REVISED PAO MISSION IMPLEMENTING GUIDELINES:
OCTOBER 2007

PREAMBLE

Whereas the Philippine Academy of Ophthalmology (PAO), in its desire and responsibility to fulfill its role in the cause of sight preservation and prevention of blindness in an orderly and organized manner, and recognizing the following basic assumptions and general statements:

1. The welfare of the patient takes precedence over everything else.
2. Every Filipino has the basic right to quality eye health care.
3. The PAO accepts the World Health Organization (WHO) Vision 2020 Program, its goals and objectives and is committed to work for the success of this program.
4. The PAO recognizes the National Committee on Sight Preservation (NCSP) as the national group of organizations advocating policies concerning sight preservation in the Philippines.
5. The problem of blindness cannot be solved by one organization alone but requires a constant cooperative organized effort among multisectoral partner agencies and organizations all the way down to the local community level.
6. The long term solution to the problem of blindness is the setting up of proper eye health care systems in local communities which should be accessible, affordable, of good quality and provided by properly trained local ophthalmologists / eye health care personnel.
7. Missions are not the solution to the problem of blindness. They are only stopgap measures until local eye health care systems can be strengthened.
8. Conduct of missions must not compromise development of local eye health care systems and providers, but should support, strengthen and help them to grow.
9. The PAO recognizes the framework of the local committees of sight preservation and will attempt to work within this system.
10. The PAO adheres to the concept of My Community My Responsibility, where local ophthalmologists should participate in the strategic planning in its Chapter and take the moral responsibility of treating the indigent blind population in their community.
11. Indigent patients are defined as those patients who cannot afford to pay for medical services and whose condition has been neglected because of their financial condition.
12. Every locality in the country has indigent blind patients.
13. Quality of cataract surgery takes precedence over quantity, but quantity must nevertheless not be neglected.

Therefore, after consultation with members, partner agencies and organizations alike, adopt the following Cataract Mission Implementing Guidelines to serve as a framework to facilitate the coordination and the orderly conduct of missions in the country, of which we agree to abide to the best of our capability.

Franklin P. Kleiner, MD, FPAO
Chairman, Committee on Sight Preservation
Councilor, Executive Council
Philippine Academy of Ophthalmology

Ma. Dominga B. Padilla, MD, FPAO
President
Philippine Academy of Ophthalmology

PAO Chapter Presidents (2006-2007):

Rollo C. Milante, M.D.
Bicol Chapter

Crisostomo Serrano Jr. , M.D.
Southern Mindanao Society of Ophthalmology

Jose Oliver T. Yu, M.D.
Central Visayas Society of Ophthalmology

Stephen T. Sowy, M.D.
Southern Tagalog Society of Ophthalmology

Raoul Paolo D. Henson, M.D.
Central Luzon Society of Ophthalmology

Mary Katherine R. Francia, M.D.
Western Visayas Academy of Ophthalmology

Jessie C. Baltonado, M.D.
Eastern Visayas Society of Ophthalmology

Eduardo R. Martin, M.D.
Cagayan Valley Chapter

Santiago D. Mercado Jr. , M.D.
Northern Mindanao Society of Ophthalmology & Otolaryngology

Ronaldo A. Paraan, M.D.
Northwestern Luzon Chapter

MANIFESTO OF SUPPORT

We, agencies and organizations active in the cause of sight preservation and prevention of blindness do recognize and support the 2007 Cataract Mission & Implementing Guidelines as proposed by the Philippine Academy of Ophthalmology and agree to abide by them to the best of our capability.

Mr. Stephen Alcantara
Development Manager
Christoffel-Blindenmission (CBM)

Noel G. Chua, M.D
Chairman
National Committee on Sight Preservation (NCSP)

Manuel B. Agulto, M.D
Director
Institute of Ophthalmology (IO)

George N. Co, M.D
Representative
Chi Liam Tong Foundation

Mr. Joseph Aranas
Executive Director
Ephpheta Foundation for the Blind, Inc.

