

Short Commentary on 'Changing Patterns of Cataract Services in North-West Nigeria: 2005-2016'

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Commentary

The article 'Changing patterns of cataract services in North-West Nigeria: 2005-2016' [1] reported on cataract surgical services in the Sokoto state Nigeria. Cataract is the leading cause of blindness and the second leading cause of moderate visual impairment (MVI) globally [2]. Studies from different WHO regions have demonstrated changing indices of eye care services as a consequence of the VISION 2020: The Right to Sight [3]. Such studies are therefore a welcome contribution to global data on the eye health as currently recommended in the GAP by the WHO [4].

The article compared indicators for cataract surgical services from two studies conducted 11 years apart in a health zone covering 6 of 23 districts of the Sokoto state. The authors report a change in the prevalence of cataract blindness in persons 50 years and over, from 5.2% (95% CI: 3.1, 10.1) in 2005 to 2.1% (95% CI: 1.5, 2.7) in 2016. The cataract surgical coverage for eyes with cataract causing <6/60 acuity (CSC<6/60) from 7% in 2005 to 62% in 2016. The study reported a reduction in the proportion of eyes that had couching (traditional operation for cataract) from 87.5% in 2005 to 45.8% in 2016. The cataract surgical rate (operations per million populations per year) increased from 272 in 2006 to 596 in 2014. The visual outcome after modern cataract surgery (pseudophakia) in 2016 was good in 58% of the eyes with available correction and 69% with the pinhole correction.

The study had the limitation of a small sample size for the 2005 data as this was extracted from an all-age data representing the entire 23 districts in the Sokoto state. However,

despite the wide confidence interval in the 2005 estimates, the changes are still significantly different from the 2016 study.

Although the study findings represent an improvement in the quantity and quality of cataract surgical services, the coverage shows that there are still challenges to overcome if the goals of VISION 2020: The Right to Sight are to be achieved. The improvements in the number of the workforce and the hospital facilities providing cataract surgery is still inadequate to address the needs of the population. The high proportion of couching that still takes place in the rural areas is the alarming despite legislation to curb this harmful traditional practice. The services need to be delivered close to where the population lives. More ophthalmologists need to be trained and redeployed to the general (district) hospitals that are more accessible to the rural population. The sustainable development goals (SDGs) present an opportunity to integrate cataract and the eye care services generally in the local agenda for the development.

References

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