Education has the potential to change individuals’ lives and fuel social transformation. There is a strong link between children’s health, including their visual health, and the quality of their learning and achievement at school. This, in turn, affects children’s future quality of life and economic productivity. School eye health programmes provide a unique opportunity to deliver comprehensive eye health services to school-going children.

The World Health Organization (WHO) reports that 43% of all visual impairment is due to uncorrected refractive errors. This amounts to 122.5 million people, 12 million of whom are children.1 A recent study demonstrates that programmes for the detection and treatment of uncorrected refractive error (URE) among school children are highly cost effective.2 Comprehensive school eye health programmes are not just about URE, but can also have a positive impact on locally endemic diseases such as vitamin A deficiency or trachoma. School eye health programmes should also include identifying and referring children with other eye conditions such as strabismus or lens opacities. Health promotion and education in schools can reduce the spread of epidemic diseases.

What is comprehensive school eye health?

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School eye health programmes have the potential to change the lives of school children and their teachers by detecting eye conditions and ensuring access to quality eye care. Health education delivered at schools also has the potential to reduce eye disease and visual impairment in the future. Comprehensive programmes should be undertaken in collaboration with ministries of health and ministries of education, and need to be monitored and evaluated to ensure they are a good use of resources and bring about positive change. Guidelines have recently been produced to help plan, implement, monitor and evaluate school eye health programmes.

What is comprehensive school eye health?

Hasan Minto and May Ho

Developing better strategies for school eye health screening in India

Priya Adhivesha Reddy and Ken Bassett

Improving spectacle wear in school children

Priya Morjaria, P Dinesh Raj and GVS Murthy

Use of ready-made spectacles in school eye health programmes

Priya Morjaria

Helpful developments and technologies for school eye health programmes

Priya Morjaria and Andrew Bastawrous

Children’s myopia: prevention and the role of school programmes

Catherine L Jan, Clare Szalay Timbo and Nathan Congdon

TRACHOMA: How schools can help to build healthy, productive lives, free of trachoma

Jauoud Hammou, Abebaw Kebede and Gardachew Tiruneh

EQUIPMENT: Understanding and looking after a retinoscope and trial lens set

Ismael Cordero

Questions and answers on school eye health

Announcements and resources

KEY MESSAGES
There has also been a lack of standard approaches to screening, referral, prescribing, dispensing and follow-up, and most programmes do not address the eye health needs of teachers. Many of these topics are addressed in the new Standard Guidelines for Comprehensive School Eye Health Programmes.3

Another challenge is the inadequate monitoring and evaluation of school eye health initiatives. This can lead to inefficiencies, with poor assessment of outcomes and impact.

There is evidence that a high proportion of children given spectacles do not wear them for a range of reasons, many of which could be minimised or overcome by educating parents, teachers, the children affected and their peers. Spectacle wear can be increased by dispensing spectacles only to children who really need them (see article on p. 31) and by ensuring that comfortable, cosmetically acceptable spectacles are provided free or at a minimal cost. Several of these topics are addressed in this issue.
Components of a comprehensive school eye health programme

An ideal school eye health programme should be integrated into the broader school health programme and encompass the following:

**Screening, referral and treatment**
- Correction of refractive error and provision of affordable, durable spectacles that are comfortable and look good.
- Identification and referral of children with other causes of visual impairment.
- Identification, referral and treatment of common eye complaints in children, e.g. conjunctivitis.
- Identification and referral of teachers with visual impairment.
- Provision of reading spectacles for presbyopia in teachers, if required.

**Health promotion and education**
- Health education to prevent locally endemic diseases in children, e.g. face washing to promote a clean face to prevent trachoma and/or good nutrition to prevent vitamin A deficiency.
- Promoting a clean, safe and healthy school environment, e.g. growing vitamin A-rich foods in a school garden, collecting water for face washing and avoiding games with sharp objects.
- Encourage children to take eye health messages home. They can act as ‘case detectors,’ identifying people in their community who need eye services. See www.childtochild.org.uk for more information.

This health education component of school eye health should be delivered by qualified eye care professionals, such as nurses or clinical officers, at a level that children can understand. The purpose of health education is to increase children’s knowledge about the eye, how it works and what can go wrong (in simple language), and to tell them how they can keep their own eyes healthy. Ideally, this should be an integral component of the school curriculum.