Federico Cruz, M.D
Director
Ugnayan ng Pahinungod Manila

Mr. Noel Agcaoile
President
Tahanang Walang Hagdan

PHIC head /representative

Jacinto S. Bautista Jr, M.D
Director
Pagkalinga Sa Mata Foundation

APOA head / representative

Mr. John W. Boren
President
SUKOB Incorporated

Franklin Diza, M.D
Medical Specialist IV
Degenerative Disease Office
Department of Health (DOH)

Mr. Paul Buenconsejo
Senior Program Manager
Metrobank Foundation

UST MMI head/representative

Ms. Mavis Campos
Vice Chairman
Cataract Foundation of the Philippines, Inc.

Ms. Carla Lopez
Administrator
Ophthalmological Foundation
of the Philippines, Inc. (OFPHIL)

James Co Shu Ming, M.D
Head, Luzon Branch
Christian Foundation of the Philippines, Inc.

Zenaida O. Mamaclay, O.D
Board of Director
Chair, Health Committee
Integrated Philippine Association
Optometrists of the Phils. (IPAO)

Edgardo T. Caparas, M.D
Chairman
Philippine Rotary Foundation
For Preventable Blindness

Tedoro Herbosa, M.D
President
Physicians For Peace

Charlie L. Ho, O.D
President
Integrated Philippine Association
Optometrists of the Phils. (IPAO)

Beda R. Espineda, M.D
Chairman
Committee on Surgery in Underserved Regions
For Higher Education (SURE)
Philippine College of Surgeons (PCS)

Efren C. Laxamana, M.D
Ophthalmology Coordinator
Sagip Bayan Foundation
EPHPHETA Foundation

Ms. Cosette M. Realica
Executive Director
Foundation For Sight

Teresita E. Mejia, O.D
President
Optometric Association of the Phils. (OAP)

Mr. Gualberto Meneses
Chairman
Tanggal Katarata Foudation

Ms. Carol Mercado
District Chairman for Avoidable Blindness
Rotary International

Cosme Ildefonso N. Naval, M.D
Chairman
Philippine Board of Ophthalmology (PBO)

Mr. Antonio Ocampo
President
Lions Club International

Mr. Randy Weisser
President
Resources For The Blind Inc. (RBI)

Antonio S. Say, M.D
Ophthalmology Coordinator
Tzu Chi Inter-medical Association

Alberto C. Wonchai, M.D
Representative
Nasugbu Parish Church Foundation

Carmelita Tamondong, PhD
Country Representative
Rizal McArthur Foundation

Mr. George Yuquico
President
Lions Kids for Sight Foundation

Ms. Ellen Villate
Country Director
Helen Keller International

Teofilo T. Bulosan Jr., M. D
Chairman
St. Odilla Foundation

PMA Head / representative

DECS representative

Malacañang Group representative

PIA representative

REVISED PAO MISSION AND IMPLEMENTING GUIDELINES: OCTOBER 2007
REMINDERS

I. For Mission organizers:

1. Go to target areas categorized by the NCSP or the PAO-SPC as unserved or underserved
2. Inform the PAO chapter in the region, Local Committee on Sight Preservation (LCSP) or the nearest local ophthalmologist in the area (cc PAO-SPC) at least 4 weeks prior to the proposed mission date.
3. If surgical team will be coming from outside the mission area/Local chapter, inform also PAO-SPC through PAO Secretariat and fill up information sheet. At least 4 weeks prior to the proposed mission date.
4. Assure ACCEPTANCE and COOPERATION.
5. Clarify details of the mission with the team: types of services, transportation, billeting, surgical supplies, logistics, etc.
6. Require the surgical team to fill-up Individual Surgical Patients Form. Provide a copy for patient that would be left under post operative care of the local ophthalmologist.
7. Implement strict screening procedures for indigent patients. Pay patients, including patients with Philhealth should be referred to the cooperating local ophthalmologist/s. Indigent Philhealth patients may be scheduled on a separate day as no co-pay.
8. Assure follow-up visits at least one week, one month and two months after surgery.
9. Submit list of patients to PAO Main or local chapter. Please also indicate if any Philhealth patients were operated on.

