

**REVIEW OF THE PROVISION  
OF EYE CARE SERVICES IN  
IRAN BY USING THE**

**WHO EC SAT**

2015 (2018 UPDATE)

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## Review of the Provision of Eye Care Services in Iran by Using the WHO ECSAT 2015 (update 2018)

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- Text in grey are of ECSAT template
- Developed text are in black

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# Preface and Technical Summary

## *ECAST*

Periodic review of the performance of a healthcare system is a necessary step. WHO has developed a thematic framework for an objective and comprehensive survey named: Eye Care Services Assessment Tool (ECSAT). A resourceful team of our experts conducted this analysis of eye healthcare system in collaboration with WHO Eastern Mediterranean Regional Office.

## *Iran ECSAT Report*

This report will serve as a reference and resource for priority setting, policy making, 'Request for Proposals', and revision guide for the national plan for the prevention of blindness. Results of such exercises through standardized tools make the within- and across-countries-comparisons possible. We will gladly share this valuable analysis with our international peers and seek their expert opinion.

The ECSAT survey revealed the following gaps and opportunities:

### *Gaps*

NGOs activity and eye health journalism; evidence on equity (in terms of eye workforce distribution), childhood blindness, visual disability, and rehabilitation; inter-sectoral collaboration among MoHME five major units that have potential or actual role in eye health and with State Welfare Organization; other national health priorities detract attention from prevention of blindness and the limited eye health resources (budget and administrative); insurance coverage for refractive service (optometry reimbursement and spectacles); rehabilitation services; inequality in workforce distribution; governmental primary eye care system; lack of an interoperable national information system (e.g. on cataract surgery and disaggregated, centrally collected data on eye health); cataract surgery audit; and inadequate health seeking behavior.

### *Opportunities*

Establishment of a consortium of governmental, academic, professional, NGOs and private sector with an established track in eye health; focus on non-communicable eye diseases and exploitation of current NCD priority status (NCD focus); optimal workforce and educational capacity for enforcement of equitable geographical distribution; optometry reorientation; teleophthalmology and mHealth for diabetic retinopathy, ROP, and self-eye-care; and the respective initiatives by municipalities.

### PEC "PHC for Vision"

We recognize Primary Eye Care integration as the key developmental initiative. It is compatible with the global trend which considers PEC as the centerpiece to achieve the Universal 'Eye' Health –targeted in WHO Global Action Plan 2014-2019.

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**National Coordinator for Eye Health and Prevention of Blindness; and Trachoma Control**

*We stand by the Prevention of Blindness, Restoration of Vision*

*Promotion of Eye Health & Rehabilitation of People with Visual Impairment*

### P.S. ECSAT Critique

We recommend the updated version of the tool (WHO-ECSAT) to make explicit reference to occupational eye health, ocular trauma, and (eye) health literacy and education as well as healthy life style and eye-self care. Direct assessment of NCEDs, NCDs, their risk factors, and integrative measures with WHO PEN as well as STEPS are recommended. Same is applicable to trachoma TRA, trachoma mapping, and surveillance, as well as diabetic retinopathy including WHO TADDS. While the section on 'gaps, requirements and proposed actions' is very relevant, we recommend 'opportunities' be added. For further information, please refer to the Executive Summary (Appendix 3) and Appendix 4.