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FINAL EVALUATION
PROGRAM FOR PREVENTION OF BLINDNESS AND PUBLIC EYE HEALTH IN BULGARIA

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EXECUTIVE SUMMARY

The Program for Prevention of Blindness and Public Eye Health in Bulgaria, Project Number 180-0032, established the Center for Sight in Sofia, Bulgaria. The Center provides out-patient ophthalmologic care and surgical services of the highest quality in a well equipped facility. The Center has provided excellent training to ophthalmologists and residents in ophthalmology through the provision of six visiting professors annually since the program's inception three years ago.

A survey of the prevalence of blindness and of visual impairment in Sofia District and the city of Sofia has been conducted according to the most exacting scientific standards by the Center with the able assistance of personnel from Johns Hopkins University. The data will be extremely useful in planning for unmet needs for eye care in the area.

Personnel for the Center for Sight have established "Sight for All," the Bulgarian Eye Foundation, a private, non-governmental organization dedicated to the prevention of blindness in Bulgaria. This entity has great potential for achieving its goal as outlined above.

An important objective of this program, namely, establishing a National Committee for the Prevention of Blindness, has not been achieved due to the determined and irresponsible opposition of one academic Chair of Ophthalmology, who is a powerful political figure in Sofia.

The Center for Sight will undoubtedly continue to introduce new initiatives to further eye care and disease prevention in Bulgaria if it can obtain even minimal additional resources for the next several years.

I. Introduction

The final evaluation of the Program for Prevention of Blindness and Public Eye Health in Bulgaria (Project Number: 180-0032) was conducted by means of document reviews in Bethesda, Maryland and Sofia, Bulgaria, and interviews with His Excellency, Dr. Tancho Gugalov, the Minister of Health of Bulgaria; Mr. Gerald Zarr, Representative, U. S. Agency for International Development, Bulgaria; Ms. Victoria Sheffield, Executive Director, International Eye Foundation, Bethesda, Maryland, and a number of Bulgarian ophthalmologists and other physicians (See Appendix). The Bulgarian portion of the evaluation was conducted during the period of March 14, 1994 through March 18, 1994.

A description of relevant features of the host country, Bulgaria, and a brief summary of the historical development of this project can be found in the report, Mid-Term Evaluation: Program for Prevention of Blindness and Public Eye Health in Bulgaria. That evaluation was conducted in February 1993.

II. Goal and Objectives

The goal of this program was stated as follows: "**To reduce the prevalence of blindness and sight impairing disease in Bulgaria by raising the level of eye care services to internationally recognized standards through the establishment of an ophthalmic infrastructure capable of providing all Bulgarians access to adequate and appropriate care.**"

Some Bulgarian ophthalmologists think that the highly desirable state of affairs described above prevailed in Bulgaria before this project was initiated. Some of these individuals have been very critical of the prevalence of blindness survey conducted by the Center for Sight because they feel the findings of the survey, especially the prevalence of impaired vision, reflects adversely on the current state of development of Bulgarian ophthalmology.

Obviously, the level of eye care services described above did not prevail in Bulgaria prior to the implementation of this project, and it does not at the present time. For example, many Bulgarian ophthalmologists have not been trained to perform indirect ophthalmoscopy, which is essential for practicing modern ophthalmology. Moreover, far too many Bulgarian ophthalmologists cannot perform an extracapsular cataract extraction, which is highly preferred to the old intracapsular procedure.

As noted in the report of the mid-term evaluation, however, the goal was excessively ambitious and quite unrealistic. The modest resources brought to bear through the implementation of this program could not possibly result in " . . . the establishment of an ophthalmic infrastructure capable of providing *all* Bulgarians access to adequate and appropriate care." (Emphasis added).

The degree to which the individual objectives were achieved will be discussed in turn in the remainder of this section.

A. Establish a Center for Sight in Sofia within the old Institute for the Treatment of Foreign Citizens. This Center will provide a full range of ophthalmic services for the people of Sofia District, and will serve as a tertiary referral center for people from throughout the country.

