

COMPREHENSIVE EYE CARE PROGRAM (CECP)

A Collaborative Model for Accessible and Inclusive Eye Care

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CONTEXT

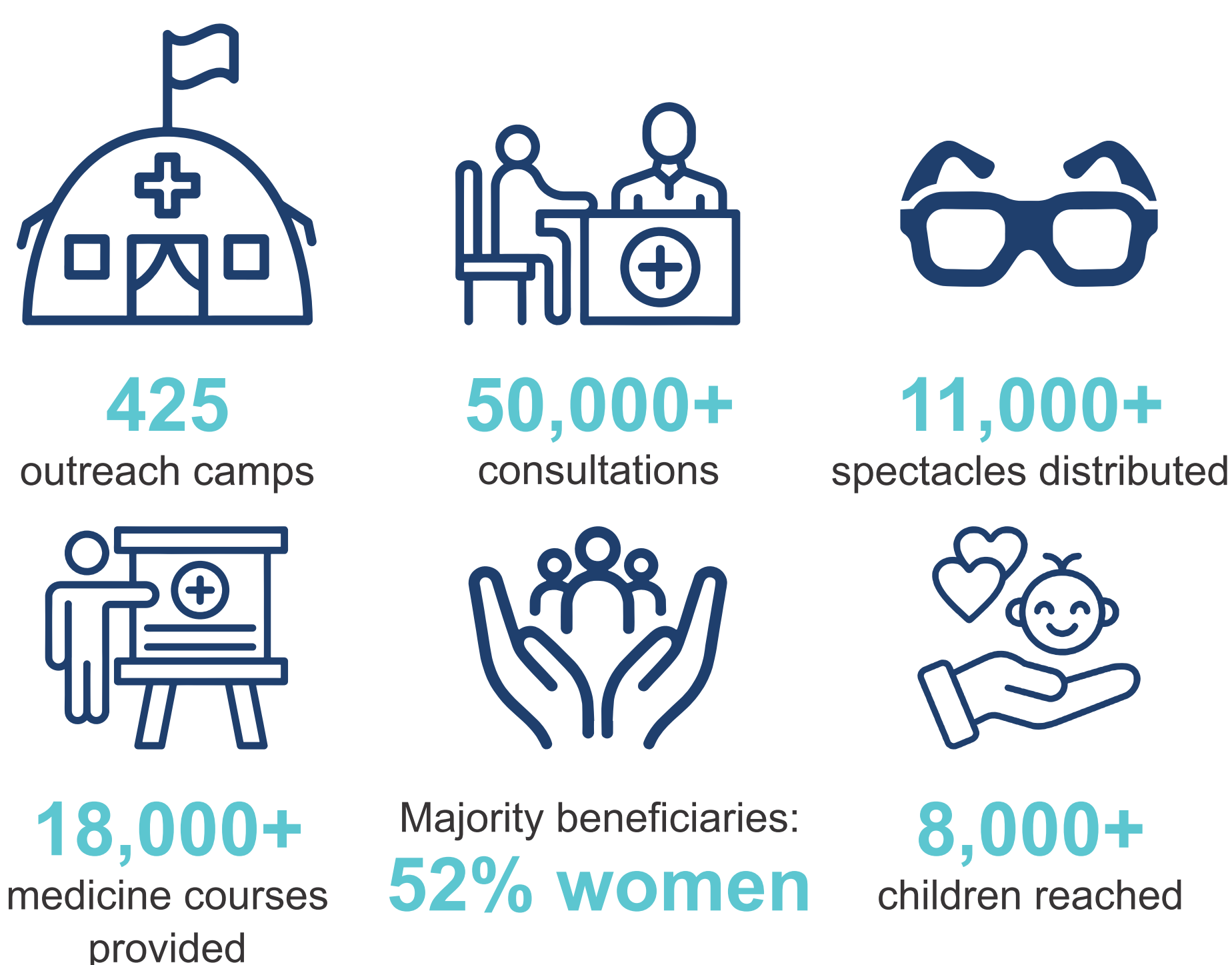
- Communities in low-resource urban and rural areas in Pakistan face major barriers to eye care, including cost, distance, lack of escorts, fear of surgery, and limited quality services.
- Over 26 million people live with vision impairment, nearly 80% of which is avoidable—disproportionately affecting women, persons with disabilities, and rural populations.⁽¹⁾
- Limited health system coordination, as noted in the World Report on Vision (2019),⁽²⁾ restricts equitable access to care. The need for integrated, people-centered eye care is further emphasized in Pakistan's National Integrated People-Centered Eye Care (IPEC) Plan 2020–2025, which prioritizes strengthened primary care, referral systems, and cross-sector collaboration.⁽³⁾
- To address these gaps, the University of Lahore in collaboration with Al Baseer Foundation developed a collaborative model to improve access and service delivery.

