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Editorial

Reality in a Pandemic

Ozy L. Okonokhua OD, FNOA

President, Nigerian Optometric Association

Imuse288@gmail.com

Department of Medical and Diagnostics,
Health and Human Services Secretariat Abuja

As the whole world lies prostrate, completely at a loss as to the very next thing to expect from a foe that is so deadly but so miniscule that it is invisible to the naked eyes, mankind has turned a bend for which it was least prepared. This sharp bend took the most meticulous and overly cautious amongst us unawares, even the doomsday preppers did not see this one coming.

At dawn of the year 2020 – a strategic year in eye care which marked the end of VISION 2020: The Right to Sight Initiative, the world was greeted with the outbreak of a new strain of coronavirus and was aptly described as coronavirus disease (COVID-19) with 19 designating the year it was first reported. The outbreak was first reported in Wuhan Province, China and soon spread to practically every country of the world. The first case in Nigeria was reported on 24 January 2020, when a visiting Italian businessman tested positive for the virus. This led to the activation of the country's National Coronavirus Emergency Operation Centre by the Federal Government. As the country continues to experience steady increase in the number of confirmed cases, the different levels of government have taken proactive steps to curtail the spread of coronavirus throughout the country. The Federal Government through the Presidential Task Force (PTF) on Covid 19, restricted movements within and between states, and the society observed a partial lockdown in response to the pandemic. Current evidence suggests that the implementation of outbreak response strategies for COVID-19 can limit the disease. However, these situational responses affect businesses including their interactions with relevant regulators/professional bodies causing the Government to respond through the Nigerian

National Assembly's Emergency Stimulus Bill, the Central Bank of Nigeria's policy measure which dedicated its credit facility to develop the health sector. The resulting stimulus packages were meant to inject some life into the nation's economy which suffered a huge setback due to the Lockdown.

Optometry in Nigeria was hit by the wave of the sudden spread in the infection of the Nigerian population as a number of eye clinics were shut during the nationwide lockdown with consequent loss of income. The Nigerian Optometric Association (NOA) released a National guideline for the provision of Optometric Services in the Country using the guidelines provided by the World Council of Optometry (WCO). The Optometry profession has since witnessed a resurgence of service provision in almost all the Optometry centers across the country.

Unlike some businesses and occupations considered as essential services, most Optometry clinics discontinued operations during the lockdown denying many patients—particularly those in need of emergency care or receiving routine injections for management of blinding eye diseases such as diabetes macular edema and glaucoma—access to eye care. Optometrists, like other eye care practitioners may be susceptible to infection due to close patient proximity during examination such as Ophthalmoscopy, slit lamp examination, applanation tonometry and the potential contamination of instruments; however, medical visits related to systemic and ocular disease or injury where there is significant risk of permanent vision loss because of any postponement of care, as determined by the Optometrist, are considered essential visits.

To accentuate the role of optometrists and other eye care practitioners, the NOA supported a knowledge, Attitude and Practices (KAP) survey of Eye Care Practitioners in Nigeria. The goal was to generate data to support advocacy and policy formulation by relevant stakeholders. The result of the survey has been published and given the support of the NOA, the published result is made available to NOA members at no cost.

For the first time in the history of NOA, the constitution was put to test when faced with the onerous task of determining the way forward in the light of the effects of the global pandemic. As the 2020 AGM would have provided the opportunity to elect a new executive committee for the NOA, the cancellation of the 2020 AGM due to the COVID-19 pandemic, presented a test of our constitution in terms of the change in leadership of the NOA. In the words of John C. Maxwell, “Leaders become

better leaders when they experience a defining moment and respond to it correctly.” This was the guiding principle behind the decision of the National Executive Council to transmit powers to the Board of Trustees (BoT) of the Association and saddle them with the responsibility of guiding the Association through the period that the NEC would not be in session till July 2021 as stipulated in our constitution.

The year 2020 has not been all gloomy. The NOA was actively involved in the development of some vital policy documents that will impact positively on eye care delivery in Nigeria. These are the National Eye Health Policy and the National Policy on School Eye Health, the Treatment guidelines for the delivery of Child Eye health services in Nigeria, amongst others. I encourage every member to get a hold of these policy documents and work to ensure that the objectives of the documents are achieved.

Conclusion

As we continue to contend with the novel coronavirus, let me implore colleagues to continue to imbibe the prescribed practices aimed at curtailing the spread of the infection – practice safe distancing, regular hand washing, wear face masks, face shields and where possible avoid crowded gatherings.

We shall overcome!

Further Readings

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