Figure 2 Different approaches to screening and service provision in school eye health programmes

<table>
<thead>
<tr>
<th>Activities</th>
<th>Who can do this and where? Advantages (+) and Disadvantages (−)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHECK: Screen vision using one row of optotypes (p. 30, Fig. 1) AND FAIL?</td>
<td>Teachers trained to screen visual acuity and to screen for abnormalities OR Community health worker or school nurse trained to screen OR Optometrist or other trained eye worker to screen</td>
</tr>
<tr>
<td>CHECK: Simple eye examination to detect abnormalities FAIL?</td>
<td>Child referred to nearest eye clinic for refraction OR Refraction by optometrist in the school</td>
</tr>
<tr>
<td>DO: Refraction of children who fail vision screening</td>
<td>+ Uptake can be low</td>
</tr>
<tr>
<td>CHECK: Can the vision problem be corrected using spectacles? NO?</td>
<td>Ready-made spectacles dispensed immediately in school OR Spectacles made up by dispensing optometrist and then delivered to school</td>
</tr>
<tr>
<td>Detailed eye examination to diagnose (and treat) the condition</td>
<td>+ High proportion receive spectacles − Larger inventory needed in schools</td>
</tr>
<tr>
<td>Child referred to nearest eye clinic for examination and management OR Examination and treatment by an eye health professional in the school</td>
<td>− Uptake can be low</td>
</tr>
<tr>
<td>+ Uptake higher − May still need referral to an ophthalmologist for management</td>
<td></td>
</tr>
<tr>
<td>+ Provide high quality + Minimal training − Prevenst them from providing other services − Expensive</td>
<td></td>
</tr>
<tr>
<td>+ Can provide high quality + Fewer to be trained − May not be available</td>
<td></td>
</tr>
<tr>
<td>+ High proportion receive spectacles</td>
<td></td>
</tr>
<tr>
<td>− Uptake can be low</td>
<td></td>
</tr>
</tbody>
</table>

Paying attention to lessons is a lot easier if you don’t have to struggle to see.

PAKISTAN
Service delivery
It is desirable that the ministry of health provides financial support for programmes, including the provision of spectacles. If this is not possible, the average cost of refraction and spectacles should be kept affordable for parents.

Lack of trained eye care professionals is a major challenge in many low-income settings. The key to a successful programme is well trained and dedicated eye care personnel with clearly defined roles and responsibilities. There are several different approaches to delivering school eye health programmes; which approach is adopted largely depends on the personnel available (see Figure 2).

Ideally, refraction, prescribing and dispensing should be done in schools, as this improves children’s access. If this is not possible, the next best approach is for refraction and prescribing to be done in the school, with dispensing outside: each child selects the frame they prefer in the school, and the local eye unit makes up the spectacles which are then taken back to the school.

Low power spectacles should not be provided, as they are unnecessary and will not be worn. This is a waste of resources and the programme is open to exploitation through unscrupulous prescribing. The article on p. 31 recommends prescribing based on improvement in visual acuity rather than the refractive error.

Young children do not have a well-developed bridge to their nose, and spectacle frames for children must be selected and fitted carefully. They must be cosmetically appealing, comfortable and robust enough to withstand normal wear and tear. The lenses must be able to withstand impact. Glass lenses should not be used. Plastic lenses are light, but can become scratched and should be replaced if badly scratched.

Follow-up
The success of any programme depends on follow-up. Resources should be allocated to this and systems put in place to follow up all children who fail vision screening or who are found to have an eye condition. Follow-up may be needed after referral for refraction, to obtain spectacles, or for an eye examination at the local hospital or vision centre. Accurate and efficient record-keeping is essential, both by those who are screening and referring and those who are receiving referrals.

New guidelines
The document Standard Guidelines for Comprehensive School Eye Health Programmes has recently been released. It provides details on how to plan, implement and monitor school eye health programmes. It is hoped that the guidelines will help to standardise school eye health programmes globally.

References

Resources
Online course based on the Standard Guidelines for Comprehensive School Eye Health Programmes (free). https://academy.brienholdenvision.org/courses/school-eye-health