



August 2019 at LVPEI

As our Rural and Community Eye Health programmes keep expanding, extending into more remote areas, we have been trying to migrate as much of high quality care as possible from tertiary to secondary levels. To achieve this at an affordable cost demands constant innovation. To provide high end diagnostic services for early diagnosis and follow up care, the cost of equipment is often a barrier. To counter this, we have launched a “Mobile Diagnostic Facility” which covers a cluster of Secondary Centres. The vehicle travels to each of these centres and the entire equipment is made available at one centre for a few days before moving on to the other centres and then returning again to the first one in a rotational, fixed schedule. This enables us to avoid travel to tertiary centres for the care of multiple complex problems. This custom made unit was launched this month as a pilot in the state Andhra Pradesh covering four secondary centres. We are optimistic of its success.

While on the subject of secondary centres, we continue to add more. We had the ground breaking for two more centres this month, one in the state of Telangana and another in the state of Odisha. Siricilla is a town of small textile manufacturers in Telangana. The land was allocated by the state government and the funding for the building and equipment is committed by Hetero Pharma, a pharmaceutical corporation in Hyderabad. The dynamic Minister for IT, Panchayat Raj and Municipal Administration, Mr. K T Rama Rao did the honours. He represents this constituency in the state legislature. The second one is in Balasore in Odisha, an industrial and rice growing area. Here again, the land was allocated by the state government at a concessional price and the funding for the building is committed by the Budhrani Trust of Mumbai. Representatives of the Trust were in attendance for the ground breaking. These two centres will be operational by January 2021. These gestures of support from the local governments and the philanthropists is deeply appreciated. These centres will be of immense benefit for the populations around these locations where no good quality eye care services exist at present.

“Quality” has always been our focus and we are pleased that our tertiary care campus in Visakhapatnam (GMR Varalakshmi Campus) has been recertified by the National Accreditation Board for Hospitals (NABH).

Our Boston Lens manufacturing facility, producing a special type of contact lenses, has received ISO 13485:2016 certification from the British Standards Institution. This will now facilitate the export of these lenses to other countries.

A large number of education programmes, both for our own group and some open to all, were conducted this month. These include skills upgradation, continuing education, introductory programmes as well as exit competency ones.

Several in our group have received honours and awards from both National and International bodies and I complement each of them.



“Equitable Health Care” is a challenge all over the world and for countries like India with the degree of economic and social disparities it has, this gets compounded. Our Institute, together with a number of like-minded organizations, launched an effort under “Equitable Healthcare Access Consortium”. During the month, we hosted a panel discussion on “can today’s medical professional be ethical, empathetic, successful and also be satisfied with the job?” Panellists were drawn from many institutions from across the country. This programme was aimed at medical students and physicians in training.

When we can offer our services to someone who is himself a personification of “service”, it is very gratifying. Mr. Karimul Haque, has helped thousands of people in and around his village in the state of West Bengal in seeking timely medical care by ferrying them to hospitals on his bike. He has become “Bike Ambulance Dada” in his area and even the Government of India recognized his work and awarded him the National Honour of “Padma Shri”. He developed an eye problem and was unable to afford treatment offered locally. He sought our services. He was diagnosed to have a retinal problem and appropriate care at no cost was given to him and we are optimistic of a positive outcome. What better way to practice our value of “Equity” than to care for such a living practitioner of this value?

- Gullapalli N Rao