



August 2016 at LVPEI

Our "Rural Eye Health Programme" which aims to achieve "Universal Eye Health" is a composite of three segments focusing on communities of 5000, 50000 and 500,000 population. The 5000 segment is served essentially by "Vision Guardians", as we call them, with the aim of keeping "an eye on the eye health" of that population segment. This is a volunteer force of health workers or others with some basic education and with intimate knowledge of those communities. At the next level are "Vision Centres" covering a 50,000 population segment. This is a pioneering concept developed by us to provide ongoing high quality comprehensive primary eye care with permanent infrastructure and well-trained human resources. We now have 136 such centres spread in four states, and ten Vision Guardians are connected to each of these centres. Ten such Vision Centres are then linked to a "Secondary Care Eye Centre", covering a population of 500,000. These are comprehensive eye care centres in rural areas where such services are not available, and have well-designed permanent facilities and well-trained human resources. We now have 16 such Secondary Centres in our network. Most of the medical eye care and surgical care for cataract and other problems possible at the secondary level are available in these centres. Such an integrated model of high quality secondary and primary eye care covers 80-85 per cent of the major causes of blindness and vision impairment. In the evolution of this system, the possibility of a Vision Centre getting upgraded to a Secondary Centre, based on the needs and demand, has always been part of our vision. This has indeed become a reality with the first such transformation during this month.

Kapileswarapuram is a village on the banks of river Godavari and in the midst of one of the most spectacularly beautiful farming community. This village has always been very progressive in education, culture, and social development; supported by the generosity and progressive outlook of the family members of an erstwhile *Zamindar* (local aristocrat who governed vast territories in the old feudal system) who hail from that village. A Chartered Accountant friend of our Institute from Hyderabad together with his cousin, a retired Professor of Surgery, who hail from that village, funded a Vision Centre four years earlier. Encouraged by its success, he has now mobilised support to upgrade this into a full-fledged Secondary Centre. At the inauguration were two retired Professors from the prestigious Indian Institute of Science in Bangalore (arguably the best in India); many professionals and businessmen, some from Silicon Valley; and family members of the erstwhile *Zamindar*. This is a classic example of a community meeting its own needs and how such phenomena may prove critical for achieving universal health coverage.

Aravind Eye Care System and our Institute started collaborating a couple of years ago in education and research, with the intention of gradually enhancing it. A symposium on "Diabetic Retinopathy" was organized as part of this partnership, with basic researchers, clinicians and public health specialists from all over India participating, to have a multi-dimensional understanding of the problem. Diabetic retinopathy is one of the major causes of blindness globally. India has a significant burden of diabetes. Rapid escalation of this problem, leading to numerous secondary problems, is a real threat for India. The faculty was drawn from both national and international experts. Both the Institutes are involved in several aspects of research related to addressing this impending crisis. Kim Ramaswamy of Aravind and Jay Chhablani of our Retina group deserve our compliments for organising this.



Yet another continuing education event was on "Refractive Surgery" organised by our Tej Kohli Cornea Institute (TKCI). Over 500 ophthalmologists from India and a few other countries participated with faculty drawn from the US, Europe, Australia, South Korea and India. All the recent advances in various aspects of this field were discussed. The feedback from the participants was very encouraging. Credit goes to Jagadesh Reddy, Pravin Krishna and all the members of the TKCI faculty for conceiving and organising this very successful event.

The expansion of corneal services of TKCI into our rural secondary centres continued with the performance of "Simple Limbal Epithelial Transplant (SLET)" in our centre at Paloncha which serves a predominantly tribal population. This was possible because of the technique developed by Virender Sangwan and Sayan Basu that made such stem cell transplantation possible without the need for an expensive stem cell laboratory. We are delighted that this innovation is now practiced widely across the world.

Talking of innovation, the technology group of our Srujana Centre for Innovation moved into their spectacular new facility inaugurated by the Minister for Information Technology and Industries, Mr. K .T. Rama Rao. Several products are at various stages of development and the collaboration with the MIT Media Lab is continuing to flourish.

Power supply in India continues to be a problem and following our decision to harness solar energy, plans have been finalised to go ahead with installation in all our campuses immediately. We are delighted that we are moving towards achieving "green campuses" across our network that includes the abundant natural greenery in all our campuses.

Several of our colleagues received honors from both national and international organisations during this month. Ramayamma International Eye Bank again crossed the 300 mark in the number of transplantable corneas distributed.

Let me end this month's communication with the inspiring story of Anjaneyulu (Anji), head of our Vision Technicians Education Programme.

One of the most critical components for the success of our primary care Vision Centres (VC) is the quality of Vision Technicians (VT) who staff these. This, in turn, is directly dependent on the quality of education they receive. We are very fortunate that we have the right person in Anjaneyulu, who spearheads this programme. Anjaneyulu, Anji as we all call him, personifies the kind of RIGHT teacher for the RIGHT programme. He grew up in a village and came to us for VT training out of his personal interest. He initially worked as a VT in one of our rural secondary centres for six years. Based on his stellar performance, he was moved to our Hyderabad's Centre of Excellence; where he rose rapidly through the ranks and assumed the responsibility of heading the education programme for VTs and Ophthalmic Technicians. Along the way, he proved to be an excellent clinical optometrist, a great leader and an outstanding teacher. We are delighted that Anji joined the band of stars among our vision technicians who went on to scale great heights in their careers, not limited by their humble rural background and schooling. It is the likes of Anji that make the possibility of universal eye health and universal health look real.

- Gullapalli N Rao