II. For Training Hospital group/ Visiting ophthalmologist:

1. A Diplomate of the Philippine Board of Ophthalmology must be with the group who will supervise conduct of surgery. He must be experienced in the type of surgical technique that will be performed.
2. Only graduating senior residents must be allowed to perform cataract surgery
3. Phacoemulsification surgery is not allowed for Junior residents in training during missions but may be performed by senior residents if sufficiently competent in the procedure as determined by the supervising Diplomates.
4. Phacoemulsification surgery may be allowed for specific missions (both local and foreign) that have fulfilled pre-mission requirements set for missions that plan to include phacoemulsification procedure and have complied with previous mission (output/results) reporting as required by PAO (see requirements for mission groups doing phacoemulsification procedure during missions)
5. Post operative follow-up must be done: at 1 week, 1 month and 2 months post-op
6. For accredited training institutions, the Department Chair and/or the Training Officer of the Department should take full responsibility for the group.
7. It is the direct responsibility of ophthalmologist participating with the mission (as a member of PAO) to ensure that there is coordination with the local ophthalmologist/s. This responsibility should NOT be relegated to the mission sponsor / organizer / host per se.

8. Ensure that the PAO and local chapter receive a list of patients from either the organizers/sponsoring group or the mission group. Ensure that the list indicates if any Philhealth patients were operated on.

III. For PAO Chapters / Local ophthalmologists:

1. Adhere to the concept of "My Community My Responsibility" – this includes initiating missions or surgical outreach projects for indigents your own area.
2. Inform PAO-SPC regarding any plans of visiting missions in your area in cases when the intention of the mission group is unclear or unacceptable to you.
3. If mission is acceptable to you, you are encouraged to assist, cooperate and coordinate fully especially in the screening procedure and the monitoring of the outcome
4. Perform surgery on indigent Philhealth patients as no co-pay.
5. Suggest a more appropriate mission area or area more in need for the mission in case their proposed area is a served one.
6. Local Chapter may assign/ suggest local ophthalmologist for mission groups without one.
7. Work within the framework of the LCSP if there is already an LCSP in the province.
8. Collate and submit data to PAO on number of surgical missions and number of cataract surgeries done annually in your area.
9. Provide feedback to the visiting groups. Give comments and suggestions as needed to improve the set-up in your area. Even negative feedback is encouraged if necessary so long as it is constructive in nature.

IV. Pre-mission Requirements for Mission Groups Planning to Do Phacoemulsification Procedure (to be submitted to PAO Mission Coordinating Center before the actual mission date):

1. Names of consultants or senior residents doing the procedure with their institutional/hospital affiliations and number of phacoemulsification cases done thus far.
2. For first time applicants for missions planning to do phacoemulsification, there should be an endorsement by the department chair and/or training officer as to the competency of the consultants or senior residents in doing phacoemulsification or if the consultant learned to do phacoemulisification after his/her residency training, a letter from the Philippine Society of Cataract and Refractive Surgery (PSCRS) President endorsing the consultant will suffice.
3. If the group has done phacoemulsification on their previous missions, they should have submitted the number of cases done and the outcomes (or morbidities, if any)

V. For Foreign Mission Groups Bringing in Foreign Ophthalmologists or Filipino ophthalmologists no longer in active practice in the Philippines or practicing in a foreign country:

All physicians of the mission team who will render direct medical or surgical Service/treatment to mission patients should comply with and abide by:

A) Conduct of Medical Mission document (Foreign Assistance Coordination Service of the Department of Health)
B) PRC Board of Medicine Board Resolution No. 6 (Series of 1991)
C) Guidelines for granting permits to foreign doctors conducting Medical Missions:

PRC International Affairs Division checklist for requirements for registration and issuance of temporary special permit to practice the profession in the Philippines under humanitarian mission.

Note: The PAO as a policy does not encourage mission groups to bring in foreign ophthalmologists who will perform surgery. Foreign Mission Groups are welcome to bring in medical/surgical supplies and/or equipment. However, we suggest that they coordinate with our local surgeons to perform the surgery for them.

