

**PRIME MINISTER**

**No: 2560/QĐ -TTg**

**SOCIALIST REPUBLIC OF VIETNAM  
Independence - Freedom - Happiness**

**Hanoi, 31 December 2016**

**PRIME MINISTER'S DECISION  
on  
APPROVAL OF NATIONAL STRATEGY FOR PREVENTION OF BLINDNESS TO  
2020 WITH A VISION TO 2030**

---

**PRIME MINISTER**

Pursuant to the Organization Government Law dated June 19, 2015;  
Pursuant to Decree No. 63/2012 / ND-CP dated August 31, 2012 of the  
Government regulating the functions, tasks, powers and organizational structure  
of the Ministry of Health;  
Pursuant to Decision No. 122 / QĐ-TTg dated 10 January 01, 2013 by the Prime  
Minister approving the National Strategy for the people's health care and  
protection period 2011-2020, with a vision to 2030;  
At the proposal of the Minister of Health,

**DECIDES:**

**Article 1.** To approve the National Strategy for prevention of blindness to 2020  
with a vision to 2030 (hereinafter referred to as blindness prevention strategy)  
with the following major contents:

**I. OBJECTIVES**

1. Increase access of people to eye care services including prevention, early  
detection, treatment and rehabilitation (hereinafter referred to as the prevention  
of blindness), reduce incidence of avoidable blindness diseases, and strive to  
eliminate the main causes of blindness for people, restore the sight for millions  
of blind people toward achieving the objectives of Vision 2020 The Right to Sight  
- as recommended by the World Health Organization.

2. To the year 2020:

- a) To reduce the rate of blindness to below 4.5 per 1,000 people. Of this,  
reduce the rate of blindness in people aged 50 years and above to less  
than 16 per 1,000 people;

- b) Increase the cataract surgery rate to more than 2.5 per 1,000 people, of which, increase the rate of cataract surgery in blind people due to cataract to over 80%;
- c) Increase the rate of diabetes patients having eye examination and following up to over 45%;
- d) Increase the rate of children with refractive error in school having eye examination, early detection, and eye care services to over 70%.

### 3. To the year 2030

- a) To reduce the rate of blindness to below 4.0 per 1,000 people. Of this, reduce rate of blindness in people aged 50 years and above to less than 12 per 1,000 people;
- b) Increase the CSR to more than 3.5 per 1,000 people, of which, increase the rate of cataract surgery in blind people due to cataract to over 95%;
- c) Increase the rate of diabetes patients having eye examination and following up to over 75%;
- d) Increase the rate of children with refractive error having eye examination, early detection, and eye care services to over 95%.

## II. TASKS AND SOLUTIONS

1. Raise awareness and responsibility of governments at all levels, sectors, organizations and people on the prevention of blindness and its influence to people's health, to working capacity and to the socio-economic development of the country.

### 2. Develop and complete blindness prevention policy

- a) Research and develop additional mechanisms and policies to encourage international and domestic organizations and individuals to participate in the prevention of blindness activities;
- b) To improve and supplement interdisciplinary coordination mechanisms between the health and education sectors in the school health care program; between the health and labor, invalids and social affairs sectors in implementing health care for the blind and people with disabilities;
- c) Develop system of regulations on quality assurance and management and monitoring of the eye care services and refractive error services;
- d) Develop regulations standardizing necessary equipment, medicines, medical supplies used at eye care units at all levels of health care system;

### 3. Control the main causes of blindness

- a) Control refractive errors;
- b) Control blindness due to cataract;
- c) Control of diabetic retinopathy;
- d) Manage glaucoma: Establish glaucoma management system in eye care facilities, from central to district levels for timely examination, early detection, referral and treatment at the higher level;
- e) Control of blindness causes in children, with special attention on congenital cataract, refractive errors, premature retinopathy (ROP), and insufficiency of vitamin A;
- f) Eliminate the backlog of surgery for trachoma trichiasis;
- g) Manage and improve working conditions, prevention of blindness from specific occupations that affect vision (cast iron and steel, glass blowing, welding and other professions working directly under the sun);

4. Develop programs to reduce the patient load in the hospitals in higher levels of the system, develop the satellite hospital network, strengthen training and technology transfer, build professional capacity at lower levels, update knowledge about primary eye care for community level, enhance human resource development in different eye care specialties, especially pediatric eye care.