The Center for Sight has been established, and it does serve as a referral center for Bulgarians within the Sofia District and beyond, especially for vitreo-retinal disorders. Support from the International Eye Foundation (IEF) in the form of equipment and supplies has been of crucial importance in making this possible. It seems likely that the Center will continue to serve as a referral center after support from IEF is discontinued. Reduced support will inevitably result in a diminution of the Center's ability to play this important role, i. e., the Center may be forced to serve fewer patients than it is serving at the present time.

B. Upgrade the Ophthalmology Residency Training Program through a Visiting Professor Program providing six experts per year to the Center.

The IEF has provided six visiting professors per year since the program's inception. Every Bulgarian ophthalmologist, who had the opportunity to attend one or more of the lectures and with whom I spoke, was enthusiastic in his/her approval of the quality the lectures presented.

As noted in the mid-term evaluation report, the program addressed in this evaluation has been the object of a relentless series of attacks from Professor P. Gugutchkova since the initiative's inception. When I interviewed her on March 16, 1994, she criticized the lectures given by visiting professors as not being appropriate since they addressed topics with which all Bulgarian ophthalmologists were thoroughly familiar. Professor Gugutchkova and the members of her staff have only attended one such lecture give by Professor Harry Quigley, M. D.

Professor Gugutchkova later presented me with a copy of a program for the prevention of blindness, which she and members of her staff prepared. They hope to obtain a grant of $ 5.1 million (U. S.) from Lions Club International. It is interesting that $300,000 (U. S.) was requested for "visiting professors."

C. Improve the level of technology, equipment, and medical supplies for the Center for Sight.

This objective has been accomplished, and a detailed description of the equipment and supplies provided to the Center for Sight by IEF is given in the mid-term evaluation report.

D. Conduct a basic blindness prevalence survey within Sofia District to gather baseline data on the leading causes of blindness in the area.

A prevalence of blindness survey of the populations of Sofia District and the city of Sofia. Subjects were randomly selected through a multistage cluster sample approach, which produced an unbiased estimate of the prevalence of

blindness and visual impairment. All of the adults selected in the final cluster were eligible for study, and the response rate, 98%, was extraordinarily high.

When it was found that the number of cases of optic atrophy exceeded that which one would reasonably expect, it was felt these patients may have been suffering from advanced glaucoma. All such patients were re-examined by Prof. Harry Quigley, M. D., Chief, Glaucoma Service, Johns Hopkins University and Director, Dana Center for Preventive Ophthalmology, an internationally recognized authority on glaucoma, who changed the diagnoses where appropriate.

As noted in the mid-term evaluation, Professor Sheila West, Ph. D. of the Dana Center, Johns Hopkins University, established the sampling frame, selected the sample, designed and tested a manual for field operations, and designed the forms for questioning individual respondents. Personnel from the Center for Sight provided superb field support during the period of data collection. Professor Tanya Cholakova and her associates at the National Center for Health Informatics ably completed the enormous task of translating the raw data to English and preparing it for computerized analysis in Baltimore.

It is regrettable that Professor Gugutchkova and her colleagues elected to criticize this survey, which was conducted according to the highest professional standards. In an undated letter to the Ambassador of the United States in Bulgaria, Dr. Gugutchkova and her associates stated the survey was characterized by " . . . wrong positing and statements, wrong classified groups, incorrectly defined factors for grouping, non-separation of treatable against definitive blindness, etc." I wish to emphasize that whether or not this survey was properly performed is not an ophthalmological issue. It is an epidemiological and biostatistical issue.

During my interview with Professor Gugutchkova, I asked her if she could be more specific regarding what she perceived as shortcomings of the study, however she did not do so.

This letter was signed by nine Bulgarian physicians, including Professor Tzvetan Markov, Head of the National Ophthalmic Society, and one of his colleagues. I interviewed Professor Markov and his colleague on March 18, 1994, and I asked them why they signed the letter. They told me they were hastily asked to sign it since an "emergency" had arisen, and they added that they had not read it carefully. Both insisted they were unaware of the criticism directed toward the prevalence of blindness survey.