REVISED PAO MISSION AND IMPLEMENTING GUIDELINES: OCTOBER 2007

I. Guidelines for Selection of Patients during Missions:

Remembering that the primary purpose of outreach activities is to serve the truly indigent sector of our population and those who are classified as "blind", the following are the recommended guidelines when we select and prioritize patients for surgery:

A. General Guidelines:

1. All patients must undergo visual screening and documentation of eye findings by personnel properly trained in eye care. (barangay health worker/volunteer, nurse, midwife, etc. with primary eye care training, physician, optometrist, or ophthalmologist)
2. Initial screening should be done prior to mission date. (suggested time frame: at least a week prior to mission date.) If at all avoidable, never on mission date itself.
3. Surgical candidates should have proper medical record.
4. Final screening must be done by an ophthalmologist, who must perform at least a complete ophthalmological history and 5-part basic examination on the patient. (Gross exam, visual acuity, tonometry, EOM, Funduscopy). Doing slit lamp biomicroscopy is strongly recommended.
5. Surgical candidates should at the very least, undergo a complete general medical history and physical examination prior to surgery, performed by any licensed medical doctor. Patients judged to be in poor health, contraindicating surgery, should first seek a cardiopulmonary clearance prior to surgery.
6. Final decision to operate must be made by the surgeon, as he will take responsibility for the outcome of surgery. The surgeon reserves the right to refuse surgery to any patient based on any valid medical or ophthalmological contraindication to surgery at the time of the mission.
7. Mission patients should be forewarned that there is always a possibility of not being selected for surgery for whatever reason.
8. Patients with deferred surgery should be properly advised as to the reason of deferment or postponement. They should be referred to local eye care personnel or local ophthalmologist for follow up, for future surgery.

B. Prioritization Guidelines:

1. As to CONDITION: (order of priority)
    a) One eyed patients with significant visually disabling cataracts (other eye permanently blind for any reason other than a bad result of or complicated surgery earlier)
    b) Those who have bilateral significant visually disabling cataracts
    c) Those with emergency conditions (ex. glaucoma, trauma) but no immediate access to proper eye care facilities
    d) Those who have monocular cataracts but have hypermature cataract on the unoperated eye (because of danger of complications if left unoperated)
    e) Those who have monocular cataracts but opposite operated eye has poor result or with complications
    f) Those who have monocular cataract and no or early cataract on the other eye.

Note: "Significant visually disabling cataract" means that the patient experiences significant functional impairment caused by poor vision as a result of the cataract. Those who can become productive members of their communities once visually rehabilitated should also be given due consideration such as the bread winners for their family or those who still have to raise children.

2. As to FINANCES: (order of priority)
    a) Truly indigent patients (those who cannot afford to pay anything and whose condition has been neglected because of their financial condition such as those referred by DSWD or by the local ophthalmologist) --- **in short pure charity cases**!

We do not recommended that medical members of the mission team (i.e. ophthalmologists, nurses, etc.) do social screening if it can be avoided. Capable and experienced personnel from sponsors or organizers should do social screening of patients. However, upon request, the mission team may bring along personnel to do the social screening if so requested.

Note: It is suggested that social screening be done by sponsors or by the local DSWD worker as much as possible. Supporting documents ideally include a certificate of indigency from the barangay captain and a case report to confirm indigency from the local DSWD worker (government hospital based or municipal based). Recognizing that such documents may not necessarily be accurate for one reason or another, assistance of NGO or religious volunteer workers may also be sought to verify the financial status of the patients needing surgery.
Social screening forms to determine indigency of patients being used by some mission groups are available upon request from the PAO Mission Coordinating and Monitoring Center.

   b) Patients with some finances but adjudged to be grossly inadequate *(at the time of the mission)* for services available in the area or because of the added financial requirement for travel to the nearest eye care facility may be given special consideration.

c) The local ophthalmologist/s working with the mission group should be given the prerogative to do the surgery on patients with PHIC. Patients with access to PHIC benefits should NOT be operated on by visiting mission groups without the consent of the local ophthalmologist/s working with the mission group. Indigent PHIC patients may be scheduled on a separate day by the local ophthalmologists and be done as no co-pay. As per PhilHealth Circular No. 17 S. 2007, cataract surgeries on PHIC patients performed during surgical missions will be non-compensable. A list of the names of Philhealth patients operated on during the mission, and their PHIC membership numbers must be submitted to the PAO which will then submit it to Philhealth.