5. Strengthen and consolidate the network of eye care service providers to ensure equal access of all people in society (especially children, women, the elderly, people with disabilities).

- a) Consolidate and complete the network of public facilities working on eyecare and prevention of blindness from the central to local levels;
- b) Encourage the establishment and development of private eye care facilities at all levels; develop and replicate good blindness prevention models in the community, encourage and create good conditions for local governments to develop and construct local care centers integrating people with visual impairment in the social protection system.

### 6. Strengthen international cooperation

- a) Proactively, positively increase collaboration with countries, organizations and individuals in the region and in the world in doing research, training, providing technical and financial support to improve the quality of human resources working in the field of blindness prevention;

- b) Strengthen bilateral collaboration with eye care and blindness prevention training institutions to improve professional qualifications.

### **III. FUNDING FOR IMPLEMENTATION**

State budget, ODA (overseas development assistance), funding from international and domestic organizations and individuals and other legal sources.

#### **Article 2. Implementation Scheme**

##### **1. The Ministry of Health:**

Based on functions and tasks assigned

- a) Chair and coordinate with other ministries, sectors and localities to develop and implement plans, programs and projects in compliance with the objectives, content and solutions of this strategy;
- b) Chair and coordinate with other ministries, sectors and localities to review, list, assess and prioritize investment for proposals, projects;
- c) Chair and coordinate with the Ministry of Finance and other relevant ministries and sectors to develop policies that encourage organizations and individuals to participate in eye care activities;
- d) Annually and every 5 years conduct preliminary review, evaluation, with lesson learnt from implementation then report the results to the Prime Minister about the implementation of this Strategy.

2. Ministry of Education and Training: Chair and coordinate with the Ministry of Health, provide training for teachers and school health workers on early detection and prevention of eye diseases for students, set criteria for "school health promotion".

3. Ministry of Labor, Invalids and Social Affairs: chair and coordinate with relevant ministries and sectors to conduct research and situation analysis and propose policies of social assistance, social security for people with visual impairment, the elderly and other people who are currently supported under the social protection scheme.

4. Ministries including: Ministry of Planning and Investment, Ministry of Finance: Balance and allocate funds according to Vietnamese law to implement the Strategy for prevention of blindness.

5. Other ministries: Based on the functions and tasks assigned, have responsibility to participate in implementing the Strategy for prevention of blindness in accordance with the law.

6. Chairpersons of the City/Provincial People's Committees under central authority are responsible for:

- a) Strengthen and consolidate the provincial steering committees to direct and organize the implementation of the Strategy for prevention of blindness in the localities;
- b) Allocate and ensure adequate resources for the implementation of the Strategy for prevention of blindness;
- c) Create mechanisms and policies to attract social resources to perform the Strategy for prevention of blindness;
- d) Inspect, check, conduct preliminary review and final evaluation of the implementation of the Strategy for prevention of blindness in the localities, report to the Ministry of Health to synthesize and report to the Prime Minister as prescribed.

7. Request the Central Committee of the Vietnam Fatherland Front and its member organizations, the socio-professional organizations involved in the implementation of the Strategy for prevention of blindness.

**Article 3.** This Decision takes effect from the date of signing.

**Article 4.** Ministers, heads of ministerial-level agencies, heads of government agencies, chairpersons of Provincial People's Committees and cities under central authority shall have to implement this Decision. /.

**Recipients:**

- The Prime Minister, Deputy Prime Ministers;
- The ministries, Ministerial-level agencies, Government agencies;
- Provincial People's Committees and Cities under central authority;
- The Central Committee of the Vietnam Fatherland Front;
- Government Office: Chairman, Vice Chairmen, PM Assistant, General Director of Government Electronic Information Gate, other Departments: National Assembly and Localities, Secretariat and Editing, TH;
- File: Documentation, KGVX (3b), KN, 105

**Signed on behalf of the Prime Minister  
Deputy Prime Minister**

*Signed and Sealed*

**Vu Duc Dam**