

Eye care in South Sudan

The World Health Organization action plan of 2014-2019 focused on encouraging member regions/countries to play a role in reducing avoidable visual impairment and securing access to rehabilitation services for the visually impaired. Moreover, member countries are urged to integrate eye care services into the health system at all levels.

The leading causes of blindness in South Sudan are cataract, trachoma, glaucoma, and onchocerciasis. Other eye conditions include allergic conjunctivitis and refractive errors. There is variability in the pattern of eye diseases in South Sudan. From the outreach activities conducted mostly by the Ophthalmological Association of South Sudan (OASS) across the country, cataract is the leading cause of blindness in all the three regions. The second leading cause is glaucoma in Greater Bahr El Ghazal, trachoma in the Greater Upper Nile and onchocerciasis in some parts of Greater Bahr El Ghazal and Equatoria regions. Some areas in Greater Equatoria (Eastern and Central) have high a prevalence of trachoma.

To reduce these burdens, the Ministry of Health at national and state level has created tertiary and primary centres for eye care services namely: Buluk eye centre (Juba), Juba Teaching Hospital eye department, Wau Teaching Hospital eye department, Rumbek state hospital eye department, Martha eye clinic (Yei), Lui county hospital, Ave Maria eye clinic (Nzara county hospital), Nimule county hospital, Kapoeta Mission hospital, and Torit state hospital. There is just one rehabilitation centre for blindness. However, there are seven centres for refraction (all in Juba). There is one institute of ophthalmology for middle cadre training.

Outreach activities sponsored by the Ministry of Health and different supporting partners, assisted by OASS successfully conducted over 11,000 cataract surgeries (which helped to restore sight), and over 2,000 trichiasis lid surgeries (which helped to reduce blindness due to cornea opacities) across the country in areas whose population could not access eye care services in a nearby locality. Other partners participated in implementing mass drug distribution with ivermectin to reduce the burden of onchocerciasis. Currently there is an ongoing trachoma survey in endemic areas.

For a better eye care services in the country, I recommend the following:

- Annual financial support for outreach activities to areas which cannot access eye care services and which have a high burden of avoidable and treatable blindness.
- Encourage more partners to invest and support the national eye care services directorate in the national Ministry of Health.
- Integrate eye care services into the health system at all levels
- Financial support to the Institute of Ophthalmology in order to increase more human resources for eye care.
- Promote cost-effective integrated eye camps that involve service delivery teams (cataract surgery and trichiasis eye lid surgery) and other eye campaigns (trachoma survey, mass drug distribution, etc.) in order to enhance the uptake of these activities.

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