II. Quality Assurance

1. Quality of surgical outcome is of priority importance. This precedes quantity or number of surgeries performed.
2. Informed consent must be obtained for each patient, and an informed consent form should be properly filled out and signed by the patient or his authorized legal kin.
3. Any type of cataract surgical procedure may be performed (ICCE, ECCE, small incision, phacoemulsification) depending on the proficiency of the participating surgeon or the type of surgical procedure indicated for the particular case.
4. Operative / Surgical / post-op supplies should be provided by the sponsoring NGO.
5. A-scan biometry should be performed pre-operatively on all patients undergoing a planned intraocular lens implantation to determine the estimated optimal power of intraocular lens to be used during the surgery
6. Sterilization of instruments by autoclave, gas or sterad is recommended, in view of the rising incidence of cases of atypical mycobacterium infections. This should be in accordance with the latest guidelines of the PAO or its subspecialty group. (Cornea Club)
7. Use of well-maintained operating microscope is a must.
8. Unexpired, sealed, properly sterilized supplies must be used: IOLs, viscoelastics, post-op medicines etc.
9. Venue of operation should be in a sterile environment for surgery such as Operating Room of DOH licensed Hospitals and Ambulatory Surgical Centers.
10. Proper surgical scrubbing, draping, gowning and sterile technique should be maintained for each individual patient, by surgeon, assist, and surgical staff.
11. Complications incurred during surgery primarily are the responsibility of the surgeon. If the local ophthalmologist will follow up the post-operative patients, he/she should not hesitate to make follow-up or progress reports/comments to the visiting institutions. If complications will require further treatment, patient may be referred to visiting institution, or to nearest tertiary hospital.
12. Organizer/ NGO are encouraged to share in responsibility of treatment of complications, medicines, transportation, etc.
13. Mission organizers with consistently poor surgical track record may not be allowed to go on subsequent missions on a case to case basis.
14. Any breach of and quality and safety guidelines deemed to put patients at undue risk shall be reported to the Board of Medicine for proper disposition.

III. PAO Endorsement and Coordination during Missions / Outreach Activities:

Because of the PAO's main strategy of: "My community, my responsibility", it is of paramount importance that all visiting mission groups request for PAO endorsement from and coordinate with the local chapters (when present) or the local ophthalmologist in the area (if there is no PAO chapter yet in the region).

1. To simplify and make the process more practical, it is best that any mission group invited to or intending to conduct a mission in an area try to contact the local ophthalmologist in the area (area arbitrarily defined to mean within the province) directly or ask their sponsor (local or otherwise) to contact the local ophthalmologist for them. If any one of the local ophthalmologists practicing in the area (if there are many in the province) agrees to receive and coordinate with the mission group, this is considered as having local ophthalmologist endorsement / coordination already. Ideally it should be the ophthalmologist practicing closest to or directly in the mission site.

    a) Remember: It is the direct responsibility of ophthalmologist participating with the mission (as a member of PAO) to ensure that there is coordination with the local ophthalmologist. This responsibility should NOT be relegated to the mission sponsor / organizer / host per se.
    b) The mission group should also check with PAO Mission Coordinating Center to cross check that their activity will not conflict with (or be too close to) a scheduled outreach activity in the area by the local chapter.
    c) Should there be problems contacting or identifying the local ophthalmologist in the area, the chapter president (if there is a PAO chapter in the region) should be contacted by the group. The group may ask assistance from the PAO mission coordinating center at the PAO office to identify who they have to contact.
    d) Another alternative is to contact the LCSP in areas where it is present and coordinate or perform the mission under this framework.