E. Establish a National Blindness Prevention Committee according to World Health Organization guidelines with the goal of developing a public health oriented National Blindness Prevention Program for the country.

Professor Petja Vassileva, Director of the Center for Sight, has made tremendous efforts to establish a National Blindness Prevention Committee, however she was unable to do so because of vigorous opposition on the part of Professor Gugutchkova. It seemed quite apparent to me at the time Dr. James Sprague and I were working on the mid-term evaluation that many Bulgarian ophthalmologists were terrified of Professor Gugutchkova, who is in a position of considerable power. I was present on one occasion when Professor Vassileva asked a prominent Bulgarian ophthalmologist to serve on a National Blindness Prevention Committee. The latter refused and cited fear of attack from Professor Gugutchkova as the reason for doing so.

It was recommended in the mid-term evaluation that a Committee for the Prevention of Blindness in Sofia District be established since it was clear that a national committee was not feasible. At the insistence of Professor Vassileva, the Minister of Health has since signed a decree establishing an Expert Committee on Ophthalmology, and he has appointed both Professor Gugutchkova and Professor Vassileva to this committee.

F. Facilitate the process for the Center for Sight to apply to become an official WHO Collaborating Center.

The Center for Sight has not become an official WHO Collaborating Center, nor does it appear probable that this will occur in the near future. WHO is unlikely to take action in this regard without a request from the Ministry of Health. In my judgment, the latter will be reluctant to do so in order to avoid conflict with some members of the ophthalmology community of Sofia.

In summary, four of the program's six objectives have been achieved. Two have not been achieved, and this is due in large measure to the behavior of Professor Gugutchkova.

III. Review of strategy, program, and management activities.

The needs as set forth in the basic documentation of this program will not be repeated here. They were correctly identified.

Four of six of the objectives of the program have been achieved. Details can be found in Section II.

Local management of the facilities and equipment of the Center for Sight has been exemplary. The ophthalmological equipment, diagnostic and surgical, is available to the entire staff of the Center.

I was not able to gain any insight as to the relative priority of this program as far as the Minister of Health is concerned. I would only add that the current Minister appears to be a cautious man.

IV. Inputs and outputs

As noted in the mid-term evaluation report, the examining rooms of the Center for Sight have been provided with a projector, a slit lamp with tonometer, a keratometer, a fundus camera, an examination chair, an auto refractor, a computerized visual field machine, an A scan, and a variety of medications.

The operating room of St. Ana Hospital was equipped with a coaxial microscope, an endolaser, a vitrectomy machine, three indirect ophthalmoscopes, a cryotherapy machine, a diathermy, explants, and encircling elements. This equipment is used by all of the staff.

Six visiting professors have been provided annually since the program's inception. It is difficult to estimate how many ophthalmologists in Bulgaria have received additional training through these lectures, but is surely not less than sixty.

The Prevalence of Blindness Survey and efforts to create a National Committee for the Prevention of Blindness are discussed in Section II. It is important to note that data from the Prevalence of Blindness and Visual Impairment Study have been used to develop estimates of the number of patients with cataract as well as the resources that would be needed to restore their sight.

Through the efforts of Professor Petja Vassileva , "Sight for All," the Bulgarian Eye Foundation, the first non-governmental organization dedicated to the prevention blindness in Bulgaria has been established. This obviously has considerable potential for obtaining funds and mounting programs to combat blindness. It is considerably constrained at present by the lack of laws in Bulgaria to govern the administration of private foundations. For example, there are no laws providing tax relief for contributions to foundations. On the contrary, any individual or firm that wants to contribute to the foundation must pay taxes on the donation.

The appropriateness of these inputs and outputs is discussed in Section II, Goals and Objectives.

