

PERSPECTIVE**NEONATAL AND CHILDHOOD EYE HEALTH: NEED FOR IMMEDIATE/
INNOVATIVE CHANGE IN ETHIOPIA**Sadik Tajü Sherief, MD^{1*}, Wöndu Alemayehu, MD, MPH², Aida Abashawl MD, MPH²

As in many low and middle-income countries, child eye health is a significant public health problem in Ethiopia; a country in which children under 15 years of age constitute about 50% of its population. It is a known fact that the causes of childhood blindness and visual impairment are different from adults and many are preventable at community level, and blinding conditions can also increase child mortality. Loss of vision can have huge repercussions on a child's quality of life. Surviving children are subjected to large numbers of "blind years" and/or lazy eye (amblyopia) that "shuts off" with permanent loss of vision if not identified early and get treated. (1).

Globally, 19 million children, are estimated to be visually impaired. (2). Approximately 75% of blind children live in low-income countries. Almost half of blindness and low vision in LICs is due to avoidable causes such as corneal scarring from measles infection, vitamin A deficiency disorders, use of harmful traditional eye remedies, ophthalmia neonatorum and cataract (3)

According to the national survey of blindness and low vision, of 2006, the prevalence of childhood blindness is 0.1% accounting for over 6% of the total blindness burden in Ethiopia. (4) A cross-sectional population-based survey in Southwest Ethiopia revealed lens related abnormalities (mainly congenital Cataract) were the leading causes of blindness. (5) A hospital based cross-sectional study of childhood ocular morbidity showed conjunctivitis, ocular trauma and refractive errors were the most common conditions encountered (6)

Regarding the huge problem of uncorrected refractive error (URE); farsightedness can lead to strabismus (squinting), such as crossed eyes, for which surgery may be required. Untreated strabismus can lead to amblyopia and/or lazy eye. Nearsightedness, also called myopia, can be completely corrected with glasses in most cases. Astigmatism often causes blurred or distorted vision at all distances. Like nearsightedness and farsightedness, astigmatism can be corrected with glasses. (6-8)

Childhood blindness is a significant contributor to the the global economic burden of blindness and disability-adjusted life years. Good primary health care and personnel trained in primary eye care are essential for the control of blindness in children (9). Trained human power is the key to control avoidable childhood blindness and low vision. Shortage of skilled trained manpower in the field of pediatrics and strabismus Ophthalmology is the bottleneck for child eye health in Ethiopia.

Robust plans to work in collaboration with the MOH, MOE's universities' departments of Ophthalmology and pediatrics, and other stakeholders should be developed and implemented. These activities would include training of pediatricians, residents, nursing staff as well as health professionals at health facilities in rural and urban settings. Early detection and prompt treatment and/or referral of neonates with Retinopathy of Prematurity and children with ocular disorders, at base and rural outreach sites, are essential to avoid lifelong visual impairment. Establishment of centers and strengthening a referral system between pediatric and ophthalmology services is highly critical.

Data gathering, analysis and reporting must be a key focus in order to generate information on common eye diseases and examine the challenges and opportunities in integrating eye health in general health/pediatric care. Curriculum and policy development at Ministries of Health and Education; Universities and Faculties; professional societies such as the Ophthalmological Society of Ethiopia and Association of Pediatricians is of paramount importance.

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