2. Missions with surgical teams from outside the mission area need to submit a letter of intent to the PAO Mission Coordinating Center and fill out the information sheet 4 weeks prior to the mission date. Data needed for Information Sheet includes the following:
    a. Date / Period of the Mission
    b. Place / Venue of the Mission (indicate town / municipality and province; name of hospital if known)
    c. Nature of Mission (Ophthalmologic only or Multi-specialty)
    d. Type of Services in the Mission (i.e. services or activities to be offered)
        - Medical only (screening or OPD)
        - Surgical only (patients pre screened already, no more screening during the stay of the team)
        - Medical and Surgical (OPD, screening and surgeries)
        - *Note: If surgical services include phacoemulsification, you need to submit a letter of application to do phacoemulsification surgery during a mission with the required information set down by the PAO (see requirements)*

e. Partners during the mission (i.e. supporting agencies like NGOs or civic organizations or individuals)
f. Sponsor or host of the mission (local or NCR based or foreign)
g. Local ophthalmologist or PAO Chapter coordinating with your group
h. Designated head of your mission team
i. Designated person who will follow-up cases (if predetermined)
j. Remarks (specify how the mission came about and how you became involved in it)

Your letter should be properly dated and signed by Department Chair or Mission Head of your group address the letter

To: PAO President
Thru: Chair of PAO Sight Preservation Committee
PAO Mission Coordinating Center

4. Missions done by chapter members within their own area of responsibility (within the Chapter or your own province) need not request endorsement from the PAO Mission Coordinating Center. However they must coordinate with the Chapter head and submit accomplishment report to the chapter heads.

5. The PAO may be requested to mediate by either party concerned (the visiting mission group or the local ophthalmologist/s) if there are any questions or problems in the process.

6. In all missions, local ophthalmologist/s participation is encouraged particularly in the screening of patients (to minimize the chances of non-indigent patients from taking undue advantage of the free services) and the follow up of operated patients (to ensure good results, deal with post operative problems that may arise and assess overall community satisfaction)

7. In areas where there are no practicing ophthalmologists, mission groups are reminded to provide for adequate post operative follow-up services to ensure the good long term results of their surgeries.

MISSION ORGANIZERS' FLOWCHART
FOR SETTING UP MISSIONS

A mission is planned or your group / department is invited to a mission

Identify the local ophthalmologist or PAO Chapter President or LCSP to contact
OR contact directly the PAO Mission Coordinating Center

Check with PAO Mission Coordinating Center/ PAO Chapter President or LCSP if no similar activity in the area is being conducted by the PAO Chapter or local mission group

Establish contact with the local ophthalmologist / PAO chapter / LCSP concerned

Request PAO endorsement to proceed with the mission and if there are no problems with the local ophthalmologist / PAO chapter, clarify all necessary details and participation with both your sponsor / local host and the local ophthalmologist / PAO Chapter: i.e. Define/Agree on the extent of coordination / participation with the local Ophthalmologist or PAO Chapter (area covered, screening, participation during actual surgeries, follow-ups, etc.)

Call PAO Mission Coordinating Center to log in the mission (give required information for monitoring purposes); submit to PAO in writing letter of request with details of the mission signed by the mission head (ex. Dept. Chairman or Training Officer or mission consultant)
Fill up PAO Mission Information Sheet and submit with your letter. This should be done at least 4 weeks prior to mission

Mission proper

Call PAO Mission Coordinating Center to report your mission output (Don't forget to include all data required like no. of patients, any complications and/or problems?)
Submit monitoring form. Please indicate also if any Philhealth patients have been operated during the mission.