V. Strengths and weaknesses of the Program

A. Personnel

The Director of the Center for Sight, Professor Petja Vassileva, is one of the true strengths of this program. She is a highly capable ophthalmologist, and she is

completely dedicated to achieving the goals of this program. Dr. Vassileva has been tireless in her efforts to implement this program, and she has shown great courage in the face of unrelenting public attacks from Professor Gugutchkova and her associates. Professor Vassileva counts on an able managerial and professional staff to assist her in her work.

B. Infrastructure

The infrastructure of the Center for Sight is more than adequate as was described in some detail in Section IV, Inputs and Outputs

C. Political environment

1. The unremitting hostility of the Chair of Ophthalmology of the Medical University Sofia has been the greatest single obstacle to the achievement of program objectives of the Center for Sight in my opinion.

2. The slow pace of reforms in the Bulgarian government has also been an obstacle to progress. An example is given in Section IV, Inputs and Outputs.

VI. Key issues

A. How do achievements compare with projections?

This issue is discussed in detail in Section II, Goals and Objectives.

B. Have the number of patients served increased?

The number of patients served during 1993 are shown below:

Number of clinic patients, 1993

Jan - Mar	Apr - June	July - Sept.	Oct - Dec
1,749	2,083	1,409	2,013

Number of operations, 1993			
Jan - Mar	Apr - June	July - Sept*	Oct - Dec
359	326	89	215

*The operating room was closed for repairs for two and a half months.

The Center for Sight provided consultation to 3,422 patients during the second half of 1993. The number of patients seen during the second half of 1992 was 2,248.

C. Have the number of patients receiving sophisticated care increased?

During 1993, the professional staff of the Center for Sight performed 286 extracapsular cataract extractions with intraocular lens implantations, 65 vitrectomies, and 42 operations for retinal detachment. These procedures were all performed on Bulgarian citizens. One foreigner had a cataract extraction with IOL: 3, vitrectomies, and 3, operations for retinal detachments. The foregoing reflects the fact that foreigners make up but a small fraction of the patients served by the Center for Sight.

D. Has the prevalence of blindness survey been completed?

The survey has been completed, and Professor Vassileva and Dr. West are preparing articles based on the findings for publication. The survey has not been used in planning a national blindness prevention program for reasons referred to repeatedly throughout this report.

E. Are the Bulgarian counterparts prepared to assume the management of this program?

They certainly are, but they will find it difficult to promote public health activities and blindness prevention without additional financial assistance.

VII. Response to recommendations from the Mid-term Evaluation

Each recommendation will be given and the response described in the following section.

A. The Center for Sight should give the highest possible priority to implementing the preventive ophthalmology aspect of its program.

During the process of undertaking the mid-term evaluation, my colleague, Dr. James B. Sprague, and I sensed that Professor Vassileva's highest commitment was to clinical ophthalmology. We did not feel she was deeply committed to public health ophthalmology, and it is clear we were quite wrong.

It was very obvious to me during the conduct of this evaluation that Professor Vassileva clearly understands the importance of public health ophthalmology and is deeply committed to implementing such programs. Indeed, it appears that this commitment has engendered much of the hostility from the Chair of Ophthalmology of the Medical University of Sofia.

As part of this recommendation, Dr. Sprague and I suggested that if it were apparent that the Formation of a National Committee for the Prevention of Blindness was not feasible, Professor Vassileva should consider trying to assemble a Sofia District Blindness Prevention Committee. She has clearly made every effort to do so. This, too, has not been possible, but she was successful in persuading the Minister of Health to sign a decree creating an Expert Committee on Ophthalmology. However, since the Minister appointed both Professor Gugutchkova and Professor Vassileva to this committee, it seems to me that it is unlikely the committee will function effectively. Admittedly, this view may be unduly pessimistic given that all 11 memebers are to have an equal voice. Moreover, the chair is to be a senior member of the Ministry of Health.

B. The Center for Sight and IEF should undertake a variety of activities to create a more favorable image.

It was felt that the project vehicle may have been a source of discord. It was damaged in an accident, and it will not be replaced. Some of the more recent

visiting professors have lectured outside of the Center for Sight as was suggested in the mid-term evaluation.

