

Speech by KZN Health MEC, Dr Sibongiseni Dhlomo on the occasion of the launch of the NATIONAL CATARACT COALITION PROJECT with the funding of R10 million from Discovery Health (presented by Dr Mandla Mhlongo: Area General Manager)

13 October 2010

Programme Director

It is always a pleasure for all of us to come to this institution that has put in place mechanisms aimed at improving the lot of both its patients as well as its personnel.

I am glad that today we are embracing new partners who will assist us in focusing on what the World Health Organisation recommended as a means to effectively prevent blindness and restore sight wherever and whenever possible.

Programme Director we know it as a fact that ninety percent of the world's blind people live in developing countries and are thus unable to access or afford eye health care. For all these people without exception, blindness brings about an inescapable cycle of disability and extreme poverty. It is also known that cataract is currently the leading cause of blindness worldwide with Africa having a disproportionate amount of people with blinding cataracts. The sad thing is that despite the superior infrastructure in South Africa, our public sector mirrors the reality of the rest of Africa. This is largely due to the paucity of eye care personnel in the public sector and the fact that the private sector is prohibitively expensive to the 80% of the population who solely rely on the public health care for their wellbeing.

Today we are very thankful to Discovery Health for not only their monetary assistance but for their continued involvement and support in combating this debilitating national problem. We are grateful that the beneficiaries for this project are state patients who have been patiently waiting for the cataract operations.

It is with enthusiasm that we welcome this help that will aim at targeting cataract surgery to not less than 40 patients a month as a minimum. We are all agreed that a total of 960 operations in two years cannot reduce the current backlog but can improve vision and impact on those currently blind due to cataract.

We anticipate positive developments as we know that our cooperation is aimed at reducing avoidable blindness through the following actions:

- Support financially to equip Mahatma Gandhi and Vryheid hospital as high volume cataract surgery units
- Assist with provision of additional consumables for surgery
- Continued support in community outreach to sustain the high volume of eye surgery required to impact on blindness on a public health scale in eThekweni and province as a whole

This relationship complements what we started with *International Centre for Eyecare Education*, ICEE in 2007 when they undertook to pilot **Giving Sight to KZN** and made a commitment setting themselves a target of attending to 1 million people by 2010.

This partnership comes at a right time when our challenge in as far as the Cataract is concern still rests with our inability to meet the national targets where we are expected to decrease the backlog of blind people who suffer due to avoidable causes. As government we really do need partners who will work with us in the re-prioritization of cataract surgery services as well as in the promotion and the increase of outreach services.

As a Department we have never shied away from disclosing that we have challenges in the provision of specialized services emanating from:

- Staff shortages
- Budget constrains
- Lack of infrastructure as well as

With the above mentioned shortcomings, it goes without saying that we will always have:

- dissatisfied patients
- uncoordinated services and
- frustrated workers

We remain thankful for all the assistance that we receive, hoping that all our partners will work together especially the:

- ICEE for Refractive and Low Vision services through Giving Sight for Africa project;
- Red cross Air mercy services responsible for transportation of Ophthalmologists and Optometrists to various hospitals

As a Department we commit to make things easier for seamless cooperation as well as in increasing awareness on healthy lifestyle that will result in more people coming forward for screening particularly on glaucoma.

With the partnership forged, we feel that we are more than ready to achieve the norms set by the World Health Organisation where we are expected to undertake the following:

- Provide screening services
- Provide refractive services
- Provide cost-effective correction devices e.g. glasses

- Establish the appropriate referral channels

Today we leave this institution knowing that we can be bold in giving out messages to the population at large that say:

- All people with chronic diseases such as **Diabetes and hypertension** should have their eyes tested every six months
- **All people above the age of forty** must have their eyes examined for near vision.
- **That people should avoid trauma to their eyes, izingozi, nokulwa kanye nangokudlala**—as eyes cannot be replaced.
- Children must be taken for check-up when complaining of eye problem.

With confidence we can caution that visual disability has a potential for far-reaching social, economic and quality of life implications for the affected individuals, their families and communities –this because we know that help is at hand.

Kuwo wonke umuntu sithi masiqikelele ukuphepha kwamehlo ethu, abazali bafunele abantwana usizo uma bekhelaza ngamehlo. Masazi ukuthi amehlo ayisitho esibucayi.

I thank you.