PAO COMMUNICATION FLOWCHART FOR SETTING UP MISSIONS

A mission is planned or your group/department is invited by sponsor/organizer to a specific locality

Submit PAO Mission information sheet to the PAO Mission Coordinating Center (with or without letter of intent from group or mission sponsor/organizer)

Designated PAO Secretariat would furnish copies of letter of intent and submitted Mission Information Sheet (via email) to PAO President, Chair of PAO Sight Preservation Committee, Head of Mission Coordinating Center and President of Chapter concern

PAO-MCC Head will conduct initial crosscheck on the local ophthalmologist/s, sponsor/s, mission group or contact person

Chapter President will submit recommendation to the PAO-MCC

PAO-MCC Head forwards recommendation to PAO-SPC Chair (if complied or not in the Mission Guidelines)

PAO President and PAO-SPC Chair will provide final recommendation

PAO-MCC Head will awaits the Mission Output Report from the designated person/s (submitted in the Mission Information Sheet)

IV. Mission Reporting

Mission Reporting has been very poor because mission groups have not been reporting their outputs. Mission groups are requested to strictly comply with the submission of their mission output, 2 weeks after the mission. Three (3) copies will be needed: one for PAO, one for the Chapter head and one for Philhealth. In places where there is a LCSP, a fourth copy should be furnished them.

V. Violations of Guidelines

The PAO Code of Ethics governs the proper conduct of ophthalmologist members in the practice of ophthalmology. Unethical practices by PAO members can and will be dealt with according to our code of ethics, and cases may be filed with the PAO Ethics Committee. Sanctions may be given to repeated violators of these guidelines especially if unethical practices are involved. Other unethical or illegal practices which may violate rules and regulations of other agencies such as Philhealth may be filed with the respective agencies.

Examples of unethical practices are:

- Use of agents for the sole purpose of soliciting Philhealth patients
- Practicing for profit under the guise of charity work
- Using charity patients to try out new techniques or treatment
- Improper enrollment of cataract patients in Philhealth (adverse selection)

VI. Role and Responsibilities of the PAO Chapters

There are presently 10 local chapters of the PAO in the different regions. The PAO has adopted the strategy of "My community, my responsibility" for all its members. Thus, the PAO has encouraged the local chapters and its members to formulate their own sight preservation program and embark on regular outreach/mission activities in their area of coverage, with the understanding that they will have the full support of the mother organization.

1. With my community, my responsibility in mind, the local chapters are asked to cooperate and coordinate with visiting mission groups to augment their own mission efforts. It is presumed that refusal to permit a mission to be conducted in an area is based on substantiated indicators that all sectors (both private and charity/indigent) of the area are being adequately served or because such mission/s are in conflict with local sight preservation activities (i.e. too close to or simultaneous with another activity / mission or the area has had too many missions—in which case redirect the mission to another area)

2. Missions conducted by members of a chapter outside their own area of responsibility but located within the regional coverage of his/her PAO chapter is considered an activity of the chapter, hence all arrangements and coordination should have taken place at the level of the chapter. The PAO may be requested to mediate only at the request of the chapter president but adherence to PAO monitoring requirements should still be followed.

3. PAO Chapters must collate and submit data at least every 6 months on the number of missions, and number of cataract surgeries performed. This will be a basis for determining

whether their area is served or underserved and data be used to monitor the progress of blindness prevention program in the area.

Note: The PAO SPC-MMC uses the data to recommend ideal/appropriate areas for missions to go to annually. Hence absence of data may lead to reduplication of mission efforts in your area.

4. In areas where there is a LCSP please try to work within this framework, or cooperate/coordinate with them whenever possible. It is only by strengthening the local eye services that the whole community will eventually be served.

At present, some of the chapters have started submitting to the PAO their calendar of outreach / mission activities for the entire year. The others are expected to follow suit in the near future. In the spirit of camaraderie, unity and cooperation, all of us have to respect and work within such schedules.

On the practical side, working within such set schedule will assure visiting mission groups of a higher output, will direct efforts in the area to a wider coverage or distribution and make it easier for the local ophthalmologists to cooperate with the mission group. With limited resources available, we want to avoid reduplication of services or low output missions (relative to manpower and resources expended).

At present there are only a few areas that can be considered self sufficient or adequately served by local groups, there are still many areas where the local chapters can use the help of visiting mission groups (and the added manpower and resources that they bring).

The bottomline is: WE ALL HAVE TO COORDINATE WITH EACH OTHER TO ACHIEVE OPTIMUM RESULTS!