Professor Vassileva has stated she has made repeated efforts to establish a more collegial relationship with the Chair of Ophthalmology of the Medical University of Sofia. This has not occurred, and I think it is extremely unlikely to take place given the animosity between these two women.

C. The Center for Sight may wish to consider taking a leadership role in establishing an eye bank in Sofia.

Several ophthalmologists pointed out to me that an eye bank is greatly needed, and Professor Vassileva with the assistance of the Executive Director of the IEF has made considerable effort to establish one in Sofia. On January 19, 1993, Mr. Frederick Griffith, Chief Executive Officer of the International Federation of Eye Banks, met with a large group of Bulgarian ophthalmologists to discuss establishing an eye bank. There was considerable interest on the part of many who attended the meeting, but some concern was expressed about the legality of removing corneas. Mr. Griffith obtained funding on two occasions during the last two years to create an eye bank at the Pirogov Tissue Bank, but he was unable to move forward due to the opposition of Professor Gugutchkova, despite the fact that the Minister of Health had signed a decree supporting the initiative.

D. The Center for Sight may wish to consider working jointly with the ophthalmologists of the Medical Faculty of Sofia to create a standardized, well defined residency program for the training of ophthalmologists.

Such a residency program is certainly needed, however the Center for Sight has wisely elected not to pursue this initiative. Creating standards for a residency program could only be accomplished with the participation of Professor

Gugutchkova, and in my judgment, she would not consider such an undertaking unless she could dictate the terms.

E. The Center for Sight and the IEF should provide visiting professors who have backgrounds in those areas that are most relevant for the further professional development of practicing ophthalmologists in Bulgaria.

Since the mid-term evaluation, four visiting professors have been specialists in the management of diseases of the anterior segment, one in glaucoma, and one in vitreoretinal disorders. This recommendation has been fulfilled.

F. IEF and the Agency for International Development should extend this project for an additional two years.

This, regrettably, was not done.

G. Lastly, IEF should entrust its final evaluation of this program only to individuals who are already familiar with this program and ophthalmology in Bulgaria.

This recommendation has been fulfilled. There are many obvious advantages in having the same personnel undertake a mid-term and later, a final evaluation.

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APPENDIX - Individuals interviewed as part of this evaluation.

His Excellency Tancho Gugalov, M. D.
Minister of Health of Bulgaria

Mr. Gerald Zarr
USAID Representative, Bulgaria

Prof. Nikola Konstantinov, M. D.
Consultant in Ophthalmology, St. Ana Hospital

Dora Mircheva, M. D.
WHO Liason Officer
Ministry of Health

Prof. Pravoslava Guguchtkova - Yanchouleva, M. D.
Chair of Ophthalmology
Higher Medical Institute, Sofia

Assoc. Prof. Syarov, M. D.
Eye Department
Higher Medical Institute, Sofia

Prof. Petja Vassileva
Head of Eye Department
St. Ana Hospital

Assoc Prof. Rouska Hristova, M. D.
Head of Emergency Eye Clinic
Hospital Queen Joanna

Prof. Petko Uzunov, M. D.
Head of Pharmaceutical Dept.
Higher Medical Institute, Sofia

Prof. Tzvetan Markov, M. D.
Head of Eye Clinic
Clementinska Hospital

Assoc. Prof. Andrey Andrev, M. D.
Head of Eye Clinic
Transport Medical Institute

Prof. Blaga Chilova-Atanasova, M. D.
Chair of Ophthalmology
Plovidiv

Assoc. Prof. Takov, M. D.
Director
Pirogov Emergency Medical Institute

Assoc. Prof. Tadjer
Deputy Director
Pirogov Emergency Medical Institute

Prof. Djerov, M. D.
President
Higher Medical Institute, Sofia

Mr. Paleshoutski
Governor, Sofia District

Ms. Victoria Sheffield
Executive Director
International Eye Foundation