INTERVENTION

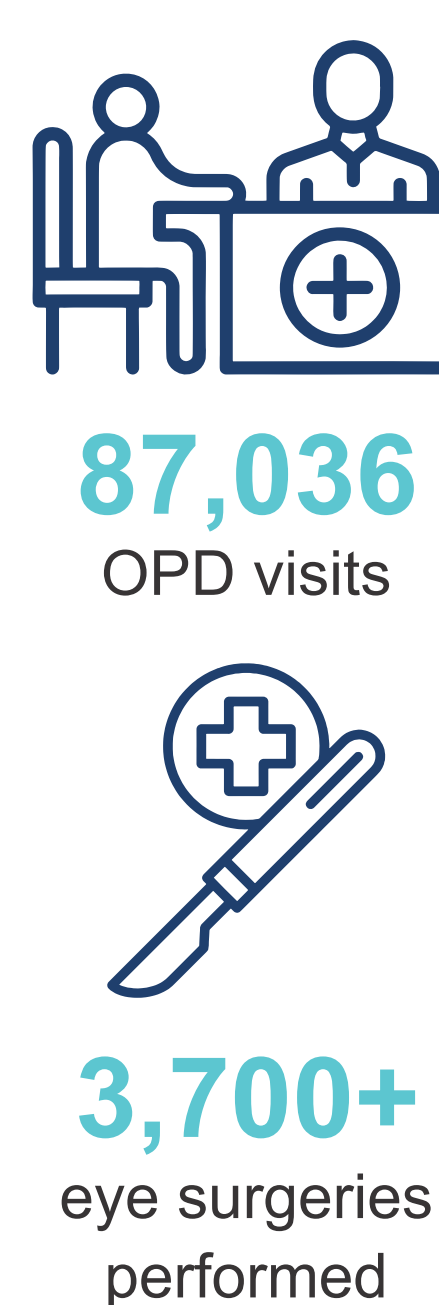
- Program Establishment**
University of Lahore + Al-Baseer Foundation
Tertiary hospital-based model (Lahore)
Public health coordination
- Service Expansion**
Pediatric | Retina | Glaucoma | Low Vision | Cornea & Diagnostics
- Integrated & Primary Eye Care Service Delivery**
 - Community-level vision screening and basic eye care through outreach camps.
 - Early detection and referral of complex cases (community → hospital)
 - Outreach screening and surgical camps for expanded access
 - Free and subsidized services to reduce financial barriers
- Capacity building & Awareness**
Training health workforce
Community awareness & education

