

April at LVPEI

Exploiting the advances in the areas of information and mobile technology to expand the overall reach and improve the quality of health care equitably to all people; and to significantly scale up the human resources in health care through digital and distance education have become a major area of our aspiration for the near term. Several projects are in various stages of planning and implementation in collaboration with appropriate partners. The most recent one was with the ECHO (Extension for Community Healthcare Outcomes) programme of the University of New Mexico Medical Centre (UNMMC). This is an innovative continuing education model that uses videoconferencing to link special teams (hubs) with primary care providers (spokes). In our case, our first programme will be in the area of acute red eye, corneal infections and care of corneal transplant patients. This programme will be headed by Prashant Garg in our Institute. Prashant has attended a workshop on this at UNMMC. Thanks to Al Sommer, Dean Emeritus of the Johns Hopkins School of Public Health, for making this connection for us.

Tumors of the eye and associated structures constitute an important area of activity. For nearly two decades, we have been providing comprehensive care for victims of various forms of eye cancer. During this past year, with support from our long term partner, Operation Eyesight Universal of Canada and the generosity of the Killam family of Vancouver, this service has evolved into an "Institute for Eye Cancer". The childhood form of eye cancer, Retinoblastoma, is most common in India and many such kids need chemotherapy. With support from Mr. Ramesh Prasad, our founding trustee and son of Mr. L V Prasad, the chemotherapy unit is further strengthened with much better infrastructure providing a child friendly environment. Thanks to Mr. Ramesh Prasad and his family for the continuing support to our work. Mr. Dan Parlow, Former chair of OEU inaugurated the new chemotherapy unit. Swathi Kaliki, Head of the Cancer Institute, did an amazing job of putting this unit together that offers the best possible care to those affected by this problem. As we have one of the busiest retinoblastoma volumes, thousands from all over India and a few other countries benefit from this. Congratulations to Swathi and her entire team.

Our Bhubaneswar campus, inaugurated about ten years ago, has been constantly expanding over these years with the addition of a dedicated Children's Eye Care Centre, Education Centre, Research Centre and expansion into rural parts of Odisha with three secondary level eye care centres. The clinical care component will further expand now, thanks to a grant from Mumbai based "Mission for Vision" and the generosity of Mr. Jagdish Chanrai and family, with whom we have entered into an MoU during this month. Both the out-patient and surgical services will be expanded to meet the ever increasing demand. Their support is gratefully acknowledged.

On the main campus in Hyderabad, the Kallam Anji Reddy campus, expansion of education and research facilities is going at a brisk pace. The new facilities of the education centre and the sparkling new Centre for Innovation, "Srujana" in the Pratibha Rao building are ready and made functional this month. This will enable us to offer education to more from all over the world,



employing newer and better methods. Some exciting new products are ready to come out of the innovation centre.

We were delighted about hosting SCALE (Strengthening Capacity & Learning to Effectively Deliver Quality Eye Care) programme, which aims to enhance the capacity of 30 plus hospitals to provide high quality comprehensive eye care services. Six institutions attended this three day workshop. This was conceptualized by SEVA Foundation of the U.S and funded by the "Seeing is Believing" programme of Standard Chartered Bank.

On the rural network front, the number of Vision Centres reached 134 this month.

Let me conclude this month's communication with the story of a seventy year old farmer from a remote village. What started out as a small growth that was neglected for reasons of distance, and then when it led to protrusion of the eye, he was seen at one of our partner secondary centres. An immediate referral to our tertiary centre in Vijayawada where advanced cancer of the eye surface involving the eye was diagnosed and the eye had to be removed. This was the only option to save the life of the patient before the cancer spread to the rest of the body. This is again an example of how relative proximity of a partner secondary centre staffed with well trained professionals, timely referral and appropriate intervention at no cost to the patient, made all the difference and saved his life.

- Gullapalli N. Rao