PBP Guidelines in the Establishment of Community Eye Health Program (CEHP), the CHD program managers shall spearhead the establishment of a community-based comprehensive eye care program implemented by local government units in collaboration with the local health workers, specialists and concerned stakeholders. The localization of the PBP in LGUs shall focus on health communication, early diagnosis of eye problems and provision of eye care services through integrated service packages utilizing the life course approach.

2. Health Promotion and Communication

The PBP in collaboration with Health Promotion and Communication Services (HPCS) shall conduct information, education and communication initiatives and advocacy campaigns on eye health utilizing the multi-sector approach. The focus of the campaign shall be on health promotion, nature and extent of visual impairment and the need for early diagnosis and management.

3. Health Human Resource (HHR)

The regional program managers and local health human resources who provide eye care services shall be capacitated on primary eye care to be able to deliver the appropriate eye care services especially to the poor and marginalized sector.

4. Whole-of-Society and Multi-Stakeholder Networking, and Partnership Building

The PBP shall engage all national and international stakeholders on eye health to build strategic coalitions and networks for the delivery of appropriate and affordable eye care services at the local level.

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5. Information Management System

The PBP shall ensure that the existing eye disease registry shall be enhanced to include cataract services provided, and utilization of health financing that are abreast with new technologies.

6. Monitoring and Evaluation (M&E)

The PBP shall develop parameters for monitoring of eye care services and shall define the manner of reporting and use of data for analysis and planning purposes. Periodic assessments shall be conducted for effective and efficient program implementation.

7. Research and Development (R&D)

The PBP shall have a continuing research and development on eye diseases and innovations on eye care in collaboration with research institutions. Research results shall be the foundation for developing evidence-based program interventions and policies.