OUTCOMES

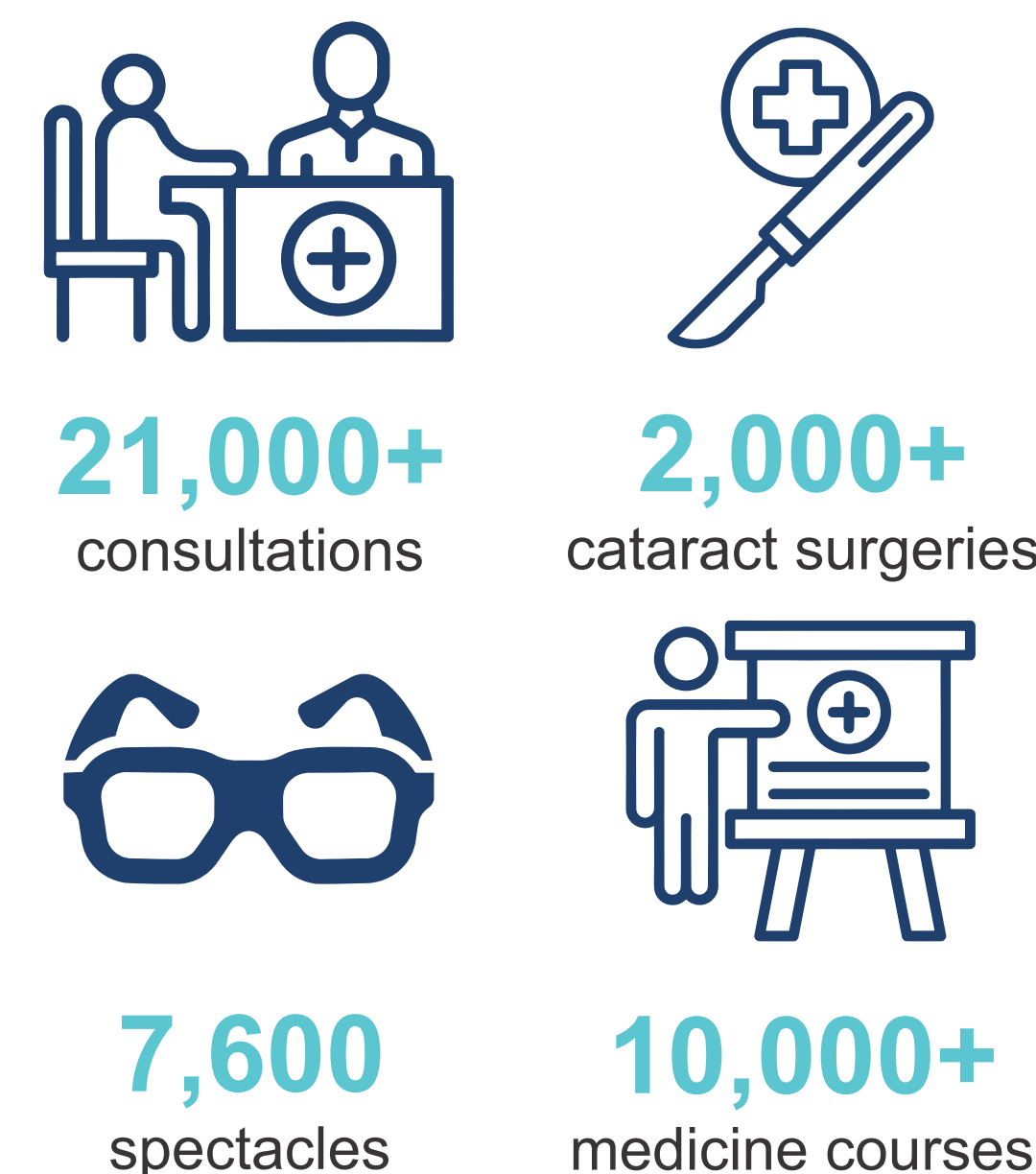
Local Impact (Lahore | 2020–2025)



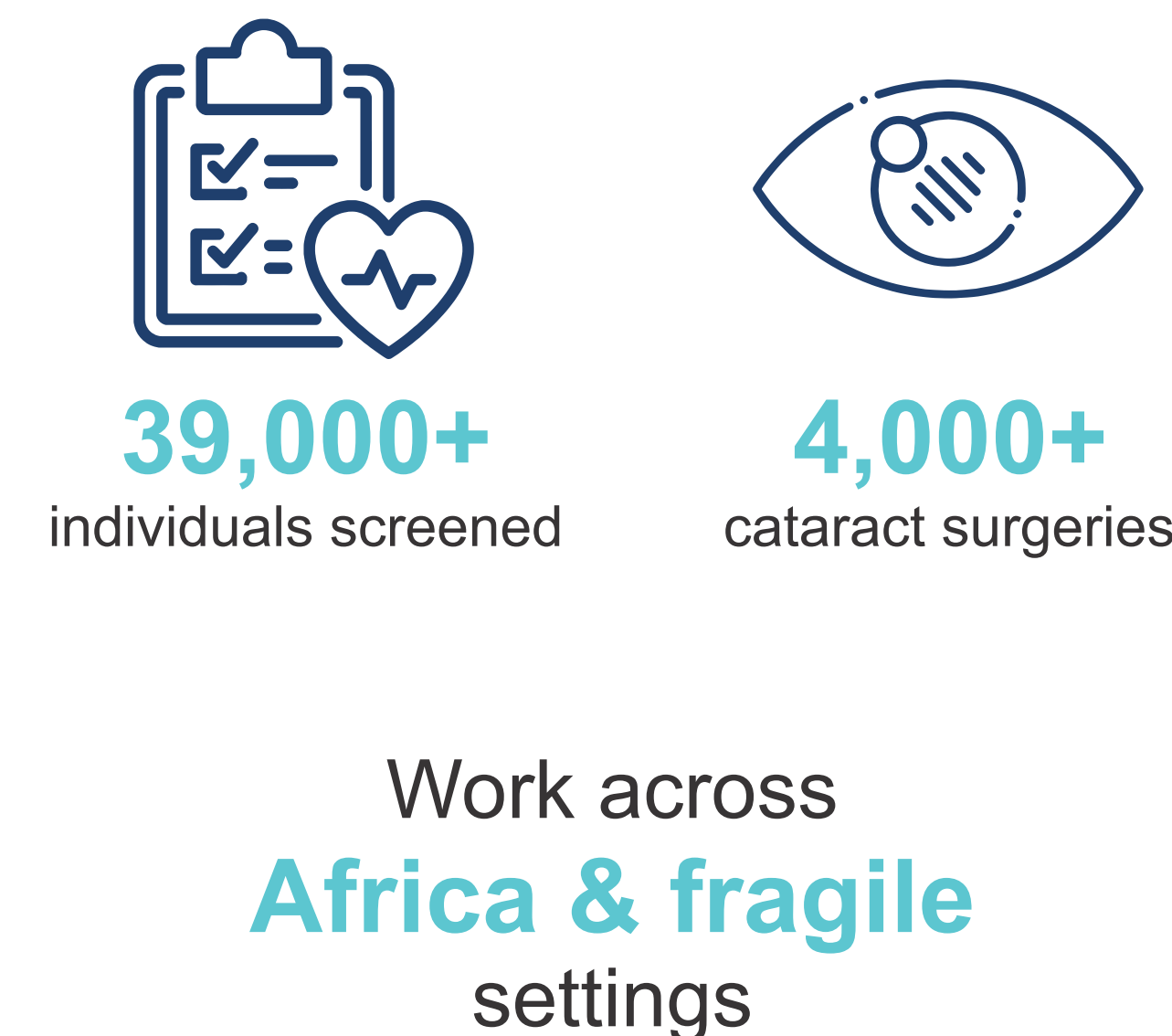
Hospital Services



National Impact



International Impact



CONCLUSIONS

This collaborative model addresses key financial, geographic, and service delivery barriers to eye care. By linking community, outreach, and hospital services, it improves referrals, strengthens continuity, and expands access to comprehensive care.

The model aligns with Pakistan's National IPEC Plan (2020–2025) by supporting coordinated, people-centered eye care across all levels.

Sustainability is driven by:

- Institutional integration within an academic setting (University of Lahore)
- Capacity building of the local health workforce
- Cost-reduction strategies (free/subsidized services, spectacles, medicines)
- Strong referral linkages between community and hospital care
- Long-term academic–not-for-profit partnership

DISCLOSURE

The authors declare no conflict of interest.
Program implementation supported through collaborative institutional partnerships.

KEY INSIGHTS

- Multi-level implementation addresses diverse access barriers.
- Linking outreach with hospital services, alongside primary eye care integration, ensures early detection, timely referral, and continuity of care.
- Spectacles and medicines significantly reduce out-of-pocket expenditure.
- Academic–not-for-profit partnerships enhance scalability and sustainability.
- Embedding inclusive eye health strengthens long-term health systems.

KEY TAKEAWAY

Integrated, people-centered eye care models—linking primary, outreach, and hospital services—can deliver equitable, scalable, and sustainable eye care, aligned with national health priorities.

REFERENCES

- Vision Atlas, International Agency for the Prevention of Blindness
- World Health Organization. World Report on Vision. 2019
- Government of Pakistan. National Integrated People-Centered Eye Care (IPEC) Plan 2020–2025